

NCHPH Group Facilitator Guide

Note that if you are doing individual sessions you can follow the same structure and format

Session One: Orientation

- Introduce yourself. Provide a brief background of your counseling/group/smoking cessation experience. Since the first question on everyone's mind is your smoking status, discuss this issue candidly. By all means, tell the truth.

- If you have never smoked don't be afraid to say so. Some participants will come to the group with this attitude-- if the leader has never smoked he or she could not "really" know what it is like to quit and therefore can not be effective. The AA model has culturally reinforced this concept.

However, you do not have to be an ex-smoker to effectively run a smoking cessation group. Remind doubters that most health care professionals treat individuals for conditions that they have never had. Or, you may simply say, "I have been specifically trained as a smoking cessation counselor. I have the knowledge and information that you need to quit successfully." Besides, you have undoubtedly made some behavioral change in your life. That experience can help you connect with these individuals. Refer to that experience if someone is especially resistant. Also remember that this individual is probably looking for some reason not to quit! Do not let "never being a smoker" be a barrier to doing this group. Many successful smoking cessation counselors have never smoked.

- If you are a former smoker use the experience as a way to empathize with group members. However, do not fall into the trap of thinking that everyone will go through exactly what you did when you quit. Remember that each quitting experience is unique and a successful counselor tailors his or her advice to each quitter's specific needs.
- Group introductions. Allow each group member to briefly introduce himself or herself. Ask each member to state when they started smoking, how many times they have tried to quit and what brings them to the group today. Reinforce all motivations to quit that are mentioned at this time. Also ask each person to state an accomplishment that they are proud of. After everyone is finished acknowledge to the group that if they can accomplish all these things they can certainly quit smoking. **Note: Control the timing here. If allowed, individuals will ramble on forever telling their "story". Be understanding but firm.**
- Outline the schedule. Ideally sessions should be on the same day/time each week for six consecutive weeks. Have members commit to attending every session, no

matter what! Emphasize that even though this is a group every attempt will be made to help each person devise an individualized quitting plan.

- Discuss the group process. Remind individuals that we are going to treat this as a “real” therapy group. That is, what is said in the room stays in the room. Everyone must feel comfortable enough to reveal whatever he or she needs to. They won’t do this if they think information will be discussed with people outside the group. In addition, encourage participation and a creative flow of ideas. That is the real value of having a group.
- Briefly explain the three aspects of smoking and how this program will deal with each:
 - Addiction to nicotine Use smoking cessation products
 - Habit Learn to cope
 - Psychological Dependency Change beliefs
- Explain the importance of the quit day. Emphasize that quitting on a specific day has been shown to be the best way to stop smoking. The idea of “gradually” or “eventually” quitting does not work. Quit Day for each group will be the third session.
- Review smoking Cessation medications.
 - Help each member determine which medication they will use, if any. Refer any questions that you can not answer to the participant’s MD. Advise having a two week supply on hand at all times. **Each participant will begin using their chosen medication the morning of their quit day, when they awaken. However, if the patient is using Bupropion or Varenicline, they should start it by the next session.**
 - Emphasize that these products simply reduce or eliminate withdrawal symptoms. Even though they are a very integral part of this process, they are not magic pills that “make” you quit smoking. Only the individual can do that by coping with the urges and desires to smoke.
- Coping is the key concept you want to impart during this session. You will be focusing on this throughout the next six weeks. You want each group member to devise a personal coping plan with the group’s help. Successful coping is the key to maintaining long term cessation.
- You will begin to introduce specific coping techniques during next week’s session. For the time being review the following concepts:

- Coping is learning to deal with the thoughts, urges and desires for a cigarette without smoking.
 - There are two types of coping techniques, changing what you do and changing how you think.
 - You can make these changes before getting into a tempting situation to eliminate urges.
 - You can also make these changes right in a situation to deal with urges that do come through.
 - Coping must be actively worked on for at least six to eight weeks to break all the triggers and connections to smoking.
 - Over the next weeks we will be devising a personalized menu of these techniques for each member to use from the list of techniques found in the Coping Menu handouts.
- **Review the “What’s in a Cigarette” Handout**
 - Allow a few minutes for questions. Dismiss the group with the following assignment: “During the next week pick one situation when you used to smoke and do not smoke in that situation. Record what happens when you do this. Pay attention to how you feel. We’ll discuss the experience next week.”

