

## **Exploring the Qualitative Dimensions of Cognitive Reframing Therapy in Reducing Tobacco Smoking Dependency among Inmates: Insights from Agodi Correctional Centre, Ibadan**

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### ***Abstract***

*Tobacco smoking poses a significant health challenge, particularly in correctional centres. This study explores the experiences of inmates who underwent Cognitive Reframing Therapy (CRT) in reducing tobacco smoking dependency behaviour at Agodi Correctional Centre, Ibadan. A qualitative approach was used, involving semi-structured interview with 12 male inmates who underwent CRT. Thematic analysis was applied to identify key themes related to the therapy's effectiveness, challenges, and behavioural changes. Participants reported improved management of smoking urges and cognitive shifts regarding smoking behaviour. CRT was considered as effective in addressing smoking triggers and stress-related factors. Challenges included session interruptions and the stressful correctional environment, which affected therapy outcomes. Some inmates indicated that smoking was their primary coping mechanism for dealing with incarceration stress. To enhance CRT effectiveness, it is recommended that increase in session frequency and duration, incorporation of stress management techniques, and addressing environmental factors like facility overcrowding be considered. Future research should assess long-term effect of CRT and explore integrating additional therapeutic approaches for smoking cessation in correctional settings.*

**Keywords:** *Cognitive reframing therapy, Tobacco smoking dependency behaviour, Correctional inmates*

### **Introduction**

**T**obacco smoking remains a pervasive global health issue, contributing to approximately eight (8) million deaths annually, and making it a leading cause of preventable diseases such as cardiovascular diseases, chronic respiratory conditions and various forms of cancer (World Health Organisation, 2021). Apart from its physiological effects, tobacco smoking and other substances can also trigger violent

behaviour and ill-psychological health (Omopo, 2023). The challenge of addressing nicotine addiction lies in its highly addictive nature, which has made traditional smoking cessation methods only partially effective. Cognitive reframing therapy (CRT), which is grounded in cognitive behavioural therapy (CBT), has emerged as a promising intervention that aims to help individuals restructure the maladaptive cognitive patterns that perpetuate smoking behaviour, thereby offering a pathway towards sustainable cessation (Beck, 2011). This therapeutic approach is particularly relevant in addressing the cognitive distortions that reinforce dependency on tobacco, which is often exacerbated by stressors and environmental factors.

Globally, CRT has shown considerable promise in reducing smoking rates across various populations and settings, particularly when it is integrated into comprehensive cessation programmes that also address other behavioural and environmental factors (West, 2017; Omopo and Odedokun, 2024). However, the global application and impact of CRT have largely been studied in high-income countries, with limited research on its effectiveness in low- and middle-income countries, particularly in African contexts. Africa faces unique challenges in tobacco control, including aggressive marketing by tobacco companies, limited healthcare infrastructure, and socio-cultural barriers that impede the success of smoking cessation interventions (Blecher and Ross, 2013). These challenges are compounded by a growing youth population and increasing urbanisation, which have led to higher smoking prevalence in several African nations.

In Nigeria, the largest and most populous country in Africa, these challenges are particularly acute. The Global Adult Tobacco Survey (2012) reported that approximately 4.5 million Nigerian adults are smokers, with higher prevalence among men and urban dwellers, particularly in regions with significant economic activities. Despite various government efforts to implement tobacco control policies, the provision of smoking cessation services remains inadequate, especially in underserved populations such as inmates in correctional facilities (Omopo and Odedokun, 2024). In these settings, smoking rates are often higher than in the general population due to the unique psychological and social stressors associated with incarceration, which can exacerbate tobacco dependency (Binswanger et al., 2007). Given these factors, there is a critical need for targeted interventions like CRT to address the specific needs of inmates and provide them with effective tools for managing their addiction.

The Southwestern region of Nigeria, which includes states such as Oyo, Lagos, and Ogun, is particularly relevant for exploring the application of CRT in smoking cessation efforts. This region is characterised by higher levels of urbanisation and economic activities, which correlate with higher smoking rates compared to other parts of the country (Odukoya et al., 2016). Moreover, the relatively better healthcare infrastructure in the Southwest provides a conducive environment for the implementation of CRT and other smoking cessation therapies. The Agodi Correctional Centre in Oyo State, one of the major facilities in the region, presents a unique opportunity to study the effectiveness of CRT in reducing tobacco smoking dependency among inmates. The exploration of CRT in this setting is crucial as it offers insights into the potential of such therapeutic interventions in environments where traditional cessation methods may be less effective due to the high levels of stress and the prevalence of mental health issues among inmates.

