

## **13-Week Cognitive Behavioral Therapy Group Treatment for Smoking Cessation**

**Designed to Be Used with Individuals with Schizophrenia Participating in the Varenicline Study**

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### Thirteen-Week Group Cognitive Behavioral Smoking Cessation Treatment

This is a 14-session open treatment smoking cessation protocol consisting of 13 groups and 1 individual session. Table 1 indicates the schedule for group, the individual session and distribution of medication during this trial. Sessions are anticipated to last approximately 90 minutes (20-30 minutes of which are dedicated to completing forms and to distributing medication), and the individual session is scheduled to be approximately 30-45 minutes.

Table 1. Schedule of 13 Groups, 1 Individual Session and Medication Distribution

Week	1	2	3	4	4.5	5	6	7	8	9	10	11	12	13
Group	X	X	X	X		X	X	X	X	X	X	X	X	X
Indiv.					X									
Meds	X	X	X	X		X	X	X	X	X	X	X	X	
Dose	.5 mg qd x3 days .5 mg bid x4 days	1 mg bid	1 mg bid	1 mg bid	1 mg bid	1 mg bid	1 mg bid	1 mg bid	1 mg bid	1 mg bid	1 mg bid	1 mg bid	1 mg bid	**

\*\*At week 13, participants with 2 weeks of being continuously quit are randomized to receive study medication (varenicline or placebo)

This treatment protocol is designed specifically for persons with schizophrenia. The program has been developed to take into consideration the common cognitive deficits associated with schizophrenia including problems of attention, concentration, memory and planning, and difficulties in the ability to understand complex information. Attention has been given to the unique role that smoking can play in the lives of those with schizophrenia specifically, in terms of its relationship to psychiatric symptoms and medication side effects, and the potential for heightened sensitivity to effects of nicotine withdrawal.

- The program is intended to be clear, structured, supportive and interactive.
- New information is presented simply and clearly and repeated several times.
- Multiple methods of teaching (including handouts, index cards, visual aids, role-plays and group discussions) are used to increase attention and comprehension.
- The degree to which each participant understands what is being discussed is assessed multiple times throughout each group.
- Choices are limited to cope with decision-making deficits and to decrease feelings of being overwhelmed.
- Hand-outs, prompts, schedules and diaries are used to aid memory.
- Individual coping strategies are clarified, repeated, and rehearsed in sessions to insure that participants are adequately prepared to use skills learned in a real-world setting.
- Group members are trained problem-solving skills to facilitate smoking cessation.
- Exercises are practiced in-group before being assigned as homework.

- Group leaders are familiar with the interaction between smoking and mental illness.
- Group leaders for such a group will be best suited if they have clinical experience with individuals who have schizophrenia, are proficient in running CBT groups, and have a strong knowledge of smoking cessation techniques.

This manual was developed from both clinical experience and other smoking cessation manuals. The work of Jean Addington, Ph.D. (Department of Psychiatry, Foothills Hospital, Calgary NW, Alberta), the Smokebusters Program (Hamilton, Ontario), and Thelma Tisdale, R.N., M.P.H. of the Quit Smoking Program at Massachusetts General Hospital were particularly helpful.

## Smoking Cessation Protocol Overview

### **Session One** (Week 01)

- Completion of weekly smoking self-report form
- CO measurement and report of adverse events
- Guest Speaker – Introduction/Visit 1 of 2
- Introduction of group leaders and participants
- Orientation and group rules
- Reminder of quit date (between sessions 4 and 5)
- What is Carbon Monoxide?
- Medication distribution and instructions
- Review importance of adherence with study medication and regular psychiatric medication
- Review of session, Quiz 1
- Homework:* Goal of taking medication (study medication + regular psychiatric medication) exactly as prescribed

### **Session Two** (Week 02)

- Completion of weekly smoking self-report form
- CO measurement and report of adverse events
- Review previous session
- Review use of medication and troubleshoot non-/partial adherence
- Introduction to discussion of triggers
- Create awareness of smoking: self-monitoring
- Benefits of quitting
- Barriers to quitting
- 4 Ds
- Reminder of quit date (between sessions 4 and 5)
- Review of session, Quiz 2
- Homework:* Pack wraps assignment; Review “5 Reasons” index card and practice strategies for coping with urges “4Ds”

