

3.5

Implementing a Stop Smoking Service A 'Four Dimensional' Treatment Framework

Why do we need a Treatment Framework?

There are a number of aims behind the provision of a treatment framework for the delivery of quit support in mental health settings. First, this area of work is relatively new, and while there are isolated examples of excellent work, there is still no common set of principles or guidelines for practitioners to refer to. Second, it is hoped that by addressing this lack of guidelines, the treatment framework will encourage new practitioners or researchers into the area of smoking and mental health, who may otherwise have been put off by an apparent lack of coherence or direction. Third, and as a result of the former aim of encouraging new professionals in the area, it is hoped that the treatment framework will stimulate further work, both clinical and academic, aimed at improving access for people with mental health problems to appropriate stop smoking support.

What is the Theoretical Background of the 'Four Dimensional' Treatment Framework?

The Framework is not a 'theory'. In that sense, it is not intended to be a 'solution' by which the 'truth' of smoking in mental health settings may be somehow uncovered. Rather, it is better seen as a 'checklist' for the provision of quit support, which if followed, will increase the extent to which interventions are comprehensive and evidence based.

That said, the framework does have a theoretical background and 'borrows' from certain models of health and health behaviour. Most fundamentally, it is intended to adhere to the Biopsychosocial approach to health systems as described by George Engel, (Engel, 1977). Put simply, Engel proposed that actions at the biological, psychological, and social level are dynamically interrelated and that these relationships affect both the process and outcomes of healthcare. The 'Four Dimensional' Framework, rather than adding a whole new fourth dimension, simply extracts behavioural treatment dimensions out for separate attention rather than having them subsumed within either the social or psychological elements.

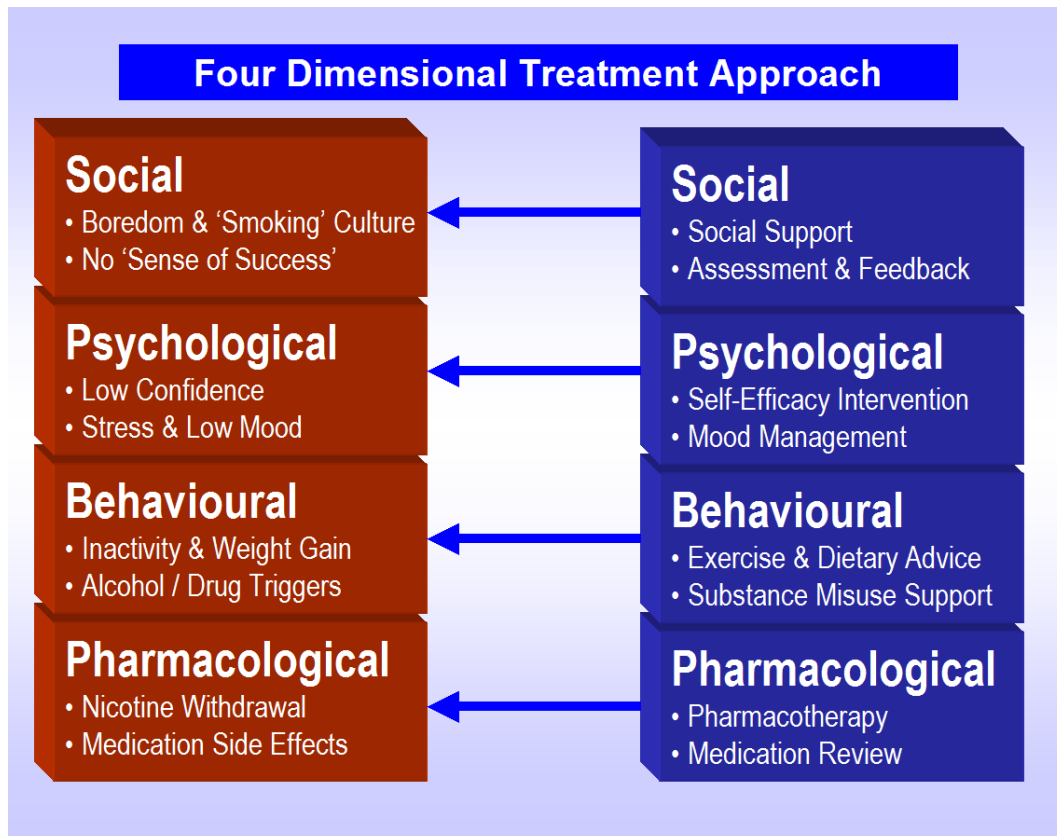
The 'Four Dimensional' treatment framework also borrows heavily from the Theory of Planned Behaviour (TPB: Ajzen, 1988) in its selection of treatment dimensions. The TPB proposes a model about how human action is guided. According to the theory, intentions and subsequent behaviour are predicted by three main factors. The first of these factors is the set of 'Attitudes' or beliefs held by an individual regarding a behaviour and its consequences (discussed in Section 3.4 and Section 7.2). The second factor said to influence behaviour is Perceived Behavioural Control, which is the extent to which a person feels able to enact a (or change of behaviour) successfully. This is similar to the concept of self-efficacy discussed in Section 6.1. The third factor is Subjective Norms, which is a function of an individual's view of how other people around them would like them to behave (normative beliefs), and also how important conforming to that view is to them (see Section 7.1).

