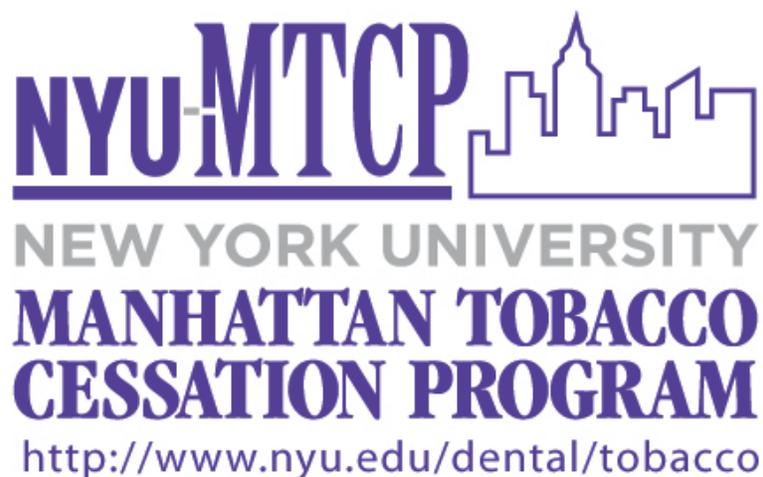


Recovery from Nicotine Dependence:
A Treatment Manual for Clients with HIV/AIDS



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Manhattan Tobacco
Cessation Program

Overview of Manual and Counseling Sessions

PURPOSE

The purpose of this project is to help people who are HIV-positive to stop smoking. Adapted from two main sources (Shelley, year; Sherman, year), and the Intervention Condition sessions for this program have been modified to address adherence to Nicotine Replacement Therapy (NRT).

TREATMENT MANUAL: RATIONALE & LAYOUT

The sessions presented in this manual contain the essential elements for individual sessions in the [insert program name] program. The sessions have been manualized to provide Group Counselors with a clear and consistent roadmap of components to be addressed in each counseling session. Following this roadmap will help the counselors to deliver quality treatment to each person who enters the program. The use of this manual, along with regular trainings on aspects of counseling for TCs, are designed to ensure the integrity of the project counseling.

These counseling protocols were written to help the counselors understand the background and reason for each session component and include instructions for them to follow to complete each component, scripts or statements that counselors are encouraged to say to the participants, and tips for counselors to keep in mind while completing each component. To help increase the user-friendliness of the protocols, the following formatting rules have been applied:

- Instructions are preceded by bullet-points.
- Tips are highlighted
- Scripts or statements are preceded by talking heads.

ORGANIZATION OF THE SESSIONS

This manual is designed as an 8-week quit smoking program, however group facilitators are free to lengthen or shorten the sessions based on their clients' needs. The structure and content of the sessions are guided by cognitive behavioral treatment approach, which address both behavioral and cognitive issues participants face in attempts to quit smoking. The sessions also include aspects of motivational interviewing, that focus on the participant's belief in his/her ability to quit (self-efficacy), and finding and enhancing personal motivation to quit smoking. Some of the topics include: coping strategies, withdrawal, relapse prevention, motivation, self-

efficacy, and difficult situations. Total, there are seven sessions planned for this type of group format.

Sessions 1 -2: Getting Ready To Quit The first session lasts approximately 35-45 minutes and helps the counselor and participants develop individualized quit plans. The first session should take place within 1-2 Days of the baseline assessment, where the participants enroll in the project, complete questionnaires and receive NRT (if applicable).

- Content areas include: current knowledge of nicotine and HIV medications, smoking and quitting history, motivation, environmental factors, self-efficacy, planning, and setting a quit date. There is a strong focus on discussion of attitudes and beliefs about NRT, how these might affect use of NRT, and how to deal with any potential barriers.

Sessions 3 – 8: Content Specific Sessions: Specific content-specific objectives are intended to help prevent relapse and to help those who relapse to make a quick recovery and resume quitting. The 2 weeks immediately following the participant’s last cigarette are when relapse is most likely to occur, and the probability of relapse decreases as time goes on.

On average, these counseling sessions last about 60-90 minutes.

- Content areas include assessing progress to date, withdrawal, identifying and coping with triggers for relapse. There is focus on discussion of progress with adherence to NRT, identification and problem solving for any potential barriers.

ALLOWABLE MODIFICATIONS AND DOCUMENTATION

This session schedule can be modified based on participants’ expressed capabilities and quit progress. For example, you may need to break the first session into two separate 60 minute meetings given the large amount of content covered.

You have latitude to add specialized attention and time for certain objectives based on the participants’ progress or specific barriers. For example, participants may need more time to discuss how to handle withdrawal symptoms, or emotional triggers and how to handle them without smoking.

In both the Getting Ready to Quit sessions and follow up sessions, the objectives do not have to be completed independently or in the specific listed order. It is very likely that your

conversation will move back and forth through the objectives. For example, a participant who has relapsed since the last meeting might bring up withdrawal symptoms and self-efficacy when you assess quitting progress. That is OK. Keep the conversation going naturally and keep detailed notes of your conversation to make sure you address each objective.

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OVERVIEW: COMPONENTS OF COUNSELING

Session 1-2: Getting Ready to Quit (may take 1-2 weeks to cover)(p.10-23)

- SCHEDULE
 - 1-2 Days Post Baseline
- Topic 1: Explain the counseling process (p. 10)
 - Session topics: Getting Ready to Quit, Quit Date , and 5 objectives over 5 weeks.
 - Hours of the group.
 - Working together.
 - We'll talk about what's involved in quitting smoking
 - Physical
 - Thoughts
 - Feelings
 - Behavior
 - Participant should inform doctors of quit plans
 - How program can help. Will give you tools to quit.
- Topic 2: Discuss Smoking history, and Readiness to Quit (p. 12)
 - Previous quit attempts; Social Support; Environment
 - Reframe past quit attempts
 - Review attitudes/beliefs about NRT & provide feedback to correct misconceptions and concerns
 - Refer to Baseline Assessment Summary
 - Review current level of readiness to quit (refer to Baseline Assessment)
- Topic 3: Discuss Current Motivation, Self-Efficacy (p. 13)
 - Importance and Confidence Scales for quitting & adhering to NRT
 - What would help (problem solving for barriers)
- Topic 4: Draft personalized quit plan (p. 17)
 - Keep record of smoking prior to quit date (if possible)
 - Anticipate withdrawal & solutions
 - Craving, irritable, insomnia, fatigue, concentration, depressed, restless, nervous
 - Identify Triggers & solutions
 - Physical, thoughts, emotional, behavior/habit (phone/bar/bus)
 - Set a Quit Date:
 - Prepare: change environment; use substitutes; choose reward; take meds
 - Set Date: review hot points; date and hang worksheet; schedule follow up
- Topic 5: Commitment to attend the next session and wrap up (p. 22)

Session 3: Quit Date

- Topic 1: Assess Status (pg.24)
 - Encourage quit plan; revise
 - Discuss withdrawal/cravings
 - **NRT adherence**: barriers and facilitators
- Topic 2: Triggers (Physical, Thoughts, Behavioral and Emotional) & Coping (p.25)
 - Review Triggers (What happened, what worked, what didn't)
 - Identify Preferred Coping Techniques
 - Discuss Lifestyle Change
- Topic 3: **Objective** - Boredom and high risk situations (p.38)
- Topic 4: Confirm next session meeting (p.29)

Sessions 4-8 will follow the same topic schedule noted above. In addition, group facilitators should insert the specified session objectives below in the place of topic 3 (facilitators are free to cover the objectives in any session and in any order):

Session 4:

- **Objective:** Relaxation (p.31-33)

Session 5:

- **Objective:** Slip/Relapse (p.34)
- **Objective:** Coping with thoughts (p.35-37)

Session 6:

- **Objective:** Coping with boredom and high risk situations (p.38-39)

Session 7:

- **Objective:** Coping with feelings (p.40)

Session 8:

- **Objective:** Self-image as a non-smoker (p. 42)
- **Objective:** Maintenance and looking forward to a tobacco free life (p. 43)

Getting Ready to Quit Session(s)

GETTING READY TO QUIT SESSION(S): REVIEW OF PROGRAM

Before the meeting, review baseline assessment/patients study charts for:

- ATTITUDES TOWARD NRT
- READINESS TO QUIT
- TYPE AND DOSE OF NRT THEY WERE PRESCRIBED

Gather together materials:

- Copy of manual
- Copy of form to take notes
- My Quit Plan Worksheet
- Copy of participant responses to (a) readiness to quit and (b) attitudes about NRT questionnaire

Topic 1: PROVIDE OVERVIEW OF COUNSELING (~2 MINUTES)

A. BACKGROUND

1. Give participants some background information about the group. As a result, they will know what to expect and what you can (and cannot) provide to them. Say:

☞ *Thank you for attending [name of the group] today. My name is _____ and I'll be the facilitator for this group.*

☞ *The work you and I do together is to help you quit smoking. The things we'll talk about will all be related to smoking.*

☞ *The program will help you in your attempt to quit by focusing on the triggers and urges for smoking that are physical, and those that are based on behaviors, thoughts, or feelings.*

☞ *We'll also figure out your own personalized strategies to deal with these triggers and urges. You'll have tools to cope from our conversations.*

☞ *"I'd like for you to think of us as a team in your quit attempt. My job is to help you think through your plan, support you in your quit attempt, and help you make changes to your plan if you need to. All so that you can be successful in your quit. Does that sound ok to you?"*

- Listen and answer questions and/or address concerns as appropriate

☞ *When working as a team, a lot of people find they have more success with these sessions when they treat them like they'd treat a doctor's appointment. It helps to turn off your cellphones and to put them away before group begins. Does this sound ok to you?*

- Listen and answer questions and/or address concerns as appropriate

☞ *Here is some general information about the group:*

- *It takes place through eight sessions over [number of] weeks.*
- *Group will meet [location], at [day], and [time].*

☞ *Do you have any questions so far?*

- Listen and answer questions as appropriate

☞ *It's important that I mention two things about the nicotine patch or lozenge.*

