
Telephone counseling with cognitive therapy for depression, proactive enrollment of social support and relapse prevention sessions: Effects on smokers with and without indicators of depression

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BACKGROUND

American Cancer Society's Quitline®

The Quitline® operates as a learning laboratory: testing new protocols, publishing results and attempting to guide the industry toward best practices.

2000: began as a clinical trial

2006: provided service to 70,538 callers

2007: provide service to 13 states
and over 70 corporations



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BACKGROUND

Depression Research – 7 years

Single question used to assess current mood:

Have you felt sad or blue everyday
for the last two weeks?

Unexpectedly high proportion of callers say 'yes'.
'Sad or Blue' callers have more difficulty quitting.



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BACKGROUND

Depression Research

Clinical trial I: Jun – Nov 2000

2 group design – TC vs. SH

1015 clients enrolled

37% - yes to 'sad or blue'

'Sad or Blue' group had lower quit rates but benefited from access to telephone counseling.

(McAlister, et al, 2004, *Tobacco Control*)



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BACKGROUND

Depression Research

Clinical trial II: Feb 2002 – Jul 2004

7 group design – 3x2 + SH control

6,322 clients enrolled

46% - yes to 'sad or blue'

'Sad or Blue' group had lower quit rates overall but benefited from access to boosters or longer sessions

(Rabius, et al, in press, *Tobacco Control*)



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BACKGROUND

Depression Research

WEB trial: Oct 2004 – May 2005

6 group design – 5 tailored vs. targeted control

6,451 clients enrolled

30% - yes to 'sad or blue'

'Sad or Blue' group had lower quit rates and did not benefit from access to tailored, interactive sites

(Pike, et al, 2007, *Nicotine & Tobacco Research*)



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BECK TRIAL

Depression Research

Enrollment: Oct 2004 – May 2006

4 group design

Standard vs. enhanced protocol
with or without boosters

2,184 clients enrolled



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Research Partner

Beck Institute for Cognitive Therapy and Research



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PROTOCOL DEVELOPMENT

Overview

- Collaboration with Beck Institute
- Review of smoking cessation protocol
- Review of depression interventions
- Identification of primary strategies
- Integration of existing protocol and cognitive strategies
- Development of supplementary materials
- On-site Quitline® Counselor training
- On-going training and con't education



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SESSION TIMING

Smoking Cessation Protocol

Days - 14 to - 10	- 2	0	+ 1	+ 8 to + 9	+ 15 to + 16
Session 1	Session 2	QUIT DATE	Session 3	Session 4	Session 5



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INTERVENTION DEVELOPMENT

Key Factors

Maintaining all components of successful cessation protocol

Identifying primary strategies for depression reduction

Using "stress" as intervention target

Increasing session lengths to accommodate enhanced intervention

Creating and maintaining counselor expertise

Developing easy to read supplementary materials

5.6 reading level



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DEPRESSION

Supplementary Materials

Coping Cards

Pleasurable Activities List

Do's and Don'ts of Helping a Smoker Quit

Managing the Stress of Quitting

Reducing stress may increase chances of quitting

Negative Thoughts

The Three Questions

Other Ways to Manage Stress - sense of pleasure and distraction; sense of accomplishment; self praise; social support; coping cards



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DEPRESSION

Cognitive Strategies

Coping Cards


Physical reminders of interventions

Coping Card

1. _____ 4. _____

2. _____ 5. _____

3. _____ 6. _____

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Fax: 1-877-747-9528



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DEPRESSION

Cognitive Strategies

Identifying and responding to negative thoughts

- 1) What's the evidence the thought is true?
- 2) What's the evidence the thought is not true or not completely true?
- 3) What would you tell a friend?

Ask Three Questions

For Negative Thoughts

1. What's the evidence that this thought is true?

2. What's the evidence that this thought is not true or not completely true?

3. What would I say to a good friend?



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DEPRESSION

Cognitive Strategies

Increasing pleasurable activities

Activities to look forward to

Activities to distract


Simple and realistic

For times of stress

Learn to Enjoy Yourself

For Pleasure or Distraction, I like to...

1. _____	4. _____
2. _____	5. _____
3. _____	6. _____

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DEPRESSION

Cognitive Strategies

Increasing social support

Don't personalize other's reactions to your quitting

Ongoing check-ins about availability of support

Do's and Don't of Helping a Smoker Quit

Stay Supported! You are worth it!

People I can ask for help are...

1. _____	4. _____
2. _____	5. _____
3. _____	6. _____

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Cognitive Strategies

Self praise

Give self credit for hard work in quitting

Praise for learning new ways to manage stress

Pat Yourself on the Back

Positive things to say to myself are...

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____



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DEPRESSION

Cognitive Strategies

Increasing sense of accomplishment

Incorporated in behavioral strategies for fighting cravings

Linked to pleasurable activities

Linked to self praise

Linked to general life satisfaction

Coping Card

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____



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Counselor Training

On-site trainer from Beck Institute

Focus on identification of negative thoughts and three questions

Intensive protocol review

Additional training for supervisors

Ongoing training and support

Weekly con't education and support

One on one refreshers



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DEPRESSION

Beck trial: Results and Conclusions

48% - yes to 'sad or blue'

'Sad or Blue' group had lower quit rates

No evidence at 4-month follow-up that 'Sad or Blue' group benefited from access to the enhanced protocol or booster sessions.

Leave therapy to therapists?



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QUITLINE

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BACKGROUND CITATIONS

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