Session Two: Preparation

- Allow a few minutes at the beginning of the session for feedback from the group members about last week’s assignment. Also solicit feelings about quitting, reactions to the information from last week and deal with any pressing questions.
- Proper preparation is half the battle in quitting successfully. Review these important steps to take in the next week.
 - Clean house. Get rid of ***all*** of their cigarettes by the quit date. **There are no exceptions.** If someone keeps a few cigarettes “just in case”, they will smoke them! Instruct everyone to get rid of all smoking related paraphernalia as well. Ashtrays should be washed and put away if they are valuable. Otherwise, throw them away also.
 - Understand motivations. Have each group member write his or her motivations on a 3x5 card for future reference. Be specific. “Health” has no impact. “Keeping myself from getting emphysema” does.
 - Break through barriers. Even though someone wants to quit there can still be powerful reasons that they continue to smoke. Identify these barriers for each group members. Use a round robin to strategize about possible solutions and alternatives. This will be the bulk of what you will deal with in the last few sessions so lay solid groundwork here.

- Lay this groundwork by teaching “Anticipate—Plan—Rehearse”. In other words, know what situations or areas will be a problem ahead of time. Devise a plan to deal with that situation before it is encountered. Then practice that plan until comfortable. You can use the group to role play these scenarios later on.
- **Other smokers in the household.** If there are other smokers in the household suggest that the quitter:
 - Negotiate with the smoker about when and where he or she will smoke. Limit smoking to one room, section of the house, or outside.
 - Ask the smoker to keep their cigarettes out of sight.
 - Ask the smoker to use one ashtray that is kept clean and stored when not in use.
 - Finally, after three or four week, take the housemate out for a special dinner to thank them for cooperating.
- Get more specific about coping techniques today. Give an example of coping by showing what else someone could do after a meal instead of smoke. Then discuss how to change the morning routine. You can get very specific here. Make a list if you have a board or flip chart to write on. Solicit ideas from the group. Make sure to include cognitive and behavioral techniques in each example. We want to make it very clear that these techniques are practical, doable changes that can easily be incorporated into every day life.
- Remind the group that we will begin to develop a personalized coping plan next week. In the meantime, encourage each group member to begin to identify specific areas that they will need to work on.
- Support
 - By the next session, have each group member identify at least one individual who will act as his or her support person. This should be someone the quitter can call upon when needed not someone who will nag or police. Remind the group not to pick individuals who will give them cigarettes or otherwise sabotage their efforts.
 - Create the group support call list. Only individuals who sign the list will get a copy. This is not mandatory but should be encouraged. At least for the first few weeks, calls from other group members can be helpful.
- Normalize ambivalent feelings. Even though someone may have a strong desire to quit they still may be unsure about proceeding. They may have

tried before and failed. Or, this may be their first quit attempt and they are somewhat frightened of the unknown. In any case, let individuals know that these feelings are normal. Help them focus instead on their motivations for quitting and the fact that they have decided to participate in the group.

- Suggest a quitting ceremony. In many cases, the quitting ceremony can have significant emotional impact for the quitter. It is a tangible moment to mark the transition from smoker to nonsmoker. Don't be specific. Suggest that the ceremony be an individualized, meaningful event. Each group member should do this the night before their quit day after they have had their last cigarette. (Some individuals may want to bring their last cigarettes to the next group meeting and dispose of them in front of the group. This is fine if someone makes this choice).
- Remind group to have their supply of smoking cessation medication ready for next week. If someone is using Bupropion or Varenicline they should begin today, at the latest.
- Allow for questions. Congratulate group and remind members to be on time next week.