- *The patch or lozenge will not interact negatively with your antiretroviral medications. It is completely safe to use the patch/lozenge while taking other medications.*
 - Listen and answer questions and/or address concerns as appropriate
- 💡 *As part of this process, I'd like to encourage you to let your doctors (that prescribe medications to you) know that you're quitting smoking. What do you think about that?*
- Listen and answer questions and/or address concerns as appropriate

B. QUIT PLAN WORKSHEET

1. Pass out the Quit Smoking Plan Worksheet

- 💡 *As we go along today, I'm going to be asking you to write some things down or circle some things on a sheet called: Quit Smoking Plan.*
- 💡 *Please have a pen or pencil ready to write a few things down as we go along.*

➤ **GO TO Topic 2**

Topic 2: ASSESS SMOKING HISTORY, ATTITUDES ABOUT NRT, AND READINESS TO QUIT (~5-8 MINUTES)

A. SMOKING HISTORY/CURRENT SITUATION

- 💡 *I'd like to take just a few minutes to talk about your history with smoking and where you are now with smoking.*

1. Ask questions, to get a clear picture of these areas:

- Previous quit history:
 - How much currently smoke
 - Previous reasons for quitting
 - Details of recent quit attempt (what worked well, what did not work and why; what helped with quit attempt; what were triggers for smoking and how did they handle them; what withdrawal symptoms did they have, and how did they handle them)
- Previous use of NRT
 - Did they use it before, what type (patch, lozenge, etc) and what was that experience like?
 - What side effects, if any, did they experience?
- Environmental factors (including social support) that may influence their quit attempt
 - Where do they usually smoke (inside house, outside house?)
 - Do they have smoking buddies (people they usually smoke with each time they see them)
 - How do family, friends react to quit? Supportive? Make it harder to quit? How so?
 - Who serves as support system for quit? *[Examples: family, friends, neighbors, room mates, coworkers]*
- Attitudes and beliefs about NRT (REVIEW BASELINE QUESTIONNAIRE ON ATTITUDES AND BELIEFS ABOUT NRT (QUESTION: "XXXXX?"))

- 🗣️ *You stated earlier that you have used {NRT type} before. What do you think about using the (type of nrt) this time?*
- 🗣️ *Do you think the {specific NRT} will be helpful? Why or why not?*
- 🗣️ *What are your concerns about using (specific NRT)?*
- 🗣️ *Are you worried about using the {specific NRT} with other medications (example: ART)?*
- 🗣️ *What are some of the advantages (good things), if any, about using {specific NRT}?*
- 🗣️ *What are some of the drawbacks (bad things), if any, about using {specific NRT}?*
- 🗣️ *What questions do you have, if any about how to use {specific NRT}?*
- 🗣️ *What risks, if any, do you think there are to using {specific NRT}?*
- 🗣️ *“Are there other thoughts on {specific NRT}, that you’d like to share with me?”*

B. REVIEW READINESS TO QUIT

1. Review current readiness to quit, to get a sense of how the participant currently feels about quitting. REVIEW BASELINE QUESTIONNAIRE (QUESTION: “XXXXX?”)
 - 🗣️ *When you enrolled in our program you mentioned you plan to quit smoking within {response A; response B; etc}*
 - 🗣️ *Is that how you feel today?*
 - 🗣️ *This helps me to understand where you are in the quitting process. Before we move to putting together your personalized quit plan, let’s talk a bit about how important you feel quitting is, and how confident you feel about it.*

➤ **GO TO Topic 3**

Topic 3: ASSESS CURRENT MOTIVATION AND SELF-EFFICACY IN ABILITY TO QUIT; ABILITY TO USE NRT (~5 MINUTES)

This topic asks about motivation and self efficacy for two areas: (1) Quitting, (2) Using NRT [patch/lozenge]. Use the script first to ask about motivation and self-efficacy for quitting, then MOVE TO NEXT script to talk about using NRT.

A. MOTIVATION FOR QUITTING [SCRIPT, PLEASE FOLLOW AS WRITTEN]

- 🗣️ *Before we talk more about your personal plan, let’s talk a bit about your current MOTIVATION for quitting.*
1. Ask first about motivation
 - 🗣️ *On a scale of 0—10, how important is it for you to quit smoking? With 0 being “not at all important” and 10 being “extremely important”.*
 - 🗣️ *Tell me the good things about smoking?*
 - 🗣️ *Tell me the not so good things about smoking?*
 2. Ask reasons for motivation rating

IF Response = 2 – 10

 - 🗣️ *You picked ____ (#). Tell me why you chose ____ (#) instead of a 0 or 1?*

IF Response = 0 – 1

 - 🗣️ *You picked ____ (#). Tell me why you chose a 0 or a 1?*

THEN

IF Response = 10

☞ You gave very important reasons for having high motivation. Let's talk a bit about your confidence in yourself to quit.

➤ **GO TO SELF EFFICACY FOR QUITTING**

3. What would it take to get to higher level of motivation?

IF Response = 0 – 4

☞ You picked _____ (#). What would it take to get your interest level up to a 7 or 8?

IF Response = 5 – 8

☞ You picked _____ (#). What would it take to get your interest level up to a 9 or 10?

4. As they clarify 'what it would take', encourage them to problem solve. Ask about:

- Possible ways to deal with the motivation barrier
- What they've tried in the past
- How they would use the strategy
- If they'd like to hear about other solutions that have worked for others (e.g. practicing the five minute rule; relaxation exercises; taking the patch off at night. Please note: the menu of options will depend on specific barrier)

☞ Sounds like doing something like _____ may be a possibility.

☞ [Strategy/solution] might be something for us to talk about, as we put together your personal quit plan.

5. Once you've finished, transition to discussion of self-efficacy.

☞ You described some excellent strategies to improve the importance of quitting. Let's talk a bit about your confidence in yourself to quit.

➤ **GO TO SELF EFFICACY FOR QUITTING**

B. SELF-EFFICACY FOR QUITTING [SCRIPT, PLEASE FOLLOW AS WRITTEN]

1. Ask first about self-efficacy

☞ On a scale of 0—10, how confident are you that you can quit smoking? With 0 being "not at all confident" and 10 being "extremely confident."

2. Ask reasons for self-efficacy rating

IF confidence is 0 -- 1

☞ Your confidence was a _____ (#). Tell me why you chose a 0 or a 1?

IF confidence is = 2--10

☞ Your confidence was a _____ (#). Tell me why you chose a _____ (#) instead of a 0 or a 1?

THEN

IF Response = 10.

☞ We just discussed the reasons for your high confidence. You've got some very good reasons for believing in yourself! That is terrific.

➤ **GO TO Topic 4**

3. What would it take to get to higher level of self-efficacy?

IF Response = 0 – 4

☞ You picked _____ (#). What would it take to get your confidence level up to a 7 or an 8?

☞ I see. What plans can we put into place to get your confidence up in the next month?

IF Response = 5 – 8

☞ You picked _____ (#). What would it take to get your confidence level up to a 9 or a 10?

- ☞ *I see. What plans can we put into place to get your confidence up in the next month?*
- 4. As they clarify ‘what it would take’, encourage them to problem solve. Ask about:
 - Possible ways to deal with the motivation barrier
 - What they’ve tried in the past
 - How they would use the strategy
 - If they’d like to hear about other solutions that have worked for others (e.g. Talking to family and friends, practicing by tapering down. Please note: the menu of options will depend on specific barrier)
- ☞ *Sounds like doing something like _____ may be a possibility.*
- ☞ *[Strategy/solution] might be something for us to talk about, as we put together your personal quit plan.*
- 5. Once you’ve completed discussion of barriers to higher self-efficacy, transition to discussion of personal quit plan.
 - ☞ *You described some excellent strategies to improve your confidence for quitting [or using patch/lozenge]. Let’s talk a bit about how you feel now about quitting.*
- **GO TO MOTIVATION FOR NRT**

C. MOTIVATION FOR NRT [SCRIPT, PLEASE FOLLOW AS WRITTEN]

- ☞ *Before we talk more about your personal plan, let’s talk a bit about your current MOTIVATION for using patch/lozenge.*
- 6. Ask first about motivation
 - ☞ *On a scale of 0—10, how important is it for you to **use patch/lozenge**? With 0 being “not at all important” and 10 being “extremely important”.*
 - ☞ *Tell me the good things about smoking?*
 - ☞ *Tell me the not so good things about smoking?*
- 7. Ask reasons for motivation rating
 - IF Response = 2 – 10*
 - ☞ *You picked ____ (#). Tell me why you chose ____ (#) instead of a 0 or 1?*
 - IF Response = 0 – 1*
 - ☞ *You picked ____ (#). Tell me why you chose a 0 or a 1?*
- THEN**
 - IF Response = 10*
 - ☞ *You gave very important reasons for having high motivation. Let’s talk a bit about your confidence in yourself to **use patch/lozenge**.*
 - **GO TO SELF EFFICACY FOR NRT**
- 8. What would it take to get to higher level of motivation?
 - IF Response = 0 – 4*
 - ☞ *You picked _____ (#). What would it take to get your interest level up to a 7 or 8?*
 - IF Response = 5 – 8*
 - ☞ *You picked _____ (#). What would it take to get your interest level up to a 9 or 10?*
- 9. As they clarify ‘what it would take’, encourage them to problem solve. Ask about:
 - Possible ways to deal with the motivation barrier
 - What they’ve tried in the past

- How they would use the strategy
- If they'd like to hear about other solutions that have worked for others (e.g. practicing the five minute rule; relaxation exercises; taking the patch off at night. Please note: the menu of options will depend on specific barrier)
- 🗣️ *Sounds like doing something like _____ may be a possibility.*
- 🗣️ *[Strategy/solution] might be something for us to talk about, as we put together your personal quit plan.*

10. Once you've finished, transition to discussion of self-efficacy.

- 🗣️ *You described some excellent strategies to improve the importance of quitting. Let's talk a bit about your confidence in yourself to quit.*

➤ **GO TO SELF EFFICACY FOR NRT**

D. SELF-EFFICACY FOR NRT [SCRIPT, PLEASE FOLLOW AS WRITTEN]

6. Ask first about self-efficacy

- 🗣️ *On a scale of 0—10, how confident are you that you can **use patch/lozenge**? With 0 being "not at all confident" and 10 being "extremely confident."*

7. Ask reasons for self-efficacy rating

IF confidence is 0 -- 1

- 🗣️ *Your confidence was a _____ (#). Tell me why you chose a 0 or a 1?*

IF confidence is = 2--10

- 🗣️ *Your confidence was a _____ (#). Tell me why you chose a _____ (#) instead of a 0 or a 1?*

THEN

IF Response = 10.

