

# YARNING ABOUT QUITTING

## Counselling skills for a yarning approach

### Introduction

Each visit will have some key phases that need to be covered. However as we adopt a *yarning approach* the way we move through these will change depending on circumstances.

As OARS are *essential client centred communication skills* they need to be used throughout all phases. Remember the purpose of OARS is to establish, maintain and at times re-establish rapport. To build a collaborative working relationship that moves toward agreed and common goals. OARS will allow you and the woman to explore and gain insight into the situation and to work on an agreed plan.

Although we tend to start with engagement and end with planning, these broad stages or phases can happen at any time and include:

- 1) Building engagement, rapport and collaboration
- 2) Asking about smoking
- 3) Focusing or refocusing
- 4) Pointing to and assisting the woman to talk about the positive things
- 5) Planning and goal setting

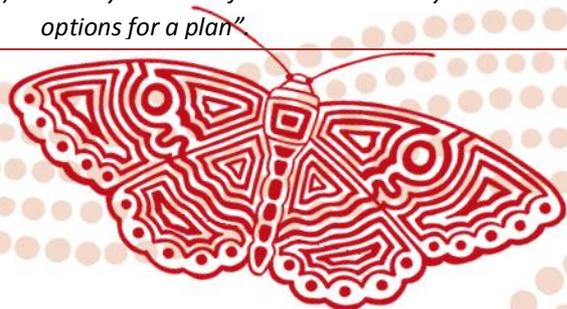
### Beginning a consultation

As a general rule it is advisable not to begin a visit with a clinical assessment and /or *tick box information gathering*. However as the assessment of the baby's progress occurs in a shared intimate space, this is an exception to the rule and can often set the stage beautifully for an ongoing supportive relationship. Also take some time to ask some more general open questions which will help begin the yarning process, establish rapport and give you a sense of *where the woman is at* on that day.

Open questions can sometimes lead to the woman talking about other pressing issues where she becomes **stuck on unhelpful themes**. Although these issues are important to note they often fall outside your capability, time constraints or role. In this circumstance, see the text box below:

#### How to **focus** the session or **shift gears** at any time in the visit

- 1) Listen, express empathy (*reflection*) and ask open questions to gather *enough* information needed to determine the extent of her issues and possible referral pathways needed to assist her. For example, are these issues long standing or does she need urgent assistance and referral?
- 2) You then need to **refocus** the session.  
Use statements like the ones below to shift the focus and point to where the two of you need to go:  
*"This sounds difficult for you and I want to get back to it, but can we put it aside for now and focus on:*
  - a) *Your baby, let's check the heart beat" ..... OR*
  - b) *Your health and progress" .....OR*
  - c) *What you said before about the baby's health. We could look at that a bit more and talk about some possible options for a plan"*



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### Asking about smoking - Examples using OARS

Firstly, a note about engagement:

When asked quickly or in succession even open questions can begin to sound like an interrogation. Instead, use *reflective listening* in between each question to allow the woman time to expand and think about her answer.

#### Examples of 'open questions' ('O' in OARS)

- *"And what about smoking, what's been happening there?"*
- *"When did you start smoking?"*
- *"How many do you smoke? Where do you smoke?"*
- *"What are your favourite cigarettes of the day?"*
- *"Who in your family / circle of friends smoke? Is there anyone who doesn't smoke or who has quit?"*
- *"Have you ever tried to give up or thought about giving up?"* A closed question followed by →
  - *"What were your reasons at the time?"*
- *"How did you get started on that quit attempt, what steps did you take?"*
- *"What sorts of things worry you about smoking?"*

#### Examples of 'affirming' ('A' in OARS)

- *"I really like the way you have thought some of this through"*
- *"Your Aunt seems to be a great source of inspiration and support"*

#### Examples of 'reflective listening' ('R' in OARS)

- *"Yes, I see"*
- *"These are good reasons"*
- *"That concerns you"*
- ...with lots of nods, silence and questions like *"Is there anything else?"*

#### An example of summarising ('S' in OARS)

- *"It sounds like you have some concerns about the effects of smoking on your baby and are keen to learn more. You also spoke about some good things that would happen if you did quit. And you watched your Aunt quit after her heart attack and I think you said you were really proud of her for doing that. I think you were hinting that she is pushing or nagging you to quit. You have tried to cut down a few times but nothing serious. Is that right?"*

**Assuming the woman agrees with the summary, it is time to focus the interview.**

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### Focusing the interview

- 1) *“Could we spend the next few minutes showing you some information and explaining how smoking harms baby?”*

Check back in with her and ask: *“What are your thoughts about this, do you have any questions or concerns?”*