Session Three: Quit Day

- Congratulate the group for taking this big step. Be upbeat and positive. At all times emphasize that quitting is doable.
- Give each person a few minutes to describe how he or she prepared for today. If they had a quitting ceremony now would be the time to share that experience. Encourage each group member to express any feelings of ambiguity or anxiety they may still be feeling. Work through those feelings as appropriate.
- If someone wants to do their quitting ceremony with the group have them throw away their last cigarettes in a trash can and allow them a few moments to express their feelings. Ask if anyone else has remaining cigarettes and dispose of them also.
- This session will focus on teaching coping. Your key tool is the "Coping Menu." Emphasize that the quitter can refer to this to determine coping techniques for their particular trigger situations even if you do not cover those specific situations during this session.
 - Review the concept of coping and the importance of using these techniques for the next few months.

- Briefly describe cognitive coping and give some basic examples.
 - Accepting the thought
 - Distraction
 - Visualization
- Briefly describe behavioral coping and give basic examples.
 - Deep breathing
 - Avoidance
 - Escape
 - Changing patterns/routines
- Get specific. To expedite matters review techniques for these five common trigger situations. Make sure to describe both cognitive and behavioral techniques. To stimulate group input ask, “What else could you do instead of smoke?” for each of these situations prior to providing specific suggestions:
 - Morning Routine
 - After meals/coffee
 - Alcohol/Socializing
 - In the car
 - Thoughts about Smoking
- While reviewing all these techniques instruct the group members to take notes about which techniques they will use in specific situations.
- After completing the general review ask the group to identify other specific problems situations that have not been covered. Solicit ideas from group members throughout this process.
- Have each group member identify one specific barrier they anticipate will give them a problem in the weeks to come. Strategize possible solutions and formulate specific plans to deal with each barrier. Use the Anticipate-Plan-Rehearse model.
 - Note that many individuals will mention stress as their barrier. Although we will spend a good deal of the next session discussing stress management, give these general suggestions to deal with stressful situations during the coming week:
 - Be sure to eat right, get plenty of sleep and begin a walking program. Walk for at least twenty minutes at a brisk pace every evening this week.
 - Practice deep breathing throughout the day. Use a cinnamon stick or a straw to help draw in the air if you need to.
 - When you encounter a stressful situation, take a step back and say to yourself, “I am in control” or “I can handle this”.
 - Talk to someone about the situation before you act.

- Review medications. Make sure everyone knows how to use their medication correctly. If a group member has questions that you can not answer refer them to their local pharmacist.
- Distribute group call list. Only those individuals signing the list will get a copy. Encourage individuals to call each other when needed. Also encourage use of support person.
- Again, congratulate group and end session on an upbeat note!

Session Four: Stress Management

- Begin the session by soliciting comments about the prior week's experience. Ask each group member to describe his or her "wins". In other words, focus on success, what worked for each member. Reinforce successful coping.
- Then review challenges. Use a round robin format to strategies about way to deal with these challenges.
- If someone slipped deal with it as follows:
 - Address negative emotions. Redirect the group member to focus on the success of the quit rather than "failure" of the slip. Use the "Here's-how-many-cigarettes-you-didn't-smoke" example reviewed in the training session.
 - However, be very careful not to make the slip itself seem like a positive event. If you do so they will only slip again.
 - Once you have successfully dealt with the negative emotion, strategize about specific coping techniques for that slip situation. Get a brief description of the slip scenario to help the strategy session.
 - Give this individual the "Slip" handout.
- Review medication use and deal with any specific problems.
- Deal with any withdrawal symptoms.
- Discuss individual coping plans. Refine the plans where necessary.
- Present stress management material. Again, as you discuss general ideas about stress management encourage each group member to develop a personal stress management strategy. This will be the same process we used in developing the individual coping strategies.

