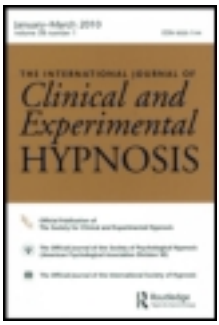

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DESCRIPTIVE OUTCOMES OF THE AMERICAN LUNG ASSOCIATION OF OHIO HYPNOTHERAPY SMOKING CESSATION PROGRAM

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Abstract: Hypnosis smoking cessation treatment is one type of program available to smokers. This paper describes a large randomly selected sample from such a program, which has not been previously reported. During 1997, 2,810 smokers participated in single-session, group hypnotherapy smoking cessation programs sponsored by the American Lung Association of Ohio. A randomly selected sample of 452 participants completed telephone interviews 5 to 15 months after attending a treatment session. Twenty-two percent of participants (n = 101) reported not smoking during the month prior to the interview. Use of other smoking cessation strategies since the treatment session were assessed. Interestingly, only 20% of participants who used pharmaceutical products to assist with smoking cessation took them for the recommended treatment duration. Hypnotherapy smoking cessation treatment offers an alternative cessation method, which may meet the unique needs of certain individuals.

One of the national health objectives for the year 2000 is to reduce the prevalence of cigarette smoking among adults to no more than 15% (U.S. Department of Health and Human Services, 1992). However, the 1997 median smoking prevalence for all of the states was 23.2%, whereas Ohio's smoking prevalence in adults was 25.1% (Centers for Disease Control and Prevention, 1998). Nicotine addiction is a complex phenomenon involving behavioral and pharmacological aspects and an abstinence-associated withdrawal syndrome (U.S. Department of Health and Human Services, 1988). Diagnostic criteria for nicotine withdrawal include: dysphoric mood, insomnia, craving for cigarettes, irritability, anxiety, difficulty concentrating, increased appetite, and restlessness

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(American Psychiatric Association, 1994). In their attempts to overcome nicotine addiction, cigarette smokers choose from a variety of smoking cessation interventions, one of which is single-session hypnotherapy. However, there has been no statewide assessment of randomly selected participants to describe the outcome of such programs. Therefore, the purpose of this study was to determine the outcomes of a statewide American Lung Association of Ohio hypnosis smoking cessation program.

Brief, single-session approaches were popularized by H. Spiegel, who, in 1970, detailed a 45-minute hypnosis treatment for smoking. Hypnosis smoking-cessation treatments have been offered either as a single session or as multiple sessions. Techniques such as deep breathing, relaxation, positive ego-enhancing suggestions, and health risk education frequently accompanied the hypnosis procedure. Group settings were the predominant approach as opposed to one-on-one sessions, and reported quit rates varied widely, from 10% to 87% (Johnson & Karkut, 1994; Neufeld & Lynn, 1988; Shewchuk et al., 1977; Sorenson, Beder, Prible, & Pinney, 1995; D. Spiegel, Frischholz, Fleiss, and Spiegel, 1993; Valbo & Eide, 1996; Williams & Hall, 1988). Possible explanations for outcome variability included different participant inclusion criteria, variability in how "success" was measured, and length of follow-up, as well as smoking history characteristics of participants (Lynn, Neufeld, Rhue, & Matorin, 1993).

Several studies provide a brief illustration of the above points. An intervention combining hypnosis, audiotape for daily practice, and a *Lifetime of Freedom From Smoking* manual of the American Lung Association yielded a cessation rate of 18.5% after 6 months in a study with 27 subjects (Neufeld & Lynn, 1988). However, the researchers were unable to determine which aspect of the intervention accounted for the outcome. Recently, Sorenson and others (1995) explored the use of hypnosis treatment as a component in the implementation of work-site smoking policies. Seventy-one percent of smokers participated in the treatment program, and, at the end of 12 months, there was a 15% quit rate.

There may be important differences between those who do and do not seek hypnosis for smoking cessation treatment. For example, Shewchuck et al. (1977) found that those selecting hypnosis from three treatment options were younger, had not smoked as long, had made more attempts to stop in the past, were better educated, and entered the program with the goal to stop smoking (Shewchuk et al., 1977). Shewchuk et al. defined cessation as not smoking during 24 hours prior to the follow-up phone call. At 5 months and at 1 year, the hypnosis group quit rate was 17%.

