

### 6.2

## Psychological Treatment Dimensions Stress & Mood Management

### Stress, Mood and Stopping Smoking

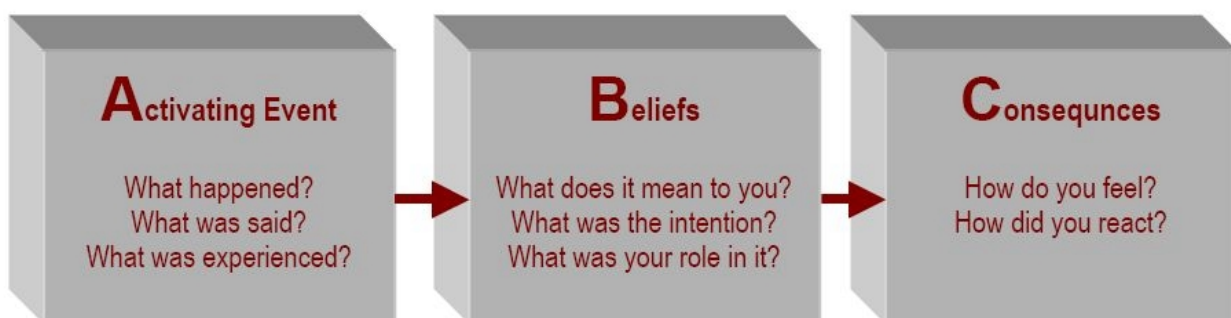
As mentioned in Section 2.5, a review of research into stop smoking interventions with mental health service user suggests the importance of attending to psychological well-being. That is, a smoking cessation intervention is more likely to result in successful quits if it is geared not just towards smoking abstinence, but also towards preventing deterioration in mental health condition. For example, among service users with a history of depression attempting to quit smoking, those service users experiencing these increases in depressive symptoms during the quit attempt are far more likely to return to smoking (Burgess et al, 2002). This section examines two ways in which stop smoking advisors may support service users' stress and mood management during their quit attempt (as first described in McNally, 2006).

### Cognitive Approaches to Mood & Stress Management

There are a number of simple strategies designed to facilitate mood and stress management. A number of these are based on cognitive approaches that attempt to make people more aware of their internal thought processes, and if possible, change them. A key factor in these cognitive approaches is that they require the service user to practice them in between support sessions.

One such strategy comes from Albert Ellis' 'Rational Emotive Behavioural Therapy' (REBT) (Ellis, 1962). The tool is often known as the 'ABC' model and is a way of helping service users understand (and to influence) how their interpretations of events and circumstances affect how they feel.

According to the ABC model, we experience Activating Events (A) everyday that prompt us to look at, interpret, or otherwise think about what is occurring. This could be anything from an argument with a friend, to a bad craving during a quit attempt. Our interpretation of these events result in specific Beliefs (B) about the event, the world and our role in the event. Once we develop this belief, emotional and behavioural Consequences (C) will occur accordingly.



Stop Smoking advisors may wish to introduce this model to service users. In explaining how it works, examples should be used in abundance, initially given by the advisor, and then requested from the service user.

One example specific to smoking cessation could be as set out below.

**A:** A very bad craving for a cigarette.

**B:** “If I’m craving then something must be wrong. The craving means I ‘need’ a cigarette. If I don’t smoke it will get worse. If I don’t smoke I’ll become really unwell!”

**C:** Anxiety and panic. A lapse back into smoking is likely.

Changing the belief (B) is likely to lead to different emotional and behavioural consequences:

**A:** A very bad craving for a cigarette.

**B:** “This is tough, but craving is normal when you’re quitting. It’s a sign that I’m recovering from that stupid addiction. If I relax and distract myself, it will soon pass.”

**C:** Less anxiety, and possibly a reduced craving. A lapse is less likely.

There are several types of negative belief patterns to look out for. *Arbitrary Inference* refers to interpretations formed without factual evidence to support them (eg – “My friend didn’t call when she said she would – she must really be fed up with me”). *Selective Abstraction* refers to when the negative aspects of a situation obscure the positive aspects, even if the latter are in the majority (eg “There was one guy in the group who didn’t seem friendly, so I don’t think that I’m really welcome there”). *Overgeneralisation* refers to taking one instance of something as indicating it is the norm (eg “I always mess things up”). *Magnification / Minimisation* refer to evaluations which either blow up negative events out of proportion, or disregard positive events despite their significance (eg “My lapse in my quit attempt is a disaster”, or “Yes, I’ve not smoked all week, but that’s nothing to get excited about really”).)

This approach will obviously not be suitable for every service user in mental health settings. For example, despite the simplicity of the ABC approach (relative, that is, to other psychological models) some service users may not be able to grasp the concept of distinguishing between the A, B and C stages. Other service users may not have the reading / writing skills for the ABC diary, or the necessary ability to concentrate on such a task.

In many of these cases, however, the ABC model may still be applied through the dialogue between the advisor and service user. Time may be devoted at each quit support session to exploring the previous weeks events verbally, as well as the associated beliefs and consequences. Here, the advisor may be able to pass at least something of the approach over to the service user by simply modeling it to them. They may do this by repeatedly offering up their own, alternative ‘beliefs’ around events and checking with the service user what emotional consequences an acceptance of that interpretation results in.

In addition, certain beliefs related to activating events that emerge as frequent or salient may be passed on to the service user as ‘mottos’ to remember. An example may be “Cravings are normal and a sign that I’m winning the battle” or “When people criticise me they say more about themselves than they do about me”.

## Relaxation

Another mood and stress management method that relies less on cognitive processes and more on physical behaviour is structured relaxation. Just like the ABC approach, however, its beneficial effects depend on regular, daily practice by the service user. An example of a simple relaxation procedure is outlined below.

- **Lie down in a comfortable position. Place one hand on your stomach, and the other on your chest.**
- **Breathe in slowly through your nose. As you breathe in, push out your stomach – you should feel the hand on your stomach rise up and the hand on your chest stay fairly still.**
- **Breathe out slowly, allowing your stomach to flatten back down to its original position.**
- **Repeat this breathing as slowly as is comfortable, focusing on the breathing technique and how your hand moves up and down with your stomach. Empty your mind of everything but this.**
- **After a few minutes, begin to imagine your body becoming heavier and more relaxed each time you breathe out. Continue like this as long as you feel comfortable.**

The ABC approach and structured relaxation are only two of many methods for mood management. During quit support sessions, service users should be asked about methods they may already have for lifting their mood. These may include listening to music, reading or art. As ever, these should be the starting point for any mood management work and where possible, incorporated into the overall intervention.

## **References**

- Ellis A (1962). *Reason and Emotion in Psychotherapy*. Secaucus, NJ: Citadel Press.
- McNally, L. (2006) *Smoking and Mental Health: Helping Smokers to Quit in Mental Health Settings*. Gasp.