Psychiatry Rx for Change: 
Clinician-Assisted Tobacco Cessation 

Faculty Coordinator’s Guide
# Table of Contents

1. Goals and Objectives  
2. Acknowledgments  
3. Curriculum Integration Overview  
4. Recommended Activity Timeline for Course Implementation  
5. Course Integration and Implementation Logistics  
6. Training Materials Preparation  
7. Required Reading for Residents/Students and Suggested Readings for Instructors  
8. Example of Clinical Practice Exercise for Residents/Students  
9. Pharmaceutical Products  
10. Contact Information

Appendix A: Module Objectives
1. Goals and Objectives

Goal: To provide psychiatry residents, graduate psychiatric nursing students, and other trainees in the mental health professions with the knowledge, skills and confidence necessary to assess and treat tobacco dependence in smokers with co-occurring psychiatric or addictive disorders.

Overall Program Objectives: Upon completion of the Psychiatry Rx for Change program, residents/students will be able to do the following:

1. Describe population-based trends of tobacco use among smokers with co-occurring psychiatric or addictive disorders in the United States.
2. Identify health-related consequences of tobacco use among smokers with co-occurring disorders.
3. List the pharmacologic effects of nicotine and understand the principles of nicotine addiction.
4. Describe systemic and treatment factors in mental health and addiction treatment settings that have served to maintain tobacco use in populations with co-occurring psychiatric or addictive disorders.
5. List four clinically significant psychiatric medication interactions with tobacco smoking.
6. List and describe the following consequences of tobacco cessation:
   - Withdrawal effects
   - Health benefits
7. Ask all patients if they use tobacco and document tobacco use in the medical record.
8. Advise patients who smoke to quit.
9. Assess a tobacco user’s readiness to quit smoking.
10. Assist patients with tobacco cessation using individually tailored interventions.
11. Demonstrate competency in selecting appropriate tobacco cessation aids, based on patient-specific factors.
12. Counsel patients on proper use of the following aids for cessation (including dosing, potential side effects, and precautions):
   - Nicotine polacrilex gum
   - Nicotine polacrilex lozenge
   - Nicotine transdermal patch
   - Nicotine nasal spray
   - Nicotine inhaler
   - Bupropion SR
   - Varenicline
13. Demonstrate application of the 5-As in a treatment planning case scenario.

Objectives for each of the modules are listed in Appendix A.
2. Acknowledgments

**PSYCHIATRY Rx for CHANGE FACULTY COORDINATORS**
Judith J. Prochaska, PhD, MPH, University of California San Francisco, Department of Psychiatry (PI)
Sebastien C. Fromont, MD, University of California San Francisco, Department of Psychiatry
Janine Cataldo, PhD, RN, University of California San Francisco, School of Nursing
Karen S. Hudmon, DrPH, MS, RPh., Purdue University School of Pharmacy
Sharon M. Hall, PhD, University of California San Francisco, Department of Psychiatry

**PSYCHIATRY Rx for CHANGE PROJECT STAFF**
Kathleen Gali, University of California San Francisco, Department of Psychiatry
Anayansi Lombardero, University of California San Francisco, Department of Psychiatry
Maryam Najafi, MD, University of California San Francisco, Department of Psychiatry
Christine M. Fenlon, Purdue University School of Pharmacy (Project Coordinator)

**CURRICULUM MATERIALS DEVELOPMENT**
Judith J. Prochaska, PhD, MPH, University of California San Francisco, Department of Psychiatry (PI)
Sebastien C. Fromont, MD, University of California San Francisco, Department of Psychiatry
Janine Cataldo, PhD, RN, University of California San Francisco, School of Nursing
Karen S. Hudmon, DrPH, MS, RPh, Purdue University School of Pharmacy
Sharon M. Hall, PhD, University of California San Francisco, Department of Psychiatry
Norval Hickman, PhD, University of California San Francisco, Department of Psychiatry
Danielle Ramo, PhD, University of California San Francisco, Department of Psychiatry

