

A MODULE OF BEHAVIOURAL COUNSELLING FOR TOBACCO USERS



*Prepared on behalf of World Health Organization Project
“Tobacco Cessation Clinic”*

At

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PREAMBLE

COUNSELLING

Counselling is a collaborative process in which the counselor assists the client in facilitating behaviour change, enhancing coping skills, promoting decision making and improving relationships.

CORE CONDITIONS FOR COUNSELLING

Following are the core conditions for successful counselling necessary for constructive personality change to occur (Rogers, 1957)

1. Empathy

Empathy is the most important condition needed for success with counseling. Empathy involves entering into and experiencing the subject's inner psychological world. It is an active process in which the counselor becomes aware of the client's feeling and presents it back to him/her in such a way that the clients can explore and discover deeper meaning associated with their inner feelings.

2. Unconditional positive regard

Unconditional positive regard involves the concepts of warmth, acceptance, praising, respect and regard. The counselor communicates to the clients that they are of value and worth as individuals and are accepted the way as they are.

3. Genuineness

Genuineness involves counselors behaving in a manner consistent with how he thinks and feels.

4. Immediacy

Immediacy focuses on “ here and now” and the current problems and situations of the patient are discussed.

5. Confrontation

In confrontation, the counselor points out discrepancies in what the client is saying and doing, between statements and non-verbal behaviour to help clients clearly understand themselves and the world around them.

6. Concreteness

The counselor helps the clients to discuss their concern in specific terms and to help them focus on pertinent issues.

HOW TO BE A GOOD COUNSELOR ?

1. Be Encouraging as it helps the clients believe in their potential for growth and development.
2. Be Empathic, show care and sensitiveness to the emotional states of the clients.
3. Be Creative and flexible in adjusting counseling techniques to the unique needs of the client.
4. Be Emotionally stable and consistent
5. Have Self Awareness of your own limitations and needs.
6. Be Patient as it is very valuable in the counseling process. Helping someone change is a complex processes and requires significant efforts.

7. Be Non Judgmental. Be careful not to impose your values or beliefs on the client. Being non judgmental communicates a respect for clients and allows them to actualize their potential.
8. Be Observant to understand the deeper meaning of the client's statements.

SOME DONT'S OF COUNSELLING

1. Avoid arguments.
2. Avoid moralizing or being judgmental.
3. Avoid premature analysis.
4. Avoid making decisions for the clients.

STEPS IN COUNSELLING

1. Therapeutic Relationship

The therapeutic relationship is the most important part of the counselling process. It supplies the necessary support for counselling to work. For effective relationship a proper match is build between the client's needs and the counselors skills and resources.

2. Identify the Problem

The second step in counselling is to identify the problem to develop an in- depth understanding of the client and facilitating goal setting.

3. Formulate counselling goals

After the problem is identified, counselling goals are set which can be - behaviour change, enhancing coping skills, promoting decision making, improving relationship and facilitating the client's potential.

4. Intervention and problem solving

Once the counselling goal is set, action plans are formulated and the appropriate intervention strategies are implemented.

5. Termination and follow up

After the last formal session, follow-ups are arranged to see how the client is doing and provide additional counselling services. When the client is able to move forward in their lives without the counselor's assistance, counselling can be terminated.



BEHAVIOURAL COUNSELLING FOR TOBACCO USERS

Behavioral counselling is a broad term in which behavioral modification paradigm is applied to the patients in an unstructured format. Here, the principles of behavioral changes are explained to the patient without following any strict behaviour therapy regime.

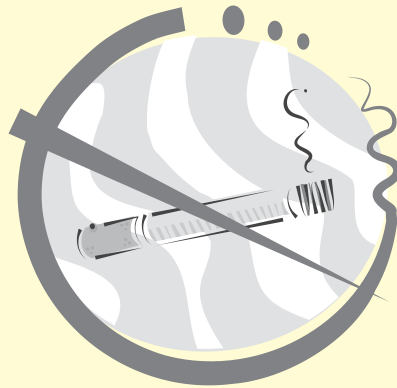
Behavioral counseling for tobacco users is based on the theory that learning processes operate in the development, maintenance and cessation of tobacco use.

