

Evolution of Cessation Programs

- Five-Day Plan in 1950s
- Behavior modification in 1960s
- Greater emphasis on cognitive treatment in 1970s

In 1980s

- Relapse prevention
- Stages of change
- Nicotine gum approved in U.S.

In 1990s

- Nicotine patch
- Nasal spray
- Nicotine inhaler
- Zyban

Motivational Interviewing

- Miller and Rollnick
- Create positive supportive atmosphere
- Patient's freedom of choice and personal responsibility
- Clinician encourages patient to examine pros and cons

Others

- Shu-Hong Zhu counseling protocol
- California Smokers' Helpline

Telephone counseling on individual basis

- Can focus on unique needs of individual
- Practical to conduct proactive counseling
- Counselor does not share client's ambivalence

Telephone counseling cont.

- One session before quitting
- Up to 5 sessions afterward
- First call 50 minutes
- Follow-up calls about 20 minutes each

Telephone counseling cont.

- Each counselor completes 60-hour training
- Lecture, discussion, role-play, written exam
- Sometimes challenge to keep focused on smoking
- Counselor has referral sources readily available
- Trained in basic elements of crisis intervention

Research based group program

- Targeted quit date
- Preparation for quitting
- Maintenance period after quitting
- Group support

Research based group program cont.

- 13-session program
- 8 weeks
- Sessions: 45-60 minutes
- More intense scheduling around quit date

Research based group program cont.

- Informational meeting
- Laying the groundwork
- Intensive preparation
- Quit Day
- Early and long-term maintenance

Research based group program cont.

- Group facilitator promotes discussion
- Fosters group support
- Provides information
- Does not lecture
- Group size usually 8-15

Evaluation standards

- Accepted outcome abstinence not reduction
- Minimum of 6-month abstinence

Evaluation standards cont.

- Point prevalence (usually 7 days)
- Continuous abstinence
- Sustained abstinence

Evaluation standards cont.

- Validation of self-reports
- Evaluating claims of effectiveness
- End of treatment success misleading
- Participant attrition
- Loss to follow-up

Evaluation standards

cont.

- Informed skepticism
- If it sounds too good to be true--
- It probably is too good to be true