Multiple hypnosis sessions have also been employed. Although Frank, Umlauf, Wonderlich, and Ashkanazi (1986) found no difference in cessation rates in groups at 6 months after treatment regardless of the frequency, length between sessions, or addition of behavioral methods, other investigations indicate that multiple sessions typically outperform

single-session approaches (Holroyd, 1980; Lynn et al., 1993). Lower cessation rates of 10% at the end of treatment were reported in pregnant women who participated in a two-session program, which included relaxation with self-hypnosis method (Valbo & Eide, 1996). In addition, in a 2-week program with 186 participants employing aversion techniques with hypnosis, cessation rates at 3-month follow-up were 86% for men and 87% for women (Johnson & Karkut, 1994).

Similarities emerged in studies related to predictors of or correlations with smoking cessation; however, these predictors were not stable and varied with the time since treatment. At 3-month follow-up, predictors of cessation were number of cigarettes smoked prior to the intervention (Lambe, Osier, & Franks, 1986; Neufeld & Lynn, 1988) and social support (Neufeld & Lynn, 1988). At 6-month follow-up, smoking cessation correlated with the number of previous quit attempts (Lambe et al., 1986; D. Spiegel et al., 1993); hypnotizability (D. Spiegel et al., 1993); motivation, family support or pressure, and coping skills development (Lambe et al., 1986); and education, satisfaction with treatment, presence of a smoker at home, and level of imagery (Frank et al., 1986). At 2-year follow-up, cessation correlated positively with self-rating of hypnotizability, whether subjects had previously quit for 1 month or more, and whether the subject was living with a significant other (D. Spiegel et al., 1993).

Meta-analyses of various tobacco-dependence treatments, with a minimum of a 5-month follow-up, in the AHCPR Smoking Cessation Clinical Practice Guideline provide comparisons of quit rates (Fiore et al., 1996). Brief counseling (from 3 to 10 minutes) yielded cessation rates of 12.1% compared to 8.8% in a no-contact reference group, whereas counseling longer than 10 minutes had an estimated cessation rate of 18.7% (Fiore et al., 1996). Transdermal nicotine replacement therapy compared to placebo treatment doubled the quit rates (Fiore et al., 1996). Data on nonnicotine bupropion therapy were not available at the time of the 1996 guideline, however, a subsequent study revealed that at the end of the recommended 7-week bupropion therapy, active versus placebo quit rates were 44.2% and 19%, respectively (Hurt et al., 1997). At 12-month follow-up, cessation rate in the bupropion arm was 23% compared to 12% in placebo.

The purpose of this project was to examine smoking cessation and factors associated with success in a large data set (N = 2,810) of persons throughout the state of Ohio who had completed a single-session hypnosis program.

METHOD

Procedures

A sample of 452 people was randomly selected from a total of 2,810 people who had attended a single stop-smoking-by-hypnosis session

offered by the American Lung Association (ALA) of Ohio during the period January through November 1997 at multiple locations throughout the state. Participants paid $40 to attend, and the same clinician, who had more than 15 years of hypnosis experience, conducted all the 1-hour group sessions. Hypnosis was defined in this program as a heightened state of awareness that enabled one to reach and maintain an acquired level of relaxation. Individuals focused their attention on the specific task of stopping smoking.

Treatment

The 1-hour interactive program consisted of the leader sharing information about hypnosis and brief information on smoking risks and the effectiveness of the program for approximately 20 minutes. The 40-minute hypnosis component included relaxation, deep breathing, concentration on phrases such as "I am a nonsmoker now," and being in control of situations. At the end of the session, subjects received a 9-minute audiotape that contained a 30-second introduction, progressive muscle relaxation with a focus on breathing, self-hypnosis induction, and multiple repetitions of the phrases "nonsmoker," "feeling good," and "in control." The audiotape, prepared by the clinical hypnotist and featuring his voice, was designed as the primary reinforcement for the program, and participants were encouraged to listen to it the evening of the session and to begin the next day by reviewing the audiotape. At least daily use of the audiotape was stressed. Subjects were also informed that they could attend additional sessions for reinforcement at no additional cost. Instructions by the hypnotherapist during the program emphasized the effectiveness of the hypnosis program, and that additional strategies did not need to be employed.

