



THE QUITTING PROCESS: EXPERIENTIAL AND BEHAVIORAL STRATEGIES

EXPERIENTIAL STRATEGIES focus on *retraining the way a patient thinks*. These strategies can help move a person from not thinking about quitting, to thinking about quitting, to preparing to quit, and ultimately taking action. These strategies involve having the patient become more aware of the negative health effects of smoking as well as considering what it means to be a smoker and what it would mean to be smoke-free. These strategies can be supported in therapy and are drawn from a variety of psychotherapy systems including psychoanalytic, existential, client-centered, cognitive behavioral, and gestalt therapy.

CONSCIOUSNESS RAISING	Provide patients with information on the negative health effects of tobacco use. Be a resource for patients to help them learn more about the consequences of tobacco use on their physical and mental health.
EMOTIONAL AROUSAL	Encourage patients to experience and express feelings about their tobacco use. Together, process vivid images of tobacco's effects on health, relationships, and mood. Explore positive images of a lifestyle free of smoking.
ENVIRONMENTAL RE-EVALUATION	Encourage patients to consider the harmful effects of smoking on the environment such as secondhand smoke effects on children and family members, littering of cigarette butts, etc.
SOCIAL LIBERATION	Discuss with patients ways that society is making it easier for nonsmokers (e.g., smoke-free work and restaurants, less access to cigarettes).
SELF RE-EVALUATION	Work with patients to explore what it means to be a smoker and to examine how tobacco use may contradict their desires for improved health and personal wellbeing. Explore with patients what it would mean to be a nonsmoker.

BEHAVIORAL STRATEGIES involve *specific actions to attain and maintain freedom from tobacco use*. These strategies should be considered prior to quitting, after determining patient-specific triggers and routines or situations associated with tobacco use. Explain to the patient that cravings to smoke will pass with time. Work with the patient to develop and practice coping strategies for managing mood, coping with stress, dealing with cravings, and maintaining motivation over time without smoking.

SELF-LIBERATION	When ready, encourage the patient to commit to quitting smoking. Develop a quit plan with the patient. Encourage positive self-talk such as, "I can do this" and "I am proud that I made it through another day without tobacco!"
HELPING RELATIONSHIPS	Help patients to identify friends, family members, and/or co-workers who can encourage and support patients' quit attempts. As a mental health care provider, be available to support patients' throughout the quitting process.

REINFORCEMENT MANAGEMENT	Praise patients throughout the quit attempt and encourage them to set up a reward system to help maintain motivation with quitting. Rewards may include positive self-talk, pleasant activities, and/or saving money that would have been spent on cigarettes for a trip or special gift.
<p>STIMULUS CONTROL</p> <p>AVOID TOBACCO USERS</p> <p>CHANGE ROUTINES</p>	<p>Work with patients to plan for and avoid stimuli that elicit problem behaviors. On the quit date, have patients throw out all tobacco paraphernalia. Have a formal ceremony in session during which the patient throws away a prized lighter or other symbol of their tobacco use.</p> <p>Quitting is more difficult if the patient is around other tobacco users. This is especially difficult if another tobacco user is in the household. During the early stages of quitting, encourage patients to limit prolonged contact with individuals who are using tobacco, to ask others not to use tobacco in their presence, and to establish a no-smoking indoors rule at home.</p> <p>Work with the patient to identify alternative plans for routines associated with tobacco use. For example:</p> <p>MORNING CIGARETTE: take a shower and brush teeth first thing, take a brisk walk, switch from coffee to tea, drink coffee at a smoke-free café or diner.</p> <p>WHILE DRIVING: remove all tobacco from car, have car interior detailed, listen to a book on tape or talk radio, use oral substitutes.</p> <p>WHILE ON THE PHONE: stand while talking, limit call duration, change phone location, keep hands occupied by doodling or sketching.</p> <p>AFTER MEALS: get up and do dishes, take a brisk walk after eating, call friends.</p>
<p>COUNTER CONDITIONING</p> <p>RELAXATION TECHNIQUES</p> <p>DISTRACTIVE THINKING</p> <p>ABSTINENCE FROM ALCOHOL AND OTHER DRUGS</p> <p>ORAL SUBSTITUTES</p> <p>EXERCISE (NOT DIETING)</p>	<p>Substitute alternatives for problem behaviors (e.g., stress, substance use).</p> <p>Train patients in deep breathing, positive imagery, and/or progressive muscle relaxation. Cravings for tobacco are temporary and usually pass within 5–10 minutes. Teach patients to center the mind toward positive, relaxing thoughts.</p> <p>Use deliberate, immediate refocusing of thinking toward other thoughts when cued by thoughts about tobacco use. Encourage engagement in pleasant activities: reading, surfing the web, talking with a friend.</p> <p>Alcohol and/or drug use can lead to relapse. Encourage patients to limit or abstain from alcohol and illicit substances, particularly during the early stages of quitting.</p> <p>Encourage patients to have non-tobacco oral substitutes (e.g., gum, sugarless candy, straws, toothpicks, lip balm, toothbrush, nicotine gum or lozenge, bottled water) readily available to cope with cravings.</p> <p>Attempts to diet may hurt a patient's chances of quitting smoking. If weight gain is a barrier to quitting, encourage regular physical activity and a healthful diet (as opposed to strict dieting) with increased fruits, vegetables, and water intake to create feelings of fullness. Consider use of pharmacotherapy shown to delay weight gain (e.g., nicotine gum, nicotine lozenge, bupropion).</p>

Source: Prochaska & Norcross, 1994