### **Session Three** (Week 03)

- Completion of weekly smoking self-report form
- CO measurement and report of adverse events
- Review use of medication and troubleshoot non-/partial adherence
- Review previous session
- Review pack wraps, 4Ds and 5 Reasons assignments
- Physical withdrawal
- Coping with withdrawal symptoms
- Things to do instead of smoking
- Review of session, Quiz 3
- Homework:*
  - Pack wraps assignment
  - Choose one item to use from “things to do instead of smoking”
  - Use "When I feel like smoking, I will..." Index card
  - Continue to review 5 Reasons and practice skills from 4Ds

### **Session Four** (Week 04)

Completion of weekly smoking self-report form  
CO measurement and report of adverse events  
Review use of medication and troubleshoot non-/partial adherence  
Review previous session and homework  
Preparing to quit  
Review of session, Quiz 4  
Schedule individual session to plan quit day  
*Homework:* Attend individual session  
Use index cards

**Individual Session (Week 4.5)**

Completion of weekly smoking self-report form  
CO measurement and report of adverse events  
Review use of medication and troubleshoot non-/partial adherence  
Plan quit day  
Sign quit day contract  
Plan supportive phone call 12-24 hrs after quit attempt  
Distribute “survival kit”  
*Homework:* quit attempt; use survival kit and index cards

**Session Five (Week 05)**

Completion of weekly smoking self-report form  
CO measurement and report of adverse events  
Review use of medication and troubleshoot non-/partial adherence  
Review previous session  
Review and troubleshoot quit attempt  
Review homework of assignment consistent with coping with slips or remaining quit  
Advantages of Quitting handout  
Review of session, Quiz 5  
*Homework:* Assignment consistent with coping with slips or remaining quit

**Session Six (Week 06)**

Completion of weekly smoking self-report form  
CO measurement and report of adverse events  
Review use of medication and troubleshoot non-/partial adherence  
Review previous session  
Review and troubleshoot quit attempt  
Guest Speaker  
Review homework of assignment consistent with coping with slips or remaining quit  
Coping with high risk situations  
Review of session, Quiz 6  
*Homework:* Identify and plan for a high-risk situation

**Session Six (Week 07)**

Completion of weekly smoking self-report form  
CO measurement and report of adverse events  
Review use of medication and troubleshoot non-/partial adherence  
Review previous session

Review and troubleshoot quit attempt  
Review homework of assignment consistent with coping with slips or remaining quit  
Coping with triggers and high risk situations (problem-solving)  
Review of session, Quiz 7  
*Homework:* Assignment consistent with coping with slips or remaining quit

**Session Eight (Week 08)**

Completion of weekly smoking self-report form  
CO measurement and report of adverse events  
Review use of medication and troubleshoot non-/partial adherence  
Review previous session  
Review and troubleshoot quit attempt  
Review homework of high-risk situation coping plan  
Coping with stress  
Review of session, Quiz 8  
*Homework:* Practice stress management skill

**Session Nine (Week 09)**

Completion of weekly smoking self-report form  
CO measurement and report of adverse events  
Review use of medication and troubleshoot non-/partial adherence  
Review previous session  
Review and troubleshoot quit attempt  
Review homework of stress management skill practice  
Review smoking issues specific to those who are mentally ill  
Building a healthy lifestyle  
Review of session, Quiz 9  
*Homework:* Implement one healthy behavior change in exercise/diet

**Session Ten (Week 10)**

Completion of weekly smoking self-report form  
CO measurement and report of adverse events  
Review use of medication and troubleshoot non-/partial adherence  
Review previous session  
Review and troubleshoot quit attempt  
Review homework of healthy behavior change practice  
Coping with psychiatric symptoms handout  
Problem solving around coping with psychiatric symptoms  
Review of session, Quiz 10  
*Homework:* Assignment consistent with coping with slips or remaining quit

**Session Eleven (Week 11)**

Completion of weekly smoking self-report form  
CO measurement and report of adverse events  
Review use of medication and troubleshoot non-/partial adherence  
Review previous session  
Review and troubleshoot quit attempt  
Review homework of assignment consistent with coping with slips or remaining quit

Relapse prevention (Slips v. Relapse)  
Problem solving around coping with slips  
Review of session, Quiz 11

*Homework:* Assignment consistent with coping with slips or remaining quit

**Session Twelve** (Week 12)

Completion of weekly smoking self-report form  
CO measurement and report of adverse events  
Review use of medication and troubleshoot non-/partial adherence  
Review previous session  
Review and troubleshoot quit attempt  
Review homework of assignment consistent with coping with slips or remaining quit  
Relapse prevention (Progress Letter)

