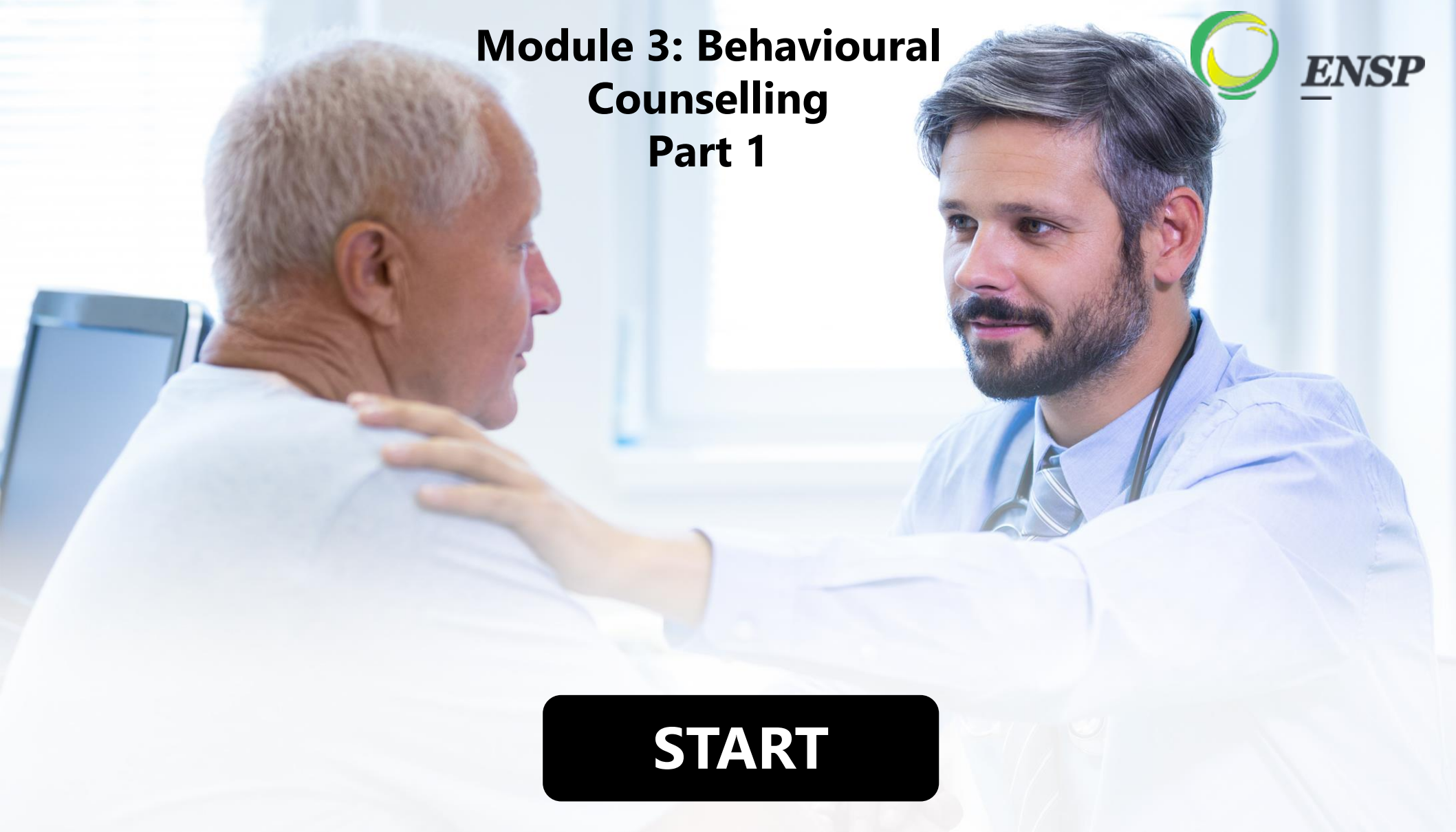


# Module 3: Behavioural Counselling Part 1



**ENSP**



**START**

## After completing the Course you will be able to:

01

Understand the role of counselling in assisting clients with quitting.

02

Increase knowledge of behaviour change techniques used to support smoking cessation including cognitive behavioural counselling.





