



This material has been prepared by the Massachusetts Smoker's Quitline, a program of the American Cancer Society.

STAGES OF CHANGE

Research on addiction and behavior change done by Prochaska and DiClemente, who actually used the issue of smoking cessation for their research, led them to outline stages of change that describe a person's readiness and activity level at various points in the process of giving up an addiction.

Flowing from this is the notion that specific interventions will be most helpful to people at each stage. As with other real-life processes (e.g. the stages of grief outlined by Kubler-Ross), people may move forward and back, depending on a variety of circumstances.

The following is a brief discussion of the stages of change as they relate to smoking, with some pointers about what a person can best use at each juncture.

PRECONTEMPLATION:

"I don't want to quit" + "I don't want to hear it"

- ◆ The person is not even thinking about quitting; he may be unaware of the problem, or be unwilling to do anything about it.
- ◆ He may not think it is a problem. If any doubts come to mind, they are dismissed. He often uses **denial**, rationalizing about the risks, or about being dependent.
- ◆ The smoker may have a "rebellious" attitude and seem hostile or put up resistance to the idea of change.
- ◆ "More" (more education, confrontation, intensity, etc.) is not necessarily better in terms of helping the person to consider the change.

➤ GOAL: **introduce ambivalence:**

- *Is there any way you might be better off if you quit?*
- *What happens when you think about it?*
- *What do you imagine will happen if you don't change?*

- #### ➤ **Developing discrepancy** within the smoker's belief system, that is, bringing to light his contradictory ideas and feelings, is the most effective approach for a precontemplator. This means listening empathically, but listening for any expression of concern that he has about smoking, and gently questioning him about it.

CONTEMPLATION:

"I want to quit, but I really like smoking (need to smoke, don't know how I'd manage without smoking, don't think I can do it, etc)."

or

"Maybe it's a problem, or maybe it's not." "It could be a problem, but it isn't yet."

+

"I'm willing to talk about it. Help me think this through."

- ◆ The person is willing to consider that tobacco use is a problem, and that quitting is something that she will have to do.
- ◆ She will be seeking **information** (about smoking *and* about the quitting process itself) to support that belief, and to tip the balance in favor of stopping smoking.
- ◆ Because of the ambivalence inherent in quitting, however, she may also be quick to latch onto ideas that support continuing to smoke (e.g., that withdrawal is horrible; that Uncle Bob smoked until he died in his sleep at age 94, etc.).
- ◆ Her sense of **self-efficacy** will also play a role in her decision-making process, so how she views past quit attempts and the various elements that contribute to her thinking this is "doable" will have an important impact.
- ◆ She is thinking about quitting at some point in the foreseeable future, but how soon that will actually be may be viewed very differently from day to day.
 - Information can be helpful at this point, especially if it is personally relevant (discussing the withdrawal symptoms she is particularly concerned about; learning about various methods of quitting; recognition of past successes within past quitting efforts).
 - Remember that she is still ambivalent, and may need to talk about what she likes about smoking, or reasons why she might want to continue to smoke. Sometimes discussing these feelings helps the person say on her own that those reasons aren't sufficient to prevent her from quitting.
 - GOAL: help the person to **resolve her ambivalence** in favor of quitting by:
 - **exploring** both sides of the ambivalence
 - *What are the reasons you want to stop smoking? What might be hard about giving up cigarettes?*
 - **determining** barriers to quitting:
 - *What are your concerns about quitting? What holds you back from trying to stop smoking?*
 - **reframing** past experiences to include perspective of successes, coping skills learned
 - *When you quit the last time, what worked for you?*
 - *What did you say to yourself, or what did you do, that helped you resist the urge to smoke?*
- Having a strong reason (= **motivation**) to quit is essential. The person needs to believe that quitting is something that is important for him or her to do.

- Having tools, and the belief in one's competence to do this (= **self-efficacy**), will increase the likelihood that one will try to quit.