Review session, Quiz 12

*Homework:* Assignment consistent with coping with slips or remaining quit

**Session Thirteen** (Week 13)

Completion of weekly smoking self-report form  
CO measurement and report of adverse events  
Review use of medication and troubleshoot non-/partial adherence  
Review previous session  
Review and troubleshoot quit attempt  
Review homework assignment consistent with coping with slips or remaining quit  
Relapse prevention  
Identifying sources of support  
General review  
Certificates of completion

## **Orientation (Week 1): Smoking Cessation Protocol**

### Materials:

Name tags and permanent marker  
Forms for data collection  
CO monitor, straws, and discard cups  
Write-on/wipe-off board and markers  
Appointment cards for next session  
Payment for attendance

### Handouts:

“Welcome to the Stop-Smoking Group”  
“Carbon Monoxide and Smoking”  
"What Should I Know about Varenicline (Chantix)?"  
"Strategies for Taking My Medication as Prescribed"  
Session One Quiz

### Goals:

1. Introduce group leaders and participants
2. Overview of group format, schedule and rules (quit date between sessions 4 and 5)
3. Carbon monoxide testing and discussion (see handout)
4. Introduce guest speaker
5. Medication information and discussion of strategies to promote adherence
6. Review session

### Home Practice:

1. Take medication as prescribed and bring in bottle/pill box for study pill count to next session

### Data Collection (15 minutes)

The leader’s goal is to have participants complete the as much of the data collection (carbon monoxide level, smoking self-report form, and adverse events) before group. However, most of the time a portion of group time will be required for this task. In an effort to increase participant’s understanding of how their carbon monoxide (CO) level varies with their smoking behavior, it is preferable that the participants themselves (rather than the group leaders) record carbon monoxide levels on this questionnaire (and in a table at the front of their binder) with group leader supervision.

Group leaders let participants know that each week the group leader will ask whether or not participants had any serious medical (or psychiatric) problems in the past week. (This is done to assess for adverse events (AE) using the AE form for the study). Because some individuals may be embarrassed to report on this information in front of the group, group leaders tell participants that any time they would prefer to talk to the group leader privately, all they need to do is say “Can I talk with you about that later?” and the leader will meet with him/her individually for a few minutes after group. At this first group, physical complaints and medication usage (outside of usual regimen) are assessed to provide a true baseline and help inform whether or not subsequent



complaints are likely attributable to medication.

Weekly screening is conducted to assess for adverse events (AE) and group leaders complete the AE form. Follow-up questioning is done on all “open” AE’s, that is symptoms that were reported in a previous week as unresolved. (It is often helpful for the group leader to have a calendar on hand to identify dates.) We have found questions like: “Did you have any serious medical or psychiatric problems in the past week?” useful. Group leaders should also record any unscheduled doctor’s appointments or trips to the ER as an AE. Hospital admission (medical or psychiatric) or a life-threatening event qualifies as a serious adverse event. If this occurs it is important that the group leader adhere to the reporting requirements outlined by the institutional review board (IRB) at his or her site.

#### Introduction of Group Leaders and Participants (10 minutes)

Welcome members and distribute nametags. Leaders introduce themselves and ask participants to tell the group their first names. Group leaders should try to establish credibility at this meeting by sharing with the group their past experience in helping people quit smoking. Because group situations can be difficult for many people diagnosed with schizophrenia, the group leader makes an effort in this baseline session not to “put anyone on the spot” and is therefore apt to do a lot of the talking in the early part of the session. The leader provides an overview of the smoking cessation program and responds to any questions. Main points to cover include: the setting of a quit date approximately three and a half weeks from today (give group an idea of what the date will be), and the rationale for waiting a couple of weeks to set the quit date (e.g., people need to learn strategies so that they are prepared for their quit date). In our experience, often participants show up for the first group expecting to quit right away and they are sometimes disappointed to hear that they are going to be asked to wait at least three weeks to set a quit date. It is imperative that group leaders communicate the rationale for the timing of the quit date and secure a commitment from participants to refrain from making dramatic reductions in their smoking behavior prior to this quit date. Stress the importance of patience and the value of preparation in increasing the likelihood of success. Remind participants that they have been smoking for many years and that expecting to change the behavior overnight, without the aid of medication and skills, may be unrealistic and set them up for a high likelihood of failure.

Review the "Welcome to the Stop Smoking Group" handout and encourage participants to take this handout home and post in a visible location (e.g., on the refrigerator, next to the phone, next to the calendar) since it lists the study staff phone numbers.

