Published in final edited form as:

Addict Res Theory. 2018 ; 26(6): 525–532. doi:10.1080/16066359.2018.1450872.

Skill Sets for Family Members and Friends to Help Motivate a Smoker to Seek Treatment: Research to Practice

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Abstract

Translation of effective behavioral interventions is a key challenge for the addictions treatment field. With the goal of disseminating an effective behavioral intervention to practice, this narrative study describes tobacco cessation coaches' skills sets and provides an illustrative case study of a 1-session phone intervention between a coach and a concerned family member who wants to help their smoker quit. Delivered through a quitline by quitline coaches, the intervention consisted of a 15–30 minute phone session and written materials. The goal of the intervention was for family members and friends (support persons) to encourage their smoker to use a quitline. Data were collected from transcripts of 193 audiotapes of the one session phone intervention from a previous trial (Patten et al., In Print). Using content analysis, major themes regarding barriers and challenges within the sessions and coaches' solutions assisted in selecting case study illustrating the dialogue between a coach and a support person, as well as demonstrating the coaches' skill sets used to deliver the session. In addition, the barriers and challenges among support persons (i.e., uncertainty about how to approach the smoke, the smoker is not ready to quit) and the coaches' responses and suggestions are illustrated. These types of data could be useful to clinicians, providers and others interested in implementing a behavioral intervention for nonsmokers who want to support a smoker to quit.

Keywords

tobacco cessation; social support; quitlines; intervention; smoking

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Declaration of interest: The authors report no conflict of interest.

INTRODUCTION

It is well established that tobacco quitlines are effective in helping smokers quit (Fiore 2008). Despite the convenience and easy access to free proactive telephone counseling throughout the United States (Lichtenstein et al. 2010), only 1– 2% of smokers utilize quitline services (Ossip-Klein and McIntosh 2003; Keller et al. 2010). Efforts to increase smoker utilization of quitlines are therefore a public health priority (Zhu S-H et al. 2000; North American Quitline Consortium (NAQC) 2014).

Family members and friends are a potential natural support source to motivate smokers to utilize evidence-based cessation treatment and/or try to quit smoking. Targeting community peers and family support networks is effective for increasing quitting among non-treatment seeking smokers (McAfee et al. 2013; Tsoh et al. 2015; Gómez-Pardo et al. 2016).

In 2011, we evaluated a 3-session, support person phone intervention targeting nonsmokers with the goal of engaging a family member or friend to motivate their smoker to seek cessation treatment (i.e., enroll in a quitline). Nonsmokers (N=534) received written materials only (controls) or written materials plus 3 coaching calls delivered by research staff. Quitline enrollment was significantly greater for smokers in the intervention group compared to those in the control condition (16% vs. 8%) (Patten et al. 2011).

In 2015, we evaluated the 3-session intervention compared to a streamlined version (1-call) with both delivered by quitline coaches (Patten et al. 2017). Results showed the interventions were successfully implemented within a quitline and delivered by quitline coaches. Moreover, one phone coaching session was equally effective as 3-calls for promoting the smoker's enrollment in the quitline, and both were more effective than the control condition comprising written materials only (15%, 15% and 6% respectively, $p=0.006$).

Translation of effective behavioral interventions is a key challenge for the addictions treatment field (Carroll and Rounsaville 2007). With the goal of disseminating the intervention to practice, in this narrative study we describe the support person intervention and the coaches' skill sets used to deliver the session, summarize feedback obtained from coaches, and provide an illustrative case study between a coach and a support person to demonstrate the coaching procedures and approach. Common barriers/challenges among support persons and coaches' solutions are also described.

METHODS

Data were utilized from a randomized clinical trial comparing two levels of telephone coaching (1 or 3 session) interventions for support persons with a control condition (Patten et al. 2017). The study was approved by the Mayo Clinic and National Jewish Health Institutional Review Boards. The trial was registered with www.clinicaltrials.gov: NCT01331226.

