The smoking cessation program in the student population

- Summer School
  Fedora
  ‘Modern Times: Counseling Students in the 21st Century’
  Ioannina, 16-18/06/2011

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- Prevention and Treatment Program for smoking cessation in student population under the National Action Plan for Tobacco Cessation “2008-2012”, Ministry of Health and Social Solidarity

- Group Therapy Program for smoking cessation in student population

  Training the psychologists
Participants (N=12):

- University of Athens
- Demokritos University of Thrace (DUTH)
- University of Thessaly
- University of Ioannina
- University of Crete
- University of Macedonia *
- Harokopion University
- School of Pedagogical and Technological Education (ASPETE)
- University of Cyprus
Basic axis of the training

- Awareness regarding the consequences of tobacco smoking
- Basic training to cognitive-behavioral therapy and rational-emotive therapy
- Training at the group smoking cessation program
- Briefing on the assessment of group interventions.
Main characteristics of group CBT interventions (I)

- the group interaction helps members to learn the new skills effectively
- the group promotes the cooperation skills among members and they help each other in problem solving
- Mutual support
Main characteristics of group CBT interventions (II)

- Information on the pathogenesis and interpretation of the habit according to the cognitive-behavioral model (psycho-educational nature of groups)

- Comprehension of the psychological mechanism that leads in the appearance of the problem (connection of the problematic behavior and the automatic cognitive mechanism)

- Focus in the here and now
Main characteristics of group CBT interventions (II)

- Modification of the cognitive mechanism that is linked to the problematic behavior

- Training in self-management of personal problems

- Prevention of relapse through reinforcement of the strategies that prevent the reappearance of the habit
The group smoking cessation program

- Follows CBT model
- 12 members maximum
- 8 - 10 sessions 120 min.
- Is held 1 time/ week
- Total duration: 2 - 3 μήνες
- The dynamic which που is being developed in the group contributes to:
  - Improvement
  - Relapse prevention
  - New behavior maintenance (members meet after the end of the program)
The goal of group interventions

- To assist group members to develop and improve skills and functions that relate to the particular issue of the group intervention.

- to inform and to implement self control and self management strategies. Consist primarily of psychoeducational groups, but also psychotherapeutic groups referring to individuals that have developed some form of disorder.

- The strategies for psychoeducation, self-management, modification of cognitive mechanism as well as relapse prevention are important here.
The group smoking cessation program

Learning theories

Ellis RET therapy
Main principles of CBT approach

- Cognitive function influences behavior
- Cognitive function can be controlled
- Changes in behavior can be influenced by cognitive changes
According to rational-emotive therapy, the emotional disorders (like anxiety and depression) are caused by biological and environmental factors. There is an interaction and interconnection between emotions, thoughts and behaviors.
Relation between thought-emotions-behaviour
What maintains smoking

- Physical habituation in nicotine
  (Physical dependence)
- Habit and automation
- Enjoyable consequences of smoking
- Negative thoughts for the time required for quitting smoking
  (Psychological dependence)
Learning Theories

- Conditioning

  - Stimulus  →  Behavior (Smoking)

    →  Positive Consequences

    →  Repetition of behavior
Learning Theories

- Classical Conditioning

- Neutral Stimuli (food, coffee, viewing of pack of cigarettes)

- Smoking behavior
Vicious Circle

- **External stimulus**
  - **Internal stimulus**
  - **Activation of beliefs about smoking**
    - **Automatic thoughts**
  - **Smoking behaviors**
Anxiety
Depression
Peer smokers
Parties etc

“It relaxes me”
“I am like the others”

Automatic thoughts

“Smoke”
“Relax”

Impulse

Acceptance Beliefs
I can quit smoking whenever I want”
“It won’t hurt me”
«Everybody smokes»

Action (Smoking)
Smoker’s Usual thoughts

- Smoking helps me resolve my problems
- If I haven’t managed to quit smoking so far, it means that I don’t really want to do it
- If I try to quit smoking and I don’t succeed it, I will feel ashamed towards my friends
- I am afraid of gaining weight, if I quit smoking
- The State should do more, so that people stop smoking
Smoker’s Usual Thoughts (II)

- I am concerned of the smoking’s consequences
- Even if I stop smoking, the others will persuade me to start it again
- I am not ready to quit smoking
- If I quit smoking, I won’t enjoy nice moments like coffee or the company with my friends
- If I quit smoking, I will be healthy
- The pollution of the environment threatens me more than smoking
Smoking Resistance Mechanism

- **Safe situations** → **Control Perceptions** → **Control thoughts**
- To be with non smokers “I can have fun without smoking” “No, I won’t smoke”

- **Impulse**
- **Denial of control perceptions**
  - One cigarette puts me at risk for smoking again
  - “I can do something else instead of smoking”

Resistance to smoking
Behavioral Techniques

- Self-Observation
- Self-reinforcement & self-punishment
- Systematic desensitization
Cognitive Techniques

- Rational-Emotive Therapy: modification of the beliefs which maintain the smoking behavior
- Relaxation techniques
- Mental Imagery Techniques
Is it effective?

- Published statistics show that approximately 55% of the group members usually have interrupted smoking till the end of the program.

- This is an extremely high percentage for addiction problems