#### Introduction of Guest Speaker (5 minutes)

A guest speaker, a patient who previously completed this program and successfully quit smoking (and who remains quit currently) will visit the group. Guest speakers are wonderful motivators and sources of information. It is preferable to choose a speaker who has been through this program and has successfully quit (even if he or she quit after the program ended).

The group leaders will introduce this person, and highlight the importance of having a model to demonstrate that a successful quit is possible and to increase motivation. The guest speaker will briefly describe how he/she was able to successfully quit smoking in this program and will offer encouragement to the group members. Group members will be told that the guest speaker will return at Session 6 to give a longer presentation, answer questions, and provide more information about how to quit and stay quit.

### Overview of Group Format, Schedule, and Rules (15 minutes)

Participants are provided with the names and telephone numbers of the group leaders and are invited to call if they have any questions or concerns at any point over the next few weeks. Group time, dates, and location are specified. Participants are told that they will receive payment (\$5) for each group that they attend on time (no more than 10 minutes late).

Group members read the rules aloud and are encouraged to discuss any concerns.

The importance of confidentiality, attendance, and participation is emphasized. Participants are instructed not to use people's names when talking about the group outside of the group. The importance of attendance, even in the case of poor progress or relapse is stressed. At this point, the group leader seeks a verbal commitment from participants to attend all groups. In the event that someone believes they will need to miss a future group, an effort is made to schedule an individual make-up session for that group, although each participant is limited to **one** make-up individual session with a clinician during the program. (\*We typically **do** pay individuals the \$5 for attending a make-up session with a clinician.) In the event that an individual session can not be arranged, participants are instructed to see the research coordinator to complete forms and to receive study medication.

Group leaders predict that participants are likely to have the impulse to skip a group when they feel that they are not making enough progress. Group leaders point out that these are the times that it is most important to attend because overcoming difficulty is one of the main skills learned in the group. Participants are told **“The more you attend, the more likely you will be able to stop smoking.”** The importance of a positive, supportive, respectful group is emphasized and participants are instructed to support one another, speak one at a time, and avoid criticism of other group members.

Each member is prompted to discuss the factors that influenced him/her to join the group at this time. Smoking behavior is assessed, including the current and past number of cigarettes smoked per week, types of cigarettes smoked, ways in which cigarettes are smoked (e.g., do they remove the filter?), places where they smoke, and previous attempts at quitting smoking. Participants are asked to identify and evaluate the effectiveness of strategies they have used in their previous attempts to quit smoking. Group leaders assess those situations that triggered the resumption of smoking. Leaders highlight common experiences to increase trust and cohesion within the group. Group leaders also emphasize how this quit smoking program differs from past experiences in order to provide hope that participants can be successful.

Sometimes participants will ask the leader if they will be “kicked out” if they don't quit smoking. People with schizophrenia can be exquisitely sensitive to failure experiences and it is very important that the group leaders makes it clear that as long as people continue to try to quit they will not have to leave the group. **However, it is a requirement of the program is that no one misses 14 days of study medication. (This means that participants who do not attend 2 consecutive groups (and do not make these up as individual meetings) are discontinued from the group. However, it is important that these individuals continue to participate in research interviews.**

**Leader Note about Quit Date:** Although the quit date is designed to take place between Session #4 and #5, some group members will want to quit earlier than that, and in some cases, will have

quit on their own prior to the scheduled quit date. In this situation, it is important for the group leader to do the following: 1) commend the group member for his/her motivation and dedication; 2) explain the rationale for setting the quit date between Sessions 4 & 5 (e.g., chance for participant to get used to the medication and its effects on decreasing craving and enjoyment of cigarettes, CBT skill development and practice; 3) highlight the importance of having a solid quit plan, a healthy quitting environment, the necessary tools and materials (e.g. notecards, survival kit), and skills; in order to maximize success and keep morale high, and 4) suggest the group member wait for the appropriate date. Sometimes, group members are open to this rationale and willing to wait. In other cases, clients are adamant about quitting immediately (especially if they have had several unsuccessful attempts in the past, are excited about varenicline, or have been waiting for the cessation program to start for some time). If a participant insists on quitting prior to the quit date, the group leader should encourage their efforts, while reminding them that their individual quit meeting will take place after session 4. (See Session 4.5 for details on how to organize the individual quit meeting when the client has already made a quit attempt.)

#### Carbon Monoxide Testing (15 minutes)

Distribute “Carbon Monoxide and Smoking” handout and have group members read aloud in turn. The group leader demonstrates the proper technique for using the CO monitor twice and then each member’s CO level is tested and participants are shown where to record the level on the smoking behavior self report form.

