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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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



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.



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)



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)



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)



BECK TRIAL

Depression Research

Enrollment: Oct 2004 – May 2006

4 group design

Standard vs. enhanced protocol

with or without boosters

2,184 clients enrolled



Research Partner

Beck Institute for Cognitive Therapy and Research



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



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



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



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

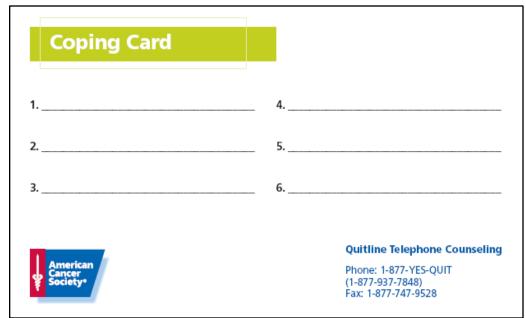
Other Ways to Manage Stress - sense of pleasure and distraction; sense of accomplishment; self praise; social support; coping cards



Cognitive Strategies

Coping Cards

Physical reminders of interventions

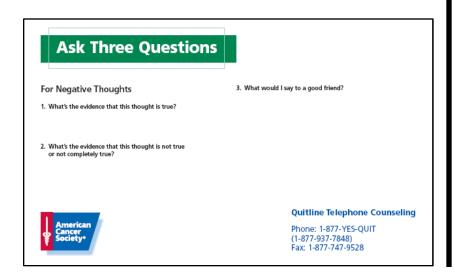




Cognitive Strategies

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?





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	
American Cancer Society*		Quitline Telephone Counseling Phone: 1-877-YES-QUIT (1-877-937-7848) Fax: 1-877-747-9528



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





Cognitive Strategies

Self praise

Give self credit for hard work in quitting

Praise for learning new ways to manage stress

Pat Yourself o	n the back	
Positive things to say to myself	are	
1	4	
2	5	
3	6	
		Quitline Telephone Counseling
American Cancer Society•		Phone: 1-877-YES-QUIT (1-877-937-7848) Fax: 1-877-747-9528



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





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



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?



QUITLINE Contact Information

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BACKGROUND CITATIONS

Rabius, V., Pike, K.J., Hunter, J., Wiatrek, D., & McAlister, A.L. (2007). Effectiveness of Frequency and Duration in Telephone Counseling for Smoking Cessation. <u>Tobacco Control</u>. (in press).

Pike, K.J., Rabius, V., McAlister, A.L., & Geiger, A., (2007). American Cancer Society's QUITLINK: Randomized Trial of Internet Assistance. <u>Nicotine & Tobacco Research</u>, 9, 415-420.

McAlister, A.L., Rabius, V., Geiger, A., Glynn, T.J., Huang, P., & Todd, R. (2004). Telephone Assistance for Smoking Cessation: One Year Cost-Effectiveness Estimations. Tobacco Control, 13, 85-86.