BEHAVIOURAL PRINCIPLES FOR CESSATION

- 1. Attitudinal Change** - Identifying, challenging and substituting glamorous thoughts associated with tobacco use such as “feeling like a hero”, being centre of attraction, appearing to be performing well, increased concentration etc.
- 2. Cue identification and management** - Identifying the cues associated with tobacco (like foods, cigarette packs, ashtrays or particular places) and removing / avoiding them.
- 3. Creation of aversive states** - Using methods to make tobacco use unpleasant and distasteful.
- 4. Reward punishment paradigm** - Reinforcing the patients for not smoking with the presentation of some reward or punishing for smoking by the loss of some reward.
- 5. Behavioral coping** - Substituting maladaptive behaviours like anger with the adaptive ones like exercising, removing oneself from the situation etc and utilizing skills to manage triggers.

MAJOR GOALS OF BEHAVIOURAL COUNSELLING FOR TOBACCO USERS

1. To alter the stimuli (including the maladaptive thoughts) prior to tobacco use.
2. To reinforce no tobacco use.
3. To teach skills to avoid high risk situations.



TECHNIQUES OF BEHAVIOURAL COUNSELLING FOR TOBACCO USERS

Depending on the needs of the patients, various techniques of behavioral counselling can be used. These techniques are effective both in initial phase when the individual is giving up; or has just left tobacco; and in maintenance phase to avoid relapse.

1. MOTIVATIONAL ENHANCEMENT

Tobacco cessation is a process of change that occurs in different stages. Most tobacco users who come for evaluation are in one of the following five stages (Prochaska & Di Clemente, 1992)

Stage 1 - Pre contemplation Stage

The person has never thought of stopping or has never listened attentively to and health information regarding smoking / chewing tobacco.

Stage 2 - Contemplation Stage

The person is thinking about stopping the use of tobacco but is still undecided about it.

Stage 3 - Preparation Stage

The person has decided and has worked out ways to stop tobacco use.

Stage 4 - Action Stage

The person is no longer using tobacco and has managed without any form of tobacco for up to six months.

Stage 5 - Maintenance Stage / Relapse

The person has not only stopped using tobacco but has made changes towards long term abstinence.

Relapse

The person returns to regular tobacco use after a period of stopping. Once the relapse occurs, the person may go back to any of the previous four stages.

SPECIFIC STRATEGIES FOR EACH STAGE

Assess the stage of motivation of the client and once you are clear about it, employ specific strategies for each stage. These guidelines can be modified based on each client's situation and needs.

i. Precontemplator

For a person in the pre contemplation stage

a. Identify personal beliefs

- Ask about the positive and negative aspect of tobacco use e.g.
“What are some of the positives about smoking/ chewing for you?”
- Focus on personal health, family, finances e.g.
“What does smoking/ chewing cost you?”

- Discuss the dangers of second hand smoking as well as the effect the client has in terms of a role model to younger family members.
 - Check about the family's willingness and support available to the client for quitting.
 - Explore the barriers and support for change.
 - “What are the things that are going to make it hard for you to change?”
 - “What kind of things may be helpful for you to change?”
 - Explore and clarify myths and misconceptions about stopping. For e.g.
 - “My uncle in the village smokes huqqa and, is 90 and...is healthy
 - “I will gain weight after stopping smoking
 - “What's the point in stopping now when the damage is done.”
- b. Increase the feeling of self efficacy by
- Informing about the benefits of quitting.
 - Emphasizing that it's never too late to quit.
 - Focusing on the support given by counselor, family and friends.