A group leader might educate participants about carbon monoxide as follows:

*Carbon monoxide (CO) is an odorless, colorless poison that is produced from burning material (like cigarettes) and is harmful to your body at high concentrations. Everyone has some exposure to CO but smokers have an increased amount of it in their bodies and it takes the place of oxygen in the blood. The more CO you have in your system, the less oxygen the blood can carry. Less oxygen in your blood means more strain on your heart and brain.*

*We will be using carbon monoxide testing in this program because it is a quick and easy way to measure changes in smoking habits. It’s a way to actually see the positive benefits that quitting smoking has on your body and a good motivator for continued work on quitting.*

After having read the handout and the leader having summarized the information, the leader will ask questions of the participants to check on their understanding of the material. For example, the leader might ask “What is CO?” “Where does it come from?” “Who has more CO in their lungs, a smoker or a non-smoker?” “How long does it take for carbon monoxide to leave the body once a person quits smoking?” For participants who demonstrate difficulty learning this material, the leader might frame the question as a forced-choice, for example, “Is 2 the CO of a smoker or a non-smoker?” Group leaders praise correct responses as well as effort at this early stage of the group. In subsequent groups, however, the group leader shifts to praising correct responses more than effort in order to shape the group’s behavior.

#### Medication Instructions and Distribution (15 minutes)

Group leaders review handout "What Should I Know about Varenicline (Chantix)?" checking

comprehension of key facts and responding to participants' questions. Varenicline is a nicotine partial agonist--this means that it interacts with nicotine receptors in the brain like nicotine and blocks the effects of nicotine at the same time. Varenicline decreases cravings to smoke, decreases the enjoyment of a cigarette (when an individual smokes a cigarette while taking Varenicline), and may improve memory and attention.

Varenicline should be taken as follows: 1) one .5 mg pill before bed for the first 3 days, 2) two .5 milligram pills (morning and evening) for the next 4 days and 3) two 1.0 pills (morning and evening) for the remainder of the open treatment phase. Study medication should be taken with a full glass of water and after having eaten something. The most common side effects of Varenicline (> 5% and 2x rate of placebo) are: nausea, sleep disturbance, constipation, gas and vomiting. In the event of a missed dose, participants should skip the missed dose and take the next scheduled dose. It is important not to take two doses (of the 1.0 mg pill) at the same time. There are no known drug-drug interactions. Encourage participants to continue taking Varenicline even if they think it is not working.

#### Medication Compliance (10 minutes)

Assess where patients keep their other medication and how they take it. Barriers to compliance are identified and targeted with a problem-solving approach. Participants are instructed to keep varenicline with their other medications. Behavioral tailoring is used to link medication taking with a daily ritual (e.g., taking with morning coffee or placing it on a nightstand just before going to bed.) This may be especially important for participants who are only partially compliant with their other medications. Review "Strategies to Take Your Medication as Prescribed" handout.

**REMEMBER IF THEY MISS MORE THAN 2 WEEKS OF MEDICATION, THEY WILL NOT BE ALLOWED TO CONTINUE IN THE GROUPS.** Patients are informed that they should bring their pill bottles or pill boxes to every group and that pill counts will be performed to confirm patient report of medication compliance.

It is useful if the site psychiatrist can sit in on this portion of the group to answer any questions and reassure participants about concerns they may have about taking the study medication.

In addition to reviewing the importance of study medication compliance, the importance of compliance of regular medications, both psychiatric medications and medications for other indications, is also reviewed at this time. A complete inventory of all medications for each participant will have been taken at screening and will have been confirmed with patient physician and psychiatrist. This list of all patient medications will be attached to patient adverse events tracking forms at each group. At each group, patients are asked about whether they took the indicated doses of their regular medications during the week. Study physicians meet with patients and contact patients' psychiatrists and physicians when problems with regular medication compliance arise.

#### Review of Session (5 minutes)

Remind group members that the target Quit Date will be between Sessions 4 and 5. Stress that by that time, they will have the skills to do so and repeat your confidence that they can do it. Ask participants what they remember and briefly summarize main points. For example, How many times will the group meet? When is the quit date? What is CO? Have participants take Quiz 1 and review responses in session, correcting incorrect responses.

Remind group members about the next session date, time, and location. Distribute appointment cards. Collect remaining data and pay participants for attendance.