- 🗣️ *We just discussed the reasons for your high confidence. You've got some very good reasons for believing in yourself! That is terrific.*

➤ **GO TO Topic 4**

8. What would it take to get to higher level of self-efficacy?

IF Response = 0 – 4

- 🗣️ *You picked _____ (#). What would it take to get your confidence level up to a 7 or an 8?*

- 🗣️ *I see. What plans can we put into place to get your confidence up in the next month?*

IF Response = 5 – 8

- 🗣️ *You picked _____ (#). What would it take to get your confidence level up to a 9 or a 10?*

- 🗣️ *I see. What plans can we put into place to get your confidence up in the next month?*

9. As they clarify 'what it would take', encourage them to problem solve. Ask about:

- Possible ways to deal with the motivation barrier
- What they've tried in the past
- How they would use the strategy
- If they'd like to hear about other solutions that have worked for others (e.g. Talking to family and friends, practicing by tapering down. Please note: the menu of options will depend on specific barrier)
- 🗣️ *Sounds like doing something like _____ may be a possibility.*
- 🗣️ *[Strategy/solution] might be something for us to talk about, as we put together your personal quit plan.*

10. Once you've completed discussion of barriers to higher self-efficacy, transition to discussion of personal quit plan.

🗨️ *You described some excellent strategies to improve your confidence for using patch/lozenge. Let's talk a bit about how you feel now about quitting.*

➤ **GO TO Topic 4**

Topic 4: SETTING QUIT DATE AND PLANNING (~10 MINUTES)

➔ **Only if participants are ready to quit. This can be addressed in a later session.**

A. QUIT DATE

🗨️ *We've talked about how you feel about smoking and quitting. Tell me, what day in the next week would be a good day to start quitting? _____ Quit Date*

🗨️ *I'd like to ask you to write down the quit date at the top of your worksheet. Some folks have found it helpful to hang the worksheet in an easy to see place at home. What do you think?*

B. TRIGGERS, URGES & WITHDRAWAL: WHAT TO EXPECT

1. Describe Triggers

🗨️ *During your quit attempt, "triggers situations" will come up. Triggers are those situations that tempt you to start smoking again after you have quit. Triggers can be divided into four categories:*

- *Physical (caused by the withdrawal from nicotine)*
- *Thoughts (what you tell yourself; smoke in response to thoughts)*
- *Feelings (how you feel mood-wise; smoke to change your mood)*
- *Behaviors or Habits (daily activities; smoking is linked to them)*

🗨️ *Physical cravings will usually be strongest before first cigarette of the day. This is because usually after sleep, your body has been without nicotine for a long time.*

🗨️ *It's important that you know this: Physical cravings WILL PASS. They may be weaker at later points of the day.*

🗨️ *Over time urges linked to the four types of triggers will get weaker and coping will be easier.*

2. Review withdrawal symptoms

🗨️ *Let's talk first about physical triggers for urges. What do you know already about withdrawal symptoms after you quit smoking?*

- *If necessary offer additional information:*

🗨️ *After smoking for some time, your body gets used to having nicotine, which doesn't naturally occur in the body. When you quit, your body will notice that it's not getting the nicotine it was used to, and it will complain to you. These complaints sometimes feel like cravings to smoke, or irritability, or tiredness. All of these things are known as withdrawal symptoms. Having a plan can help you to resist the urge to smoke when these withdrawal symptoms come on.*

🗨️ *What withdrawal symptoms have you had in the past? [examples: irritable/cranky, difficulty sleeping, fatigue, hunger, difficulty concentrating, feeling depressed, feeling nervous, feeling restless, craving for cigarettes, constipation]*

C. NRT: WHAT IT IS AND HOW TO USE IT

1. Review the patch/lozenge and use

🗣️ *All medicines can have side effects associated with them. For the nicotine patch, you may experience come itching or redness at the place where you put in on. This should go away in a couple of days if you move the patch to a new area every day. The patch and lozenge can also cause unusual dreams or insomnia. We can discuss any symptoms you may be having in our next meeting.*

🗣️ *Using the nicotine replacement patch (or the nicotine lozenge) will ease some of the withdrawal symptoms. It gives your body the amount of nicotine that it is now used to, without the chemicals that are found in cigarette smoke.*

🗣️ *I want to remind you/encourage you not to smoke when you're using the patch or lozenge. It will deliver too much nicotine to your system and that is not good.*

2. Check that participant knows how to use NRT

🗣️ *Can you tell me how you were told to use the medication? For example, how often are you supposed to take the patch/lozenge?*

🗣️ **Additional question:** *How will you blend it in with the other medications you take?*

🗣️ *Are there additional questions about how to use the patch that I can help answer?*

- Answer questions as necessary.

🗣️ *Here is some more information on how to use them.*

- Review the "tip sheet". Check in on what questions they have about how to use the patch.

🗣️ *Do you have concerns about the use of the patch or lozenge that we haven't discussed?*

3. Ask about challenges to using NRT

🗣️ *What will be hardest part of using [specific NRT]? These are situations that will get in the way of you using [specific NRT] each day.*

4. Identify techniques for handling triggers and barriers to taking NRT. Ask them to list their techniques on their worksheet.

🗣️ *What are some strategies you can use to help you stay quit when these situations come up.*

🗣️ *How can you deal with these barriers to using [specific NRT]?*

🗣️ *What works for remember to take HIV meds, and can you use some of those strategies for [specific NRT]?*

🗣️ *What have you done in the past to deal with [trigger/NRT barrier] situations?*

🗣️ *Would it be helpful to hear what other folks have done in these situations?*

Example Coping Strategies for Taking Medications

Practical solutions: NRT Barriers

- What works for remembering to take your HIV meds? (take them the same time every day?)
- Check to see if it's time for another lozenge

D. TRIGGERS: HOW TO COPE

1. Re-introduce triggers

🗨️ We talked a bit about the categories of triggers. Now let's talk about your specific ones. Remember, triggers are situations that tempt you to start smoking after you quit, or are associated with cravings.

2. Ask for participant's top three

🗨️ What are the three most important triggers that we should plan for? These are situations where overcoming the urge to smoke will be the hardest for you. [Remember that these triggers can be either physical, thought, emotional, or habit related.]

- Summarize the specific situations given by the participant.

🗨️ Can you please write these down in the space provided on your worksheet?

Tip: When participant has a hard time coming up with their own ideas.

(1) Ask permission to give examples. You can say...

🗨️ Would it be helpful to hear some examples of triggers?

(2) Ask the participant to write down top three situations on their worksheet

Physical Triggers

- Have a head ache
- Can't concentrate
- Physical craving to smoke

Emotional Triggers

- Happy
- Nervous
- Angry

Habit Triggers

- Talking on phone
- Waiting for the bus or subway
- After eating

Thought Triggers (Negative thoughts)

- I need a cigarette
- I can't handle this without smoking
- One cigarette won't kill me

3. Ask for participant's coping technique for each trigger. Ask them to list their techniques on their worksheet.

Tip: The topic is to help the participant come up with a list of strategies that are **practical, specific, and behavioral**.

Tip: Often participants describe coping strategies during earlier discussion in this session but may not think of them in response to this question. Be prepared to remind participants of these strategies.

Example Coping Strategies

- Feelings
 - HALT: avoid **hunger**; try not to get **angry**; avoid feeling **lonely**; avoid feeling **tired** (get sleep)
 - Pleasant activities to boost mood
 - Stay clear of frustrating situations
 - Use relaxation (breathing techniques)
 - Get some social support from folks you trust.
- Thoughts
 - Don't let thoughts get in the way of your quit

- Picture a big red stop sign in your head (to stop thoughts)
- Practice replacing negative thoughts with positive, encouraging thoughts
- Practical Solutions: Physical and Behavioral Triggers
 - Substitute for cigs: chew gum, drink water, eat healthy snack, breathe deeply
 - Distract during urge: call friend, watch a movie, listen to music (do something fun)
 - Change the routine [that leads to smoking]: take a shower right after you get up, brush your teeth after eating, leave the table right after eating, drink tea instead of coffee.
 - Delay the response to the urge: Wait 5 minutes and see if the urge is still as strong. Odds are it won't be. Urges are usually like waves, they get bigger, reach a peak and then go down.
 - Leave a situation if it turns into one that creates urge to smoke.

E. DISCUSS LIFESTYLE CHANGES/IDENTIFY PREPARATIONS FOR QUIT DATE

1. Discuss lifestyle changes that the participant may want to try.

🗣️ *General lifestyle changes can boost your chance of success. I have a few questions that may be helpful in planning for lifestyle changes. For example:*

🗣️ *What will you do to make cigarettes unavailable to you?*

🗣️ *What will you do to increase time spent in nonsmoking places or time spent doing nonsmoking activities?*

🗣️ *How can you develop a "buddy system" to get support from others when quitting?*

🗣️ Additional questions

○ *What will you do to manage stress successfully?*

○ *What will you do to keep from gaining weight?*

○ *What will you do to become more physically active?*

2. Discuss general preparations for quit day.

🗣️ *Preparing your environment to go "smoke free" can also be very helpful.*

🗣️ *What kinds of things can you change around the apartment (your environment) to get it ready for quit day?*

🗣️ *Could you write your favorite strategies down in the space provided on your worksheet?*

Example Preparations for Quit Day

- Buy the substitutes that they will use to cope with urges
- Get out the things that will be necessary for distractions and put them in a place that's easy to see (music, books, walking shoes, movies, etc)
- Set dates where you do not carry cigarettes around with you
- Practice your routines without smoking
- Delay cigarettes throughout the day
- Practice relaxation techniques
- Get environment ready:
 - throw out the extra ashtrays, lighters (keep only one of each until night before quit date)
 - dismantle the smoking area at home

- get a support network together; tell family and friends that you are quitting
- make arrangements with folks who smoke at home to smoke outside to cut down on your exposure to smoke. Or even better would be to get them to quit together with you.
- plan to avoid unsupportive people
- plan to avoid difficult situations (nightclubs, smokers lounges)

F. IDENTIFY: REWARD FOR QUIT DATE

1. Work with the participant to generate a list of rewards, and ask them to choose one that they will give to themselves on the quit date.