Psychological support for smoking cessation must be integrated in the medical treatment of the patient addicted to nicotine alongside pharmacotherapy.  
(Level of evidence A)



### **Counselling**

Skills for dealing with situations when they would normally smoke

### **Pharmacotherapy**

Eases physiological withdrawal symptoms



- Identify the behavioural causes of smoking, the long-term and immediate smoking factors that leads an individual to smoke
- Increase motivation to quit and decrease fears of quitting and of becoming a non-smoker
- Learn how to deal with emotions



### **Minimal Intervention**

- Brief counselling (3-5 minutes)

### **Specialised Treatment Support**

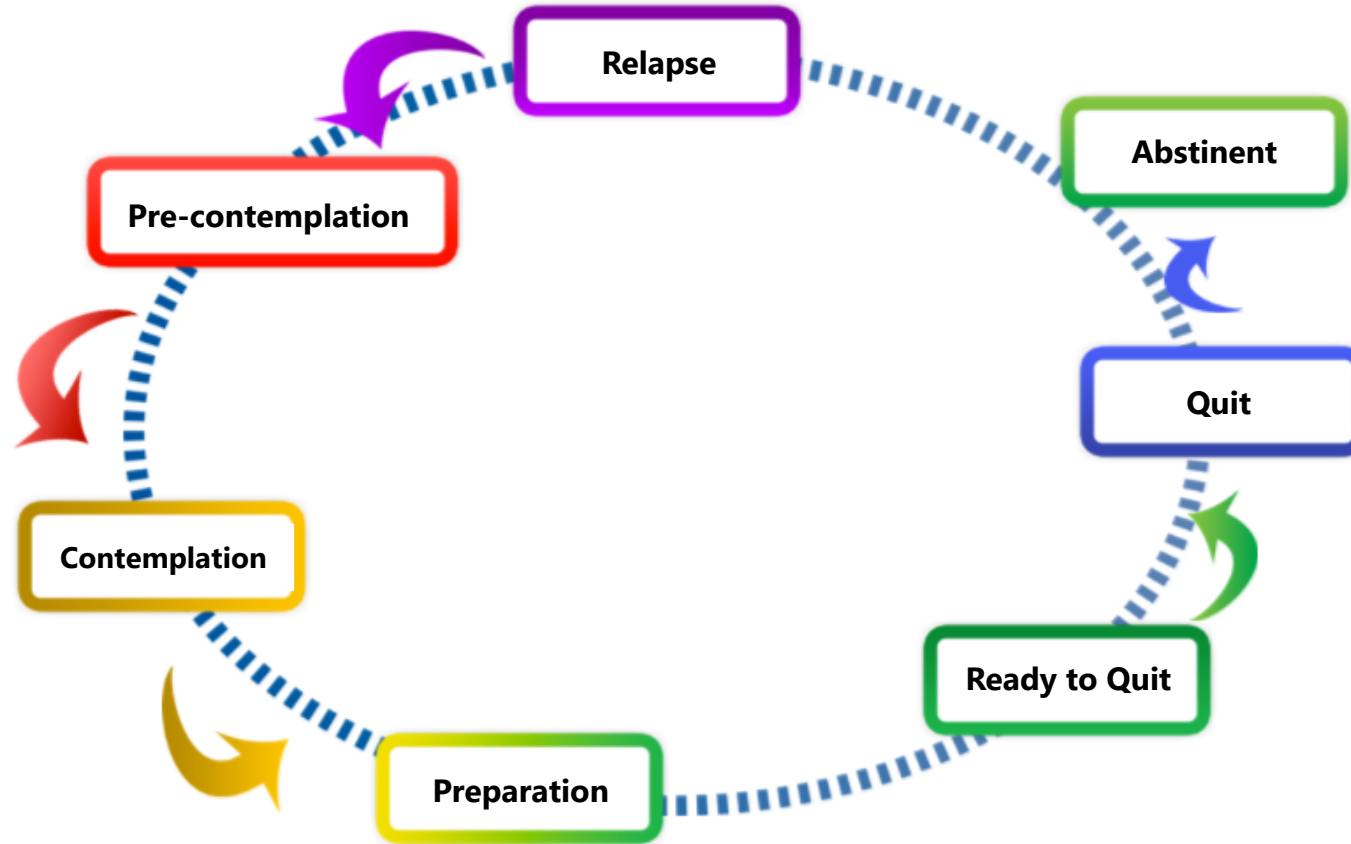
- By patient's own clinician
- Referral to specialised quit smoking service



There is a strong relationship between the number of sessions of counseling. To the extent possible, clinicians should provide multiple counseling sessions, in addition to medication, to their patients who are trying to quit smoking (level of evidence A).

