TOBACCO TREATMENT AND TRAUMA-INFORMED CARE

6 Guiding Principles to a Trauma-Informed Approach

1. SAFETY – PROVIDE TOBACCO TREATMENT SERVICES IN A WAY THAT AVOIDS POTENTIAL TRIGGERS / RISKS FOR RE-TRAUMATIZATION.

Real World Example: Mr. Ray has entered the hospital for a psychiatric emergency. He is very agitated and providing only limited responses and will not discuss his tobacco use other than stating that he is smoker and wants a cigarette now. You understand that his physical, emotional, and psychological safety are of the utmost importance, but you also want to make sure his tobacco dependence is addressed. You offer to order him some Nicotine Replacement Therapy (NRT) right away to help with withdrawal symptoms. You also make a note to follow-up with him later in his visit once his mental and emotional state are more stable. You want to respect his current needs while also making sure that appropriate medication and follow-up are provided during his stay.

2. TRUSTWORTHINESS & TRANSPARENCY – PROVIDERS USE REFLECTIVE LISTENING AND MOTIVATIONAL INTERVIEWING SKILLS WHILE ASSESSING READINESS TO QUIT TOBACCO.

Real World Example: Ms. Rose is a woman who has come in to talk to her provider about a recent increase in PTSD symptoms. She has been using smoking as coping mechanism for increased anxiety and panic attacks. Her PTSD came from a sexual assault by a male. Ms. Rose says she can't quit smoking because she needs cigarettes to cope right now. You are a male provider, and you want to discuss her tobacco dependence and educate her on better coping skills. You recognize that there may be some power dynamics at play with her recent abuse by a male and don't want to trigger any anxiety. You ask her if she would feel more comfortable speaking with a female. You do not assume how she feels but rather respect this potential issue and offer the patient options to make sure she is comfortable.

3. PEER SUPPORT – CONNECT INDIVIDUALS WITH APPROPRIATE TOBACCO CESSATION RESOURCES (ONLINE, SUPPORT GROUP, QUITLINE, EAP).

Real World Example: Mr. Ray has now stabilized and is ready for discharge from the hospital. You've discussed continuing NRT after discharge and showed him how to access some online coupons that he could use to reduce the cost. You also note that he is a veteran, so you refer him to SmokefreeVET which provides 24/7 encouragement, advice and tips to help veterans quit tobacco use and stay quit.

4. COLLABORATION & MUTUALITY – LISTEN IN ORDER TO UNDERSTAND AND NOT JUST RESPOND. WORK TOGETHER DURING A QUIT ATTEMPT TO IDENTIFY BARRIERS AND CONSIDER APPROPRIATE SOLUTIONS.

Real World Example: Ms. Rose agrees to speak with a female provider and states this would make her feel more comfortable. The co-worker speaks with Ms. Rose about her history of sexual assault and actively listens to her concerns about "needing" cigarettes right now. She uses reflective responses to acknowledge her concerns and reviews her options with NRT to address concerns for withdrawal symptoms. The provider acknowledges the good parts of her utilizing smoking as a coping skill (i.e., stepping away from a stressful environment and taking deep breaths) but is honest about the health consequences of her tobacco use. Together they collaborate to make a quit plan that incorporates appropriate NRT and counseling to further process her trauma and develop healthier coping mechanisms.

5. EMPOWERMENT & CHOICE – USE AN INDIVIDUAL'S STRENGTHS AND EXPERIENCES TO BUILD TREATMENT OPTIONS AND TIMELINES THAT VALIDATE THEIR UNIQUE CIRCUMSTANCE.

Real World Example: Ms. Rose is leaving the office and stops to speak with the provider again. She says that she really appreciates everything they've discussed but she has changed her mind and doesn't think she feels ready to quit right now. She hands the prescription back. The provider acknowledges that quitting can be hard and affirms that she is proud of her for starting this process and being so honest about her concerns. The provider respects where she is right now in her readiness to quit and asks her if she would be willing to follow-up to check in again. Ms. Rose agrees to call the office in 2 weeks to follow-up. The provider gives her information on quit resources specific to women in case she decides to connect with other women about their quit journeys to obtain stories, tips and encouragement.

6. CULTURAL, HISTORICAL & GENDER ISSUES – CERTAIN GROUPS HAVE HIGHER RATES OF TOBACCO USE. OFFER RESOURCES AND TOBACCO TREATMENT SERVICES IN A WAY THAT IS SENSITIVE TO THE GENDER, CULTURE, AND UNIQUE BACKGROUND OF EACH INDIVIDUAL.

Real World Example: Taylor comes into the clinic for a new patient visit. You, the provider, notices that the intake paperwork reports significant tobacco use and an interest in quitting. You also see that "prefer not to respond" was selected for gender. You want to address the tobacco use especially since there is a desire to quit but you're not sure how to address the patient. You want to build a good rapport and be sensitive about how the patient may identify and not use the wrong term. You ask Taylor which pronouns are preferred. Taylor seems pleasantly surprised and thanks you for asking, then responds "they/them/theirs please."

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