- Review these five main stress management strategies:
 - Exercise. Refer interested parties to appropriate local programs. (Aerobics, personal training, weight training, etc.)
 - Visualization. Ask each group member to visualize a stressful situation. Have them successfully deal with the situation without a cigarette.
 - Separate the cigarette from the situation. Solicit specific stressful situations from group members. Challenge the group to prove that smoking would have helped them deal with that situation. Ask “How would smoking make this situation better.” **Remind the group that every problem has a solution that does not involve smoking.**
 - Challenge the belief that there is some ingredient in a cigarette that calms or relaxes. Remind each group member that they have always dealt with their own stress.
 - Allow some “down” time every day. Listen to a meditation or relaxation tape. Get a massage once a week. Refer interested parties to local stress management programs.

Session Five: Benefits of Quitting

- Begin the session by soliciting comments about the prior week’s experience. Ask each group member to describe his or her “wins”. In other words, focus on success, what worked for each member. Reinforce successful coping.
- Then review challenges. Use a round robin format to strategies about way to deal with these challenges.
- If someone slipped deal with it as follows:
 - Address negative emotions. Redirect the group member to focus on the success of the quit rather than "failure" of the slip. Use the “Here’s-how-many-cigarettes-you-didn’t-smoke” example reviewed in the training session.
 - However, be very careful not to make the slip itself seem like a positive event. If you do so they will only slip again.
 - Once you have successfully dealt with the negative emotion, strategize about specific coping techniques for that slip situation. Get a brief description of the slip scenario to help the strategy session.
 - Give the “Slip” handout to anyone who has slipped.

- If someone has relapsed deal with it as follows:
 - Get a brief description of the sequence of events that precipitated the relapse.
 - Strategize about targeted coping. “What else could you have done in this situation other than smoke?”
 - Frame the relapse as a learning experience. “What do you now know about yourself that you did not know before?”
 - Frame quitting as a process where this new information can be used to make the next quit attempt successful.
 - Distribute the “Relapse” handout.
 - Encourage participant to set another quit day.
 - If yes, set the day as soon as possible even now during the session. Collect any cigarettes, etc. at this time.
 - If no, ask the person to commit to coming to the remaining sessions.
 - Ask “What else do you need now from the group to help you get back on track?”
 - Deal with “What’s keeping you from trying again?”
 - If the person is smoking on a regular daily basis, stop medication use until such time as the individual is willing to quit again.
 - Avoid using the word failure when discussing relapse.
- Review medication use for other group members and answer questions.
- Emphasize the positive aspects of quitting today. Ask each group member to compile a list of reasons that show they are happy they quit. Help each group member to shift from “what I have lost” to “what I have gotten” by quitting.
- Refine coping plans if necessary.

Session Six: Relapse Prevention/Maintaining the Quit

- Begin the session by soliciting comments about the prior week’s experience. Ask each group member to describe his or her “wins”. In other words, focus on success, what worked for each member. Reinforce successful coping.
- Then review challenges. Use a round robin format to strategies about way to deal with these challenges.
- If someone slipped deal with it as follows:

- Address negative emotions. Redirect the group member to focus on the success of the quit rather than "failure" of the slip. Use the "Here's-how-many-cigarettes-you-didn't-smoke" example reviewed in the training session.
 - However, be very careful not to make the slip itself seem like a positive event. If you do so they will only slip again.
 - Once you have successfully dealt with the negative emotion, strategize about specific coping techniques for that slip situation. Get a brief description of the slip scenario to help the strategy session.
 - Distribute "Slip" handout.
- If someone has relapsed deal with it as follows:
 - Get a brief description of the sequence of events that precipitated the relapse.
 - Strategize about targeted coping. "What else could you have done in this situation other than smoke?"
 - Frame the relapse as a learning experience. "What do you now know about yourself that you did not know before?"
 - Frame quitting as a process where this new information can be used to make the next quit attempt successful.
 - Distribute "Relapse" handout.
 - Encourage participant to set another quit day.
 - If yes, set the day as soon as possible even now during the session. Collect any cigarettes, etc. at this time.
 - If no, ask the person to commit to coming to the remaining sessions.
 - Ask "What else do you need now from the group to help you get back on track?"
 - Deal with "What's keeping you from trying again?"
 - Stop medication use until such time as the individual is willing to quit again.
 - Avoid using the word failure when discussing relapse.
- Devise relapse prevention strategies:
 - Solicit specific potential problem situations from group (Use real situations when possible. For example, someone may be going to a wedding in a few weeks or has a loved one going into the hospital.)
 - Have each member role play possible coping scenarios.
 - Create individual prevention strategies for as many situations as time allows.
- Address weight gain concerns. Refer to dietician if appropriate.