**EXTERNAL REVIEWERS**
Neal Benowitz, M.D., University of California San Francisco School of Medicine
Stuart Eisendrath, MD, University of California San Francisco Department of Psychiatry
Mark Myers, PhD, University of California San Francisco School of Medicine
Victor Reus, MD, University of California San Francisco Department of Psychiatry
Steven Schroeder, MD, University of California San Francisco School of Medicine
Douglas Ziedonis, MD, University of Massachusetts Medial School

**FUNDING SUPPORT**
Dissemination to the western US psychiatry residency and graduate psychiatric nursing programs is supported by the State of California Tobacco-Related Disease Research Program (TRDRP) grant #17RT-0077 to JJ Prochaska. Previous funding: TRDRP (grant #13KT-0152 to JJ Prochaska) and the National Institute on Drug Abuse (#K23 DA018691 to JJ Prochaska and #P50 DA09253 to SM Hall).
3. Curriculum Integration Overview

a. The two primary options for providing Psychiatry Rx for Change:
   - REQUIRED* coursework: incorporation of the program across 2 to 4 existing course sessions (e.g., two 2-hr lectures in an addictions course series or part of a clinical didactic).
   - ELECTIVE coursework: incorporation of the program into a single elective course.
   * In the efficacy study, attendance was greatly enhanced if the course was required.

b. Identify components of Psychiatry Rx for Change that are already being taught in the existing curriculum. You might decide to replace existing lecture material with the Psychiatry Rx for Change module(s).

c. Upon determining how Psychiatry Rx for Change can be incorporated in your school or program’s curriculum, identify whether the course requires approval from the curriculum committee, educational policy committee, or other administrative bodies at your school.

Scheduling Tips
It is recommended that Psychiatry Rx for Change curriculum be scheduled early in the semester or quarter, and not near an exam or holiday break, if at all possible.

Identification of Faculty to Teach Psychiatry Rx for Change
Although one or more faculty members from your school or program might have participated in the Psychiatry Rx for Change dissemination event, other faculty could assist with implementing Psychiatry Rx for Change at your institution. Faculty can be selected to lecture on a particular module or to assist with the interactive components of Psychiatry Rx for Change. To allow ample time for faculty preparation, these faculty members should be identified at least 4–6 months prior to instruction. The instructors’ notes sections of the Psychiatry Rx for Change PowerPoint slides provide literature reviews for each slide. Be sure to have any additional faculty sign an end-user license agreement.
4. Recommended Activity Timeline for Course Implementation

The timeline presented in Table 4a is an approximation of the lead-time needed to ensure smooth implementation of the Psychiatry Rx for Change program. More details about these steps are provided in the remainder of this document.

Table 4a. Recommended lead time for course implementation activities

<table>
<thead>
<tr>
<th>Activity</th>
<th>Weeks/months prior to course</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identify course(s) within which the program will be taught</td>
<td>6–12 months</td>
</tr>
<tr>
<td>Reserve classroom</td>
<td>6–12 months</td>
</tr>
<tr>
<td>Identify faculty to teach course modules</td>
<td>4–6 months</td>
</tr>
<tr>
<td>Reserve audiovisual equipment &amp; prepare course syllabus</td>
<td>3 months</td>
</tr>
<tr>
<td>Conduct orientation meeting for participating faculty</td>
<td>1 month</td>
</tr>
<tr>
<td>Distribute pre-course reading assignments to students</td>
<td>2 weeks</td>
</tr>
<tr>
<td>Confirm audiovisual equipment reservation</td>
<td>2 weeks</td>
</tr>
<tr>
<td>Send reminder to participating faculty of course date, timing, etc.</td>
<td>2 weeks</td>
</tr>
<tr>
<td>Xerox or email out all student handouts</td>
<td>1 week</td>
</tr>
</tbody>
</table>

5. Course Integration and Implementation Logistics

Integration into the Existing Curriculum

The Psychiatry Rx for Change program is designed as a series of modules to facilitate its implementation into a wide variety of course structures. The materials can be embedded into one course, or they can be distributed across two or more courses (e.g., addiction focused class and series on cognitive behavioral therapy). Ideally the content will be taught in the order delineated in Table 5a.