💡 *One of the best ways to keep doing something difficult like quitting smoking is to give yourself a reward when you start it. What's something that you like, that could be your reward on your quit date?*

Example rewards for quit day

- Enjoying the sense of accomplishment for making it through the first day
 - Movie, music, your favorite magazine, or some other kind of entertainment
 - Hang out with friends, spend some time with others
 - Call a friend
 - Have a hobby? Spend some time doing that.
 - Visit a favorite park or local place to relax
 - Shop for something for yourself
2. List the example and specific reward in your notes.
 3. Once participant decides on one specific reward, reflect specifically and concretely. Ask participant to write it down on worksheet.
 - **GO TO Topic 5**

Topic 5: CONFIRM QUIT DATE & WRAP UP (~5 MINUTES)

1. Thank them for their time, and summarize as you wrap up.
2. Commit to attend the next session.
 - 💡 *Thank you for your time today. Let's make sure to keep our next appointment, however it goes. Even if you struggle, I would like us to talk about it at our next session. Quitting smoking is a process, and I'd like to be with you in it.*

EXAMPLE REASONS FOR QUITTING SMOKING

- To be healthier
- To not be controlled by cigarettes
- To feel better
- To save money
- To be happier
- To make my friends and family happy
- For my children
- To live longer

EXAMPLE TRIGGERS

- Social get-togethers
- Stress or Anxiety
- Feeling sad
- Other mental health symptoms
- Boredom
- Being around family
- Watching television
- Being around friends
- Seeing other people smoking
- Smelling smoke
- Feeling lonely
- Feeling criticism
- Certain places
- Workplace
- Regular daily activities
- Use of alcohol or other substances
- Watching TV
- Magazine ads or billboards about smoking

EXAMPLE COPING STRATEGIES

- Substitutions: chew gum, drink water, eat a healthy snack, breathe deeply
- Distractions: call a friend, watch a movie, read a book, listen to music
- Change the routine: take a shower right after you get up, brush your teeth after eating
- Deep breathing: while thinking about keeping your lungs clean and healthy.
- Drink water: to help make your mouth feel fresh and clean. Brush your teeth if you can or have a fresh mint.
- Leave the situation: leave a situation if it is one that creates an urge to smoke
- Discuss: talk with someone about why you don't want to use tobacco anymore. Have them give you support and a pep talk.
- Delay response to the urge: Use the techniques above to wait 10 minutes and see if the urge is still as strong. (Odds are it won't be)

EXAMPLE WAYS TO GET READY

- Buy substitutes and distractions to cope with urges
- Clean out the car
- Throw out ashtrays, lighters, and matches
- Get a support group together
- Tell family and friends I am quitting
- Ask people in my house to smoke outdoors
- Plan to avoid unsupportive people
- Plan to avoid difficult situations or places

EXAMPLE REWARDS

- Spend time doing a favorite hobby
- Read my favorite magazine
- Go see a movie or concert
- Hang out with friends, spend time with others
- Call a friend
- Visit a favorite park or place to relax

Go shopping for myself

Post Getting Ready to Quit Sessions

POst-Getting ReaDy To Quit Sessions

Materials:

- Copy of Notes form
- Copy of Participants Personalized Quit Plan Worksheet
- Copy of manual
- Session Specific Worksheets

Topic 1: ASSESS (A) STATUS & IMPLEMENTATION OF QUIT PLAN, (B) WITHDRAWAL, (C) NRT Adjustments(~10 MINUTES)

A. CURRENT STATUS, PLAN IMPLEMENTATION

1. Thank participant for attending group.
2. Ask about how quit is going with each participant. Offer congratulations for successful quit.
 - ☞ *How are you feeling so far with your quit?*
 - ☞ *How are things going with your quit?*

For those who say they have not quit, or have relapsed, go to Relapse Protocol (Page 34).

3. Identify how the implementation is going. **Troubleshoot** as necessary. Use **participants plan worksheet** to facilitate this part of the discussion. Refer them back to the coping plan.
 - ☞ *Why don't we check in for a minute on how your plan is going?*
 - ☞ *What are you doing so far to keep from smoking?" [Participant might discuss components of their quit plan, or coping strategies for triggers]*
 - ☞ *What has been the hardest part so far? And how can we deal with that?*
 - ☞ *(or) What parts of the plan should we change?*
 - ☞ *Do you find that you feel like giving up if your plan doesn't go perfectly? [Chance to educate participant about **Abstinence Violation Effect**.]*
 - ☞ *How is it going with your support system? Are you comfortable asking for help and support when you need it? Who do you ask for help?"*

B. WITHDRAWAL (PHYSICAL TRIGGER FOR SMOKING)

1. Ask about withdrawal symptoms.
 - ☞ *Withdrawal symptoms like [_____] lead to physical urges to smoke.*
 - *feeling irritable/cranky; fatigue; depression; hunger; insomnia; hunger; anxiety/nervousness*
 - ☞ *Are you experiencing withdrawal symptoms like those we discussed? Can you tell me about them?*
 - ☞ *On what day did they start? Same day as your quit day?*
 - ☞ *Do they feel as strong today as they were on the first day that you had them?*
2. Reassure that symptoms will pass
 - ☞ *I can assure you that these symptoms will pass. Over time, as your body gets used to not smoking, the withdrawal symptoms and urges to smoke will get less intense.*
3. Transition to discussion of NRT

🧠 *The nicotine patch and lozenge can help with these withdrawal symptoms. It gives your body nicotine to relieve the withdrawal symptoms, without all of the smoke and chemicals that cause cancer.*

C. NICOTINE REPLACEMENT THERAPY

1. Check in with each participant on how NRT use has been going. Troubleshoot as necessary.
 - 🧠 *How has using [the patch; lozenge] been going?*
 - 🧠 *Can you describe for me your routine of how you use it?*
 - 🧠 *Have you been running into any problems with using it? What are those? (BARRIERS)*
 - Troubleshoot as necessary. May require instruction in correct use of the patch, or lozenge. **Focus on problem solving.**
 - 🧠 *Let's talk about some potential solutions.*
 - 🧠 *What has helped you stay on track with using patch/lozenge? (FACILITATORS)*
 - 🧠 *How do you feel about continuing to using the patch to help with nicotine withdrawal?*
 - Utilize MI based questions to help motivate and build confidence (**SEE OBJECTIVE ON PAGE 25**)
2. Ensure that the participants understand the importance of continuing to use the patch for the full number of weeks prescribed. Note that some people stop using the patch prematurely.
3. Check in on smoking while on the patch/lozenge
 - 🧠 *Have there been times where you are smoking while wearing the patch or using the lozenge?"*
 - Clarify reasons for this (it is possible that they do not know that they should not do both; they may be on an insufficient level of patch or lozenge)
 - Educate participant on the impact of smoking and wearing the patch
 - The patch delivers a steady dose of nicotine, and cigarette spikes nicotine levels on top of this steady dose.
 - Advise the participant to refrain from smoking while wearing the patch
4. If they are not on strong enough level of NRT, advise them to follow up with their physician for their prescription.

Topic 2: COGNITIVE, BEHAVIORAL, AND EMOTIONAL TRIGGERS AND COPING (~x MINUTES)

🧠 *So we've talked about withdrawal (a physical trigger for smoking)... Let's talk a bit about other types of triggers, like thoughts, feelings, behaviors, and situations...*

A. TRIGGERS, URGES TO SMOKE & COPING

2. Discuss HOW THOUGHTS, FEELINGS, AND BEHAVIORS ARE RELATED (cognitive triad)
 - 🧠 *We know that thoughts and feelings and behaviors are all related to each other. And in the case of smoking, thoughts and feelings and even other behaviors can have a big impact on the behavior of smoking.*
 - 🧠 *Thoughts are what we tell ourselves about a situation. Thought related urges are urges that come up from listening to negative thoughts but not stopping to check if they're*

accurate. For example “I can’t handle this without smoking.” This thought might cause someone to smoke.

- 🧠 Feelings are our emotional reactions to situations. Feeling urges are urges that come up because smoking has become a way of coping with negative moods, or enhancing good moods. For example, you might get angry when someone cuts in front of you in a line, and might smoke to cope with the anger.
 - 🧠 Behaviors are things we do. Behavior (or habit) urges are those ones that come up from associating smoking with daily activities (e.g. coffee, meals, waiting for bus). For example you might be used to smoking after dinner. So every time you have dinner, you might feel an urge to smoke afterward.
 - 🧠 Do these descriptions make sense?
 - 🧠 During your quit attempt, thoughts and feelings, other behaviors, and certain situations may act as TRIGGERS for smoking.
3. Discuss the experience of triggers and urges since the last contact. Ask about how they were handled. What they might have done differently, etc.
- 🧠 What triggers situations or urges have come up since we last talked?
 - 🧠 Would you say they were thoughts?
 - 🧠 Feelings
 - 🧠 Behaviors/Situations?
 - 🧠 How did you deal with the trigger? Were you satisfied with this?
 - 🧠 If this situation or urge comes up between now and our next meeting, what can you do to COPE without smoking?
 - 🧠 Would it be helpful to hear what has worked for others?