Data Collection Interview

The Ohio State University Survey Research Unit (SRU) collected outcome data via telephone calls by trained interviewers using a standardized survey questionnaire and Computer Assisted Telephone Interview programming. The survey instrument developed by the investigators was pilot tested by the SRU. A goal of interviewing 15% of the entire sample was established. Anticipating some refusals, 491 of the 2,810 participants were telephoned: 36 (7%) refused; 3 (less than 1%) completed only partial interviews; and 452 (92% of those telephoned or 16% of the entire sample) completed the entire interview. The data were collected from March 31, 1998 through April 9, 1998. The SRU randomly selected the participants from a list sample of adults who had participated in the program during 1997. As many as 10 attempts were made to contact the randomly selected respondents.

Topics addressed in the structured data collection interview were: perceived helpfulness of the program in general and the specific

components; frequency of use of program components (audiotape, behavioral skills, relaxation techniques) the week immediately after program completion and during the week prior to data collection interview; previous experience with hypnotherapy; perceived hypnotizability on a 5-point scale from *very easily* to *not at all*; length of time of this quit period; number of cigarettes per day if currently smoking; length (in days) of smoke-free periods since the program; current stage of smoking cessation; smoking history, including number of years of regular smoking; usual cigarette brand; number of cigarettes per day prior to the program; time to first cigarette of the day; number of previous quit attempts; presence of smokers in the home and workplace; attendance at other smoking cessation classes; duration of use of pharmaceutical products (nicotine replacement therapy such as gum, patch, or nasal spray and bupropion); effectiveness rating of other treatments from *not at all* to *extremely effective* on a 4-point scale; as well as identification of any other strategies used to stay smoke-free. Participants' reasons for wanting to quit smoking and level of motivation to do so at the time of the program (on a 4-point scale) were assessed. Socio-demographic information was also obtained, because education and economic status have been positively correlated with successful smoking cessation (Centers for Disease Control and Prevention, 1997). The date of program attendance, provided by ALA of Ohio branch offices, was confirmed with each participant. Smoking cessation for purposes of this study was defined as not having smoked cigarettes for the past 30 days (Neufeld & Lynn, 1988). The average time for completion of the interview was 9.4 minutes with completion time ranging from 4 to 27 minutes.

RESULTS

Characteristics of the Sample

Four hundred and fifty-two persons completed the telephone survey. Table 1 summarizes the socio-demographic characteristics of the sample with the majority being female, married, and Caucasian. Approximately one half of the sample completed a high school education or less, and 25% had an annual household income greater than $50,000. Smoking history data on participants revealed nicotine dependence with an average of 23.5 years of regular smoking at 27.2 cigarettes per day (Table 2). Marlboro® was the most common brand of choice (36%), which is the most commonly purchased brand in the United States (Pollack, 1997). Time to first cigarette of the day, an indicator of nicotine dependence, was on average 39.5 minutes. Approximately one fourth of the sample smoked within 3 minutes of awakening, and 50% smoked within the first 15 minutes of the day. Previous attempts to quit smoking prior to participation in the hypnotherapy program were identified by 79% of the sample. The length of the longest previous quit attempt ranged from

1 day to 23 years, with a median smoking abstinence period of 90 days. Forty percent of respondents (n = 180) reported the presence of other smokers in the home, and 78% indicated smokers in their place of employment. Smoking policies in the work environment were assessed, and approximately one third had a policy of no smoking in the building. Eighty-seven percent identified that the policies were enforced. However, 23.7% reported no restrictions on smoking in the workplace.

Reasons for wanting to quit smoking were identified by participants, with multiple responses accepted. Health related reasons for quitting smoking were identified by 82% of the sample (n = 372). Family pressure was a distant second reason, with 20% reporting it. Cost of cigarettes was identified by 9%, odor of smoke by 8%, and social influence by 5%. Eighty-three percent indicated they were fairly or very motivated to quit smoking at the time they had participated in the program.