Table 5a. Recommended module sequence

<table>
<thead>
<tr>
<th>Module</th>
<th>Recommendation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Epidemiology &amp; Impact of Tobacco Use (30 min)</td>
<td>Required</td>
</tr>
<tr>
<td>Psychiatric Medication Interactions with Smoking (10 min)</td>
<td>Required</td>
</tr>
<tr>
<td>Forms of Tobacco (15 min)</td>
<td>Optional</td>
</tr>
<tr>
<td>Factors Associated with the High Rates of Smoking in Psychiatric</td>
<td>Required</td>
</tr>
<tr>
<td>Populations (40 min)</td>
<td></td>
</tr>
<tr>
<td>Counseling Strategies: Assisting with Cessation (60 min)</td>
<td>Required</td>
</tr>
<tr>
<td>Aids for Cessation: Pharmacotherapy (60 min)</td>
<td>Required</td>
</tr>
<tr>
<td>Treatment of Special Populations (40 min)</td>
<td>Required</td>
</tr>
<tr>
<td>Smoking in Adolescents with Co-Occurring Psychiatric or Addictive</td>
<td>Optional</td>
</tr>
<tr>
<td>Disorders (15 min)</td>
<td></td>
</tr>
<tr>
<td>Tobacco Use in Older Adults (15 min)</td>
<td>Optional</td>
</tr>
<tr>
<td>Tobacco Use in Diverse Populations (15 min)</td>
<td>Optional</td>
</tr>
<tr>
<td>Getting Involved (15 min)</td>
<td></td>
</tr>
</tbody>
</table>

Copyright © 1999-2009 The Regents of the University of California. All rights reserved. Updated May 2009.
Course Structure
The course can be implemented in a variety of ways. For example, it could be split into two 2-hour sessions or broken down into a series of 1-hour sessions. We recommend 4 hours of instruction for the required modules and additional time as available for the optional modules. The curriculum can be provided to residents/students across all years of training or focused on a specific year(s) of training (e.g., PGY3s during their outpatient rotations). Table 5b shows sample schedules that have been implemented successfully in a variety of psychiatry residency programs in Northern California.

<table>
<thead>
<tr>
<th>University</th>
<th>Hours of instruction</th>
<th>Year taught</th>
<th>Room requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>UC San Francisco</td>
<td>Total, 4 hours: 4, 1-hr sessions (Yr 1)**</td>
<td>PGY3 &amp; PGY4</td>
<td>1 small conference room (12–16 residents)</td>
</tr>
<tr>
<td></td>
<td>2, 2-hr sessions (Yr 2-4)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>San Mateo County</td>
<td>Total, 4 hours: 1, 2-hr session &amp; 2, 1-hr sessions</td>
<td>PGY1-4</td>
<td>1 small conference room (12 residents)</td>
</tr>
<tr>
<td>California Pacific Medical Center</td>
<td>Total, 4 hours: 2, 2-hr sessions</td>
<td>PGY1-4</td>
<td>1 small conference room (12 residents)</td>
</tr>
</tbody>
</table>

**Attendance was greatly improved if the course was offered in two, 2-hr sessions rather than spread out in four, 1-hr sessions

Audiovisual Requirements
Laptop computer                     All sessions
LCD projector                       All sessions
6. Training Materials Preparation
To be sure you are using the most up-to-date Psychiatry Rx for Change materials, we recommend visiting our website (http://rxforchange.ucsf.edu/). Our materials are updated continuously.

Photocopying Instructions

1. Print Learning Objectives and photocopy.

2. Print resident/student handout of Slides, six slides per page, pages numbered, and copy double-sided, stapled.

3. Print supplemental Class Handouts, and copy single-sided (with the exception of the Tobacco Dependence Questionnaires, Tobacco Use Mood Log, Pharmacologic Product Guide & Coping Strategies, which are best copied double-sided).