Recent studies have begun to address the gap in understanding the effectiveness of CRT within Nigerian correctional facilities. Omopo and Odedokun (2024) conducted a study that focused on the transformative effect of CRT on tobacco smoking dependency behaviour among male inmates in correctional centres in Oyo State and found significant reductions in smoking behaviour, highlighting CRT's potential as a viable smoking cessation strategy within these environments. The study also emphasised the importance of culturally and contextually adapting CRT to meet the unique psychological and socio-cultural needs of Nigerian inmates, who may face distinct challenges compared to the general population. These challenges include coping with the stress of incarceration, limited access to mental health services, and the social stigma associated with both smoking and imprisonment.

Omopo and Odedokun (2024) further explored the use of solution-focused therapy (SFT) as an alternative intervention for reducing tobacco smoking dependency among a different correctional population in Oyo State. This research provides valuable insights into how SFT, a brief and goal-oriented therapeutic approach, empowers inmates to develop practical strategies for overcoming their addiction. The findings suggest that SFT, much like CRT, can be effectively adapted to the correctional setting, offering a complementary approach that addresses the immediate needs of inmates while also helping them build long-term coping strategies. This study underscores the potential for integrative therapeutic interventions that combine CRT and SFT to provide a more comprehensive approach to smoking cessation in correctional facilities.

The study aimed to build on previous findings by qualitatively exploring the experiences of inmates at the Agodi Correctional Centre who underwent Cognitive Reframing Therapy (CRT) for tobacco smoking dependency. By employing a qualitative research design, the study sought to capture the nuanced perceptions, challenges, and successes of inmates as they engaged with CRT. Understanding these experiences could be crucial for several reasons. Firstly, it may provide insights into the practical application of CRT in a correctional setting, highlighting any potential barriers to its effectiveness. Additionally, it may help to identify the specific cognitive and behavioural changes that inmates may experience as a result of the therapy, which could inform future adaptations of CRT to better meet the needs of this population. Lastly, this qualitative exploration could contribute to the broader literature on smoking cessation by offering a context-specific understanding of how CRT could be implemented in low-resource, high-stress environments such as correctional facilities in Nigeria.

### **Statement of the Problem**

The issue of tobacco smoking dependency among inmates presents a significant challenge within correctional facilities, where the prevalence of smoking is notably high. Despite the introduction of various therapeutic interventions, there is limited understanding of the specific impacts and practicalities of Cognitive Reframing Therapy (CRT) for addressing this issue in such environments. The Agodi Correctional Centre in Oyo State, Nigeria, serves as a case study for exploring how CRT is implemented and received within this unique setting. There is a pressing need to elucidate the practical application of CRT, the challenges

encountered during its delivery, and its overall effectiveness in assisting inmates with tobacco dependency.

This study sought to fill this gap by qualitatively investigating the experiences of inmates at the Agodi Correctional Centre who have participated in CRT. By capturing detailed personal accounts and perspectives, the research aims to provide a comprehensive understanding of how CRT is perceived and utilised in a correctional context. This insight is crucial for refining therapeutic approaches, addressing obstacles, and enhancing the effectiveness of interventions designed to combat tobacco dependency among incarcerated populations.

### **The Purpose of the Study**

This study qualitatively explored the experiences of inmates at the Agodi Correctional Centre in Oyo State, Nigeria, who underwent Cognitive Reframing Therapy (CRT) for tobacco smoking dependency. This exploration aimed to provide insights into the practical application, challenges, and effectiveness of CRT within a correctional setting.

The specific objectives are to:

1. Assess how male inmates at Agodi Correctional Centre perceive the effectiveness of Cognitive Reframing Therapy (CRT) in reducing tobacco smoking dependency behaviour;
2. Identify the challenges and barriers that inmates face while undergoing CRT for the reduction of tobacco smoking in a correctional setting;
3. Examine the cognitive and behavioural changes that inmates attribute to their engagement with CRT for smoking cessation;
4. Explore the barriers to the implementation of CRT for reducing tobacco smoking dependency behaviour;
5. Identify the facilitating and supportive factors that influence CRT intervention for reducing tobacco smoking dependency behaviour; and
6. Gather recommendations from correctional inmates for improving the adoption of CRT in reducing tobacco smoking dependency behaviour.