INTERVENTION TYPE	DESCRIPTION
Self-help	Includes print, video or online materials that provide self-directed support with quitting.
Brief physician/ health professional advice	Verbal instructions from the physician or other health care professional with a 'quit smoking' message lasting 3-5 minutes.
Individual counseling	Individual counseling is defined as more than 10 min face-to-face encounter between a patient and a counselor trained in assisting smoking cessation.
Group counseling	Small group based counseling support most often facilitated by a counselor trained in smoking cessation.
Telephone counseling	Telephone services provide information and support for smokers often delivered by government funded 'help-lines', which may deliver proactive (counselor initiates) or reactive (smoker initiates) telephone contact.
Internet-based	Services delivered online either self-help or interactive formats
Text messages	Counselling support and guidance delivered via text messages. Often as an enhancement to individuals of group counselling.







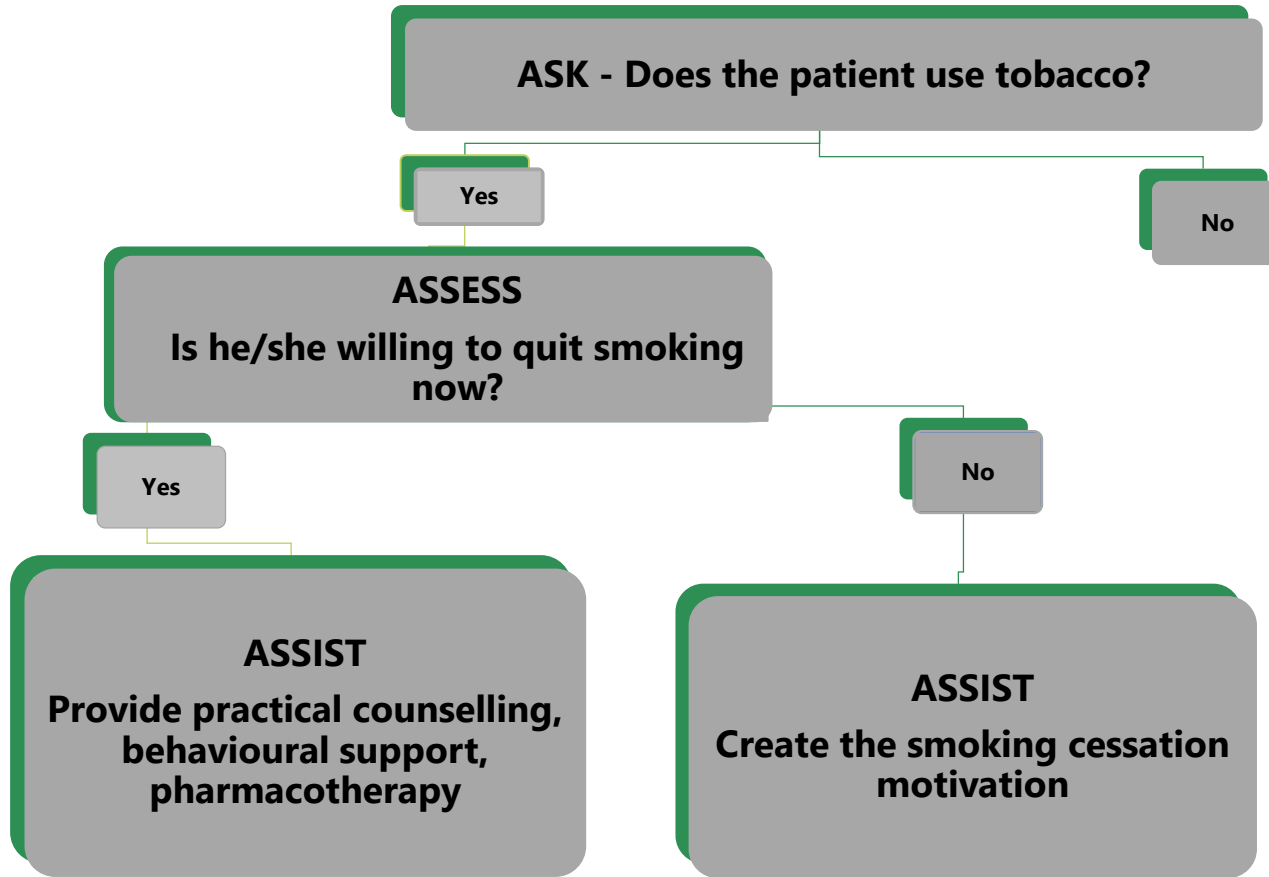
***ENSP European Tobacco Treatment Guideline Recommendation:***