   - Tobacco Cessation Counseling Guidesheet 1 page
   - Tobacco Dependence Questionnaires 3 pages*
     Fagerström Test for Nicotine Dependence (adults)
     Tobacco History Items & Stage of Change
     Depression Scale
   - Drug Interactions with Smoking 1 page
   - Tobacco Use Mood Log (instructions and log sheet) 2 pages*
   - Coping Strategies for Quitting 2 page*
   - Withdrawal Symptoms Information Sheet 1 page
   - Pharmacologic Product Guide 2 pages*

   * Print double-sided.

4. Create Case Scenario Treatment Planning Handouts.

   Have the residents/students work in pairs to treatment plan for each of the 8 cases. For class discussion, we recommend that you select cases that differ based on the patients’ readiness to quit, psychiatric diagnosis, the practice setting, and the products used for cessation. On average, cases for patients who are not ready to quit require about 5 minutes to discuss. Cases for patients who are ready to quit, or are in the process of quitting, require about 10 minutes to discuss. Provide the residents/students with a copy of the Case Scenario Handout for each case. Print a copy of the Instructor Guidelines for each faculty member.

   - Case Scenario: a description of each case (one sheet for each case scenario).
• **Instructor Guidelines** packets, one for each instructor. The Instructor Guidelines include the readiness to quit (stage of change), and suggestions for treatment planning with each case following the 5-As framework.

**Tobacco Trigger Tape (Optional)**
Have the trigger tapes available for use prior to the treatment planning with case scenarios. The trigger tape presents a case of a smoker and cues the class for discussion on appropriate interventions based on stage of change and psychiatric profile.

*It is recommended to download the video files directly onto your laptop.*
Prior to teaching, please test your laptop to be sure it has the appropriate software (QuickTime).

7. Readings

**Required Readings for Participants (choose one, two, or all)** ±


± These readings are available for download from the Psychiatry Rx for Change website.

**Recommended Readings for Instructors:** We suggest the following readings, by topic area, for faculty instructors to hone their tobacco cessation knowledge. For the most current listing, please visit the Psychiatry Rx for Change Web site under “Readings” (http://rxforchange.ucsf.edu).

**Epidemiology of Tobacco Use in the Mentally Ill:**

Grant BF, Hasin DS, Chou SP, Stinson FS, Dawson DA. *Nicotine dependence and psychiatric disorders in the United States: results from the National Epidemiologic Survey on alcohol and related conditions*. *Arch Gen Psychiatry*. 2004;61:1107-

**Health Consequences of Tobacco Use in Psychiatric & Substance Abusing Populations:**


Oquendo MA, Galfalvy H, Russo S, Ellis SP, Grunebaum MF, Burke A, Mann JJ. Prospective study of clinical predictors of suicidal acts after a major depressive episode in patients with major depressive disorder or bipolar disorder. *Am J Psychiatry* 2004; 161:1433-41

**Tobacco Treatment Review Articles:**


Copyright © 1999-2009 The Regents of the University of California. All rights reserved. Updated May 2009.
Williams JM, Ziedonis D. Addressing tobacco among individuals with a mental illness or an addiction. Addict Behav. 2004;29(6):1067-83.

**Tobacco Industry:**

Prochaska JJ, Hall SM, Bero L. Tobacco use among individuals with schizophrenia: what role has the tobacco industry played? Schizophr Bull. 2008;34: 555-567.

**Editorials:**


**Psychopharmacology:**


**General Addiction:**

8. Clinical Practice Exercise
This Clinical Practice Exercise is designed to engage the students/residents in the process of addressing tobacco use with their patients following the 5-As framework. This exercise can be assigned at the end of session 1 and discussed at the following session.

