

Dads Too – a smokefree coaching pilot study

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Introduction

A range of smoking cessation support services is available to provide behavioural support for those wishing to become smokefree. These include services provided locally via general practices, hospitals, iwi providers, etc, as well as service provided regionally and nationally such as the Quitline. Most services accept referrals from anyone seeking to access the service. For example, hospital cessation support services are generally available to any person who is, or has recently been, a patient in that hospital. Some smoking cessation service providers operate within specific access criteria. For example, some iwi services provide cessation support particularly for Māori living within the *rohe* (many iwi services will also accept referrals from non- Māori).

Smokechange Ltd is based in Christchurch and has a Ministry of Health contract to provide a regional service with a particular focus on supporting pregnant women to become smokefree. The service has operated successfully for a number of years and has previously also provided services in Auckland and Southland. Smokechange has a very strong, principles-driven approach and these principles include: focus on the positive, all change is important, smokefree language supports smokefree behaviour. The more visible differences between Smokechange and other providers reflects these principles with “becoming smokefree” being the focus rather than “quitting”, and with “smokefree educators” providing service rather than “quit coaches”.

The influence of partner behaviour over a woman’s efforts to become smokefree during pregnancy are well documented and Smokechange has traditionally extended its service to include partners of pregnant women. Two issues arise from this. The first relates to contracts and funding and is that inclusion of a partner means that two adults are being served under the Smokechange contract however only one baby is being protected through that funding (albeit that supporting both partners is likely to achieve better protection for that baby). Notionally, this means that another baby will not receive protection as the resource that would have funded cessation support for that baby’s mother has already been used.

The second issue is whether a service that has been developed to serve pregnant women serves partners just as well or whether a service specifically aimed to support partners of pregnant women may achieve different results. This is the question that gave rise to this pilot project.

Specifically, this pilot study sought to investigate whether a smokefree support service catering particularly for partners of pregnant women, and provided by a male smokefree educator, would achieve cessation outcomes that were different to those being achieved by other services.

Method

The author was trained by the Smokechange team to become a smokefree educator using the same approach as that used by all other Smokechange smokefree educators. As well as initial training, a

process of professional supervision was also established with a senior Smokechange smokefree educator. The author was successfully enrolled as a Quit Card provider having met the requirements of the Quitgroup which administers that scheme.

A group of partners of pregnant women was identified over time with several existing men passed on from current referrals and with additional men referred over time as their pregnant partners were referred to Smokechange. One additional direct referral was received and that man, a prospective father, was entered into the programme.

Individual smokefree coaching support was provided to each client following the Smokechange model. All Smokechange administrative systems were followed in the keeping of records and provision of information resources as well as Quit Cards. The service was provided exclusively by telephone with follow up provided via mail.

A survey tool was developed to seek feedback from participants at the conclusion of the pilot. The survey tool included items using a Likert rating scale for rating respondent agreement with various statements about the programme. It also included open ended questions in which respondents were asked to describe words and ideas that reflected their experience. Feedback surveys were conducted by telephone.

Results

A total of 35 referrals were received for men to participate in the programme. Of these, five were either un-contactable or declined service. A further three clients received initial contact, however, were subsequently un-contactable. The remaining 27 men represent the cohort of active participants who received ongoing smokefree support.

Of the active group of 27, 5 have been un-contactable for the purposes of completing exit interviews. This leaves a group of 22 men who have formally exited from the programme with the remaining 5 exiting as un-contactable. Feedback surveys have been completed with 21 of these 22 men and the data are presented below.

Of the 22 men who have exited the programme, 10 (45.5%) were smokefree at exit.

During the course of the pilot, a total of 40 Quit Cards were sent to participants (plus one card sent out to replace a card that was never received by the participant). 39 of these Quit Cards were issued to the active group of 27 participants. This is an average of 1.4 cards per participant (range 0 – 3).