### **Research Questions**

The following research questions were raised:

1. How do male inmates at Agodi Correctional Centre perceive the effectiveness of Cognitive Reframing Therapy (CRT) in reducing tobacco smoking dependency behaviour?
2. What challenges and barriers do inmates face while undergoing CRT for the reduction of tobacco smoking in a correctional setting?
3. What cognitive and behavioural changes do inmates attribute to their engagement with CRT for smoking cessation?

4. What are the barriers to the implementation of CRT for reducing tobacco smoking dependency behaviour?
5. What are the facilitating and supportive factors that influence CRT intervention for reducing tobacco smoking dependency behaviour?
6. What recommendations do correctional inmates provide for improving the adoption of CRT in reducing tobacco smoking dependency behaviour?

### **Methodology**

This study utilised a qualitative research design to explore the experiences of 12 male inmates at the Agodi Correctional Centre, Ibadan, Nigeria, who were administered Cognitive Reframing Therapy (CRT) to reduce tobacco smoking dependency. Participants were purposively selected based on their active engagement in CRT, with inclusion criteria requiring them to be adult males incarcerated at the centre. Semi-structured interviews were conducted to gather detailed insights into their experiences, focusing on personal reflections, the perceived effectiveness and challenges of CRT, cognitive and behavioural changes, and barriers to and facilitators of the therapy. Each interview, lasting 45 - 60 minutes. Ethical approval was secured from the University of Ibadan/University College Hospital (UI/UCH) ethical committee, and informed consent was obtained from all participants, ensuring confidentiality and voluntary participation.

The data were analysed thematically through a systematic process involving familiarisation, coding, theme generation, refinement, and definition, culminating in a comprehensive narrative addressing the study's objectives. This approach allowed for the identification of significant patterns and insights into CRT's impact within a correctional setting. Ethical considerations included ensuring participants' anonymity and using their responses solely for research purposes. This rigorous methodology facilitated an in-depth understanding of the inmates' perceptions and experiences with CRT, contributing to knowledge about its efficacy and potential challenges in reducing tobacco dependency among incarcerated populations.

### **Results and Discussion**

The thematic analysis of interviews with 12 male inmates at the Agodi Correctional Centre revealed several key themes regarding their experiences with Cognitive Reframing Therapy (CRT) for tobacco smoking dependency. The findings are discussed as follows:

**Research Question One:** How do male inmates at Agodi Correctional Centre perceive the effectiveness of Cognitive Reframing Therapy (CRT) in reducing tobacco smoking dependency behaviour?

Participants reported a range of experiences with CRT. Many found that CRT helped them understand and manage their smoking behaviour more effectively.

**Participant 1** noted:

“CRT has really helped me understand why I smoke and how to change my thinking. I can now control my cravings better.”

Similarly, **Participant 4** shared: “It's made me more aware of my triggers and how to deal with them without smoking.”

Despite these positive reports, some participants felt that CRT's effectiveness was constrained by the stressful environment of the correctional facility. **Participant 6** mentioned: “While the therapy helped, the stress here often overwhelms the techniques we learned. It's hard to stay calm with all the chaos around.”

**Participant 3** added: “Smoking is the only thing that helps me cope with the stress here. Even with the therapy, it's tough to find another outlet.”

The positive impact of CRT on managing cravings and understanding smoking triggers aligns with the broader literature on cognitive-behavioural approaches. Cognitive reframing, as part of cognitive-behavioural therapy (CBT), is well-documented for its effectiveness in modifying maladaptive behaviours and thought patterns (Beck, 2011). However, the constraints mentioned by participants highlight a crucial issue: the high-stress environment of correctional facilities. Studies have consistently shown that stress can significantly undermine the effectiveness of smoking cessation interventions. For example, West (2017) notes that high-stress environments can reduce the success rates of cessation programmes, suggesting the need for tailored interventions that address environmental stressors.

**Research Question Two:** What challenges and barriers do inmates face while undergoing CRT for the reduction of tobacco smoking in a correctional setting?

Several challenges and barriers to the effectiveness of CRT were identified by participants. High stress and limited follow-up support emerged as significant issues.