Smoking Status and Predictors of Smoking Abstinence

Participants had completed the smoking cessation hypnotherapy program 5 to 15 months prior to the survey interview, with an average of 10.2 months (SD = 3.3) elapsed. Twenty-two percent of the sample (n = 101) reported not smoking during the month prior to the survey. Variables associated with success were examined. As evidenced in Table 3, successfully quitting was significantly associated with higher income, χ^2 $(4, n = 382) = 10.70, p < .05$, no other smokers present in the home, χ^2 $(1, n = 452) = 9.67, p < .05$, and perceived ease of hypnotizability, χ^2 $(4, n = 432) = 23.56, p < .05$. However, there was no significant difference in quitting by gender, marital status, age, years of education, blue- and white-collar work classifications, number of cigarettes smoked per day prior to the program, or time to the first cigarette of the day. There was no difference in successfully quitting and the number of sessions attended because one third of quitters and smokers had attended more than one session. A total of 148 participants requested additional sessions.

Of those currently smoking, 65% (n = 229) reported at least one smoke-free period since the program. Persons who had a smoke-free period reported an average of 40 days of smoking abstinence (SD = 66). Current smoking rate ranged from 2 to 100 cigarettes per day, with an average of 21 cigarettes per day (SD = 12.7) compared to 27 cigarettes per day on average prior to the program. Persons who were smoking abstinent on interview had a similar preprogram smoking rate of 28 cigarettes per day.

Stages of smoking cessation reflect an individual's readiness to change smoking behavior with precontemplators not seriously considering quitting smoking in the next 6 months, contemplators seriously considering quitting in that time frame, and those in preparation intending to quit within the next 30 days (Prochaska & Goldstein, 1991). Stages of smoking cessation among the current smokers (n = 351) included 14%

Table 1
Socio-demographic Characteristics of Sample (N = 452)

Demographic Characteristic	Distribution	
	Percent	*n*
Sex		
Female	59.5	269
Male	40.5	183
Marital status		
Married	64.0	289
Divorced or Separated	12.4	56
Never Married	17.5	79
Widowed	5.3	24
Race (n = 267)		
White	83.0	222
Other	17.0	45
Household income (n = 382)		
Less than $30,000	29.8	114
$30,000-$50,000	45.5	174
More than $50,000	24.6	94
Education		
Less than high school graduate	10.2	46
High school graduate	40.5	183
Some college or technical school	32.3	146
College graduate	10.8	49
Postgraduate work	4.0	18
Employment status		
Full-time	70.0	317
Part-time	7.5	34
Retired	7.5	34
Blue-collar	47.0	170
White-collar	41.0	150
	M (SD)	Range
Age (yrs.)	44.7 (11.5)	18-77

in precontemplation, 21% in contemplation, and 50% in preparation. Fifteen percent of participants did not know their intention to quit in the next 6 months.

Other Smoking Cessation Strategies

Other strategies that participants used to help them quit smoking or stay smoke-free since participating in the hypnotherapy smoking cessation program were assessed. The most frequent strategy identified was use of oral substitutes, such as gum, mints, or toothpicks. However, only 6.2% reported this behavior. Other strategies included quitting with a

Table 2
Smoking History Characteristics of Sample Prior to the Program (N = 452)

Characteristic	*M* (*SD*)	Range
Length of smoking (yrs.)	23.5 (12)	1-59
Cigarettes per day	27.2 (13.5)	2-100
Time to first cigarette (min.)	39.5 (86.2)	0-720
Number of previous quit attempts	7.0 (11)	1-90
	Percentage of sample	*n*
Other smokers present in home	39.8%	180
Smokers in the workplace*	77.5%	317
Workplace smoking policies*		
No smoking in building*	29.8%	120
No restrictions*	23.7%	97

*43 of the 452 people sampled did not work outside the home. Therefore, these values reflect the percentage of this subset of 409 respondents.