PREPARATION/ COMMITMENT:

"I'm ready to quit smoking, but I'm not sure how to do it."

- ◆ The person is deciding to take steps to stop smoking. He is planning to quit at some time in the near future (within the next month), and is beginning to imagine how he will manage being without cigarettes.
- ◆ He may be cutting down, either consciously or without even thinking about it, in anticipation of quitting.
- ◆ He may be taking other concrete steps to prepare to quit, like telling people of his plans, buying cigarettes by the pack instead of cartons, purchasing nicotine replacement (patch, gum) or taking prescription medication (Zyban/Welbutrin) to support his quitting.
 - This person needs to develop a **clear reason**, an understanding of the **obstacles** he will confront, and a **plan** for how to overcome them.
 - As giving up cigarettes becomes more of a reality, **anxiety** about quitting is very high. Talking about ambivalence is particularly useful at this point.
 - Some people will make a plan to quit and then not follow through. Appropriate timing is a genuine consideration; but some people will need help in seeing that no time is perfect, that there will always be reasons to keep smoking.
- GOAL: **help him develop strategies** for quitting.
 - *What situations will be most challenging?*
 - *What is the function of the cigarette in that situation?*
 - *What could you do, or tell yourself, in that situation that would help?*
- Counseling can help reinforce motivation, self-efficacy, commitment and determination in a person who is in the preparation stage.

ACTION:

"I'm not smoking (but I'm thinking about it a lot)" + "Let me tell you about what I'm going through. Help me think about this more."

The person has stopped smoking, and is putting her plan into action. She will be having a variety of experiences, physiological, emotional, situational and interpersonal, and putting plans "to the test."

- GOAL: **support changes, identify relapse situations, normalize experience.**

- This client will need an opportunity to talk about successes, "close calls," and failures. She will need support and feedback. She may not see the successes as such, especially in the early days of quitting, so input from the counselor to help her reframe her experiences can be very valuable.
- She may also need help altering, refining or elaborating her planned methods of coping.
- She may also need to learn **new skills**, e.g. assertiveness when dealing with smokers, new ways of managing conflict, etc.

MAINTENANCE:

"I'm a nonsmoker." + able to give information to others

The person has stopped smoking and is well beyond the withdrawal period. The challenge at this stage is to stay quit, no matter what comes up.

- GOAL: **empower the "expert," look to future:**
 - *To what would you attribute your success?*
 - *What would you do if a very emotional situation came up?*
 - *What would you suggest to someone who is planning to quit in the next week?*
- **Developing a nonsmoker self-image** is the central component of staying "smoke-free." This takes time. It requires a degree of conscious effort to learn to see oneself in a new way, especially after having a different identity since adolescence, when adult identity is forged.
 - *Are you beginning to feel like a nonsmoker?*
 - *What might you notice that would show you that you are becoming a nonsmoker?*
- As time goes on, the person will continue to encounter situations or people that will trigger the urge to smoke. She will need to **anticipate and prepare** for such events, and also develop the capacity to generate strategies spontaneously.
- This client will need to have the issue of nonsmoker identity addressed directly. She may need to have new nonsmoker behaviors or attitudes pointed out to her as a part of this process.

RELAPSE:

"I give up." "I'm a failure." "It's not worth it." "I can't."

- ◆ The person has resumed smoking. For most people, this is not the first time that they have made an attempt to quit, and it is likely that they will feel demoralized and hopeless.
- ◆ At this point, he could return to action, contemplation or precontemplation. Under the best circumstances, he will make another quit attempt in the near future.

- GOAL: He needs help to **reframe the experience** (so that he has some positive view of it), **understand** the relapse, and **develop optimism** about trying again.
 - *What was the situation/ what was going on when you had the cigarette?*
 - *It's great that you made it for 4 days. You were almost past the hardest part. What would you do differently the next time?*
 - *You managed to handle a lot of situations without smoking. What did you learn?*