The average session length was 14 minutes (range 2 – 46 minutes). The average length of assessment sessions was 18 minutes (range 4 – 46 minutes) and the average length of step by step sessions was 11 minutes (range 2 – 38 minutes)

Of the 12 men that were not smokefree at exit, confidence scores increased for each by an average of 33.5% (range 8.3% to 67%). Of these men, the number of cigarettes smoked each day reduced by an average of 51.3% (range 16.7% to 80%).

	discussions	<p>conversation went where it needed</p> <ul style="list-style-type: none"> definitely - they were as long as they needed to be
3	I was happy with the frequency of phone support	<ul style="list-style-type: none"> been good - I've not been pressured good too bit more regular contact might have prompted me to be a bit more active yes, especially with me being busy with the earthquake and so forth
4	It was good for me that the person I was speaking with was a male	<ul style="list-style-type: none"> wouldn't matter to me definitely definitely never done this with a female definitely it wouldn't have mattered to me either way, male or female it was easier talking with a male - I'm used to women "nagging" doesn't really matter to me yes, because you can relate - it would be different talking with a female 'cos he knows what I am going through absolutely, the male to male discussion has been easier - I might have felt a bit guilty if it was a female I felt understood Yes, definitely - I've felt understood more - Mum goes on about it and I want to walk away! for me, yes - depends on the individual I felt I got straight answers - short and blunt, I'm not interested in bullsh*t get along better with a male never been through it with a female so don't really know but it's certainly not been a bad thing
5	It was good for me that the service was designed for men, especially Dads	<ul style="list-style-type: none"> very good maybe the background knowledge from a father's point of view was not a bad thing yes yes, we all have different needs it's also helped me feel confident to pass on information to several friends yeah - I knew you could relate to my situation

Respondents were asked what words they would use to describe the discussions that took place during phone support. The words indicated are as follows:

- insightful
- engaging
- aware - more of what I am putting into my body
- you helped me see options
- helpful
- robust
- helpful
- supportive
- it was good
- helpful
- bloody good
- friendly
- challenging
- enlightening
- supportive
- very good
- informative
- great support
- encouraging
- thought-provoking
- different perspective
- good information
- really helpful
- good
- help
- communication
- understood

- productive discussions
- interesting way of looking at it
- it works
- excellent
- good
- explaining and talking
- acknowledged - how I felt about it
- straightforward
- not time wasting
- up front
- no beating around the bush
- good listening & you heard me
- you answered the questions I asked.
- helpful

Respondents were asked what important things stood out during phone support discussions and these are as follows:

- the river idea and how close you are to achieving something you want to reach
- I still remember the river idea. I even talked with a couple of smoker friends about it
- moneywise
- your realistic attitude - others I have previously spoken with had unrealistic expectations - you spoke to me in an adult-to-adult way
- trying to get over that river
- you didn't bore me - not boring
- you set out the facts and helped me see the good things about being smokefree
- given many different reasons why important
- helped me understand things like my triggers
- I felt like you were interested in me and had the drive to help me - I really appreciate the efforts you put in
- motivating - in the way it got me to look at the issue in a different way

- I can still hear your voice in my head!
- they (the discussions) were encouraging
- I had feelings of possibility (to be smokefree)
- having support, especially feeling supported when not going too good
- good to have someone on my case - I'm the kind of person who needs support
- river crossing - in fact I've been talking to lots of people about it and encouraging them
- you provided another point of view and helped me shift thinking - it's easy to get stuck in a thinking rut - you helped me see a more positive view
- you helped me realise that when I am drawing I don't have to smoke
- you pointed out things - I could see that I've been smoking when I'm bored and as a way to buy time
- I felt listened to
- you had a different way of looking at solutions
- someone to talk to as to why things happened
- put me on the right page and suited my mindset
- the fact that you didn't preach to me that I "had to give up now", that ultimately it was my decision
- looked at the things I have to do
- you didn't whip me to do things - my Mum tells me what to do and I resist that
- the river metaphor you introduced in our first session - my journey
- no pressure to do it for someone else
- doing it for my son ... and for me too
- the river! - and asking me which side did I want to be on? - that's what it's all about
- you were straight up - and made sense
- you made patches available but allowed me to choose
- you took the time - you listened and didn't just say "Uuh" - you were actually listening
- you gave good, decent information and comments
- you provided full information

