

Counseling Patients To Quit

Effective smoking cessation counseling can be divided into practical and supportive counseling advice.

Practical counseling advice (problemsolving/skills training)	Examples
Recognize danger situations. Identify events, internal states, or activities that increase the risk of smoking or relapse.	<ul style="list-style-type: none">• Negative affect.• Being around other smokers.• Drinking alcohol.• Experiencing urges.• Being under time pressure.
Develop coping skills. Identify and practice coping or problem-solving skills. Typically, these skills are intended to cope with danger situations.	<ul style="list-style-type: none">• Learning to anticipate and avoid temptation.• Learning cognitive strategies that will reduce negative moods.• Accomplishing lifestyle changes that reduce stress, improve quality of life, or produce pleasure.• Learning cognitive and behavioral activities to cope with smoking urges (e.g., distracting attention).
Provide basic information. Provide basic information about smoking and successful quitting.	<ul style="list-style-type: none">• Any smoking (even a single puff) increases the likelihood of full relapse.• Withdrawal typically peaks within 1-3 weeks after quitting.• Withdrawal symptoms include negative mood, urges to smoke, and difficulty concentrating.• Smoking is addictive.

Supportive counseling advice	Examples
Encourage the patient in the quit attempt.	<ul style="list-style-type: none"> • Communicate belief in the patient's ability to quit. • Note that effective tobacco dependence treatments are now available. • Note that half of all people who have ever smoked have now quit.
Communicate caring and concern.	<ul style="list-style-type: none"> • Ask how the patient feels about quitting. • Directly express concern and willingness to help. • Be open to the patient's expression of fears of quitting, difficulties experienced, and ambivalent feelings.
Encourage the patient to talk about the quitting process.	<p>Ask about:</p> <ul style="list-style-type: none"> • Reasons the patient wants to quit. • Concerns or worries about quitting. • Success the patient has achieved. • Difficulties encountered while quitting.

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