Table 3
Significant Factors Associated with Smoking Abstinence ($p < .05$)

	Successful Quitters ($n = 101$)	Continuing Smokers ($n = 351$)
No other smokers in the home	73%	56%
Annual income > $30,000	79%	68%
Somewhat to easily hypnotized	61%	37%
Smoking history (yrs.)	21	24
Days of bupropion use	83.6	27.6

spouse or a friend (3.5%), exercise (3.5%), avoiding smoking situations (3.3%), use of tapering products (2.2%), cold turkey (2.2%), changing their routine (1.8%), giving oneself a reward for not smoking (0.9%), restricting smoking in the home to certain areas (0.9%), and saving money (0.2%). Forty-one percent reported using no other strategies.

Use of Pharmaceutical Products in Tobacco Dependence Treatment

Twenty-six percent of participants reported using some form of nicotine replacement therapy since attending the hypnotherapy program. Three fourths of these used the nicotine patch, 53% used nicotine gum, and 2.5% used nicotine nasal spray. The length of time that each product was used was assessed and is reported in Table 4. The recommended length of nicotine replacement treatment according to the AHCPR Smoking Cessation Guideline is 8 weeks for the nicotine patch and 8 to 12 weeks for nicotine gum (Fiore et al., 1996). Only 18% and 16% used the

nicotine patch and gum for the recommended period, respectively. Only 3 persons used the nicotine nasal spray for 14, 30, and 60 days respectively. The nicotine inhaler was not available during this time period. Effectiveness of nicotine replacement in general was rated as quite or extremely effective by 23% ($n = 27$) of those using it. To illustrate different use patterns by current smoking status, 22% of continuing smokers used the nicotine patch, whereas 11% of quitters had chosen this form of nicotine replacement.

Bupropion or Zyban® use after attending the hypnotherapy program was reported by 14.4% ($n = 65$) of the participants. Seventeen percent of continuing smokers had used bupropion, whereas only 5% of quitters had used the medication. The length of bupropion treatment ranged from 1 day to a year, with an average time length of 32 days ($SD = 50$; $Mdn = 14$). Recommended minimum treatment is 7 weeks or 42 days (Hurt et al., 1997). At least 7 days are needed for the person to reach therapeutic effect of the medication, at which time a quit attempt would be appropriate. As evidenced in Table 4, 28% of those taking bupropion used it for 7 days or less, thus never achieving the recommended therapeutic effect, whereas 21% took the medication for the recommended 7 weeks or longer. Average length of time the medication was used was significantly different, $t(63) = -2.48$, $p < .05$, in smokers and quitters with 83.6 days as the average length of medication use in successful quitters ($SD = 48$), compared to 27.6 days ($SD = 48$) among continuing smokers (Table 3). Effectiveness of bupropion was rated as quite or extremely effective by 35% of all of those using it, regardless of correct recommended use.

Program Evaluation

Participants reported that the most helpful aspects of the program were the relaxation techniques (9.1%), the audiotape (6.9%), the hypnotist (6.6%), and "everything" (5%). Seventeen percent of the sample had had previous experience with hypnotherapy, and 55% rated themselves as very or somewhat easily hypnotized. One third of the sample reported attending more than one hypnotherapy program session during the year, with the number of total sessions attended ranging from 1 to 9 ($M = 2.6$, $SD = 1.3$, $Mdn = 2$).

Use of the program components was evaluated. More than half of the sample ($n = 232$) reported listening to the audiotape at least once a day right after completing the program. Aspects of the audiotape that they found most helpful were: relaxation of body parts (26%); use of the phrase, "I am a nonsmoker now" (13%); hypnotist's voice (11%); rhythmic breathing (7%); and reinforcement of being in control (6%). Participants could list multiple responses. Immediately after completing the program, 51% of participants reported using relaxation techniques at least once a day. Twenty-four percent of the sample reported never using

Table 4
Nicotine Replacement (n = 119) and Bupropion (n = 65) Treatment Duration in Weeks by Percentage of Subjects

Treatment Type	≤ 1 wk	≤ 2 wks	≤ 3 wks	≤ 7 wks[a]	≤ 8 wks[b]
Nicotine Patch	40.4%	57.3%	67.4%		18.0%
Nicotine Gum	51.6%	64.5%	74.2%		16.1%
Bupropion	27.7%	50.8%	58.5%	21.5%	

a. Recommended bupropion treatment duration
b. Recommended nicotine replacement treatment duration

those techniques. Right after completing the program, 62% of participants reported using behavioral strategies, such as drinking fluids instead of smoking, at least once each day. However, 22% reported never using these behavioral skills.