- I kept thinking the whole way through of the river and the mountains and being on the plains leading to the river and the great feeling of crossing the river and staying on the other side

Respondents were asked to describe any other key aspects of their smokefree story or journey and these are as follows:

- I still really like smoking but I do think about it from time to time. The other day I noticed that my three workmates were all smokefree and I felt like the outsider!
- Was smokefree for several months and then got made redundant and started smoking again due to the stress. I was happier, relaxed and not so stressed while smokefree
- I really liked the river analogy - a workmate I spoke with used to come into the office and ask me "where I was on the river?"
- Your support and the support of my partner have been really important. I also have my wee one so I have lots of reasons to be smokefree. It's not been as hard as my brain has told me it would be all these years.
- I became smokefree for a while but thought I could have one or two - I've learned that about myself
- Working away from home was an issue
- How good I felt when I had given up. Feels bad now that I have started again
- I will continue to move on this
- A key aspect was your flexibility to adapt to my ideas and not to try to stick to a hard and fast "game plan". You let me work to my timetable and my plan. I really appreciated your flexibility to suit me.
- It's hard work - and it's worth it ... Every bit!
- The process has been motivational but not in a 'motivational' way! - it has been a very REAL process. It has enabled me to change my thinking
- \$150 per week saved is good! Just the talking was good - I already knew about 90% but to hear it the way you put it made a big bloody difference
- I've since helped some others. I have seen myself driving along and I see my daughter and my baby boy and they're not getting smoke blowing in their face - that is great!
- Most days I'm happy that I'm beating this thing. Some days I feel like a smoke but I ignore it and say to myself "Nah, that's the old life"

Discussion

Results indicate that the Dads Too smokefree support service has been effective in helping participants to become smokefree or to at least make active steps towards becoming smokefree. The proportion of those who were smokefree upon exit from the service at 45.5% compares favourably with other cessation services whose rates are generally around 30%. Even if the 5 participants who could not be contacted upon exit are included in the calculation and are assumed to all be not smokefree, the rate at 37% (10/27) still compares favourably.

Over the course of the pilot, many observations were noted in order to understand the learning opportunities within the project. These have been identified under various headings and are summarised as follows:

The talking

Participants were generally very willing to engage in detailed discussions. This observation is contrary to the stereotypical image of the “strong silent kiwi male”. This is borne out by results of session length. 19 assessment sessions exceeded 20 minutes in length while 9 lasted for half an hour or more. Step by step sessions, while generally shorter could also last considerable time with 8 exceeding 20 minutes duration and 2 lasting over half an hour.

Insight

Participants demonstrated high levels of insight into their own experiences and were generally very willing and able to express their thoughts and feelings. Once again, this observation counters stereotypical impressions of males not “being in touch with their feelings” or talking about these.

The ‘river’ image used by Smokechange as a metaphor for the journey of change was generally memorable and useful to participants. The river discussion may be a highly effective mechanism for engaging males and initiating the ongoing smokefree conversation. The image presents a very real image and most participants were able to readily ‘place’ themselves in the image through their own activities and hobbies (eg, tramping, boy scouts, etc). The image also predisposes conversations to be practical and problem-solving (eg one participant related literally to crossing a river with a rope (NRT) in his backpack rather than using to assist in crossing)

Honesty

Participants were very forthright about how things were going for them and how they were feeling and participants demonstrated an openness to simply identify issues and consider them on their own merits. Establishing clear expectations at the outset may well have been important, in particular, the understanding that progress/change was not being sought to satisfy any needs of the smokefree educator. This ensured participants had no sense of having to “please” the educator and no need to “hide” any hiccups or other lack of progress.