Participants

In the parent study (Patten et al. 2017), support persons were recruited statewide in Minnesota. Recruitment targeted nonsmokers who were concerned about a smoker and interested in learning how to help. Enrolled support persons (n=704) were primarily Caucasian (95%), female (85%), and employed (74%) with an average age of 47 years (range=18–89). A range of relationships to the smoker were represented; about one-third enrolled to help a spouse and others participated to help a child, friend, other family member, boyfriend/girlfriend or coworker. Of the participants, 233 were randomly assigned to the one call intervention. Of these, 196 (84%) completed the 1-session call and form the basis of this report.

Support Person Intervention

The intervention was developed through an iterative process from an intensive, face-to-face, 5-session group based treatment (Renner et al. 2004) to a telephone delivered program (Patten et al. 2008). The goals of the intervention evolved from training the support persons in lay counseling skills to help their smoker quit (Renner et al. 2004; Patten et al. 2008), to one of a coach to motivate their smoker to use evidence-based tobacco cessation (quitline) treatment (Brockman et al. 2012). Several aspects of the treatment were derived from the substance use treatment literature (Smith and Meyers 2007) such as teaching concerned others that they have an important role in supporting the smoker to quit and reminding support persons to engage in self-care because their efforts may go unrecognized or may not be reinforced by their smoker.

Theoretical Framework—Cohen's theory of social support (Cohen 2004) was the conceptual basis for the intervention in which supportive actions promote positive health practices of others by encouraging more effective coping. Participants were taught verbal and non-verbal supportive behaviors which included instrumental (e.g., providing material aid), informational (e.g., sharing quitline information), and emotional (e.g., expressing empathy, caring) (Cohen 2004). These types of supportive behaviors have correlated with successful smoking cessation (Cohen and Lichtenstein 1990) and are more likely to predict health outcomes when matched to the demands of the situation (e.g., the smoker's readiness to quit) (Uchino et al. 1996).

The positive-negative nature of support behaviors is another important theoretical dimension for the intervention (Cohen and Lichtenstein 1990). Positive behaviors (e.g., encouragement) are an effective tool to promote change and are associated with successful changes in smoking behaviors. Negative behaviors (e.g., nagging) tend to not have a significant influence on smoking behavior and can hinder quitting. Thus, participants were encouraged to increase positive behaviors (e.g., praise, encouragement) while avoiding negative behaviors (e.g., nagging, criticizing). Additionally, another theoretical dimension is based on the substance use treatment literature (Smith and Meyers 2007) in which participants are taught to recognize self-behaviors to maintain well-being and morale (e.g., acceptance that the smoker may not seek help).

Session Topics—The 1-call support person intervention is a proactive 15–30 minute telephone session delivered by a quitline coach. A treatment manual was developed for coaches to use for the intervention session with a script to serve as a guide (supplemental material). Coaches used behavior change strategies delivered with a motivational interviewing style (Miller and Rollnick 2013). Behavior change techniques used in the intervention manual were independently coded by two authors based on a taxonomy recommended for addiction research (Michie et al. 2013); inter-rater agreement 92% (Patten et al. 2017).

The context of the intervention was framed in terms of what skills or information the support person needed to encourage their smoker to call the quitline. Coaches covered 6 main topics: (1) rationale for the treatment; (2) role of the support person; (3) quitline information (e.g., what happens when their smoker calls); (4) education on readiness to quit, support person's comfort level in approaching smoker, and supportive behaviors support persons can do to help motivate their smoker to move forward; (5) supportive behaviors: positive (e.g., praise, encouragement) and negative (e.g., nagging, policing) behaviors and statements that reinforce, reduce, or eliminate smoking behaviors; and (6) reinforcing any progress smoker makes in the process of quitting. Throughout the call, coaches provided examples of non-supportive behaviors and statements and role modeled appropriate verbal examples of supportive behaviors and statements. In addition, coaches assisted in suggesting positive ways the support person could interact with their smoker and ways to manage relapse and other setbacks.

