



Study Questions & Answers

Module 12: Cognitive and Behavioral Treatment Strategies

1. Which response might best characterize a smoker who has made 6 or 7 quit attempts in the past?
 - a) They are probably unlikely to be able to quit smoking, given their history of past failures.
 - b) They have probably been trying too hard to quit smoking.
 - c) They have probably learned some approaches or skills that should help them achieve success in the future.**
 - d) They have probably been trying too hard without knowing what the correct approach is to quitting smoking.
2. Which of the following treatment strategies is primarily a cessation phase strategy?
 - a) Importance/confidence scales
 - b) Self-monitoring smoking behavior
 - c) Self-management**
 - d) Avoiding the Abstinence Violation Effect
3. In what way does self-monitoring fit into tobacco dependence treatment?
 - a) Allows the smoker to gain an understanding of their own unique smoking habit pattern**
 - b) Is not really necessary, other than to gain familiarity with doing “homework assignments”.
 - c) Is important in clinical research programs to collect baseline smoking data, but can be omitted in (non-research) treatment programs.
 - d) Is only necessary during the relapse prevention phase of treatment.
4. Which of the following is not considered a relapse prevention strategy?
 - a) Identification of high-risk situations.
 - b) Development of coping strategies for high-risk situations.
 - c) Rehearsal of coping strategies for high-risk situations.
 - d) Nicotine fading**
5. Which of the following represents a Harm Reduction strategy?
 - a) Use of daily NRT to cut back on number of cigarettes smoked per day.**
 - b) Quitting tobacco before quitting alcohol
 - c) Use of pack wraps to log cigarette consumption
 - d) Daily exercise to counter the effects of tobacco use



6. Martha is a 24 year old woman who has smoked one pack/day for the past 6 years. She has made 3 prior quit attempts over the past 2 years. Her longest period of abstinence was 5 weeks. Each time Martha has quit smoking, she has gained weight, which in turn has resulted in her resuming smoking. She is now saying that she plans to quit smoking, but “If I gain 5 pounds, I’m going to start smoking again”. Which of the following statements characterizes Martha’s situation?

- a) **She can be encouraged to exercise and eat healthy foods, but she may not be able to quit smoking successfully until she changes her thoughts about the relative importance of weight gain versus quitting smoking.**
- b) She would probably gain 25-30 pounds if she remained abstinent.
- c) Her concern for her weight is a positive development that should help her quit smoking.
- d) It will be important for her to adopt a strict diet plan while quitting smoking.

Application Question

7. Describe each phase of quitting (pre-cessation, cessation, relapse prevention) and discuss specific treatment strategies for each phase.

Pre-cessation:

Key objectives of this phase are to (1) Strengthen and renew patient’s motivation to quit and commitment to the program; (2) Establish Quit Date; (3) Self-monitoring of daily smoking to establish baseline levels and learn about triggers/antecedents and consequences.

Strategies:

- **Personalized feedback about health-related indices**
- **Setting target quit date**
- **Self-monitoring of smoking behavior**

Cessation:

Involves quitting by altering smoking patterns, smoking rates and brand of cigarette.

Strategies:

- **Self-management (using behavior modification and coping strategies to not smoke in trigger situations)**
- **Integration of pharmacotherapy with behavioral treatment**
- **Maximizing social support**
- **Urge coping strategies**
- **Tapering (includes both brand fading and rate fading)**



Relapse Prevention:

Key objectives of this phase are to:

- (1) Educate clients about the importance of learning and applying maintenance phase strategies for long-term smoking cessation and
- (2) Teach specific treatment strategies for maintaining long-term abstinence from smoking, including both relapse prevention and lifestyle change strategies. Maintaining the quit is a critical issue for cessation programs

Strategies:

- Relapse prevention (identification of high risk situations, development of successful coping strategies, coping rehearsal, dealing with slips (abstinence violation effect), Nicotine Anonymous)
- Lifestyle change (stress management, balanced nutrition, exercise)