

7.2

Social Treatment Dimensions Assessment & Feedback

The Value of Feedback

When stopping smoking, a service user may not always have a clear perspective at any one time on how successful they are. Particularly in individual treatment, there may be no 'reference point' and successes in dealing with cravings, learning new techniques, or remaining abstinent from smoking may be overlooked or not given appropriate attention.

However, success breeds success, and levels of self-efficacy are likely to increase if attention to achievements are highlighted (see Section 6.1 on the effects of self-efficacy on the likelihood of quitting). It follows, therefore, that assessment and feedback from another person, such as the stop smoking advisor, represents a crucial boost to a quit attempt.

Positive or Negative Feedback

As suggested above, the majority of feedback should be designed to highlight achievements and boost confidence. A good example may be if a service user attends a support session and reports that he lapsed during the previous week and smoked a cigarette. Before launching into advice preventing it from happening again, the advisor may wish to offer some feedback on certain issues that the service user may have missed. For example, the fact that he attended the session suggests ongoing commitment to quitting. In addition, if the service user became abstinent again after the lapse then feedback should be offered on his ability to take back control over his smoking behaviour.

There is a place for negative feedback where appropriate however. This may be used to challenge the service user to develop a new strategy, or to look upon a situation in a different way (see Section 6.2). For example, if a service user has repeatedly become angry and aggressive with friends who have offered him cigarettes, the advisor may wish to suggest that other ways of reacting may be more constructive and positive (eg – calming refusing and telling people that he is a 'non-smoker' now). Alternatively, if an advisor suspects a service user has lost sight of his original reasons for quitting she may voice this and asks him to reaffirm them.

Feedback on Beliefs & Attitudes

An important application of feedback is in relation to the service user's attitudes and beliefs about smoking or quitting. The aim is to use feedback to keep positive, motivating beliefs about the benefits of quitting salient, while challenging negative, de-motivating beliefs about the value of smoking.

The starting point for this feedback should be an invite to the service user to state her perceived 'pros' and 'cons' of smoking or quitting. This should then be repeated periodically throughout the quit attempt. The aim is to use feedback to maintain and reinforce the view that the cons of smoking outweigh the pros, and that the pros of quitting outweigh the cons. As much as possible, the feedback from the advisors should be facilitative rather than directive. That is, different ways of looking at an issue should be suggested for consideration rather than prescribed or asserted. Debates are rarely useful.

Carbon Monoxide Assessment & Feedback

The measurement and feedback of Carbon Monoxide fluctuations during a quit attempt is one of the most powerful tools an advisor has aimed at boosting motivation and confidence. It represents a clinically significant and objective marker of improvement and can often serve to highlight progress in the absence of other noticeable effects.

Carbon Monoxide is a colourless and gas that has the molecular formula CO. The molecule consists of a carbon atom that is triply bonded to an oxygen atom. CO is produced by the incomplete combustion of the fossil fuels - gas, oil, coal and wood, engines, oil burners, gas fires, water heaters, solid fuel appliances and open fires. Exposure to CO can lead to significant toxicity of the central nervous system and heart. CO displaces the levels of oxygen within the blood (anoxia), which results in the death of cells and damage to major organs, which are subsequently starved of oxygen. This can lead to a range of symptoms and effects, both short term and long term depending on the levels of gas breathed in and the duration of exposure.

Smoking & Carbon Monoxide

Smoking significantly increases the CO content of the blood. The normal CO level for a nonsmoker, while fluctuating slightly according to background levels in the air, is usually less than 10 parts per million. The level of CO for a smoker is usually much higher, and will vary according to the number of tobacco products smoked, how the smoke is inhaled, and the time between smoking a cigarette and CO assessment. A person who smokes a pack of cigarettes per day will commonly have a CO level of about 20 parts per million, with a two-pack-a-day smoker scoring at around 40 parts per million.

On stopping smoking, CO levels rapidly fall back to a normal level. Depending on the initial level of CO, and the smokers individual physiology, this can take between one and two days. As such, a return to normal CO levels is one of the first physical signs of 'recovery' that quitting smokers will become aware of. This, in turn, can be highly motivating for an individual who has had the toxic effects of CO explained to them, and are able to see that their efforts to quit smoking has significantly reduced the cause of those effects.

The measurement of CO levels is also important for the purposes of CO validation. NHS Stop Smoking Services are now required to have CO validation for at least 85% of the successful quits they generate (with CO validation being defined as a level of less than 10 ppm).

Using a CO Breath Monitor

The CO monitor is used to measure quitters' CO levels at various points throughout the quit attempt. As CO assessment only requires the service user to blow into a tube, it is a quick and non-invasive procedure. The method of using a CO monitor is fairly simple and can be mastered after very brief training.

CO monitors must be calibrated on a regular basis, usually every 6 months. Calibration kits are available from the suppliers of the monitor. Alternatively, most local NHS Stop Smoking Services have the facility for CO monitor calibration.