As part of the intervention support persons received written materials by mail consisting of 1) the NCI Clearing the Air brochure to share with their smoker, and 2) a tri-fold brochure containing tips on supportive behaviors and statements, information on nicotine dependence including nicotine withdrawal, and a description of services provided by the Helpline. A laminated card was attached to the tri-fold brochure which contained a study specific quitline toll-free number. To provide a visual aid to facilitate understanding of readiness to quit support persons also received a 1-page handout on the Contemplation Ladder (Biener and Abrams 1991) with anchors ranging from 0 (not thought of quitting) to 10 (taking action to quit).

Coaches—The intervention was conducted by 10 QUITPLAN® Helpline coaches employed by National Jewish Health (NJH). All coaches had a master's or bachelor's degree in a behavioral health or social sciences-related fields, completed 120 hours of comprehensive evidence-based tobacco cessation training as part of their hiring process, and were trained in Motivational Interviewing.

Coaches underwent 10-hours of training on the intervention manual and documentation procedures prior to the start of the study. Training was conducted using didactics, role-plays, and simulated treatment sessions. The training included (1) the importance of treatment fidelity, (2) the conceptual framework underlying the intervention and (3) the specific strategies for applying the theory to this telephone coaching protocol. Test calls were conducted to certify each coach as trained. In addition, two “refresher trainings” were

conducted during year 1 of the study. Thereafter 6 quarterly “refresher” trainings were done on-site at NJH and via video-conferences.

Treatment fidelity was conducted by reviewing all audio tapes and sessions were rated with respect to the type and frequency of deviations from the respective coaching manual (Bellg et al. 2004). All discrepancies revealed by audiotape were reviewed with the coaches, and additional training was conducted when necessary. Feedback on their delivery of the interventions was provided on a weekly basis to the coaches. A checklist was used to compare the number of intended intervention components that were delivered. Overall, coach adherence was 99% to the 1-call intervention; thus, the treatment was delivered with fidelity and according to the protocol.

Procedures

Analysis of Coaching Sessions—Using content analysis (Krueger and Casey 2015) the sequence of topic areas was analyzed by coding the dialogue from the audio recordings of all sessions and the notes documented in the coaches manuals. From this analysis, major themes emerged with respect to common challenges and barriers across sessions. In addition, although several sessions were illustrative, we selected 1 case study of the actual dialogue between a coach and support person during a 30 minute coaching session. The narrative highlights each of the 6 topic areas to illustrate how the coaching was conducted. The support person and smoker’s names have been changed to maintain confidentiality.

Coach Feedback—Coaches’ feedback on the training they received and intervention delivery was assessed using a 7-item survey sent and returned by email (Table 1). Because of staff turnover during the study only 5 of the 10 coaches who delivered the intervention were available to provide feedback. Coaches rated: (1) the helpfulness of the coaching training, (2) their confidence in accurately delivering the protocol, (3) preparation to handle participant questions, (4) helpfulness of the coaching manual, and (5) their confidence in delivering the protocol in the future. These 5 items were answered on 10-point scale ranging from 1 (not helpful, confident, or prepared) to 10 (very helpful, confident, or prepared). Possible scores range from 1 to 10 and for these, the mean+SD were reported. Two additional items assessed coaches’ (6) perceptions of the usefulness of the intervention and (7) how interactive the support persons were during the sessions. For these items, the number of counselors endorsing each response was summarized. Coaches had the opportunity to provide open-ended feedback. Content analysis (Krueger and Casey 2015) was used to summarize the major themes that emerged across the open-ended feedback from the coaches.

RESULTS

Case Study

Jane is a well-educated Caucasian women in her early 50s who is seeking guidance to help her husband Joe, a 50-year-old Caucasian male who was recently diagnosed with melanoma and has stated for years he wants to quit but can’t. She is a former smoker who quit many years ago with no assistance. Jane has tried multiple times to help Joe quit and is at a loss of

what she can do to help him quit. Jane and Joe have a close relationship and she feels confident in her ability to support Joe in his quitting process.