Willingness to learn

Participants were generally very willing to learn both in terms of information the educator was able to share and, more particularly, in terms of learning about themselves from their experiences. One participant who reduced over time to a single cigarette each day was fascinated as he worked through seeking to understand that behaviour and with seeking ways to progress further. Participants readily learned from both successes and setbacks and, in particular, responded well to seeing setbacks as opportunities to further understand their smoking behaviours and what factors could influence it.

Timing

Participants were almost exclusively in full time employment and this impacted on opportunities to maintain regular contact. Initial expectations of making regular contact during “office hours” was rapidly replaced with contact predominantly in late afternoon and evening and on weekends. Attempts were made to contact participants during lunch and other work breaks, however, participants were generally reluctant to engage in discussions at these times suggesting a clear delineation between work and non-work settings.

Men at Work

The impact of work practices on participants’ smoking behaviour was evident for most participants. This included smoking habits being regulated by work settings (eg always smoke in the work van between jobs, smoking is something to do while longhaul driving); by work tasks (I always have a smoke when I arrive at a site and as I think about how to go about the task, I always roll up and have a smoke while I’m driving the cows to the shed); by work schedules (I always have a smoke at lunchtime when I can get off site where my students can’t see me); and by work colleagues (there’s no point being smokefree as all my workmates smoke). Smoking at work appeared highly institutionalised, however, the assumption that this could not be changed was readily challenged through discussion.

For the children

Participants became involved in the pilot as men with either pregnant partners or likely to have a pregnant partner in the near future. This created a clear and present rationale for participants to become smokefree and many were readily able to identify a strong desire to protect their unborn child and older children from the effects of their smoking. Information on the effects of smoking in pregnancy assisted in this. Despite this obvious initial stimulus for change (generally speaking, referrals were initiated by midwives), as the process continued, most participants attended more to their own personal motivations for change. While their considerations for their babies and families in general remained significant, they took their place alongside other considerations such as fitness, wellbeing, long term health, financial impact, social factors, etc.

Thus while having a pregnant partner was a strong trigger to accept support to become smokefree, it was not the sole, or even dominant motivation drawn upon by participants. It remained a strong factor, however, and was generally readily identified by participants in ongoing conversations.

Partner support

Participants invariably acknowledged the importance of the views and wishes of their partners and were demonstrably eager to achieve change to honour their partners' views. As noted above in respect of babies, this did not translate to this being the primary driver, however, the place of their smoking within their family and within their household was clearly appreciated by participants. Some participants described partners working through a spectrum of tactics including being very positive and encouraging of any change through to being highly critical and negative towards continued smoking. In most cases the male partner had continued to smoke and the issue had settled to an "ongoing irritation".

Although the number of participants is relatively small for generalisation, it appears that where the female partner was also not smokefree, it is helpful for both to be working towards being smokefree at the same time. This view is drawn in part from observation of one case in which both partners were working towards becoming smokefree but were acting in ways that undermined each other and effectively sabotaged each others' efforts (eg under stress, one partner might buy a packet of cigarettes which in turn the other partner would then share and blame the other for buying them). Where the female partner was already smokefree, it appeared helpful for the female partner to acknowledge and appreciate the efforts of the male partner.

Men speak

As conversations took place, there was a seemingly natural process of 'language-accommodation' in which the style of language adopted was natural and comfortable for the participant. This is not to say that any particular style of language was chosen arbitrarily or with any stereotypic assumption that men must talk in a gruff manner, far from it. Nevertheless, the author observed that as the intensity of discussion grew, so participants seemingly felt comfortable to speak in their natural manner using whatever words and vernacular came naturally. This ability to speak genuinely and without reserve is likely to have been important in gaining full engagement. While some participants clearly indicated that the gender of the smokefree educator was not significant for them, several were quite specific that it did indeed make a difference for them. It appears that, for at least some participants, speaking with a male smokefree educator did not present the same caution or reserve that may have arisen had the educator been female.