It is recommended to assess the patient's motivation to quit smoking (level of evidence C)

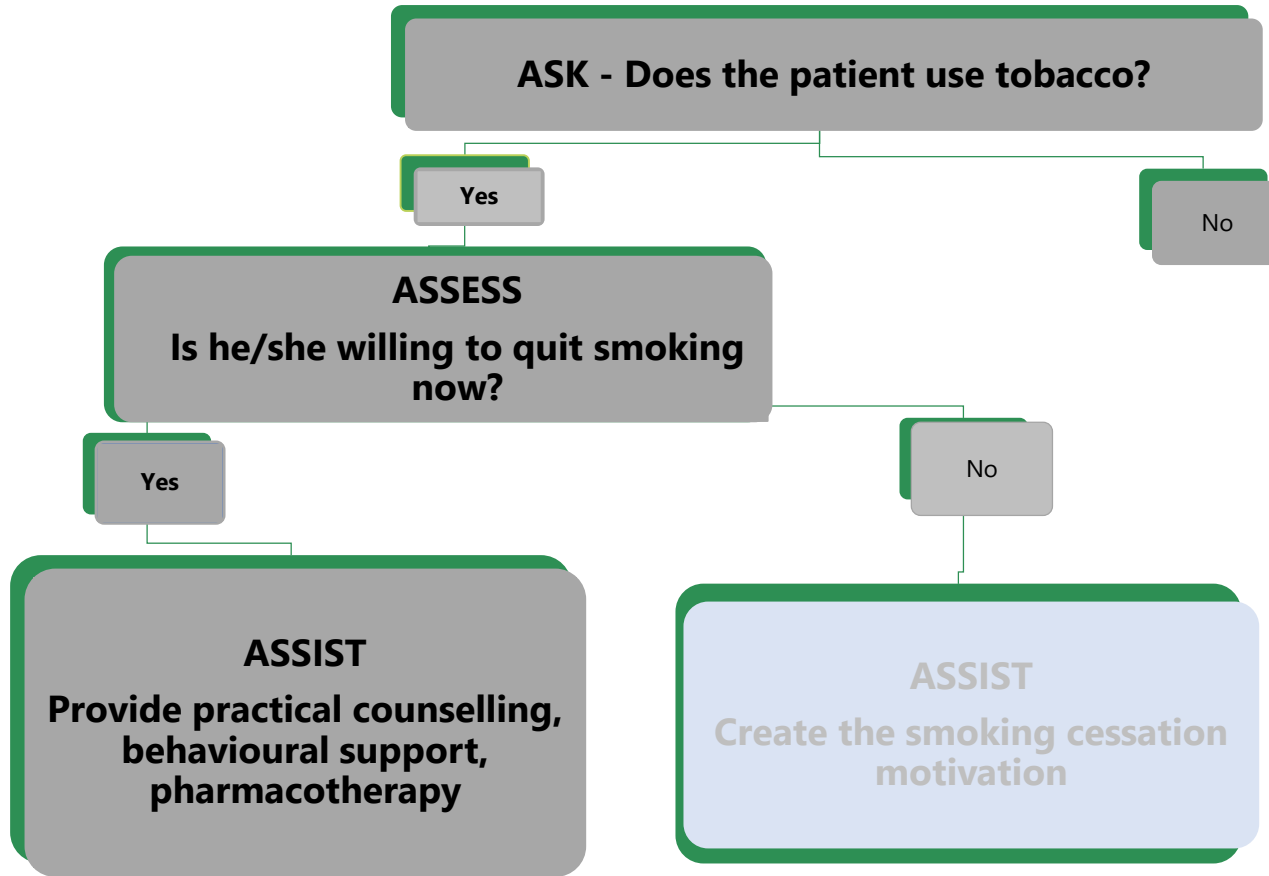


**Do you want to quit smoking now?**

**What are your feelings about quitting smoking right now?**



# Helping the motivated smoker to quit



CBT has been extensively evaluated in rigorous clinical trials and has solid empirical support as an effective techniques for increasing smoking abstinence.