Help the client move to the Contemplation stage. Even if the person does not immediately move in the direction of contemplation, agree on a follow-up and continue to monitor, provide feedback and support.



ii. Contemplator

For a person who is in contemplation stage,

- Increase motivation by helping the person to identify as many reasons as possible to justify the change.
- Try and develop discrepancy between the person's knowledge of consequences and attitude towards quitting e.g. "You say you value your health but you say you can't quit. How will you resolve this conflict....?"
- Present person's own arguments for change e.g "You yourself have told me that it's never too late to change".
- Increase Self Efficacy by increasing the patient's awareness of his strengths and prior successes. Explore prior episodes of quitting and focus on the positivities of the patient.
- Explore additional barriers to change. Explore the patient's fears of withdrawal, fears of losing something, fears of making mistakes and fears of feeling anxious. The counselor may respond by saying these fears are temporary and will disappear in a few days.

iii. Preparation Stage

Here the client has a desire to change and has made some specific plans towards making a change. Motivation is already high in this stage. Help the patient strengthen his commitment for change and go through possible ways of quitting smoking / chewing. Provide a variety of treatment options and allow the person to choose from them. The counselor can help the client by making him committed for a quit date and preparing for the same.

iv. Action Stage

The client has already taken specific steps to reduce or terminate smoking / tobacco use. Here the counselor can help the client how he will -

- Reward self or be rewarded by others for making changes.
- Be open and trusting with someone who cares.
- Deal with the problems that may arise after stopping tobacco.
- Avoid or counter stimuli like stressors, arguments and anger which may lead to tobacco use.

v. Maintenance stage

In this stage, the focus is to sustain the gains achieved during the action stage, sustained abstinence and prevent relapse. Here the counselor should review the progress of the client, renew his motivation and redo the commitment. The counselor should also review the benefits of quitting, trigger situations and problem solving strategies.

2. STIMULUS CONTROL

In this technique, the patients are informed that smoking/chewing gradually becomes associated with certain events, emotional states addressed as stimuli which can trigger smoking/urge to smoke when the client attempts to quit smoking/chewing. They are advised to follow self monitoring of their smoking / chewing schedule prior to a quit attempt. This helps them to identify these stimuli associated with smoking / chewing. Once they are able to identify these they are enabled at either avoiding these situations, coping with them or removing these cues associated with smoking / chewing. For example if a client smokes while driving, then driving becomes the stimulus and the client can avoid smoking by chewing sugarless gum while doing same.

3. SKILLS TRAINING / RELAPSE PREVENTION

These include various strategies like problem solving, coping skills and training in stress management etc. Patients are enabled to anticipate a large number of situations or processes that are likely to lead to urges to smoke/chew tobacco or to prompt a slip (e.g. a party, an argument). Patients are advised that early on in the cessation, it is often best to avoid high risk situations. They are helped in planning and developing strategies to cope with these situations later on.

Behavioural Coping - It includes substituting other behaviors for smoking / chewing. Patient may be asked to do physical exercise or take a walk at times he indulges in smoking / chewing the most. Patients can also be told about developing and utilizing skills to manage the triggers.

Cognitive Coping - It includes identifying maladaptive thoughts, challenging them and substituting more effective thought patterns. When experiencing craving, many people have the tendency to remember only the positive effects of tobacco and often forget the negative consequences of tobacco. Therefore clients can be instructed to remind themselves of themselves of the benefits of not smoking and the negative consequences of smoking when they experience craving.

4. CONTINGENCY MANAGEMENT

In this procedure, smokers / chewers are either reinforced for not smoking with the presentation of some reward or punished for smoking / chewing by the loss of some reward. For example, patients place a deposit that is either refunded contingent on not smoking or forfeited for smoking / chewing.

5. CUE EXPOSURE

It involves repeatedly exposing patients to real or imagined situations that evoke potent urges to smoke in an attempt to extinguish the ability of these situations to evoke urges to smoke.