Example Coping Strategies

- Feelings (including BOREDOM)
 - HALT: avoid **hunger**; try not to get **angry**; avoid feeling **lonely**; avoid feeling **tired** (get sleep)
 - Pleasant activities to boost mood
 - Stay clear of frustrating situations
 - Use relaxation (breathing techniques)
 - Get some social support from folks you trust.
- Thoughts
 - Don’t let thoughts get in the way of your quit
 - Picture a big red stop sign in your head (to stop thoughts)
 - Practice replacing negative thoughts with positive, encouraging thoughts
- Practical Barriers (physical and behaviors; including HIGH RISK SITUATIONS)
 - What works for remembering to take your HIV meds?
 - Check that your patch is still on
 - Check to see if it’s time for another lozenge
 - Substitute for cigs: chew gum, drink water, eat healthy snack, breathe deeply
 - Distract during urge: call friend, watch a movie, listen to music (do something fun)
 - Change the routine [that leads to smoking]: take a shower right after you get up, brush your teeth after eating, leave the table right after eating, drink tea instead

- of coffee.
 - Delay the response to the urge: Wait 5 minutes and see if the urge is still as strong. Odds are it won't be. Urges are usually like waves, they get bigger, reach a peak and then go down.
 - Leave a situation if it turns into one that creates urge to smoke.
4. Review progress with Lifestyle Strategies as additional coping strategies
- 🗨️ What will you do to increase time spent in nonsmoking places or time spent doing non-smoking activities
 - 🗨️ How can you develop a buddy system or get support from others when quitting
 - 🗨️ What will you do manage stress successfully
 - 🗨️ What will you do to keep from gaining weight?
 - 🗨️ What will you do to become more physically active?
5. **MAINTENANCE (3 or less sessions left in the group): Changes that are helping.**
- 🗨️ At the end of our last session, we talked about getting closer to maintenance. And thinking about your successes that have helped you quit.
- Check in on “what has worked so far”, using questions such as:**
- 🗨️ What is the most effective thing you've done so far to help you quit?
 - 🗨️ What is one thing that you've done that has been helpful for you in staying quit?
 - 🗨️ What advice would you give to someone else who is trying to quit? What has worked for you?

B. ANTICIPATING UPCOMING TRIGGERS/URGES

1. Ask participants what triggers they can expect before the next session.
 - 🗨️ Thinking ahead, what trigger situations, if any, will you be watching out for before our next meeting?
 - 🗨️ Are there any high risk (for smoking) situations coming up?
 - 🗨️ What urges will you encounter before our next group session?
 - 🗨️ What strategies will you use to deal with them?
2. Ask about what coping strategies they would like to use. Discuss and refine coping strategies for triggers, as appropriate.
 - 🗨️ What have you done in the past to deal with tempting situations?"
 - 🗨️ What can you do when these situations come up to resist the urge to smoke?"
 - 🗨️ What has worked for your friends or relatives?
 - 🗨️ Would it be helpful to hear what other folks have done in these situations?
 - REFER to Topic 2 – Example coping strategies (page 18) for suggested techniques
3. As necessary, ask them to update their quit plan by writing in these new triggers, coping strategies, etc.
 - **GO TO Topic 3**

Topic 3: SESSION SPECIFIC ADDITIONAL OBJECTIVE (~x MINUTES)

1. Address the session specific additional objective here. See pages 31-43 for guidance.

ADDITIONAL OBJECTIVES (start on p.31)

Below are the suggested content topics per session. This is only a guide, and you are encouraged to address topics that your group participants will find useful as you go along.

Session 4:

- **Objective:** Relaxation (p.31-33)

Session 5:

- **Objective:** Slip/Relapse (p.34)
- **Objective:** Coping with thoughts (p.35-37)

Session 6:

- **Objective:** Coping with boredom and high risk situations (p.38-39)

Session 7:

- **Objective:** Coping with feelings (p.40)

Session 8:

- **Objective:** Self-image as a non-smoker (p. 42)
- **Objective:** Maintenance and looking forward to a tobacco free life (p. 43)

➤ **GO TO Topic 4**

Topic 4: SCHEDULE FOLLOW-UP & WRAP UP (~5 MINUTES)

3. Thank them for their time, and summarize as you wrap up.

🗣️ *Great! Thank you for your time in attending group today. So to wrap up, let's summarize.*

4. Confirm next meeting time

🗣️ *Let's confirm our next group meeting. It should take place [tomorrow; in 3 days; etc.]. That will fall on the [calendar date].*

🗣️ *Thank you for your time today. Let's make sure to keep our next appointment, however it goes. Even if you struggle, I would like us to talk at our appointment time. Quitting smoking is a process, and I'd like to be with you in it.*

Topic 4: Maintenance (3 or less sessions left in the group):

When there are 3 sessions left in the group, the discussion needs to change towards getting the participants to start thinking about maintenance and how to continue their quit attempt outside the group. Below is the dialogue that will help facilitators begin this change in the group.

5. FOLLOW-UP FOUR AND BEYOND: Getting ready for maintenance.

🗣️ *Thank you for your time today. I want to remind you that we have [3 or 2 or 1] more session(s) left together. Quitting smoking is a process, and I'd like to be with you in it. We're getting closer to the maintenance part of your quit. Between now and next*

session, I'd like to ask you to think about one thing that has been helpful for you in staying quit. We'll talk a bit about it during our next meeting. Does that sound ok?

☛ If this is the second to last meeting: Thank you for your time today. I want to remind you that we have one more meeting. Between now and our next session, I'd like to ask you to think about how you are going to maintain your new habits and your new smoke-free lifestyle. We'll check in on this during the next meeting. Does this sound ok?

6. IF IT IS FINAL Session

☛ *Thank you for your time today. You've done such wonderful work over the past weeks (or months), and I'm wishing you continued success! Take care of yourself and good luck as you move ahead as a non-smoker.*

Objectives

OBJECTIVE: MINDFULNESS & RELAXATION STRATEGIES

1. Define stress
2. Discuss the links between stress (emotion) and smoking, and how stress can serve as a trigger for smoking.
 - 🗨️ *What do you know about stress and smoking, and how they are related to each other?*
 - Add in education as appropriate
 - 🗨️ *What, if anything, stressed you in the past week?*
 - Reflect the link between situation and emotional reaction
 - 🗨️ *Tell me how your smoking relates to stress for you? (Example, do you smoke in response to stress? Do you feel calm after smoking a cigarette?)”*
 - Reflect what they currently perceive
 - 🗨️ *It’s interesting that you say that. A lot of times folks feel that smoking a cigarette makes them feel better or calm. Nicotine, the ingredient in cigarettes, actually speeds up your heart beat and activates you.*
 - 🗨️ *What may be happening is that by taking a break from whatever has stressed you (stepping away to smoke), or by inhaling deeply (deep breathing) is what is calming you.*
 - 🗨️ *For a lot of people, stress works as a TRIGGER for smoking*
3. Then, work with participant to come up with their individual coping strategies for stress-related triggers.
 - 🗨️ *Besides smoking, what other strategies do you use now to calm yourself?”*
 - Summarize the strategies that they mention.
 - 🗨️ *Would it be helpful to hear strategies that have worked for many other folks who are quitting smoking*
 - Mindfulness and relaxation techniques can help interrupt the pattern of TRIGGER (emotion, thought, situation, behavior)->urge->smoking in response
 - Involves taking some time for yourself, to breath deeply, and allow your body to relax
 - 🗨️ *Being aware of your breath can **be useful in different ways.***
 - *It can help you become aware and center on the present. Literally, the present moment is the only moment in which we are living, in which we have the opportunity to choose to respond in a new way to something, without losing control.*
 - *Getting in touch with the breath is a practical and reliable way to slow down, to reduce the urgency of a thought, a feeling, a trigger, an urge, as well as to calm the impulse to smoke.*
 - *To follow the breath places us in immediate contact with our body and mind. The simple act of becoming more aware of breathing allows us to feel more real, more alive, more connected to our own reality, to our essential oneness.*
4. Practice with participant using one of the techniques outlined in the next two pages

Getting in Touch with the Breath

Content provided by Fernando A. de Torrijos, UMass Memorial Medical Center.

Getting in touch with the breath can be a useful way to disrupt the pattern of trigger -> urge -> smoking. It can stop an automatic response to focus for a few minutes on something other than cigarettes and smoking. The following exercises include one that can be completed by the Counselor with the participants in the group session, and one that can be done by the participant when they are on their own.

Let's start with the following sitting exercise:

1. Begin by sitting on a chair with your back as straight as possible, in a quiet place in where you will not be disturbed.
2. Continue sitting in a dignified posture, with total presence, in a time completely dedicated to you. Closing your eyes, if this is comfortable for you, noticing the contact of your feet with the floor, the thighs and buttock on the chair, the back emerging from the base of the spine upwards, with the top of the head pointing toward the sky. Noticing your arms and hands resting on your lap.
3. Now bringing the attention to the breathing, focusing on the sensations at the nostrils, the chest or the belly, whichever place is easier for you.
4. Breathing naturally, allowing each breath in and each breath out to flow peacefully.
5. Inhale
6. Exhale
7. If you notice that your mind gets easily distracted, try to mentally count as you breathe. One, two, three, four, five when breathing in; and one, two three, four, five when breathing out.
8. Each time you notice that your mind is getting distracted, without making any judgment or feeling bad about it, letting go of whatever is in your mind and bringing your attention again to this breath, to this in breath and to this out breathe.
9. Practice this at least ten minutes every day.

Here is a simple practice to help you to stop and get in touch with the breath:

1. When riding in a car as a driver or car, bus, subway as passenger, on arriving at a stop (bus stop, subway stop, **STOP** sign, or a **RED** traffic light) and when the vehicle is fully stopped, bring your attention to your breath, drop your arms to your lap, and relax your shoulders.
2. Stay relaxed with your attention on your breath until the vehicle starts moving again (or traffic light turns green, or after looking both ways at the **STOP** sign).
3. Repeat this every day educating your mind to return to the present moment.

The Relaxation Response

Adapted from The Wellness Book by Herbert Benson, M.D. and
Eileen Stuart, R.N. at the
Benson-Henry Mind Body Medical Institute at Harvard

The Relaxation Response is a physical state of deep rest. It has many benefits, including slowing down your heartbeat and breathing, relaxing your muscles, and decreasing your blood pressure. Experiencing the Relaxation Response is actually quite easy. It involves repeating a word or a phrase silently to yourself, and bringing your attention back to this word or phrase every time your attention wanders away from it.

