

Cognitive Behavioral Therapy to Quit Tobacco

Cognitive Behavioral Therapy is a powerful new tool to erase the urges to smoke that a person gets when they come in contact with people or situations that trigger a desire to smoke.

The Cognitive Behavioral Therapy approach to quitting tobacco use is to define the part of the brain that comes “alive” when a person is having an urge to use nicotine. Once that part of the brain is located, the person quitting nicotine can become more detached from the cravings, not living right in the middle of them.

This sounds complicated, but in practice it is very simple. There are triggers for smokers; people or situations that create a strong urge to smoke. One classic example is an upsetting phone conversation. When the smoker hangs up the phone, they instantly look for the pack of cigarettes without thinking. Then, when they remember that they quit smoking, their brain expresses disappointment by trying to rationalize “just one” cigarette, or that this is a horrible time to quit smoking, and one month later would be much better. If the patient gives in, this try at quitting is over, because one cigarette will undoubtedly lead back to a pack a day. So the trick is to stop this cycle by changing not the stressor, but by changing the response to the stressor.

Teaching a person a powerful way to identify the part of the brain that responds to stress (or joy, or caffeine, or boredom, or food) with nicotine, and to willfully deny that part of the brain nicotine is a powerful way to wean the patient off of their dependency in the first stages of withdrawal. Almost as important is the empowerment this skill gives the patient weeks and months later when a sudden nicotine reminder occurs, and the patient has to make a quick decision: “Deny myself the cigarette, or become a pack-a-day smoker again”.

At my office, I give every patient these tools using *Addictive Voice Recognition Therapy*, or *AVRT*. AVRT empowers the patient by taking them out of the craving loop. When a strong craving occurs, the patient recognizes the voice of the addiction as separate from their willful voice. (Granted, this conversation happens in their head.) This person really wants to quit smoking a pack a day, and they intellectually realize that “one cigarette” does not fit into that smoke-free life.

Most of my patients are desperate to quit smoking. They feel powerless to quit, and they are looking for an answer. It is very rewarding to see people leaving my office with the tools and the confidence to battle and beat this powerful addiction.