Rationale for the Treatment—At the start of the call, the coach begins the dialogue with an open ended question to gain insight regarding Jane’s reasons for taking part in the study to help Joe, *“Tell me a little bit about why you decided to take part in the study to support Joe and your concerns for him regarding his smoking.”* Jane expresses her concerns about her husband’s struggles with quitting smoking and his health condition. *“He wanted to quit for many years and this nicotine is what keeps him not being able to quit. He said the habit is easy to quit, but not the nicotine. He’s come down with melanoma in this last year and still wrestling with it. So whatever I can do to support him would be good.”*

The coach expresses empathy and acknowledges Jane’s thoughts and feelings without judgment. *“This is something that has been on his mind for a while, and because it’s so important to him and his health now you are ready to do what you need to help.”* Jane quickly replies to explain the struggles she had in her prior attempts to support Joe in quitting but feels nothing has worked and now at a loss, *“Absolutely, I’ve been ready for a long time I just don’t know how to approach it. You know I thought I would do the right thing and it doesn’t seem to help. So, it’s like well the balls in your court now whatever you decide. I know he tries and tries to get it right in his head when it’s the right time to quit.... I just see him wrestling with it every time he lights up a cigarette, just wanting to quit but not being able to.”*

Learning how Joe’s smoking has affected Jane the coach responds by stating, *“Getting involved can be hard and take time, but sharing your concerns in an open and positive way can be good for both you and your smoker. Ultimately it will be his/her decision to make, whether to smoke or not to smoke, but knowing that somebody cares can be a great reason for him to want to make a change in smoking.”* Thus, the coach provides a rationale for the program to focus on her--the support person, and not her husband--the smoker. Additionally, the coach reinforces changes in her own behavior by helping her recognize that she cannot control Joe’s behavior despite her efforts.

Role of the support person—The coach continues by describing Jane’s role as not a counselor but more like a coach to motivate and help move him forward in quitting, *“Depending on how ready he is to quit right now your role might be to motivate him to start thinking more seriously about quitting or reaching out and getting support and using other resources to help quit.”* Thus, the responsibility for counseling Joe is turned over to the quitline cessation coach or other treatment services that he may seek out on his own.

Quitline Information—*“Have you heard of the quitline and if so what have you heard about it,”* the coach asks to learn about Jane’s knowledge of the quitline. Jane replies, *“I have heard of it. I know it is with certain health care providers from the past. I don’t know a whole lot about it because I honestly have never used them. I know Joe had used them years ago and it was more of a coaching. I think at that time he wasn’t ready at all to quit.”* The coach affirms what she knows about the quitline and then asks for permission to provide a

brief overview about the benefits of the quitline program, *“So you got an idea. If it is okay I will give you a brief update and description.”*

Jane agrees and the coach provides education about the quitline services emphasize that the quitline may help Joe regardless of his readiness to quit. *“We try to meet people where they are at. Some people call in and their ready to quit, while other people are ambivalent... there are things they really like about smoking and others things that they don’t like about smoking. So we just try to meet them on their level and then support them where they’re at in the process.”*

Supportive Behaviors—The coach asks Jane how she envisions herself approaching Joe with the quitline information card, *“Many people in our study ask about how they could approach their smoker with the quitline information card. If you haven’t done it already how could you see yourself telling him about being in the study and the quitline and what we are all about and giving him that card.”* Jane admits she has not considered how she plans to approach Joe with the quitline information card or told him about taking part in the study, *“Umm, you know I really haven’t thought that much about it quite yet. I haven’t said anything to him yet. I haven’t had a chance to sit down and read everything on it. So I guess I’m not prepared myself. It’s time for me to go through this and bring it up.”* The coach affirms her ambivalence to approach Joe until she feels prepared, *“So before you talk with him you want to make sure that you are comfortable with all the information and knowledgeable about the program itself.”*

The coach then emphasizes that the role of a support person is challenging and reinforces her behavior for taking part in the study, *“I certainly know it is not an easy thing to just bring up to somebody and I commend you on joining our program and your honesty so far about everything that’s been going on.”* The coach then asks permission to offer ideas on how others have approached their smoker, *“Would it be okay if I just gave a couple of ideas or suggestions about some things people have told me were helpful?”* In which Jane is open to hearing new ways in which the coach would recommend, *“Absolutely”*