- Encourage an exercise program if the participant has not already started one. Refer to local programs if interested.
- Reinforce benefits of quitting. Assess change in attitude. Do the benefits of quitting outweigh the loss of cigarettes?
- Investigate plans for long term support. What life style changes have been made that will reinforce the quit status?
- What is the individual doing that might undermine long term success? Strategize about ways to change this behavior.
- Review medication use. Since most individuals will start tapering in the next few weeks (gum, lozenge, and patch users) briefly discuss the concept and what each member should expect.
- Discuss follow up procedures (Anniversary get-togethers, follow up phone calls, drop-in visits to the pharmacy, etc. depending on what you have decided to do).
- Since this is the last session you may want to have a cake, cookies, soft drinks etc. to celebrate. Although not necessary, some groups may ask to have a celebration at this last session.

If you have decided to do long term follow up, you can reconvene the group at three, six and twelve months after the conclusion of the group. This is not necessary but many groups opt to do so especially if the members have bonded. The group leader does not have to be present for these sessions as they are mainly for members to provide ongoing support for each other.

Suggestions for conducting a group: The process

- Group should be limited to ten/twelve individuals
 - Support persons, spouses, etc. cannot attend the group
 - Once the group starts no new members can join. They should be put into the next group.
 - Sessions should be around one hour in length except the first one. Since there is so much information to impart allow an hour and a half for that introductory meeting.
 - If possible, put the chairs in a circle so that everyone can see the other group members. This also prevents anyone from “hiding” in the back of the room
 - Children are not permitted. Please advise members to plan ahead for child care.

- While drinking water/coffee etc. is fine during the session food should be avoided
- Always keep a positive attitude. Although we rationally know that everyone in the group will not quit, approach each session as if you are absolutely sure you will have a 100% quit rate. This confident attitude will surely be transmitted to each group member.
- Stay away from negative, emotionally loaded words. Avoid using words like agony, torture, and the like when talking about withdrawal or quitting in general. Many quitters tend to frame the process with these concepts on their own. If we use these words it only reinforces an already skewed perspective which is not helpful to quitting. While withdrawal may be uncomfortable and quitting somewhat challenging, stopping smoking never killed anyone.
- Do not focus on how hard it is to quit. We all already know that. Repeatedly pointing this out does not give the potential quitter much confidence. Instead, always emphasize that quitting is doable. It takes work to be sure, but it can be done!
- Be aware of time constraints. Keep a firm handle on the “talkers” in the group. If it appears that you need extra time for a specific session, get approval from the group as early on in the session as possible.
- Watch for the “sleepers”, those individuals who tend to just sit and say nothing. Bring them into the conversation by asking specific questions. Don’t let someone just sit and do nothing.
- Although this is serious work, have fun. Keep the mood light and upbeat but don’t forget that for many individuals quitting is one the most important accomplishment of their life.
- Conducting a group is not about being nice. Many times you may have to confront someone about behavior in the group or about some excuse they are using to continue to smoke. Don’t be afraid to do so. Challenge in a friendly but firm way. Be factual. Don’t accuse. Use sentences that begin with “I”. “I feel like you....”, “I see you doing....” Or even, “It seems to me that....” Don’t scold. Rather, point out behavior and offer practical solutions.
- Remember that this group is not about you. As much as possible, leave your problems and concerns at the door before you enter the room. As the group leader your attitudes and mood will definitely rub off on the group.
- Listen. Conducting a group does not mean that you have to talk all the time. Sometime the best learning can occur when you sit back and let the group process something itself. Don’t be afraid to be quiet when needed.