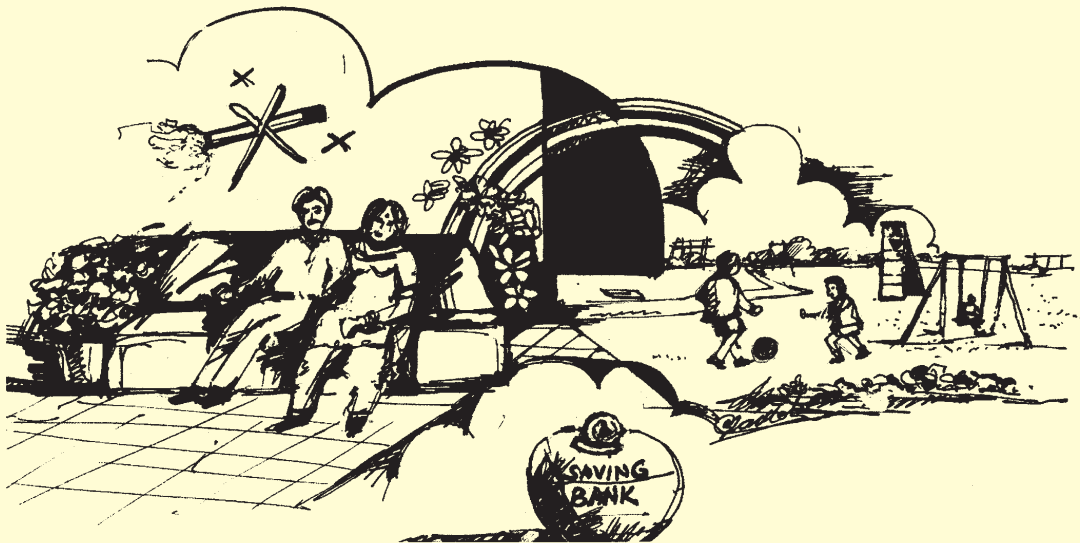
6. AVERSIVE THERAPY

The rationale of aversive therapy is to make smoking more aversive and less reinforcing. The procedure involves having the smoker smoke a cigarette at the rate of one inhalation every 6 seconds. This concentrated smoking soon produces unpleasant sensory and physiological effects such as dizziness, nausea and an increased heart rate. The smoker is asked to concentrate on these negative sensations during the procedure. Rapid smoking continues (with the client lighting a second cigarette if necessary) until he or she cannot bear to take another puff or is about to become physically ill. The smoker is then allowed to breathe fresh air until these reactions subside, at which point the rapid smoking

procedure is repeated .This cycle continues until the smoker is unable to tolerate another cigarette. These sessions are held daily (usually for 2 or 3 days) until the smoker is able to abstain completely. Clients are urged not to smoke in between the sessions.

7. SOCIAL SUPPORT

This technique aims at enhancing the social support and involving the care givers in reinforcing the patients to quit tobacco.



8. RELAXATION

For relapse situations associated with anxiety, relaxation techniques can be taught .It is a part of multi-component relapse prevention and by itself does not increase tobacco cessation. There are various techniques for relaxation like yoga, deep breathing etc. The patient is trained in the technique with which the therapist is familiar and competent with. After demonstrating the technique few sessions are held for supervision. Certain specific therapies like Jacobson's Progressive Muscular Relaxation Techniques can be used.

9. CRAVING MANAGEMENT

Here, the patients are asked to “wait out” craving as it doesn't last for more than 3 minutes. Number of attempts at waiting out is increased slowly. Distraction and activities aimed at keeping busy are used to get through craving episodes. To calm down craving, patients are asked to eat fruits slices or chew gum, elaichi, cloves or chana etc.

10. TRIGGER COPING

Here the patients are counseled according to the triggers for e.g. if the patient feels the urge to take tobacco in the company of friends, he is asked to avoid company of tobacco users for a few days and to spend time in “Tobacco free areas”. As tobacco is associated with other behaviours like eating meals, drinking alcohol etc, patients are encouraged to take plenty of fluids; avoid sweets, tea, coffee and alcohol and brush teeth at regular intervals.

11. WITHDRAWAL MANAGEMENT

Here, various strategies are used to deal with the withdrawals

- Deep breathing, relaxation tapes can be used to alleviate anxiety.
- Insomnia can be decreased by improving sleep hygiene.
- Anger can be averted by temporarily avoiding interactions.
- Weight gain can be combated by increasing activity.



For further details, contact :

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