The coach provides examples of how others have approached their smoker, *“Everybody is on different levels of how comfortable they are with it and certainly you’re going to know more than I do but just generally if you try to plan a relaxing evening or fun afternoon on the weekend or when both of you guys are happy.... you know right when he gets off of work and he’s tired and worn out and lighting up, that might not be the best time to bring it up, but if there is a situation where you guys are doing something fun... maybe even plan something that he would like to do, you know what ever hobbies or activities he enjoys and can I come along with you and then while you guys are doing something fun together bring it up than.”*

The coach role-models verbal examples of supportive statements and points out examples of non-supportive statements: *“Certainly for a lot of people if you ask for permission, you know Joe I have joined this study and I want to know if it is okay if I could talk to you about what I’m working on here to better support you. So you get permission that it’s okay and their in a good mood. But if you approach them directly while they’re smoking a lot of people become defensive at that point. So, I know some of that may seem kind of obvious*

but I just want to let you think about something that would be fun and enjoyable and break the ice in an indirect sort of way.”

Jane agrees with the coach’s use of positive statements and behaviors and is relieved to be reinforced in her prior behavior in supporting Joe, *“that’s a great idea. It’s nice to hear you say something like that cause I never know if I’m doing it right, I’m I doing it wrong and your right you just don’t sit down and talk about it right after work when he’s tired and having a cigarette.”*

Education on Readiness to Quit—To help Jane learn where Joe is in quitting and to better understand the quitting process the coach provides education on the Contemplation Ladder, *“Knowing how ready Joe is to quit smoking can help you determine how to talk to him about quitting smoking or getting help to quit. What I would like to do is take a brief look at the ‘Readiness to quit ladder’. Have you seen Joe at different steps on the ladder?”* Jane quickly responds, “Yes.” The coach asks her to elaborate, *“What were some things you heard or saw that helped you to decide where Joe was at?”* Jane explains: *“He’ll say, ‘I just got to get on it only for my own good, I know I got to do it and I got to get it right in my head. And then I will notice from that point when he starts to say things like that that I’ll notice that he’ll slow down and he is not smoking as many cigarettes. He smokes outdoors so I don’t see him having as many cigarettes, and I don’t want to ask cause I want it to be... let him be... he’s doing whatever he needs to do and so I let it go and just pay attention and something might trigger it and he is right back at where he was before.”*

The coach reflects with an understanding tone: *“You have certainly heard strong language, you’ve seen action to follow that language up to cut down, reduce the smoking but things trigger him.”* Jane expands on a conversation she had with Joe during one of his quit attempts, *“I’m thinking the time he did quit actually with the cigarette and not the nicotine we were taking a walk and that was not something we would normally do and he said, ‘what am I smelling that smells so sweet,’ well I said that’s the laundry being dried and you can smell it in the air and he said, ‘you’re kidding I have never smelt that.”* So he knows how he felt, his lungs felt better, his allergies weren’t as much, all these positive things he knows. *But there’s a fear, there’s got to be a fear of the what if I’m not able to... maybe it’s you set yourself up to fall it’s like what if I can’t do this than I’m a failure and maybe that’s the biggest thing on way he doesn’t go to that next step cause he doesn’t want to fail.”*

To get a sense of where Joe’s currently is on the ladder the coach responds, *“Yes, it’s scary. So where he is at right now where would you put him on that ladder? Based on where he is at.”* Jane replies, *“Right now I would say he’s between a 7 and an 8. He’s up there, and I noticed that he has cut down again so yay I would say between a 7 and an 8.”*

Supportive Behaviors: Development of Goals and Strategies—Before helping Jane set specific goals on how to approach Joe regarding his smoking the coach wants to learn more about her prior attempts to support him in quitting, *“What were some of the things that were helpful that you had said or done that helped Joe to quit or move forward in the quitting process?”* Jane is a bit hesitant in responding, *“I don’t know.... it’s a compiling of things like, ‘I just want you to be around with me for the next twenty-five years, but I*

don't want to be pushing you around in a wheel chair on oxygen." Hearing the negative statement the coach reflects back to remind her of some of her earlier behaviors that were positive, *"You mentioned earlier that you would be active with him and go out for those bike rides or go for a walk to break up the routine."* Jane picks right up and responds, *"Right and I notice he will partake more in the physical activities. He's not out of shape; he does a lot of physical labor. He even said to me, 'my body is telling me these things but I'm not listening.'"*

