Bringing the Tobacco Products User to

Stages of Change

**Guidelines for Introducing Someone to a Decision**

**to Attend CMATCH WorkshopBringing Tobacco Product Users to Stages of Change**

1. Promote nicotine addiction recovery to Precontemplation:
2. Engage the individual in conversation about:

* Their state of health
* Possible reasons for health problems related to lifestyle’ compare the present with the past (pre-tobacco product use)
* Resources and opportunities to improve it
* Consideration of quitting nicotine use and their belief about it
* Have they ever thought about changing that behavior?

1. Invite them to a “discovery” session of CMATCH

Assure them that there is no pressure to register to quit

1. Continue the conversation overtime at accepting encounters by addressing benefits for them if they participate in CMATCH to quit.
2. Contemplation will begin as a decision is made.
3. Stress to them that it is voluntary and cost free
4. Review with them the design of CMATCH, esp. the early supporting f2f workshops
5. Have them consider risk they may feel vs. benefit in attending:

* A comfort tool and stress reducer in making their behavior change.

1. As you discuss, identify negative feelings or attitudes. In response to that, pose “What if?” situations of change for positive effect.
2. The Contemplation stage may continue into early attendance to the CMATCH workshops, because of the need to understand what will be expected of them and how to go about enacting Preparation Plans leading to Action

**Coaching Through Stages of Change**

Patterned after Mayo Clinic

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| **Pre-Contemplation**  Smoking, not motivated to quit. May or may not be interested in self-introspection. If not, the following activities are surely applicable in the nest stage. | | | | |
| **Behavior Strategies** | | **Chemical Dependence** | | **Coaching/Relapse Prevention** |
| Attempt to control or delay use | | Recognize defenses (denial, rationalization) | | Gentle, incremental suggestions over time |
| Keep a log of tobacco use | |  | | Discuss log; make observations |
| Talk to a former smoker/chewer | | Identify significant hazard of tobacco use | | Link with positive models |
| Read literature, view films re harm of use | | Identify powerlessness in controlling use | | Gradual orientation to change |
| Become more conscious of negative aspects (health, quality of life, social, image) | | If lifetime smoker with several relapses, consider aids such as inhaler, patch, Zyban | | In friendly conversation point to the possibilities of a changed life. Point to modeling to children, better caregiver, etc |
| **Contemplative**  Smoking, but motivated to quit sometime, no quit date set. | | | | |
| Practice situational quitting, keep diary | | Get acquainted with cessation programs | | Visit primary care provider; discuss |
| List harmful effects of tobacco use; list own health problems | | Identify unmanageability/consequences | | Seek help from a counselor (you)to set quit date, learn how |
| List all triggers that stimulate the urge to use tobacco | | Consider alternative actions | | Develop a strategic plan; enroll in cessation program |
| List coping skills/ identify new ones | | Identify fears about control & deprivation | | Attend individual/group education sessions; join a support group |
| Plan for a wholistic lifestyle program | | Recognize that life has centered around use of tobacco | |  |
| Identify reasons for quitting; cost-benefit analysis | | Clarify values and the role smoking played Acknowledge that will power is inadequate | | Introduce the Heavenly PowerSource Offer hope. |
| Observe non-smokers as models | | Declare willingness to change | |  |
| **Action & Preparation** | | | | |
| Select quit date; follow cessation plan | Accept need for recovery, assistance. Engage in active cessation effort. | | Coach according to plan; arrange social support structure; work with householders | |
| Change lifestyle behaviors to enhance health; clean up environment | Be accountable to coach and supporters  Maintain contact; keep appointments | | Require accountability. Be pro-active to offer strategies to avoid lapses | |
| Reduce risks to lapse: triggers, stress, influence of others, fears | Be prepared for the unexpected with alternative strategies to prevent lapse | | Diligently reinforce learning | |

**Coaching Through Stages of Change – 2**

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| **Behavior Strategies** | **Chemical Dependence** | **Coaching/Relapse Prevention** |
| **Maintenance** | | |
| Maintain regular contact with a coach. | Identify mood states and emotions | Provide aftercare support sessions |
| Use HALT strategy (Avoid states of Hunger, Anger, Loneliness, and Tiredness) | Use the principles of cessation program on a regular basis; adhere to the wellness regimen | Observe for needs and further instructions in the wellness plan |
| Expand coping skills for stress, cravings | Write a Good-Bye Letter to your cigarettes/chew/pipe/etc.  Accept lapse as a natural part of the process |  |
| Keep the spiritual dimension in life | Engage in church activities | Invite to church; introduce to activities |
| Move focus from self to others | Help others quit; join advocacy against tobacco industry; educate children | Facilitate these activities; offer ideas of community need; engage them in next cessation program as assistant |

**Expectancy value theory** – Individuals engage in actions to achieve goals that are perceived as possible and that result in valued outcomes.

**Social cognitive theory** – Thoughts, behavior, and environment interact. For people to alter how they behave, they must alter how

they think