The four dimensions do not merely focus on such 'higher' level, cognitive processes, however. Rather, there is also a clear focus to 'the moment' and the more primitive (but arguably more influential) impulses and drives to either smoke or not smoke. In this sense it borrows from the recent PRIME Theory of Addiction (West, 2006), and particularly the idea that, at every moment, our behaviour arises from the balance of competing impulses and inhibitions. Accordingly, the framework pays attention to

influences upon 'moment to moment' impulses such as pharmacotherapy (Section 4.1), medication effects (Section 4.2), mood (6.2) and the use of other psychoactive substances (Section 5.2).

Overview of the 'Four Dimensional' Treatment Framework

On the basis of the theories mentioned above, and a review of evidence relating to stop smoking support (especially in mental health settings) a framework incorporating four dimensions of treatment was established (see figure below). The four dimensions each contain two sub-dimensions that can be directly applied to interventions.



The **Pharmacological Treatment Dimensions** begin with pharmacotherapy. This includes the use of Nicotine Replacement Therapy (NRT), Bupropion (Zyban) or Varenicline (Champix). There are important issues relating to the issue of each type of pharmacotherapy in mental health settings (see Section 4.1). Also within the Pharmacological Dimension is Medication Management, which relates to the effects of smoking and smoking cessation on the metabolism of certain psychotropic medications (see Section 4.2).

The **Behavioural Treatment Dimensions** address weight gain and physical inactivity. Both of these are threats to successful quits and they should not be ignored in quit support (see Section 5.1). In addition, the Behavioural Dimension covers the use of other substances such as drugs and alcohol. These factors can be prevalent issues in mental health settings and can represent 'triggers' to lapses during a quit attempt (see Section 5.2).

The **Psychological Treatment Dimensions** start with attention to poor confidence, a phenomenon prevalent among mental health service users. A method of both measuring and enhancing 'Self-Efficacy' is presented (see Section 6.1). Along with this, the Psychological Dimension addresses low mood, another significant trigger to lapsing during a quit attempt. Mood management techniques are discussed (see Section 6.2).

The **Social Treatment Dimensions** address the effects of others (and the perception of others) on smoking. First, as mental health service users often lack positive social contacts, the issue of social support is covered. This intervention element also addresses social norms and the place for smoking within the 'culture' of mental healthcare. Second, the role of assessment and feedback is addressed, with a focus on how these can be used to maintain motivation and supplement other treatment elements.

Using the 'Four Dimensional' Treatment Framework

As mentioned above, the 'Four Dimensional' Treatment Framework can be thought of as a 'checklist' for those delivering stop smoking support. Whether the treatments are individual or group based, advisors can assess, intervene and monitor progress in each of the four dimensions covered. This, along with adherence to the methods described in each section, will ensure a comprehensive and evidence-based intervention is delivered. A form for advisors to use while delivering treatment within the 'Four Dimensional' framework is included in the Resources section.

The checklist is not a 'script' however. The advisor should aim to address all of the dimensions (and each treatment element within them). However, the order in which they are addressed, and the proportion of time attached to each one, should be influenced by the service user and his/her requirements. This is more consistent with a 'person-centred' approach and leaves the service user more in control of their quit attempt.

References

- Ajzen, I. (1988). *Attitudes, Personality, and Behavior*. Chicago: The Dorsey Press
- Engel GL. The need for a new medical model: a challenge for biomedicine. *Science*. 1977 Apr 8;196 (4286):129–136.
- West, R (2006) *Theory of Addiction*. Oxford: Blackwells.