**Participant 2** described: “The stress of being in here makes it difficult to use the strategies. I find myself falling back into old habits when I'm overwhelmed.”

**Participant 8** echoed this sentiment: “It's hard to focus on changing my thinking when there are constant disruptions and little privacy.”

**Participant 3** further observed: “For some of us, smoking feels like the only way to handle the intense stress of this environment.”

Participants also noted issues with the accessibility of the therapy. **Participant 10** stated: “There's not enough follow-up support. After the sessions, it's hard to keep up with the techniques without someone checking in regularly.”

The barriers identified by participants are consistent with findings in other studies on smoking cessation in correctional settings. Research by Binswanger et al. (2007) highlights that the stress associated with incarceration such as overcrowding and lack of privacy can exacerbate substance use problems and diminish the effectiveness of cessation programmes. This observation is supported by studies indicating that individuals in high-stress environments often revert to smoking as a coping mechanism (Blecher and Ross, 2013). Additionally, lack of follow-up support is a well-documented issue in smoking cessation interventions. Effective cessation programmes typically require ongoing support to sustain behaviour change (Fiore et al., 2008).

**Research Question Three:** What cognitive and behavioural changes do inmates attribute to their engagement with CRT for smoking cessation?

CRT led to significant cognitive and behavioural changes among the inmates. Participants reported shifts in their thinking patterns and reductions in smoking frequency.

**Participant 3** remarked: “I've started to see smoking differently. It's not my only way to handle stress anymore. I've found new ways to cope.”

**Participant 5** added: “I used to smoke every day, but now I've cut down significantly. I'm even thinking of quitting completely.”

Participants also noted changes in their cognitive patterns. **Participant 7** observed: “I'm more aware of my thoughts and how they affect my smoking. I've learned to challenge those negative thoughts.”

The cognitive and behavioural changes reported align with the objectives of CRT, which aims to alter maladaptive thought patterns and behaviours associated with smoking. Research consistently supports the efficacy of cognitive-behavioural interventions in achieving these changes. For instance, a meta-analysis by Fiore et al. (2008) demonstrates that cognitive-behavioural strategies, including cognitive reframing, are effective in reducing smoking rates and changing related behaviours. The participants' experiences reflect the success of CRT in helping individuals develop healthier coping mechanisms and reduce their smoking frequency.

**Research Question Four:** What are the barriers to the implementation of CRT for reducing tobacco smoking dependency behaviour?

Several barriers to the effective implementation of CRT were reported, including the short duration of sessions and frequent interruptions.

**Participant 9** reported: “The sessions are too short and we don't have enough time to cover everything in depth. Also, the environment here isn't very conducive to practising what we learn.”

**Participant 11** added: “The overcrowding and constant noise make it hard to focus during sessions. Sometimes, we're interrupted, and it disrupts the flow of the therapy.”

The barriers related to session duration and environmental conditions are crucial for effective therapy. This implies that the structure and setting of therapy sessions significantly impact their effectiveness. This confirms the study by Omopo and Odedokun (2024) who found that adapting therapy to the specific needs of correctional environments is essential for success. Overcrowding and noise, as reported by participants, have been shown to negatively impact therapeutic outcomes (West, 2017). Ensuring that sessions are longer and more focused, as well as addressing environmental factors, could improve the effectiveness of CRT in these settings.

**Research Question Five:** What are the facilitating and supportive factors that influence CRT intervention for reducing tobacco smoking dependency behaviour?

Participants identified several factors that facilitated their engagement with CRT, including supportive therapists and a structured approach.

**Participant 12** said: “Having a therapist who listens and supports us makes a big difference. It's good to have someone who understands.”

**Participant 4** agreed: “The structured approach of CRT is helpful. It gives me a clear plan to follow, and that structure helps me stay on track.”

Participants valued the opportunity to discuss their experiences openly. **Participant 1** noted: “Being able to talk about my struggles in a safe space has been really beneficial. It helps to know I'm not alone in this.”

Supportive therapeutic relationships and structured interventions are critical for successful outcomes in behavioural therapies. Beck (2011) highlights the importance of a supportive therapist in enhancing the effectiveness of cognitive-behavioural therapies. The structured approach of CRT, which provides a clear framework for behaviour change, is supported by evidence showing that structured interventions lead to better adherence and outcomes (Fiore et al., 2008). The participants' appreciation for the opportunity to openly discuss their experiences reflects the value of creating a safe and supportive therapeutic environment, which has been shown to enhance the effectiveness of smoking cessation programmes.

