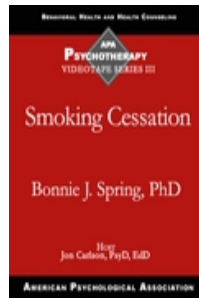


A Clinical Introduction to Smoking Cessation Treatment: How to Help Your Clients Save Their Lives

A review of the video



Smoking Cessation

with Bonnie J. Spring

Washington, DC: American Psychological Association, 2005. American Psychological Association Videotape Series, Series III-Behavioral Health and Health Counseling, Item No. 4310588. \$99.95

Reviewed by
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Those who deliver mental health care often pride themselves on treating the whole patient, on “seeing the big picture” and on not being bound by financial irrationality or by the biases of their culture; yet many fail to treat nicotine dependence. They forget that when their patient dies of a smoking-related disease, their patient has died of a psychiatric illness they failed to treat. (Zarin, Pincus, & Hughes, 1997)

☞ Smoking kills the equivalent of two 747 jumbo jets filled with Americans per day (Schlaadt, 1991). This widely quoted statistic has horrible resonance since the terrorist attacks of September 11, 2001. Unlike a terrorist attack, however, smokers are the victims of their own behavior, suffering from a psychiatric illness that kills more people every year than HIV/AIDS, motor vehicle accidents, alcohol, drug use, and suicide combined (Centers for Disease Control & Prevention, 2006).

☞ Quitting smoking has immediate and long-term health benefits for smokers of every age, but the difficulty of quitting smoking should not be underestimated. In behavioral terms, a smoker is reinforced for smoking within seconds of taking a puff of a cigarette. A chronic heavy smoker may take 800-1,000 puffs a day. This kind of history establishes powerful patterns of behavior that are not easily altered.

☞ Quitting smoking requires fundamentally changing the means by which clients make it through their day. Clients are not exaggerating when they say that having a cigarette makes them feel better. Nicotine can wake you up and help you concentrate when you are fatigued; it can relax you when you are stressed. Many smokers smoke as a means of modulating emotion, for example, to avoid or distract from anger, loneliness, sadness, fatigue, or tension. Quitting requires living through all of these experiences while resisting the extremely habitual response of smoking. This is hard not only because of the habitual pull of overlearned, highly repetitive smoking histories, but also because the previously avoided mood states can be serious, painful, and very intense. Further complicating the picture are the many unpleasant symptoms of withdrawal (even with medication, some withdrawal symptoms are probable, and cravings can occur years after any physiological withdrawal is complete).

☞ In short, quitting smoking is hard to do. The relatively low number of successful quitters attests to this fact (i.e., fewer than 50 percent achieve long-term cessation after treatment). However, the greater the number of serious quit attempts, the more likely it is

that a smoker will ultimately achieve his or her goal and remain smoke-free.

☰ For all of these reasons, it is important that psychologists (a) recognize that smoking is a vitally important psychological issue and (b) consider learning how to provide smoking cessation treatment for their clients. The smoking cessation video training conducted by Bonnie J. Spring and filmed as part of the American Psychological Association's Psychotherapy Videotape Series III, Behavioral Health and Health Counseling, provides a sorely needed resource.


☰ The goal of this series is to provide practical information in a clinically useful and entertaining format. Spring provides a general overview of smoking cessation treatment for psychologists in a question-and-answer dialogue with Jon Carlson, the series host. She then conducts a 50-min clinical smoking treatment session on camera. Finally, Spring and Carlson continue their discussion as they examine the session in depth. This format provides a rich clinical training experience within the confines of a single 100-min video. It is rare that one actually gets to observe therapy, and rarer still to have the chance to see it discussed so thoroughly. The series is to be commended for this effort.

☰ One of the themes Spring both demonstrates and discusses is the fact that commonly used psychotherapy techniques apply to smoking treatment. During the clinical session, Spring offers skillful examples of motivational interviewing (assessing motivation, highlighting discrepancies between stated goals and values and behavior, and allowing the client to lead the process) and cognitive behavior therapy/behavior therapy (identifying triggers, problem solving, and discussing coping strategies). Spring also uses techniques that are hallmarks of good clinical treatment in general. She develops good rapport with the client, thoroughly explores the client's history, uses this information to develop a treatment plan, assesses the client's current support system, skillfully responds to educational and motivational opportunities, rejects self-denigration, and joins with the patient rather than pushing.

☰ I particularly appreciate how Spring highlights the client's strengths, tying in the client's previous success at changing difficult behaviors (in her case, alcoholism) to the task of quitting smoking. Those familiar with the concept of self-efficacy or basic principles of constructive behavior change will recognize the importance of this clinical practice. As I consider it now, these same principles apply to the metacontext of the video's goals. Encouraging clinicians to identify skills they already use with clients, and the relevance of these skills to smoking, is a useful way to encourage them to consider learning new ways of providing treatment (cf. Rogers, 1995; see Miller, Sorensen, Selzer, & Brigham, 2006). For clinicians unfamiliar with cognitive-behavioral treatment approaches, the in-depth exploration and discussion provide a clear introduction.

☰ The video also provides concrete information—for example, the fact that urges, no matter how intense, typically peak within 3 min and pass within 10 min. Or the importance of the link between smoking and weight, particularly for women. Spring notes that although scientists have only now begun to understand the link between nicotine and metabolism, many teenage girls understand the link between smoking and weight loss. Smoking both increases metabolism (approximately 100 calories per day) and suppresses appetite. This has obvious implications for treating clients concerned with weight, including those with eating disorders. The clinical portion of the video nicely illustrates how these concerns can be a barrier to treatment progress.

☰ Technically, I have very few issues with the video. It would have been nice if clinicians had been provided with specific information about readily available resources, including the numerous educational Web sites and clinical guidelines available (e.g., the Society for Research on Nicotine and Tobacco, www.treatobacco.net/home/home.cfm, and the National Institutes of Health Web site, www.smokefree.gov/). The single-session format also limits the ability to really get into the meat of the change process. In my own experience, emotional topics emerge during smoking cessation, including grief over the deaths of family members, trauma from experiences in detention camps and military combat, job and marital dissatisfaction, parenting concerns, and so forth. Recent acceptance-based smoking treatments attempt to help clients accept and respond constructively to internal experiences such as cravings, temptation, and emotional distress, rather than managing these experiences by smoking (Gifford, Kohlenberg, Hayes, Antonuccio, & Piasecki, 2004). As an expert clinician, Spring does not close the door on more powerful motivations even in the face of the client's contention that her smoking is not linked to emotional states. As she says, her role is to hold the possibilities open and see how treatment evolves.

 A therapist early in her experience with smoking cessation treatment once told me that she was looking forward to returning to an easier clinical population: treating sex offenders. The persistence of smoking and its insidious connection to almost every aspect of a smoker's life places smoking cessation at the heart of the behavior change process. Fortunately, the clinical skills required to help smokers are well within our purview as psychologists. This video offers a gentle and useful introduction in how to help our clients save their own lives.

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