

How to Integrate Nicotine into Treatment Planning

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Agency Must Make a Decision

- Classify Nicotine with other legal drugs (i.e., alcohol)
- Use DSM-IV-TR as a guide for what is a drug (classified as abuse or dependence)
- DSM-IV-TR uses the term Nicotine rather than Tobacco

Long Term Success Comes from Clinical Supervisor's Stance

- Written policy is nice, but won't result in long-term change for clients
- Line staff do whatever supervisor truly expects and follows through with
- Supervisor must listen for when counselor talks differently about nicotine
- Stop counselor and gently challenge thinking

Counselors Adopt Expected Thinking When:

- Clear
- Logical
- Consistent
- Have needed support and education
- Have consistent follow through from clinical supervisor

Two Ways to Integrate Nicotine into Treatment Planning

- A Drug is a Drug
- Nicotine listed and addressed separate from other drugs

Pros and Cons: A Drug is a Drug

- Sends a clear message that nicotine is equal with other legal drugs
- Always in the forefront of client's mind if done right
- Makes paperwork easier
- Harder to determine when client/staff have separated nicotine out
- Not as effective for clients who are not willing to change their nicotine use

Pros and Cons: Separate Treatment Plan

- Effective for clients who change their mind about addressing nicotine midway through treatment
- Helpful for clients who view nicotine as separate or more difficult
- Sends clear message that nicotine is not the same as other drugs
- Minimizes role in counselors' mind
- Greater risk of it not being a central part of treatment groups

Resources

- Pichot, T., with Smock, S. A. (2009). *Solution-focused substance abuse treatment*. New York, NY: Routledge.
- Pichot, T., & Dolan, Y. (2003). *Solution-focused brief therapy: Its effective use in agency settings*. Binghamton, NY: Haworth.