

Authorized Leader Training for Rapid Clinical Root Cause-Focused Stop-Smoking:

Nicotine Dependence Relief and Recovery is believed to be the first smoking (also dipping, chewing) cessation program that offers help with the root cause of the chronic and binge nicotine use that is the root cause of 80-percent of drug-hastened preventable deaths. That help is offered through teaching self-hypnosis and other discomfort-relieving, motivation-building tools* and giving original 'makes sense' explanations with ongoing support to prevent unhealthy stress, weight gain and most importantly relapse.

* Example: Getting and keeping enough resolve or determination involves using simple self-suggestion to weaken nine not-their-fault false ideas or attitudes of smokers. Those 'nicotine notions' or 'butt-attitudes' are thought automatically without awareness and block the strong and lasting motivation (willpower) needed to safely end smoking and free of unhealthy substituting.

Need:

The naturally occurring insecticide nicotine remains this nation's most heavily used addicting substance and major lifestyle health threat. Nicotine dependence is the root cause of 435,000 preventable U.S. deaths annually or four times more than alcohol and illicit drugs combined. Smokers understandably are in denial and so mistakenly attribute the root or all-important reason for their smoking to external influences (ongoing problems, living with another smoker, etc.) and to internal factors that are non threatening and can be useful, such as habit, weight-control and enjoyment. But it is inconceivable that something other than addiction (dependence) could put them so deeply in denial and make them chronically inhale insecticide-loaded foul-smelling smoke while knowing to any extent that it can kill and can seriously harm the futures of everyone and everything that depend on them surviving and being healthy. Probably no one smokes enough cigarettes to do serious injury unless he or she is dependent on nicotine. That substance addiction is the key to chronic smoking and several major illnesses.

Each year, out of 59.9 million U.S. cigarette smokers (2004 national survey) an estimated one-third attempt to quit. A 2006 government report on research says that only 6-percent remain stopped for more than one month. (www.drugabuse.gov/researchreports/nicotine/nicotine2.html) Those few (6%) may not be entirely free of nicotine: the essential requirement for recovery. Intense withdrawal along with unhealthy substituting and having hardly any up-front insights or ongoing support contribute to that nearly 100-percent rate of relapse.

Employers limit or prohibit tobacco use at work. They already understand that more is needed to meaningfully reduce insurance and other significant costs.

Adults who smoke and their employers would welcome a cessation service that's tested, brief, inexpensive, answers their likely concerns (discomfort/withdrawal, stress, overweight) and is provided by a licensed health care clinician. However and resulting in many thousands of preventable deaths annually, hardly any dependence-knowledgeable clinicians, including those who specialize in treating addiction, offer a program intended to serve nicotine addicted people. Private practice and agency-based behavioral health clinicians can readily prepare and respond to the tremendous need and considerable interest in stopping smoking. They can more clearly add lifesaving to their work and resumes.

NDRR:

This program primarily works by reducing health risk denial to release the sufficiently strong and persistent motivation needed to end ingesting nicotine. It does that by repeatedly and truthfully answering the nine untrue and unknown when thought attitudes of chronic users. Nicotine Dependence Relief and Recovery (NDRR) is a specialized (nicotine) dependence-knowledgeable, addiction-appropriate, largely self-help lifestyle health promotion program for individuals and groups offered in one (up to two hours) psycho-educational session (economical; insurance unnecessary) with ongoing support by licensed behavioral health clinicians who are authorized to lead. Those program leaders assist adults to attain and maintain, without harmful replacing and adding excess weight, abstinence from the highly addictive drug, nicotine.

Leader Authorization:

- Nicotine Dependence Relief and Recovery Authorized Leader – Authorizations are e-mailed within a week following the workshop to those who attend the entire workshop, commit to teaching it and without potentially hurtful deletions or additions (overstating success, charging exorbitant fees, claiming competence beyond nicotine dependence unless clearly justified, etc.), will adhere to program premises (below) and further investigate efficacy. They do so only while licensed, with good clinical judgement, free of nicotine, and demonstrating sufficient agreement with and understanding of the program's content.
- Approved leaders receive permission to duplicate handout materials (written and self-hypnosis audio-CD) given to them during training and commit to giving those without an additional fee to all NDRR program participants. There are no additional fees or purchases required of approved leaders.
- Participants need to be willing to give their work-related or cell phone numbers to adults they teach Nicotine Dependence Relief and Recovery. Clients beginning recovery are urged and agree (behavior contract) to call and talk if ever seriously tempted to use.
- Program (NDRR) leaders request and receive (no fee) from the workshop presenter (Dr. Lovelace or someone he

designates) continuation of authorization. They do that by email yearly during the month they trained.