**Psychiatry Rx for Change**
**CLINICAL PRACTICE EXERCISE**

WHO: Select at least one of your adult outpatients who you see for individual treatment, either psychotherapy or medication management.

WHAT: Practice the 5-As

- **ASK** your patient if s/he uses tobacco and if so how much and for how long
- **ADVISE** your patient that quitting is important for her/his physical and mental health
- **ASSESS** your patient’s readiness to quit
- **ASSIST**
  - If ready – offer to assist with quit attempt or provide referral
  - If not ready – offer assistance when ready and provide info sheet
- **ARRANGE** follow up at next visit or through tobacco cessation referral

WHEN: Prior to our next session on ________________

WHY: Applying these skills is where the real learning comes in.

Be prepared to discuss the case:
- What was difficult or made it easier to raise the question of tobacco use?
- How long did the interaction take?
- What was your patient’s reaction to your intervention?
- What would you do differently next time?
- How do you plan to follow up with this patient?
9. Pharmaceutical Products

The program’s Aids for Cessation: Pharmacotherapy section is enhanced greatly through the use of hands-on instruction. If this teaching approach is used, it will be necessary to obtain product samples and/or placebos (Table 9a).

Although Psychiatry Rx for Change provides samples of several of the pharmacologic aids for cessation for in-class demonstration, the “hands on” experience with the products are an optional exercise. Each instructor and school or program should decide whether it is appropriate for their residents/students to participate in this exercise. Former tobacco users and women who are pregnant or breastfeeding should not participate in the exercise. This is an optional exercise.

Table 9a. Recommended pharmaceutical products for the Aids for Cessation Hands-On Activity

<table>
<thead>
<tr>
<th>Product</th>
<th>Number of units</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nicotine polacrilex gum</td>
<td>One piece per student</td>
</tr>
<tr>
<td>Nicotine polacrilex lozenge</td>
<td>A few samples to show students</td>
</tr>
<tr>
<td>Nicotine transdermal patch</td>
<td>A few samples to show students</td>
</tr>
<tr>
<td>Nicotine nasal spray(^a)</td>
<td>One placebo bottle per 10–20 students</td>
</tr>
<tr>
<td>Nicotine inhaler(^a)</td>
<td>One inhaler mouthpiece and one placebo cartridge per student</td>
</tr>
</tbody>
</table>

\(^a\) Available only to participating programs upon request (tobaccotx@lppi.ucsf.edu), while supplies last.

10. Contact Information

Principal Investigator: Judith J. Prochaska, PhD, MPH
E-mail: tobaccotx@lppi.ucsf.edu
Appendix A

Module Objectives
Core Modules

Epidemiology & Impact of Tobacco Use
1. Describe the prevalence of tobacco use among individuals with co-occurring psychiatric or addictive disorders relative to individuals without mental illness.
2. List five compounds contained in tobacco smoke that can cause harm to humans.
3. List three health risks associated with smoking.
4. Describe health benefits associated with tobacco cessation.

Factors Associated with High-Rates of Smoking in Psychiatric Populations
1. Identify three major factors associated with high rates of smoking in psychiatric populations.
2. Describe the pharmacodynamic effects of nicotine on the central nervous system.
3. List four neurotransmitters that are affected by nicotine and their effects.
4. Describe the dopamine reward pathway and its role in nicotine addiction.
5. List six symptoms of nicotine withdrawal and their peak and duration.
6. Explain in lay language to a patient the physiological and behavioral components of nicotine addiction and treatment for each of these components.
7. Describe the history of attention to tobacco use in psychiatric practice.
8. Describe efforts of the tobacco industry to promote tobacco use among individuals with co-occurring psychiatric disorders.

Psychiatric Medication Interactions with Smoking
1. Describe the most common mechanism for a drug interaction between medications and tobacco smoke.
2. Assess a patient’s medication list for drugs that interact with smoking and those that would require dosage adjustment.