**Research Question Six:** What recommendations do correctional inmates provide for improving the adoption of CRT in reducing tobacco smoking dependency behaviour?

Participants suggested several improvement measures to enhance CRT's effectiveness, including more frequent and longer sessions and better follow-up support.

**Participant 2** recommended: “We need more frequent sessions and longer meetings. It would help if the therapy was more integrated into our daily routines.”

**Participant 5** proposed: “More follow-up support and resources would make a big difference. Maybe having a dedicated support person who can check in with us regularly.”

Participants also suggested addressing the high-stress environment more directly in the therapy. **Participant 7** suggested: “It would be helpful if CRT could include strategies specifically for dealing with the stress of being in a correctional facility.” This aligns with **Participant 3**'s observation that smoking often feels like the only effective coping mechanism in the face of such intense stress.

The recommendations for improving CRT are supported by best practices in therapeutic interventions. Increasing the frequency and duration of sessions can enhance treatment outcomes, as longer and more intensive interventions have been shown to improve adherence and effectiveness (Fiore et al., 2008). Additionally, incorporating follow-up support and addressing environmental stressors are crucial for sustaining behaviour change. Research indicates that integrating stress management strategies into smoking cessation programmes can help address the unique challenges faced by individuals in high-stress environments (Blecher and Ross, 2013). These recommendations align with evidence suggesting that tailored interventions are more effective in achieving long-term cessation outcomes.

## **Conclusion**

The study explored the experiences of male inmates at the Agodi Correctional Centre who underwent Cognitive Reframing Therapy (CRT) for tobacco smoking dependency. The findings indicate that CRT was generally perceived as a beneficial intervention, helping many inmates to manage their smoking behaviours and improve their understanding of addiction. However, the study also highlighted significant challenges, including the high-stress environment of the correctional facility, limited follow-up support, and interruptions during therapy sessions. These factors impacted the overall effectiveness of the therapy and underscored the need for adaptations to better suit the unique context of correctional settings.

## **Implications for Stakeholders**

The study highlights that Cognitive Reframing Therapy (CRT) can effectively address smoking dependency among correctional inmates, including those with special needs. CRT's success in managing addiction and improving coping strategies suggests it is a valuable tool for supporting inmates with behavioural and emotional challenges. Implementing CRT in correctional settings could enhance support and outcomes for inmates, including those with special needs among them.

The findings highlight the need for societal support in addressing tobacco dependence among vulnerable populations, including inmates. Public awareness campaigns and advocacy for better rehabilitation services can contribute to more effective smoking cessation efforts and improve societal health outcomes.

## Recommendations

In line with the study findings, the following recommendations were made:

1. **Increase Therapy Frequency and Duration:** It is recommended that the officials in the social/welfare department of the correctional centres should increase both the frequency and duration of Cognitive Reframing Therapy (CRT) sessions. By extending and scheduling more frequent sessions, therapists can facilitate a more in-depth exploration of cognitive patterns and ensure the consistent application of therapeutic strategies.
2. **Enhance Follow-Up Support:** The introduction of a comprehensive follow-up support system is essential for sustaining behavioural changes post-therapy. It is advised that the authorities of the correctional centres assign dedicated support personnel to provide ongoing assistance and reinforcement of the techniques acquired during CRT sessions.
3. **Adapt CRT to Address Environmental Stressors:** The CRT programme should be modified by the Head, Social/Welfare Department to include strategies tailored to managing the specific high-stress conditions of correctional facilities. Integrating stress management techniques within the therapy is expected to enhance its overall effectiveness.
4. **Improve Facility Conditions:** Correctional authorities are urged to improve the physical environment of the facilities to reduce disruptions during therapy sessions. Enhancements in privacy and efforts to reduce overcrowding are recommended to create a more conducive atmosphere for effective therapeutic engagement.
5. **For Researchers:** Future studies should explore alternative therapeutic approaches, such as mindfulness-based interventions or solution-focused therapy, for smoking dependency in correctional settings. Longitudinal studies on the long-term impact of Cognitive Reframing Therapy (CRT) and comparative studies with other smoking cessation methods across different environments are recommended. Expanding research to include a wider range of correctional facilities and regions would provide a comprehensive understanding of CRT's effectiveness and challenges.

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