Major Premises:

- The essential goal of NDRR is to most effectively enable significantly improved health in a manner that is worthy of the professional practice of clinical work. That means in part serving without criticizing nicotine dependent people or criticizing any widely accepted way to help stop smoking. The shared belief in the potential to help clients with findings gleaned from substance dependence-knowledgeable research necessitates that leaders conduct (when feasible) not-for-publication investigations of efficacy. If ethical practice or increasing the quantity of progressively-improving clinical services requires it, they question the contentions or evidence supporting the effectiveness or safety of another intervention.
- Information that facilitates relief or recovery needs to fit well enough with the common experiences of chronic nicotine users (makes sense to them) even when that content differs from what might be commonly taught. For instance, NDRR discourages leaders and participants talking more than minimally about personal use of nicotine, quitting, and their recovery.
- Hypnosis is appropriate to use as a therapeutic tool and as part of a clinical health care program. For successful smoking cessation, the more likely useful hypnosis is self-administered, ongoing and indirect or conversational. Adults need to learn and regularly use self-hypnosis and self-talk in ways that relieve cravings and sustain their recovery.
- Substance dependence recovery demands more than maintaining total non use. It is a process that leads to healthier living and the influences that support relapse avoidance (survival). Emphasis is put on gaining awareness of and specific tools to overcome likely obstacles and replacing (addiction transfer) ... particularly with sugar, 'comfort' foods and alcohol. What begins as self-medicating and becomes habitual overindulging and the resulting diseases (diabetes and more) are unacceptable replacements for smoking and its associated diseases.
- Some brain research and clinical experience suggest that a nicotine-cessation program is unlikely to be utilized by younger (24 and under) smokers (dippers, chewers) to end use and maintain recovery. It is inappropriate to offer NDRR to them for a fee (may choose to see them without charging a fee) and include them in studies of efficacy.
- The addicting substance rather than its usual source (tobacco) or most common delivery method (cigarette smoking) is the pivotal health and life-risking factor. If tobacco is the addicting substance, then tomato also has to be. (Tomato leaves and those of other vegetables naturally produce the systemic insecticide nicotine and can be smoked.) Maintaining sobriety requires total non use. Nicotine Dependence Relief and Recovery is never offered combined with a drug-based replacement for tobacco and smoking.
- A program that doesn't address the root cause of a health-threatening behavior gives too little chance for success. Because that root cause is dependence, the program needs to include smoking, dipping and chewing tobacco for nicotine.
- Chronic and binge smokers are substance dependent friends and neighbors, rather than wicked or weak, and so deserve to be treated with respect.
- Affection is the emotion that fuels non nicotine use behavior that persists. See the [NDRR Theoretical Model](#).

Presenter:

Richard Terry Lovelace, PhD, MSW, ACSW, LCSW, has provided, for 40 years, rapid nicotine-cessation interventions to individuals and couples who smoked. He led approximately 1,000 single-session, self-hypnosis stop-smoking groups – using content and handouts he owns – primarily for company employees and through the American Lung Association-NC. Nearing retirement from clinical work, he wants to pass along what he has found that helps and give free ongoing consulting support to clinicians who will provide this lifesaving health promotion service. Certain that the lives and financial futures of a great many children are at stake, Terry is duly respectful but candid, non political.

Notes: Four licensed clinical addiction specialists (LCAS) reviewed and critiqued this workshop's essential assertions to better ensure consistency with their commonly accepted substance abuse and dependency-related concepts. The authorized leader's Web page has a suggested agenda, all workshop training materials and all program participant handouts, including the audio-CD, and is hosted by the sponsor of www.WinstonClinicalAssociates.com. Go there and click on "Authorized Program Leader's Page."

Presenter's email: <dr.richard.lovelace@gmail.com>.