Men as practical beings

Participants responded universally positively to discussion of the chemical addiction, behavioural patterns, and thinking processes associated with smoking. Interestingly, these discussions quickly progressed to what to do about each of these considerations. Essentially, it appeared participants were highly motivated towards having a simple plan to follow (irrespective of which of the three issues appeared most important at that point). Conversations in which practical ways to address the issue(s) were identified by the participant, helped by the educator, appeared to provide a reassuring clarity for the participants.

Not being told what to do

A core principle, clarified at the outset of the relationship, was that the educator role was designed to assist the participant in thinking about their smoking, and in making decisions as to what to do and that it did not involve judging or telling the participant what to do. Many participants came back to this point in the course of conversations voicing appreciation at their autonomy and dignity being maintained.

Men as social beings

Participants frequently identified the impact of their social practices upon their continued smoking and their efforts to become smokefree. Interestingly, at the same time as indicating how current social patterns might be hampering efforts to be smokefree, respondents could generally readily identify strategies to change these influences. Once again, respondents gravitated towards practical strategies for 'doing things differently'. Also, interestingly, participants did not appear to smoke in social settings as any function of 'manliness', male-bonding or any other consideration that might stereotypically be associated with gender-based thinking, rather as a function of established habits and patterns. This may reflect that participants were at the child-rearing stage and, as a result, were likely to be beyond the late-teen smoking initiation stage in which image likely plays a more significant role.

Follow the money

The financial impact of smoking was readily identified by virtually all participants. Even those who clearly expressed that they were unlikely to make significant changes at this stage, could readily identify the financial cost of smoking and that they would like to not be spending that money on smoking. In the course of discussions with participants, this awareness of financial impact seemed less a function of what treats could be bought with the money if it weren't being spent on cigarettes and more a function of how the household's financial burden could be improved if that money could be reallocated to essential household expenses. This reinforced the idea of the participant as 'breadwinner' and with an overarching duty of care to the family at its stability and security.

Participants as smokefree advocates

A number of participants reported becoming highly vocal smokefree advocates among their friends and colleagues. This enthusiasm was expressed from simply sharing stories (as in the 'river' comment documented above, right through to one participant who utilised his Facebook page to highlight his commitment and progress to friends and urged and supported his friends who were not smokefree to take action.

What does the pilot indicate?

Based on this series of observations, the question posed at the outset of this pilot remains, namely, would a smokefree support service catering particularly for partners of pregnant women, and provided by a male smokefree educator, achieve cessation outcomes that were different to those being achieved by other services?

On the face of it, the simple answer would appear to be in the affirmative, that indeed a male-for-male service focusing on supporting the partners of pregnant women may produce results that exceed those of generic services.

Limitations

A number of limitations should be noted in arriving at this conclusion.

1. Participant qualification

Participants became engaged in the pilot as a function of pregnancy of their partner. This may have 'qualified' participants as more likely to respond to support than referrals to a generic service provider. While this does not negate the effectiveness of the service, it may render the traditional 30% smokefree rate as an inappropriate benchmark.

2. Small numbers

This pilot is a piece of formative work and the number of participants, while likely to indicate relevant and important issues, was not intended to be sufficient to derive statistically significant results and conclusions. Further, controlled studies would be required to take these preliminary findings to that level of analysis.

3. Investigator bias

Despite best endeavours, this formative work does not eliminate the possibility that participants, in responding to the feedback survey undertaken, have, however unwittingly, provided answers in such a way as to 'please' the author. Once again, further robustly designed investigation would be required to address this issue. The inclusion in the survey of open-ended items asking participants to provide words that describe their experience goes some way to address this by offering minimal guidance and providing the opportunity for candid comment.

Recommendation

This formative piece of work suggests that a targeted service provided by male smokefree educators for partners of pregnant women could be a useful and effective option to support those people in becoming smokefree and it is recommended that a further, more extensive investigation be conducted.

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