To evaluate long-term use of the audiotape, participants were asked how frequently they had used it in the past week prior to the survey interview. Ninety-five percent reported never using it in that time period. Thirteen percent reported using the relaxation techniques in the past month, whereas 85% had not used them recently. Behavioral skills were used at least once a week by 25% of the sample, whereas 75% reported not using them in the recent past.

Discussion

A self-reported smoking cessation rate of 22% at 5 to 15 months post-treatment is comparable to other hypnosis programs previously cited in this report, such as H. Spiegel's (1970) finding of 20% success at 6 months after treatment. Long-term abstinence rates were also similar to findings of meta-analyses of behavioral and pharmaceutical therapy (Fiore et al., 1996; Hurt et al., 1997). It must be noted that participants in this program may have been a select sample of smokers who had been unsuccessful in achieving smoking abstinence following repeated attempts to quit, because they reported an average of seven lifetime quit attempts. Thus, they may have been prepared to respond to this method of quitting.

This study provided information about other smoking cessation strategies that individuals used following the hypnotherapy session and thus may reflect general behaviors of persons who participate in similar programs. Participants reported nicotine dependence prior to treatment, as evidenced by half of the sample smoking their first cigarette within 15 minutes upon awakening, and smoking an average of 27.2 cigarettes per day. Although participants used pharmaceutical smoking-cessation treatments appropriate for nicotine dependence, these were not implemented according to product recommendations. The retrospective nature of data collection on pharmaceutical product use was a limitation. Of concern is that fully 82% of those who used a nicotine replacement

product discontinued its use well before the recommended treatment length (8 weeks, Fiore et al., 1996). Nicotine replacement products have become available over the counter, and this study provides information on their implementation by consumers. Similarly, 80% of persons prescribed bupropion used it for less than the recommended treatment period. In fact, 28% took the medication for 7 days or less, with 7 days being the minimum time needed to achieve therapeutic effect. Respondents reported limited use of behavioral strategies to facilitate smoking cessation, which may reflect the message from the program that no additional techniques were needed. To be able to describe the effectiveness of hypnotherapy alone or in combination with alternative treatments, future research could be designed to test these issues.

Another limitation was the absence of biochemical confirmation of smoking abstinence (Law & Tang, 1995). Self-reported smoking status in this program evaluation had low-demand characteristics, as it was a one-time intervention and the trained SRU interviewers were not associated with the agency that organized the state-wide smoking cessation program. These factors are similar to the recommendation by Glasgow et al. (1993) that biochemical confirmation in low-intensity, low-demand characteristic programs was not necessary, particularly when the evaluation was separated from the intervention. Still, biochemical confirmation in addition to self-report is preferable.

Although the literature supports positive outcomes with multiple hypnosis sessions, there was no additive benefit from multiple treatments in this study. One third of participants attended more than one ALA hypnotherapy session that all had the same content, as opposed to multiple different treatment sessions. Repeaters typically attended one to two additional sessions beyond the initial intervention during the year being evaluated, and there was no relationship between successful quitting and number of sessions attended.

The stage of change of current smokers following treatment was more favorable than in the general population of smokers. Typically, there are 10 to 20% of smokers in the preparation stage planning to quit smoking in the next 30 days (Prochaska & Goldstein, 1991), whereas 50% of this sample was in preparation stage. Also of interest was that only 14% were in precontemplation, compared to approximately 60% of smokers in general. However, because these individuals had participated in a treatment program in the past 5 to 15 months, they represented a motivated group. In addition, while 22% were smoke-free on follow-up evaluation, there were 229 persons (65% of current smokers) who reported periods of smoking abstinence ranging from 1 to 365 days. Thus, the effect of the treatment may have had an impact in moving people along the stages of change continuum and/or maintaining them in a preparation-to-quit stage. Future work needs to assess stage of cessation at the time of the hypnotherapy session to more accurately address change.