Instructions:

1. Pick a word, short phrase, or prayer that is comforting to you. Words like "Ease," "Peace," "Health," or "Calm" are useful for many people. You may also choose a word or words rooted in your belief system, such as "The Lord is my shepherd," "Hail Mary full of grace," "Shalom," "Allah," or "Om". If English isn't your first language, choose a comforting word or phrase in your first language.
2. Sit quietly in a comfortable position.
3. Close your eyes. If you prefer to keep your eyes open, gaze gently at the floor.
4. Relax the muscles in your body.
5. Breathe slowly and naturally. As you breathe, repeat your word, phrase, or prayer silently to yourself *as you exhale*.
6. When thoughts come into your mind, simply return to your repetition.
7. Continue from five to twenty minutes.
8. When you are finished, continue sitting quietly for a minute or two, allowing other thoughts to return to your mind. Then, open your eyes and sit for another minute before rising.
9. Practice the technique once or twice daily, five to twenty minutes each time, and whenever you are feeling stressed. Good times to practice are before breakfast and before dinner, but other times may work better for you. The important thing is that you practice the Relaxation Response as regularly as possible.

For more information on the Relaxation Response, you may visit the website of the Benson-Henry Institute for Mind-Body Medicine at www.mbmi.org

OBJECTIVE: EXAMINE SLIP OR RELAPSE SITUATIONS

1. Emphasize importance of fighting off negative reaction to a slip and check in with patients
 - 🗣️ *Slips and relapses sometimes happen for people on their road to quitting smoking.*
 - 🗣️ *Lots of folks feel like giving up when they experience them, but it's important to fight that reaction*
 - 🗣️ *I think that we can work together as a team to get you back on track, and we can spend our time together today for that purpose. But first, I'd like to know what you think. Is this something that you're interested in doing?*
 - Explore and acknowledge ambivalence, including with participants who say they want to continue.

CAUTION the participant against believing that the entire quit attempt was ruined because s/he relapsed, so the participant does not feel like giving up altogether.

ENCOURAGE the participant not to think of a slip as a total failure or to look at relapse as inevitable outcome of a slip.

2. Define Slip vs Relapse
 - 🗣️ *A slip is when you smoke after starting a quit attempt, but the feeling of giving up is either short or never happens, and then you get back on track with your quit attempt.*
 - 🗣️ *A relapse is when you smoke after quitting, feel like giving up, and aren't able to get back on track with the quit.*
3. Reframe the event (focus on success so far; help participant take credit for them)
 - 🗣️ *Slips and relapses are actually learning experiences, that can show us the way to success the next time the situation comes up*
 - 🗣️ *You had some success before the slip/relapse. Tell me, what did you do to keep from smoking on those first [few days, for those first few hours, first few minutes].*
 - 🗣️ *What worked for you?*
4. Review specifics of the lapse framed as “tips to help head off future lapses”. The objective here is to get a clear view of the antecedents of the behavior--both what worked and what did not work-- in order to revise quit plan.
 - 🗣️ *Let's talk about the slip/relapse in more detail. I want to get a crystal clear view of what happened, to help you revise your personal quit plan.*
 - 🗣️ *Walk me through the hour right before your lapse. Can you tell me all the details that you remember?*
 - 🗣️ *What happened that contributed to your decision to smoke?*
 - 🗣️ *Was there anything that surprised you about how it felt not to smoke or that contributed to smoking?*
5. Ask the participant to name situations since quitting that were difficult and how each one was handled.
6. Evaluate the approach with the participant and talk about ways to modify the approach or substitute a different coping technique.
7. Ask participant to identify new situations that may come up before the next session and help participant develop strategies to overcome the situations

OBJECTIVE: SPECIFIC TECHNIQUES FOR HANDLING THOUGHTS

1. Introduce THOUGHTS as special topic
 - 🗨️ *We've talked a bit about how thoughts and feelings and behaviors are all related to each other. And in the case of smoking, thoughts (what you tell yourself) can be incredibly strong triggers for smoking.*
2. Lead participant through exercise on "Learning To Recognize Your Negative Thought Patterns"
 - 🗨️ *Thoughts (what you tell yourself) can have a very big impact on deciding to smoke or not. Negative thoughts can make you especially vulnerable to relapse.*
 - 🗨️ *Looking at the categories below, do you recognize your typical patterns of thinking?*

Common Negative Thought Patterns

- Mental Filter – You focus on a single negative detail and dwell on it exclusively so you see everything as negative.
 - Example: Focusing on relapsing during your last quit attempt and ignoring the fact that you succeeded for a week.
 - All-Or-Nothing Thinking – If something isn't completely good then it's completely bad.
 - Example: Dwelling on the most difficult time you're having coping with an urge and ignoring your successes.
 - Emotional Reasoning – Allowing your feelings to control your actions.
 - Example: "I feel so stressed I have to smoke!"
 - Fortune Telling – Expecting the worst outcome and predicting it until you convince yourself of it.
 - Example: "It's just a matter of time before I break down and smoke."
 - Labeling and Mislabeled – Self-critical reactions that make you feel bad.
 - Example: "It's no use, I have an addictive personality."
3. Introduce countering negative thoughts
 - 🗨️ *If you recognized your thought patterns, you might try "countering" or replacing negative thoughts with more realistic or positive thoughts.*
 - 🗨️ *I'm going to read you a "smoking thought" and let's talk together about phrases you can use to talk back to negative thoughts.*
 4. Introduce thought stopping as a technique
 - 🗨️ *Another way to handle thoughts that some find helpful, is to practice "thought stopping".*
 - 🗨️ *Have you heard of this technique before? What have you learned about it?*
 - 🗨️ *Let's walk through the process of how you would use it.*

Countering Negative Thoughts

Smoking thoughts:

1. Missing your cigarettes- “It sure was fun to smoke with my friends”
2. Craving a cigarette: “I really want one”
3. Testing control- “I bet I could smoke just one cigarettes and then put them down”
4. Crisis-“Ordinarily I wouldn’t smoke but I am under so much stress and pressure, I need a cigarette”
5. Unwanted changes-Worrying about weight gain, irritability
6. Self doubts- “This is so hard for me-maybe I am just meant to be a smoker”

Counteracting these thoughts:

1. Challenging-“ I can still relax without a cigarette.” “ I know I cannot have one cigarette without smoking more.” “I can handle this feeling without a cigarette” “Smoking is not going to change anything. This feeling will pass if I wait. (Directly confront the thought)
2. Benefits of smoking- “The best feeling in the world will be breathing feely again and not being congested once I’ve quit smoking.” “ I will have a few extra dollars if I cut back.” “It would be such an accomplishment if I quit.” “No matter how hard this is, it’s worth it.”
3. Remembering thing you don’t like about smoking: Recall specific things about smoking you don’t like. “My clothes would smell better if I didn’t smoke.”
4. Distractions-Divert your attention from smoking. I’m going to ignore this urge and imagine that I am.....” “ I am going to buy.... With the extra money I have from cutting back.”
5. Self rewarding thoughts- “It wasn’t easy but I didn’t smoke in that situation” “Great job” Think of your successes and strengths.

Adapted from Abrams, Niaura, Brown, Emmons, Goldstein, and Monti (2003). *The Tobacco Dependence Treatment Handbook*. The Guildford Press.

Stopping negative thoughts

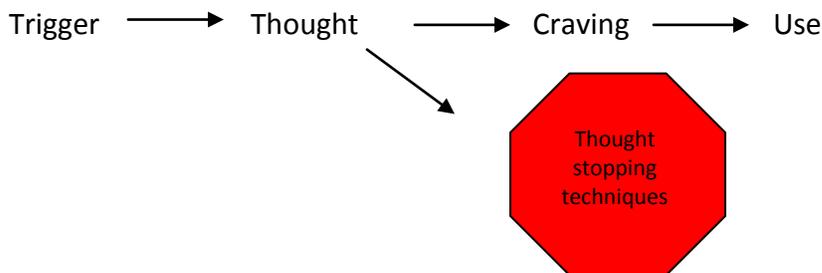
Thoughts and emotions play an important role in influencing how we behave. By learning how to change thoughts and activities that are related to smoking and negative mood states, you can learn to quit.

For example:

Trigger → Thought → Mood → Cravings → Use

The thought "It's too hard. I can't quit." leads to a pessimistic, defeated mood and continued smoking.

It is necessary to interrupt the trigger-thought-craving-use sequence. Thought stopping provides a tool for disrupting the process. This process is not automatic; you make a choice either to continue thinking about using or to stop those thoughts.



- Become aware of your thoughts. Recognize negative thoughts when they occur.
- Substitute negative thoughts with more positive thoughts or activities (See appendix I). For example, if you can think to yourself "What else can I do to calm down?" when you're feeling anxious, then the anxious mood will lead to activities other than smoking (eg, taking a walk, trying relaxation exercises, coming up with a plan, doing a pleasant activity).
- Use self talk or talk to someone else. Talking to someone provides an outlet for your feelings and allows you to hear your thinking process and get feedback.
- Visualization. Imagine a scene in which you deny the power of thoughts of use. For example picture a light switch in our mind. Imagine yourself actually moving it from ON to OFF to stop the using thoughts. Have another picture ready to think about in place of those thoughts.

Adapted from Abrams, Niaura, Brown, Emmons, Goldstein, and Monti (2003). *The Tobacco Dependence Treatment Handbook*. The Guildford Press.