- ❑ CBT is structured, goal-oriented, and focused on the immediate problems faced by tobacco users attempting to quit
- ❑ CBT emphasizes the development of new skills that are valuable in assisting people in quitting smoking and sustaining abstinence
- ❑ Involves the mastery of skills through practice





# Types of behavioural counselling

The specific types of behavioural counseling that have been shown to result in higher abstinence rates include:

Providing smokers with practical counseling (problem solving skills/skills training/stress management)

A graphic of a green folder with a white number '1' on its front flap, set against a dark green background.

1

A graphic of a grey folder with a white number '2' on its front flap, set against a grey background.

2

Providing support and encouragement as part of treatment via direct contact with the clinician

Intervening to increase social support in the smoker's environment

A graphic of a yellow folder with a white number '3' on its front flap, set against a dark yellow background.

3

- ❖ Motives for quitting
- ❖ Concerns about quitting
- ❖ Past experience with quitting and lessons which can be learned
- ❖ Personal triggers for smoking and high-risk situations that increase the risk of relapse



# Set a "Quit Date"



Emphasize the importance of committing to the “not a puff rule”.

Smoking (even a puff) increases the likelihood of a full relapse.





Tell friends and family you are quitting and ask for their support

Identify a support person (if appropriate)

Write on a piece of paper the reasons why he/she wants to quit smoking and keep it in a visible location

Identify what he/she will optimally replace the smoking gesture with

Identify situation where when he/she might be tempted to smoke and consider plan for what to do instead



# **Explain nicotine dependence and the quitting process**

Inform patients that withdrawal symptoms typically peak 1-2 weeks after quitting but can persist for months and that this is a normal part of the quitting process.

Review typical withdrawal symptoms including changes to mood, difficulty smoking.







Generally are intense for 3 to 5 minutes and will reduce in frequency over time

# 4Ds Strategies to cope with craving

**Delay**

**Distract**

**Drink water**

**Deep breaths**



**Use of short acting NRT**

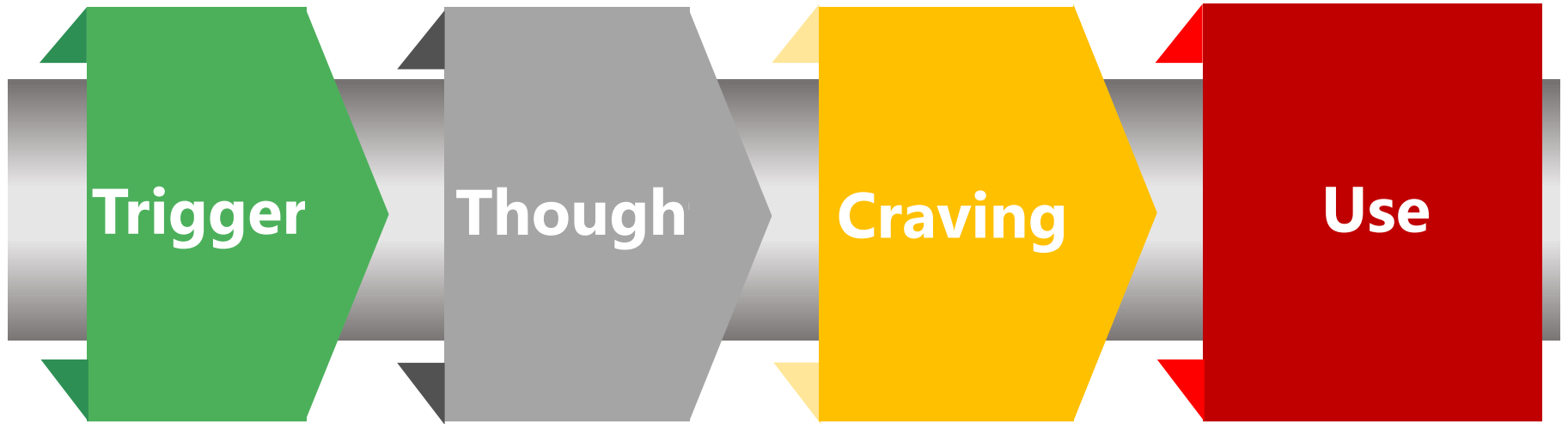


**Smoking “routines”** are daily routines which patients have associated with smoking.

- Morning coffee
- Driving
- Breaks
- After Dinner

A **“trigger”** is a “thing” or an event or a time period that has been associated with drug use in the past. Situations that involve triggers and have been highly associated with tobacco use are referred to as **high-risk situations**.