The coach then asks, *"What were some of the things looking back that you felt didn't help?"* Jane quickly responds, *"Like you said, the timing's not right, when he's tired or stressed and it's been hot. Smoking comes up and I'll say something to the effect of have you figured out when or are you going to quit, or is it going to happen in the near future. These are the things that I will not say anymore. They're not effective. But in a relaxed setting just having a chat and the subject comes up he is more open to talk about it and think more about it. I do know that."* The coach reinforces Jane's recognition of Joe's resistance to her support when she uses negative behaviors and statements, *"I would encourage continuing using the positive behaviors and statements. They cannot only help start a conversation but keep the communication open by keeping conflict at a minimum."*

Now that the coach has understanding of Jane's comfort level, Joe's readiness to quit, and prior supportive behaviors that worked for her in the past the coach offers Jane some examples of how she could approach Joe, *"In that environment where you feel things are relaxed and comfortable maybe sharing some of the materials with him and saying, 'I would like to go over this with you would that be okay would you mind taking a minute with me'. If he is talking about quitting ask him, 'what's your plan.'"* Jane answers with an inspired tone, *"Sitting down with him when he is relaxed, having coffee or something out on the deck, and telling him that I have involved myself in this study and that I really want to do this for him as well."*

Reinforcing Any Progress the Smoker Makes Toward Quitting—As they near the end of the session the coach reminds Jane that it will take time so remember to be patient and accepting of where he is in the process, *"There may be sometimes that he is resistant and not be open to talk to you about his smoking. And it's okay, give him some space and let him know it is his decision to quit but your there to talk even ever you're ready."* The coach then encourages Jane to reinforce any step that Joe makes in moving forward with quitting, *"Recognizing any small step he makes toward quitting can show how much you appreciate his hard work and build up his confidence"*

Challenges/Barriers and Solutions—Table 2 provides five major themes emerging from the coaching sessions representing situations that coaches experienced during sessions with nonsmokers and common statements or advice coaches gave in response. These were: (1) smoker is pre-contemplative/contemplative, (2) uncertainty about how best to bring up the topic of smoking or quitting, (3) the smoker is defensive and will not talk to the support person about smoking, (4) the smoker expresses interest in quitting but continues to avoid setting a quit date, and (5) smoker is not interested in using the quitline. The reader is encouraged to think about how he/she would approach each of these situations.

Coaches Feedback

Key feedback provided by coaches was positive (Table 1). They found the training sessions helpful and felt confident in their ability to accurately deliver the session topics. Coaches felt prepared to handle questions and comments from support persons and found the counselor script to be a valuable guide throughout the session. Open-ended coaches' feedback indicated the 1-call support person intervention to be an effective resource for support persons to receive the guidance they need to help support their smoker in the quitting process. However, it was noted that some support persons may benefit from receiving additional support through more calls. Coaches found the support persons genuinely wanting to help their smoker and learn new ways to be a better support for their smoker in the quitting process.

DISCUSSION

Translation of effective behavioral interventions to practice is a key challenge for the addictions field (Carroll and Rounsaville 2007). This paper provides an illustrative case scenario and common barriers/challenges and solutions demonstrating how the effective 1-session phone-based support person intervention can be applied in practice. Strengths are that the content analysis of challenges/barriers and selection of the case study was based on review of a large sample comprising all 193 coaching sessions and coaches' notes documented after each session. These types of data may assist providers, researchers, and others interested in implementing a short-term intervention. While many treatments target smokers, there is potential for high reach of programs designed for nonsmokers to assist smokers in the quitting process (Zhu SH et al. 2006; McAfee et al. 2013). Because the intervention is manualized this enhances its dissemination potential.