OBJECTIVE: COPING WITH BOREDOM & HIGH RISK SITUATIONS

1. Introduce BOREDOM as special topic
 - ☞ *We've talked a bit about how thoughts and feelings and behaviors are all related to each other. And in the case of smoking, triggers can come from thoughts and feelings and even other behaviors.*
 - ☞ *One specific feeling that can be a very strong trigger for smoking is BOREDOM. Not having something to do, can lead to boredom, and for some this can be a very powerful trigger to smoke.*
2. Ask participants how boredom relates to smoking for them, if at all.
 - ☞ *Have you felt tempted to smoke when you've got too much free time on your hands, or are feeling bored?*
3. Ask about techniques that they use to handle boredom as a trigger, and review additional strategies if helpful.
 - ☞ *How have you dealt with it, other than smoking?*
 - ☞ *How can you handle boredom, without smoking?*
 - ☞ *What do you think of picking out a fun activity that will occupy your time and boost your mood? Here are some example activities...*
 - ☞ *Which, if any, might work for you?*

Pleasant Activities

- | | |
|-----------------------|----------------------------------|
| Be outdoors | Go to church |
| Watch or play a sport | Write a letter |
| Listen to music | Read a book |
| Go to the movies | Read the newspaper |
| Cook | Go to the park |
| Watch TV | Visit friends |
| Do arts and crafts | Play a musical instrument |
| Take a walk | Be with relatives |
| Play a board game | Sing with a group or by yourself |
| Play cards | Window shop |
| Take a shower | Take a nap |

General Coping Skills for Emotions

- Get some social support from folks you trust.
- Get moving – physical activity can help you work off the emotion
- HALT: avoid **hunger**; try not to get **angry**; avoid feeling **lonely**; avoid feeling **tired** (get sleep)

4. Introduce HIGH RISK SITUATIONS as special topic
 - ☞ *For some folks, BOREDOM is a high-risk situation. Meaning, it's a situation that is very difficult and almost always leads to smoking.*
5. Ask about personal high risk situations
 - ☞ *Can you tell me about a particularly difficult situation experienced during the past couple of days?*
6. Discuss ways to deal with high risk situations.
 - ☞ *How did you deal with the difficult situation?*
 - ☞ *(if necessary) How could you deal differently if you found yourself in that situation again?*
 - ☞ *What high risk triggers might take place in the next few days? What's a strategy you could use to deal with a trigger in a high-risk situation?*

7. Use list of general coping techniques from Post-Planning Session objective 2 (as appropriate) to supplement techniques
8. Anger as a high risk situation (trigger that can lead to relapse)
 - 💡 *What are some physical clues that let you know you're angry? What are some cues in your behavior? Why is it important to be aware of anger?*
 - 💡 *Anger, for many folks, is a very high risk situation. And often people will smoke in response to anger.*
 - 💡 *What other coping techniques could you use for anger? What strategies for coping with anger have worked in the past? What new strategies might be helpful?*
 - ❖ For example, speaking your mind when angry, as opposed to bottling up anger.
Taking a walk. Practicing one of the breathing techniques outlined in this manual.

OBJECTIVE: SPECIFIC TECHNIQUES FOR COPING WITH FEELINGS

1. Use the “Emotional Trigger Questionnaire” to identify feelings or emotions that sometimes kick off the urge to smoke.
2. Identify specific coping strategies that can be helpful in these situations.
 - ☞ *What are you doing now to handle this emotion? Does this work well for you?*
 - ☞ *The trick here is to find other things to do, other than smoking that will help you handle [emotion]. Can we think of more together?*
 - Take a break
 - Breathe deeply to calm your heart rate
 - Get physical to work off some of the emotion
 - Use your sense of humor to see the situation in a different way
 - Talk to someone in your support system
 - Play some music that calms you down or makes you feel good
 - Take a break from the situation, take a time out, walk away
 - Take some slow deep breaths
 - Think something positive
 - Get physical to work off the stress
 - Use your lifestyle strategies
 - ☞ *What will you do to increase time spent in nonsmoking places or time spent doing nonsmoking activities?*
 - ☞ *How can you develop a "buddy system" to get support from others when quitting?*
 - ☞ *What will you do to manage stress successfully?*
 - ☞ *What will you do to become more physically active?*
3. Discuss positive thoughts as a way to cope with feelings.
 - ☞ *We’ve talked before about using thought stopping to handle thought related triggers. A related technique: positive self talk, can be used to handle emotion triggers.*
 - ☞ *To do it you say something positive to yourself about your success so far with quitting. To boost your mood, pull you out of a negative feeling, etc.*

Emotional Trigger Questionnaire

During your quit certain feelings or emotions often trigger the brain to think about smoking. Listen to the following list of feelings and emotions and tell me, those that might trigger thoughts of smoking for you?

- | | | | |
|-------------------------------------|-------------------------------------|-------------------------------------|--|
| <input type="checkbox"/> Afraid | <input type="checkbox"/> Criticized | <input type="checkbox"/> Excited | <input type="checkbox"/> Aroused |
| <input type="checkbox"/> Frustrated | <input type="checkbox"/> Inadequate | <input type="checkbox"/> Jealous | <input type="checkbox"/> Revengeful |
| <input type="checkbox"/> Angry | <input type="checkbox"/> Pressured | <input type="checkbox"/> Bored | <input type="checkbox"/> Worried |
| <input type="checkbox"/> Guilty | <input type="checkbox"/> Depressed | <input type="checkbox"/> Exhausted | <input type="checkbox"/> Resentful |
| <input type="checkbox"/> Nervous | <input type="checkbox"/> Insecure | <input type="checkbox"/> Lonely | <input type="checkbox"/> Overwhelmed |
| <input type="checkbox"/> Confident | <input type="checkbox"/> Sad | <input type="checkbox"/> Humiliated | <input type="checkbox"/> Misunderstood |
| <input type="checkbox"/> Happy | <input type="checkbox"/> Irritated | <input type="checkbox"/> Relaxed | <input type="checkbox"/> Hungry |

What emotional states that are not listed above have triggered you to use tobacco?

Center for Substance Abuse Treatment. *Counselor's Treatment Manual: Matrix Intensive Outpatient Treatment for People with Stimulant Use Disorders*. DHHS Publication No. (SMA) 06-4152. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2006.

OBJECTIVE: DEVELOP PARTICIPANT SELF-IMAGE AS A NON SMOKER

1. Participants may feel that there is a discrepancy between their behavior (non-smoker) and self image (smoker). This dissonance could lead to discomfort for the participant. Eventually this discomfort may negatively influence their motivation to stay abstinent.
2. The objective is to promote maintenance of behavior change by addressing self-image.
3. Two general shifts in self-image help these feelings of discomfort:
 - Have the participant consider self as a vigilant “ex-smoker” that accepts the tension of non-smoking permanently
 - Cultivate image of a nonsmoker and view the discomfort of not smoking as a temporary inconvenience

NOTE: The approaches are equally effective, but the California QuitLine (our model) encourages participants to consider themselves nonsmokers. If participant has a strong preference for 1st approach, work with the participant on it.

4. Ask participant directly about his/her self image. Discuss how they feel now, and how it feels to see themselves differently.
 - ☞ *Now that you’ve had this much success at quitting, I’d like to ask you about how you see yourself.*
 - ☞ *Do you see yourself now as a non-smoker?*
 - ☞ *Do you see yourself now as an ex-smoker?*
 - ☞ *How does it feel for you, to no longer see yourself as a smoker?*
5. Reinforce with encouraging words, reflect their sense of pride, accomplishment at their achievement.
6. For participants who have not thought about, or do not see a change in their self-image yet:
 - ☞ *That’s interesting. You’ve been quit for [time]. For you, what do you think it would take to start to see yourself as an ‘ex-smoker’ or ‘non-smoker’?*

OBJECTIVE: MAINTENANCE AND LOOKING FORWARD

1. Congratulate participant on success so far with sincere words of praise.
2. Discuss obstacles to maintaining their success, and plan coping strategies.
 - 🗣️ *You've made so many wonderful changes up to this point, congratulations! Today is going to be our last meeting together, and while we're wrapping up, I'd like to ask you to look back and look forward.*
 - 🗣️ *Can you tell me about some changes you've seen in yourself since we began working together [time] ago?*
 - Length of time quit
 - Responses to trigger situations
 - Expansion of coping strategies
 - Tenacity in dealing with lapses
3. Summarize the list of changes that the participant has made, and congratulate them on these changes
 - 🗣️ *Each day that you go without smoking, withdrawal symptoms and urges to smoke become weaker. You might notice that you don't feel the need to be as vigilant as you did in the first days/weeks after you quit.*
 - 🗣️ *We've talked a lot about anticipating and planning for triggers. Now let's talk about some of the strongest trigger situations that you have, and some strategies for dealing with them in the weeks, months, and years ahead.*
 - 🗣️ *What situations will be the toughest for you (short-term) in the next few weeks? What about in the next few months (longer term)?*
4. Summarize and ask if there are additional situations that they'd like to add.
5. Discuss and refine coping strategies for triggers, as appropriate.
 - 🗣️ *What has worked for you in the past to deal with a situation like this?*
 - 🗣️ *What are two different ways that you can handle this trigger situation?*
 - 🗣️ *How will you remember to use these strategies when this situation comes up?*
 - 🗣️ *How can your support network be helpful in this situation?*
 - 🗣️ *How can you reward yourself for successfully dealing with this trigger situation?*

Appendices

Quit Smoking Worksheet

My Quit Plan

MY QUIT DATE: _____

MY REASONS: _____

MY TOP 3 TRIGGERS:

1 _____

2 _____

3 _____

MY TOP 3 COPING STRATEGIES:

1 _____

2 _____

3 _____

MY PLAN

Steps I will take to get ready to quit:

1 _____

2 _____

3 _____

4 _____

5 _____

6 _____

My medications:

My Reward for Quitting Will Be:

Carbon monoxide monitoring

This discussion is completed in class. Each client will have a CO test done at the start of each session. The reading will be written on the second page of this appendix and a copy given to the client to use during group. Ask the group to answer the question: "If I stop smoking my CO will go down to: _____" and write the answer on the board.

WHAT IS CARBON MONOXIDE?

One of the most deadly chemicals in cigarette smoke is carbon monoxide (CO). CO is odorless and colorless gas. Burning cigars, cigarettes and pipes all produce carbon monoxide.

It is found in air pollution but the levels absorbed by the body from pollution are very low compared to the amount in tobacco smoke. CO takes the place of oxygen in your blood. The body needs oxygen to survive and anything that decreases the amount of oxygen causes a strain on the heart and body.

The GOOD NEWS is that CO lasts only a short time in your body. It is eliminated two to three days after you quit smoking. The effect is reversible and you can get better almost immediately if you stop smoking.