This treatment approach offers an alternative cessation method, which may meet the unique needs of certain individuals. Perceived ability to be hypnotized may be an effective screening measure to identify those who may benefit from this type of program. Lastly, clinicians must increase their awareness of smoking cessation pharmacological regimens, help clients understand the recommended treatment duration, and monitor compliance to effect optimal outcomes with these approaches.

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Ergebnisse des hypnotherapeutischen Raucherentwöhnungsprogramms der American Lung Association of Ohio

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Zusammenfassung: Hypnosebehandlung ist eines der Programme zur Raucherentwöhnung, das Rauchern angeboten wird. Die vorliegende Studie beschreibt eine umfangreiche Stichprobe aus einem solchen bisher noch nicht berichteten Programm. Im Jahr 1997 wurden unter Sponsorschaft der American Lung Association of Ohio hypnotherapeutische Gruppenprogramme zur Raucherentwöhnung abgehalten. An diesen Programmen, die jeweils aus einer einzigen Behandlungssitzung bestanden, nahmen 2810 Raucher teil. Fünf bis 15 Monate nach der Behandlungssitzung wurde eine randomisierte Stichprobe von 452 Teilnehmern telefonisch interviewt. 22% der Teilnehmer (*n* = 101) berichteten, dass sie in dem diesem Interview vorausgehenden Monat nicht geraucht hätten. Die Anwendung von anderen Raucher-Entwöhnungsmethoden seit der Behandlungssitzung wurde berücksichtigt. Interessant ist, dass nur 20% der Teilnehmer, die pharmazeutische Mittel zur Unterstützung der Raucherentwöhnung anwendeten, diese Mittel für die gesamte empfohlene Behandlungszeit anwendeten. Hypnotherapeutische Behandlung zur Raucherentwöhnung bietet eine alternative Entwöhnungsmethode, die den individuellen Bedürfnissen gewisser Klienten entgegenkommen könnte.

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Résultats descriptifs de l'association américaine du poumon et du programme de cessation et traitement du tabagisme de l'association d'hypnothérapie de l'Ohio

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Résumé: L'arrêt du tabac par traitement hypnotique est un programme disponible pour les fumeurs. Cet article décrit un grand échantillon provenant d'un tel programme, qui n'a pas été rapporté précédemment. En 1997, 2.810 fumeurs ont participé à une session unique, d'un groupe d'hypnothérapie issue des programmes de cessation du tabagisme commandités par l'association américaine de poumon de l'Ohio. Un groupe aléatoirement choisi de 452 participants a effectué des entretiens téléphoniques pendant 5 à 15 mois après l'assistance d'une session de traitement. Vingt-deux pour cent de participants ($n = 101$) ont enregistré l'arrêt du tabagisme pendant le mois avant l'entrevue. Seulement 20% des participants qui ont utilisé des produits pharmaceutiques pour s'aider à arrêter de fumer les ont pris pour la durée du traitement. Le traitement du tabagisme par hypnose offre une méthode alternative d'interruption, qui peut répondre aux seuls besoins de certains individus.

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Resultados descriptivos del programa de hipnoterapia para dejar de fumar de la Asociación Estadounidense de los Pulmones de Ohio

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Resumen: El tratamiento hipnótico para el tabaquismo es uno de los programas disponibles a los fumadores. Este trabajo describe por primera vez una muestra grande de tal programa. Durante 1997, 2.810 fumadores participaron en programas grupales de hipnoterapia para dejar de fumar en una sesión, patrocinados por la Asociación de los Pulmones de Ohio (American Lung Association of Ohio). Entrevistamos por teléfono de 5 a15 meses después de la sesión de tratamiento a una muestra de 452 participantes escogida aleatoriamente. Veintidós por ciento de los participantes ($n = 101$) mencionaron no haber fumado durante el mes previo a la entrevista. También evaluamos el uso después de la sesión de otras estrategias para dejar de fumar. Es de interés que sólo el 20% de los participantes que usaron productos farmacéuticos para dejar de fumar los utilizaron la duración recomendada de tratamiento. El tratamiento hipnoterapeútico para dejar de fumar ofrece un método alternativo que puede ser idóneo para las necesidades únicas de ciertos individuos.

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