Social support in an individual's natural environment is an important factor across addictive behaviors (D'Orio et al. 2015; Kim et al. 2015; Selbekk et al. 2015; Patten et al. 2016; Soares et al. 2016; Venuleo et al. 2016; Wesley 2016). Over the last several decades a key challenge has been how to leverage social support in the cessation process (Patten et al. 2004; Patten et al. 2009; Westmaas et al. 2010; Park et al. 2012). This effective, 1-session, phone-based support person intervention provides real-world guidance on the types of coaching skill sets and content that can train family members and friends to link smokers to cessation treatments in the general population. Furthermore, by intervening with the support person, this approach can increase the reach of smokers at low to moderate levels of readiness to change who may not be currently seeking treatment.

A high level of adherence to the coaching protocol was achieved by the coaches. The coaches found the training and coaching manual to be helpful and felt confident in their ability to implement the protocol. Moreover, coaches expressed the 1-call support person intervention to be an effective program and resource for family members and friends to help support their smoker in the quitting process. Furthermore, coaches found the support person to be very active in the call and open to making changes within themselves to help their smoker in the quitting process.

Limitations are that the intervention is provided by a trained quitline coach. However, a provider with similar training in tobacco cessation treatment could readily adopt and use this scripted, manualized intervention. Moreover, we obtained data from only half of the coaches who provided the intervention limiting generalizability of the findings. Some sample characteristics limited generalizability and potential impact of the intervention. The nonsmokers were mostly Caucasian, highly educated, employed females. An important next step for this line of research is to understand how to apply this intervention to underserved populations as cultural and family differences may influence how support is provided and received (acceptability) and effectiveness (Ford et al. 2013; Passey and Bonevski 2014; Patten et al. 2016; Gorini et al. 2018).

CONCLUSION

Family members and friends are an effective and powerful resource to help loved ones who smoke to utilize evidence-based treatments such as quitlines, even when motivation for quitting is low. Our intervention is an effective resource for support persons to receive the guidance they need to help support their smoker in the quitting process. The information and skills support persons learn within this brief 1-session can reach smokers with low to moderate levels of readiness to quit. The coaching skills set described could be useful to clinicians, providers and others interested in implementing a behavioral intervention for nonsmokers who want to support a smoker to quit.

Supplementary Material

Refer to Web version on PubMed Central for supplementary material.

ACKNOWLEDGEMENTS

The authors would like to thank all National Jewish Health coaches and intake assistants who contributed to this study. Portions of this paper were presented in January, 2016 at the MDQuit's 10th Annual Best Practices Conference, Baltimore, Maryland. This research was supported by ClearWay MinnesotaSM research program grant (RC 2011-0008). Support was also by CTSA Grant Number UL1 TR000135 from the National Center for Advancing Translational Sciences (NCATS), a component of the National Institutes of Health (NIH). The research presented in this paper is that of the authors and does not reflect the official policy of ClearWay MinnesotaSM or the official view of NIH.

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Table 1.

Coaches' ratings of intervention delivery (n=5).

Item	Mean $\pm$ SD or n
1. How helpful were the training sessions in teaching you how to accurately implement the treatment protocol?	8.6 $\pm$ 1.1
2. How confident were you in your ability to accurately deliver the session topics according to the counselor script?	7.8 $\pm$ 1.8
3. How prepared did you feel to handle most questions and comments posed by study participants during the telephone session?	8.6 $\pm$ 1.1
4. How helpful was the counselor script in guiding you through the session?	8.0 $\pm$ 2.3
5. In the future, how confident do you feel in delivering this type of intervention for support persons through the Quitline?	7.8 $\pm$ 2.3
6. Based on your experience, how effective do you think the intervention was for support persons?	
Very effective	3
Somewhat effective	2
Not at all effective	0
7. Generally, how interactive were participants during your session (e.g., asked questions, shared issues they were dealing with)?	
Very active	4
Somewhat active	1
Not at all active	0

Items 1 – 5 were rated on 10-point scale, with 1 indicating not helpful, confident, or prepared and 10 indicating very helpful, confident, or prepared. Possible scores range from 1 to 10.