Appendix C. Session 1: Carbon Monoxide Test

The monitor measures the amount of CO in your body

My Carbon Monoxide level is _____

0-9 Normal
10-12 Concern
13-25 Warning
26-40 Danger

If I quit smoking my CO level will go down to: _____

Benefits of quitting

- Within 20 minutes of having your last cigarette, your blood pressure and pulse returns to normal
- Within 24 hours of having your last cigarette, your chance of heart attack and stroke start to decrease
- Two days after your last cigarette, your senses of taste and smell begin to improve.
- 2 weeks to 3 months, your lung function improves, you can walk more easily and your circulation gets better
- In one year after your last cigarette your risk of heart disease is cut in half
- In 5 years after your last cigarette, your risk of cancer of the mouth, throat, and esophagus is half that of a smoker
- In 10 year your risk of lung cancer is half that of smokers
- In 15 years, your risk of dying is similar to that of someone who has never smoked

Non-health benefits of quitting smoking include the money you'll save, increased control over your life, increased self-esteem, improved appetite, more energy, improved appearance, and better sex!

How much money will you save by quitting smoking? Help participants find out how much they'll save by calculating how much they currently spend on cigarettes per month and per year.

Trigger Wheel Exercise

Materials: blank 24-hour clock; 12 colored markers

While clients experience their tobacco use as something beyond their control, it is actually a learned behavior. Indeed, there are thoughts, feelings, and situations (such as people, places, or things) that are commonly associated with tobacco use. When these thoughts, feelings, and situations are repeatedly paired with tobacco use, they become triggers that stimulate the urge to smoke. The Time Wheel Exercise illustrates how tobacco use behaviors have been learned over time, and how triggers become reinforced over time so that smoking seems automatic.

This is a highly complex structured activity, and clients with cognitive impairments may need assistance. Having group aide is helpful; indeed, it is best to co-facilitate this group with an occupational therapist.

The purpose of the exercise is to help clients identify the times of the day, the activities they are involved with during the course of an average day, and the triggers tobacco use. The exercise raises awareness about activities that are associated with tobacco use and that can trigger cravings for nicotine.

Hand out a 24-hour time wheel and a colored pen to each client. The counselor should display a large time wheel on an easel to illustrate the exercise as it occurs. The counselor should list common activities on the easel. It is important for the counselor to mention that the activities may not apply to everyone. Clients should feel free to add relevant activities or omit irrelevant activities from the list. As each activity is identified, clients are instructed to mark their wheels to indicate the time they engage these activities and to draw arrows from the beginning of the activity to the time the activity typically ends. Clients are then instructed to pass their markers to the next person and given similar instructions for the next activity. At the end of the exercise, their wheels will be “color-coded” with the activities. Below is a list of common daily activities that can be included:

- a. Sleep
- b. Self-care (i.e., showering, dental care, etc.)
- c. Preparing meals

- d. Eating
- e. Traveling (transportation)
- f. Work or school
- g. Regularly scheduled appointments (i.e., doctor, dentist, psychotherapy)
- h. 12-step meetings
- i. Exercise
- j. Watching television or listening to music
- k. Talking on the phone
- l. Sex
- m. Chores (i.e., laundry, cleaning, washing dishes)
- n. "Hanging Out"

Once these activities are marked on the time wheel, clients are instructed to mark with "Xs" at those times when they are conscious of using tobacco. The counselor can then facilitate a discussion about how certain activities are routinely associated with tobacco use, i.e., the "morning cigarette" with coffee, or the after meal chew.

For clients who smoke cigarettes, have the clients count the number of times they identified as smoking with the actual number of cigarettes they claim to smoke per day. More often than not, the times identified on the time wheel will not match the daily amount of cigarettes actually smoked because people are not always aware of when or every cigarette they smoke.

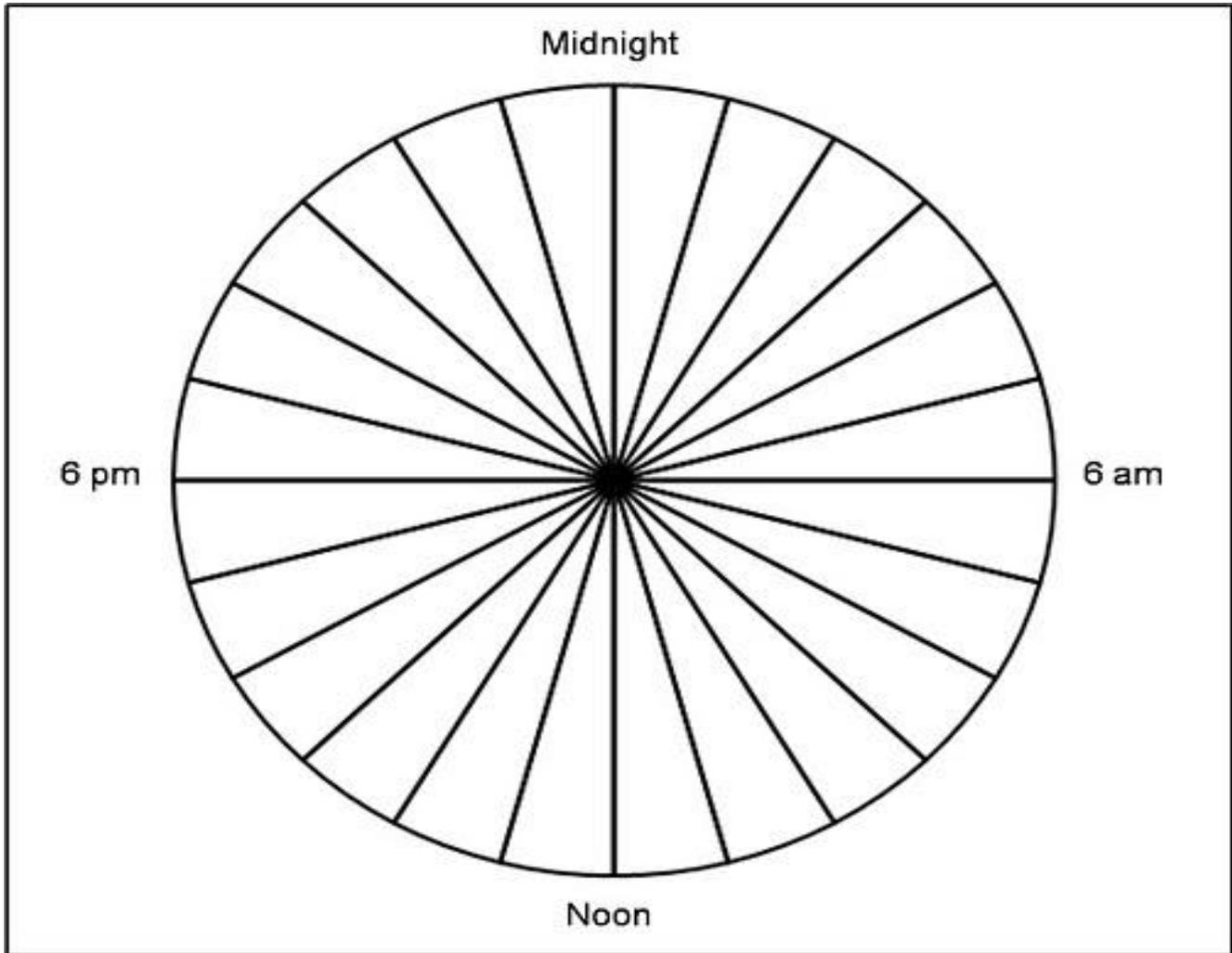
Finally, ask the clients then to go back to the time wheel and mark with a circle the times they think about using tobacco. Invite clients to discuss their tobacco use patterns:

- Does anything surprise them about their patterns?
- How does their pattern compare to their goals?

Identify and support the lessons learned, emphasizing that addiction is at work 24 hours a day/7 days a week. Elicit thoughts and feelings about the exercise. It is important to listen for ambivalence, changes in readiness, and for self-motivational statements.

Triggers Wheel

Directions: Use a different color pen/marker/pencil to indicate your activities on the wheel. Throughout the day mark your cravings with an O and the cigarettes you smoked with an X. Remember to bring this sheet to your next group session.



Activities:

- | | | |
|----------------|-------------------|-------------------------|
| Sleep | Self-Care | Preparing meals/ snacks |
| Eating | Travel/Transit | Work/School |
| Exercise | Television | Sex |
| Chores/Errands | Unstructured Time | |

X Smoked Cigarette(s)

O Cravings

Readiness to Quit Ladder

How important is it for you to quit smoking?

0	1	2	3	4	5	6	7	8	9	10
Not at all confident										Extremely Confident

How confident are you that you can quit smoking?

0	1	2	3	4	5	6	7	8	9	10
Not at all confident										Extremely Confident

How important is it for you to use patch/gum/lozenge/Wellbutrin/Chantix?

0	1	2	3	4	5	6	7	8	9	10
Not at all confident										Extremely Confident

How confident are you that you can use the
patch/gum/lozenge/Wellbutrin/Chantix?

0	1	2	3	4	5	6	7	8	9	10
Not at all confident										Extremely Confident



New York State Smokers' Quitline

Services include:

- **Free** telephonic smoking cessation counseling
 - Open-ended telephone counseling services (unlimited counseling sessions)
- **Free** 2-week starter-kit of nicotine replacement therapy (NRT)
 - Patch or Gum
 - Starter-kit is available twice a year, given 3 months apart
 - Offer is limited to New York State residents, 18 years of age or older regardless of insurance status.
- **Quitline Hours (1-866-NY-QUITS)**
 - Monday-Thursday, 9:00 AM – 9:00 PM
 - Friday-Sunday, 9:00 AM-5:00 PM

<http://www.nysmokefree.com/>

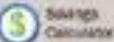
Now smokers can
Call or click to quit!

 **1-866-NY-QUITS**
(1-866-697-8487)

 **FREE Online Quit Plan**
nysmokefree.com

 **Nicotine Patches**

www.nysmokefree.com
24-7 Online and personalized quit plan

 New York State Smokers' Quitline
 Coaches Forum  Check  Blog  Savings Calculator