Assisting Patients with Quitting
1. List and describe the National Cancer Institute’s 5 A’s.
2. Be able to assess a tobacco user’s readiness to quit.
3. Describe the key counseling strategies for patients who are not ready to quit.
4. Counsel a patient on how to use the Tobacco Use Mood Log.
5. Following the Tobacco Cessation Counseling Guidesheet, list key components to discuss with patients who are ready to quit.
6. Describe cognitive and behavioral strategies for quitting smoking.
7. Identify the appropriate times to arrange follow-up with a patient upon cessation.
8. Describe the brief intervention that can be used when one is too busy to provide comprehensive counseling.

Aids for Cessation
1. Select appropriate pharmacologic agent(s) based on patient-specific factors including psychiatric diagnosis and current medications.
2. Counsel a tobacco user on the proper use of the following pharmacologic agents (including dosing, instructions on use, potential side effects, and precautions):
   - Nicotine polacrilex gum
   - Nicotine polacrilex lozenge
   - Nicotine transdermal patch
   - Nicotine nasal spray
   - Nicotine inhaler
   - Bupropion SR
   - Varenicline
3. Describe the efficacy of the various pharmacologic aids for cessation.
4. Describe the relative daily costs of the pharmacologic aids for cessation compared to cigarette smoking.
5. Assess appropriateness of combination pharmacotherapy for an individual patient.
6. Consider the appropriateness of extended pharmacotherapy.

Case Scenarios (Treatment Planning)
1. Using the Tobacco Cessation Counseling Guidesheet, assess a patient’s readiness to quit and apply tailored strategies to assist the patient with quitting.
2. Detail the treatment plan following the 5-As framework with at least 1 of the case scenarios.

Optional Modules

Forms of Tobacco
1. Describe six forms of tobacco besides cigarettes.
2. State the number of cigarettes contained in a pack and the average machine-yield of nicotine in U.S. cigarettes.
3. Describe three health consequences associated with spit tobacco use.

The Tobacco Industry’s Focus on Vulnerable Populations
1. Describe the tobacco industry’s interests in psychiatric patients.
2. Identify strategies the tobacco industry used to promote tobacco use in patients with psychiatric or addictive disorders.

Treating Tobacco Use in Inpatient Psychiatry
1. Describe the history of tobacco use in inpatient psychiatry.
2. Identify clinical treatment factors impacted by tobacco use among patients with psychiatric disorders.
3. List strategies for addressing tobacco withdrawal and dependence during an acute inpatient psychiatric stay.
4. Identify referral resources for treating tobacco dependence.
Genes and Tobacco Use
1. Describe the association of genes and tobacco use found in adoption, twin, and linkage studies.
2. Describe how genes might affect nicotine pharmacokinetics and pharmacodynamics.
3. Describe two implications of genetic testing for tobacco use.

Smoking in Adolescents with Co-Occurring Psychiatric or Addictive Disorders
1. Compare the prevalence of smoking among adolescents with and without co-occurring psychiatric or addictive disorders relative.
2. Describe the research evidence for treating tobacco dependence in adolescents.

Tobacco Use in Older Adults
1. Describe the health consequences of tobacco use in older adults.
2. Identify the benefits of quitting smoking for older adults.
3. Describe the relationship between Alzheimer’s disease and tobacco use.

Tobacco Use in Diverse Populations
1. Define health disparities and discuss the disparity in the health consequences of tobacco use among African Americans.
2. Describe the tobacco industry’s marketing efforts targeting ethnic minorities.

Postcessation Weight Maintenance
1. State the average amount and range of weight smokers can gain upon cessation.
2. Describe four factors impacting the pathophysiology of postcessation weight gain.
3. List three behavioral strategies for postcessation weight maintenance.
4. Develop a physical activity plan for a patient who is ready to quit.

How to Get Involved
1. List four ways by which a mental health provider can get involved in tobacco control efforts.
2. Describe three recent advocacy strategies that have helped to promote healthier communities.
3. List five “quick actions” that a clinician can take to make a difference in their clinical practice and community.