

Counseling Checklist- Intervention Strategies

→ PREPARATION PHASE- PREPARING TO QUIT

Intake forms

Clinic Code 94 PCC

Nicotine Dependence Client Manual

Strengthen and renew the clients motivation to stop tobacco use

Discuss reason for visit and review intake form with client

- Decisional balance exercise
 - Pros of quitting- should be specific, immediate, and personalized
 - Pros of using tobacco- represents potential barriers to being successful

Reasons for Tobacco Use Worksheet
Reasons to Stop Tobacco Use Worksheet
- Personalized health feedback
 - Provide personalized feedback to motivate quitting
 - CO level, Blood pressure
 - Health status and how it might be affected by tobacco use can help motivate them to stop

Educational materials
Information about health effects from chewing and smoking in workbook
- Other successful behavior changes that can boost confidence
- Past stop attempts – number, when, reason, method, duration, withdrawal, what Pharmacotherapy was used, what helped what didn't, reason for relapse
- Determine readiness/ motivation to change

Readiness to stop 1-10 worksheet
Importance, Confidence, to stop (1-10) worksheet

Target quit date should be clearly established

- A set date for each client
- Should allow enough time to develop a plan and coping skills
quit contract worksheet

Self-monitoring of tobacco use behavior should be accomplished

- Help client first understand his/her own unique tobacco habit
- Self monitoring can help reduce tobacco use.
- Clients are not to change their tobacco use while self- monitoring

Use a self-monitoring sheet or “pack wrap” to self record use rate. It records, time of day, situation in which the cigarette or chew was used, mood at the time of each cigarette or chew

Pack wrap worksheet

→ CESSATION PHASE– JUST PRIOR AND DURING QUITTING TOBACCO

Follow up form
Clinic code 94 PCC
Nicotine Dependence Client Manual

Self management skills

- Use information from self-monitoring to develop list of triggers
- Goal is for clients to always practice using coping strategies to not use tobacco in identified trigger moments
- Break behavior chain using one or more strategies
 - 1) Avoid the trigger situation
 - 2) Change the trigger situation
 - 3) Substitute in place of the cigarette or chew

List of triggers worksheet

List of ‘what to do instead’ worksheet

Maximize social support

- Extra support from client’s environment increases the likelihood of quitting
- Help client problem solve how to deal with non-supportive people
- Minimize exposure to others smoking or chewing in their environment.

List of support people worksheet

Use of Pharmacotherapy

- Combination of behavioral and pharmacotherapy is more effective than either alone
- Intensive counseling intervention in combination with NRT improves client’s chance of success

NRT education materials

Encourage coping strategies

- Combination of behavioral and cognitive strategies may help to deal with urges to smoke or chew
- Urges are time-limited; remind users that there is not one continuous urge.
- Urges are stronger and more frequent upon initial quitting, but gradually diminish in intensity
- Urge coping strategies: Distraction, imagery, and one day at a time. Stay busy and do something to take one’s mind off the urge

Ways to cope with cravings worksheet

4 D’s- Delay, Drink water, Deep breaths, Distract.

→ MAINTENANCE PHASE- TEACH LIFE-LONG SKILLS THAT WILL HELP CLIENT STAY QUIT

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Relapse prevention

- Encourage ability to cope with ‘high risk situations’
 - Successful coping = increased self efficacy = increased abstinence
 - Poor coping = decreased self-efficacy = increase probability of slip/relapse
- Identify high risk situations – a situation that could lead to resumption of smoking

- Look for warning signs of those at risk or relapse- having prior slip, stress triggered slip, increase urge intensity, low motivation

Develop coping strategies for high risk situations

- Identify potential high risk situations
- Encourage client to fully develop a set of coping strategies to deal with the high-risk situation
- High-risk situations are similar to the trigger situations patients have already experienced
- Discuss apply the same strategies that worked before to help cope with high-risk situations that might come up again

[Triggers worksheet](#)

[High risk situation worksheet](#)

Coping rehearsal

- After identifying high-risk situations
 - Practice coping response, both cognitive and behavioral.
 - Encourage the early use of coping response in a high-risk situation.
- Effective use of coping rehearsal will increase self- efficacy and confidence

Coping with possible slip

- Distinguish between a slip and relapse
 - Slip- one (or several) instances of smoking after stop date
 - Relapse – a return to ones usual smoking pattern
- The goal is to prevent a slip from becoming a relapse
- Slip result in feeling of guilt failure and helplessness
 - Think of it as a mistake rather than failure or weakness
 - Use as a learning experience
- Abstinence Violation Effect (AVE)- a powerful reaction to failing to cope successfully and having a slip
 - Cognitive dissonance effect- the tobacco use is hard on the patient’s self image as a non-tobacco user. This is experienced as guilt or conflict
 - Personal attribution effect- the patient thinks of the slip or relapse as a personal weakness or lack of will power, resulting in sense of helplessness and decreased self efficacy or confidence

[What were you doing when you slipped worksheet](#)

Lifestyle balance

- Quitting tobacco is more than just changing specific behaviors; it is part of a larger picture of lifestyle changes.
- Stress management – deep breathing, meditation, and relaxation exercises
- Balanced nutrition – healthy diet
- Increased physical activity – helps manage stress and avoid weight gain

[Physical activity worksheet](#)

[Nutrition worksheet](#)

[Stress management worksheet](#)

[Quit Date / Counselor](#)