- ❖ Identify high risk situations in which the patient may be tempted to smoke
- ❖ Discuss alternative responses to dealing with triggers and stress other than smoking
- ❖ Discuss how to reduce exposure to high risk situations



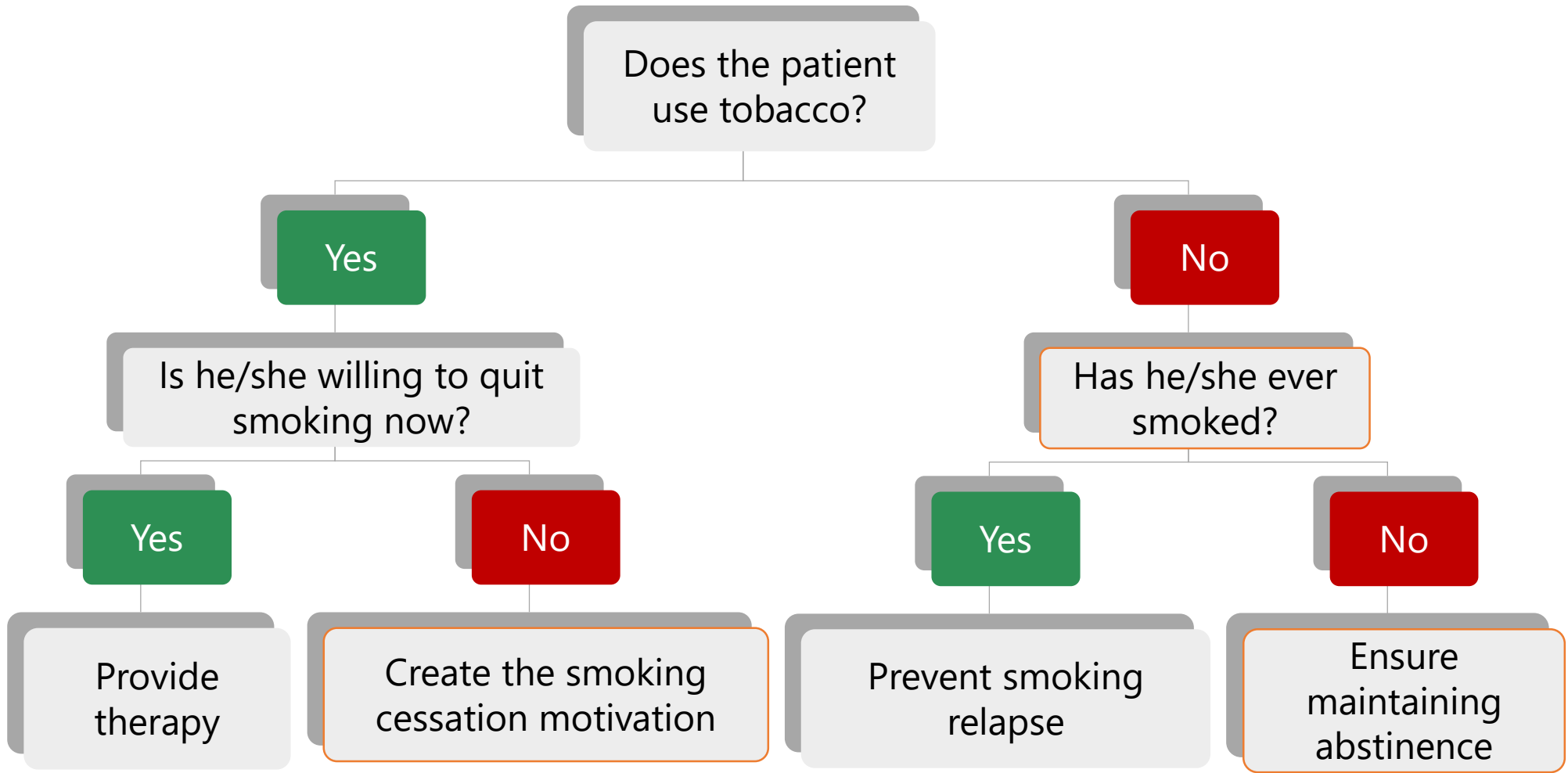


“It is important that you continue to use the medication for the full course of treatment”

“Please be sure to speak to me if you have any concerns about the medications”

# Patients who have recently quit







*Do you still feel the need/urge to smoke?*

*What would it take to further increase your chances of quitting?*

**Module 3 - Behavioural counselling**  
**Part 2 – Enhancing patient motivation to quit**