Table 2:

Themes of Session Barriers and Coach Solutions/Responses

Challenge/Barriers	Coach Solutions/Example Responses
1. Smoker is pre-contemplative/contemplative	Difficulties can be experienced when the smoker is not ready to quit and SPs feel unsure what they should do next. In these situations, coaches acknowledged that this can be difficult for the SP and problem-solved about approaches that the smoker may be more receptive to. Coaches encouraged SPs to focus on the positive behaviors that the smoker does and reinforce those behaviors to help motivate their smoker to move forward in the quitting process. Coach: <i>"There are many different ways you can help support (your smoker). Some of these can be things you say or things you do. Even if it does not involve directly interacting with (your smoker). For example, visiting a website or library to look up information on smoking or nicotine dependence is still a way to be supportive because you are learning more about tobacco use and the process of quitting."</i>
2. Uncertainty about how best to bring up the topic of smoking or quitting without becoming nagging or making the smoker feel pressured.	Coaches encouraged SPs to base their efforts on where the smoker is in the quitting process. They recommended checking in with the smoker from time to time and see where he/she is in this process. As the smoker changes, the SP will need to change the kind of support they provide to help the smoker move toward quitting and remain smoke-free. Coaches reinforced learning more about the smoker's thought process about how smoking is a part of their daily life, for example: Coach: <i>"Try asking (your smoker) what they like about smoking and what they do not like about smoking."</i>
3. Smoker gets defensive and will not talk to the SP about smoking.	Some SPs felt starting a conversation with the smoker to be a challenge and were unsure about how they should start a conversation without making him/her get defensive. For example, one SP was frustrated that when she brings up the topic with her husband he gets defensive and will not talk to her. SP: <i>"He puts up a wall and is really stubborn about it, so any time I have brought it up, quitting smoking, in the past he's gotten really defensive so I don't know really how to bring it up to him."</i> To help reduce the smoker's defensiveness coaches suggest tips on ways to bring up this topic in a positive way. Coach: <i>"Do you ever hear him talk about 'change talk'? And what I mean by that is, 'these cigarettes are expensive or my throat feels raw this morning,' that is definitely the first step even if he is not changing any habits and when approaching him be positive; sharing your concerns about his/her smoking can be a great way to start a conversation. For instance you can say something like, 'I care about you and/or I am concerned about your health.'"</i> Additionally, coaches advised SPs to remember to separate the smoker from the smoking. Coach: <i>"It may be helpful to remind yourself that it can be difficult, but you and (your smoker) will work on this together."</i>
4. Smoker expresses interest in quitting but continues to avoid setting a quit date.	Some SPs expressed frustration and concern when the smoker states they plan to quit but never set a quit date. Coaches emphasized that quitting smoking is not an all or nothing process and that once a smoker has made a decision to want to quit it is easy to become impatient with the process of the progress he/she has made. Coach: <i>"Success comes at many steps, even if (your smoker) hasn't quit. Remember readiness to quit goes up and down. It's important to remember to reinforce any efforts or progress he/she makes toward the goal of quitting."</i> Coaches also reminded SPs that although they can't control the smoker's behavior they can control their own behavior and statements. Coach: <i>"It's important to be realistic. You can't control what (your smoker) is dealing with or what he/she does with his/her smoking. However, you can control your own words and behavior. So try to be available to listen to your smoker's feelings frustrations and even guilt that may be hampering his/her ability to think rationally about not quitting."</i>
5. Smoker is not interested in using quitline.	When coaches described the Quitline services some SPs expressed that the smoker was not interested in using this as a resource to help them quit. Coaches reinforced the SP's efforts in helping their smoker move forward in the process of quitting and discussed ways to overcome this obstacle. Coach: <i>"It is okay if he is not interesting in using the Quitline. Ask him how he sees himself quitting, what resources he prefers to use and listen to his ideas of what he feels will help him be successful."</i> Coach: <i>"Listen to her concerns about why she does not want to use the Quitline."</i> Coach: <i>"Offer calling the Quitline with him to learn more about it."</i>

Table note. SP=Support Person