- 2) *“How do you feel about looking at a plan to quit?”*

**2a)** the woman is not keen to proceed (see the section below on how to work with ‘sustain talk’).

**2b)** the woman is keen – move to ‘**planning**’

- Together discuss options for a possible plan
- If you think NRT may be relevant for the woman then
  - Ask her what she already knows about NRT and discuss
- Together work on the details of the plan
  - This includes offering suggestions and advice, discussing triggers and strategies, discussing withdrawal symptoms and the role of NRT, etc.
- Rate and explore her confidence (see section below, ‘Exploring and building confidence’)
  - *“Does it feel too hard to follow, too easy, or a bit of both?”*
  - Attempt to increase confidence (see section below, ‘Exploring and building confidence’)
- Adjust plan if too hard
- The woman decides how to proceed
- We need to check with her that the final plan is achievable
- And have a definite plan for follow up.

### Working with a woman who seems ambivalent, not ready to plan, or using mainly sustain talk

#### Working with ambivalence

##### 1. Exploring benefits/good things:

- *“Tell me some of the good things about quitting?”*
- *“If you were to quit in the future what would be the good things?”*
- *“If one of your young nieces / nephews asked you what would be good about quitting what would you tell them?”*

##### 2. Exploring barriers/not so good things:

As we want the woman to focus on *the benefits* it is best not to spend too much time exploring the negatives. Encouraging the woman to talk about the barriers will increase *sustain talk* at the cost of *change talk*.

Barriers need to be acknowledged by expressing empathy:

- *“I understand this was hard for you last time”*
- *“Sounds like there were a lot of triggers around or not much support”*

Listen to the barriers and make a mental note to address these with the woman later, preferably during the *planning phase*. Barriers often present an opportunity for mutual problem solving.

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### 3. A tool - Decisional Balance Sheet

If the woman seems really stuck and is fluctuating between the benefits and the barriers there is a special tool that can be used. Ask her to think of all the:

- 1) *Good things* and the *not so good things* about quitting
- 2) *Good things* and the *not so good things* about continuing to smoke

<i>QUITTING: the good things</i>	<i>QUITTING: the not so good things</i>
<i>SMOKING: the not so good things</i>	<i>SMOKING: the good things</i>

- Encourage her to find as many things as possible to include on the sheet.
- In some cases it may be easier for you to write them, this also allows her time to think while you write. Then use OARS to explore her list.
  - *“What do you think of the two sides now, how are they weighing up?”*
- This exercise can lead to interesting results. By seeing how her expressed benefits of change are of greater importance than the barriers provides an opportunity to focus or refocus on planning.

### 4. Exploring and building confidence

#### 4a) Rating scale

- Using the 1 – 10 scale ask: *“How confident are you that you can quit smoking?”*
- *“Why so high?”* (even if they rate this as low)
- *“What made it a ‘3’?”*
- *“What sort of things would make it go higher?”*
- *“What sort of things would help or make it easier?”*

#### 4b) Raising hope and a sense of possibility of change

- Ask - *“Let’s pretend that somehow you manage to finally quit for good, how would that feel?”*
- Introduce or reintroduce the role of NRT
  - *“Let’s just say for a moment, that quitting could be made easier, what would that be like?”*
  - *“How would that change things?”*
- Reflect on and affirm anything positive she has spoken about including:
  - Being a role model
  - People who would support her
  - Her hopes
    - The baby’s health, her health, the birth
  - Her strengths
    - *“How could you use the determination you have to care for your family to give this a go?”*

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#### What to do when the woman is saying she is definitely not interested (sometimes called a pre-contemplator)

If the woman has told you she is not interested or not ready to discuss quitting or cutting down with NRT you need to maintain rapport while asking permission to give important information and keep the door open for future visits:

- *"I understand this is not the right time but:*
  - *Is it OK if I show you how smoking affects baby?"*
  - *Is it OK if I give you these brochures?"*
  - *Is it OK if I explain how NRT can help with the cravings and help you cut down?"*
  - *Is it OK if I check in with you next visit to see if anything has changed?"*

#### Another option for working with a woman using sustain talk or saying no to planning

Exploring the future:

- *"Given everything we have just talked about, I wonder if we could look at two possible futures?*
  - 1) *On the one hand, let's say you decide not to make any changes and things continue as they are*
  - 2) *And on the other hand you decide to give it a go and manage to quit*

*What do you think these two possible futures could look like? Start with the first one."*

Follow this with **silence** and encourage her to explore deeper, keep checking *"Is there anything else?"*

#### A word of warning

Exploring the future and rating of importance and confidence in a woman who is saying no to change needs to be undertaken cautiously and always gain permission prior to doing this. Ask yourself, does she seem open to further exploration or would this be best left until the next visit?