## Session Two: Smoking Cessation Protocol

### Materials:

Name tags and permanent marker  
Forms for data collection  
Rubber bands  
Calculator  
CO monitor, straws, and discard cups  
Write-on/wipe-off board and markers  
Appointment cards for next session  
Payment for attendance

### Handouts:

"Psychological Triggers"  
"Coping with Triggers"  
"Pack Wraps"  
"Excellent Reasons to Become a Non-Smoker"  
"5 Reasons I Want to Quit" (Index Card)  
"4 D's of Quitting Smoking" (Handout and Index Card)  
Session Two Quiz

### Goals:

1. CO Testing and Completion of "Smoking Self-Report"
2. Screen for adverse events
3. Review use of medication and troubleshoot non-/partial adherence
4. Review previous session
5. Provide rationale for self-monitoring smoking behavior ("Pack Wraps")
6. Review benefits of quitting and identify personal reasons for quitting
7. Review barriers to quitting
8. Introduce 4Ds
9. Review of session

### Home Practice:

1. Use 5 Reasons to Quit card and 4Ds card to increase motivation and practice new skills
2. Complete Pack Wraps and/or collect and bring in empty packs

### Completion of Data Collection Forms (15 minutes)

(Refer to Session One)

### Medication Compliance (5 minutes)

Study and general medication compliance is assessed. Problem-solve around barriers.

### Review of Previous Session (5 minutes)

Ask participants what they remember of the previous session. The main topics covered during

Session One were: overview of group program, information about how Varenicline works and carbon monoxide.

### Identifying Triggers (10 minutes)

Review the concept of triggers. Describe triggers as cues (internal or external) associated with cravings for cigarettes (e.g., pictures of food can make people hungry). Triggers are situations that have become attached to smoking through practice: when you experience the situations again as a nonsmoker, your brain will send “reminders” to smoke for a while. These triggers are what make changing a smoking habit so difficult.

For example, let’s say that in the past a person always smoked when he was feeling lonely. This person is very motivated to stop smoking but when feelings of loneliness occur, he encounters a very strong trigger to smoke. This is because feelings of loneliness have been strongly connected with smoking.

Ask members to name some of their triggers by reviewing their pack wraps. Note that triggers can include places, feelings, activities and things. Write these on the flip-chart/board. Examples might include:

- drinking coffee or alcohol
- feeling bored, lacking motivation
- experiencing anxiety, anger, or depression
- being around friends who smoke
- seeing people smoke or seeing cigarettes on a table
- sitting in a place where you always smoked in the past
- talking on the phone
- being at parties
- thoughts such as “one cigarette won’t hurt”
- after a meal

Have participants review the “Psychological Triggers” handout by reading aloud as a group. Ask each group member to put a check or mark each trigger that they have noticed applies to them. Next, ask participants how they have coped with triggers over the past week. Have the group read aloud the “Coping with Triggers” handout and ask participants which of these strategies they can picture themselves using in the future to cope with triggers (e.g., self-talk “This urge will pass if I wait” or “I can get through this”, avoid, escape, or do something else).

### Creating Awareness of Smoking: Pack Wrap Monitoring Assignment (15 minutes)

Have group members think back and try to remember the very first cigarette they ever smoked. If someone is willing, have them talk about what that was like (e.g., coughing, feeling nauseated). Use this example to help group members understand that just as they learned the habit of smoking through practice, they will need to unlearn the same habit through practice. Segue into using pack-wraps as a way of learning NOT to smoke by becoming more aware of the behavior. Mention the concept of identifying patterns of use with the goal of identifying the triggers that are unique for each group member.

Discuss the importance of monitoring personal smoking habits (time, number, desire, activity, and feelings) in order to understand their habit. Make the point that understanding the habit can make it easier to change. Verify that participants understand the rationale for keeping track of their smoking and emphasize that they are doing it mainly because it will help them to change their smoking behavior. Leaders may draw on past experience and tell participants that **people who keep track of their smoking are better able to decrease their smoking.**

The leader demonstrates what to write on the pack-wrap form by walking each group member through the exercise based on the last cigarette he or she smoked (usually just before group). For this exercise, the group leader records the information on the dry-erase board and at the end of the exercise, the individual copies this information on their pack-wrap form in space #1. After going through a demonstration with all participants, discuss the things that might get in the way of recording the number of cigarettes (e.g., afraid not doing a good enough job on it, not enough time). Problem-solve around identified barriers. Correct misperceptions and use cognitive techniques to modify dysfunctional beliefs surrounding self-efficacy, hopelessness, low expectations of success, etc. For homework, participants are instructed to keep a pack wrap on at least their next 19 cigarettes. (Group leaders make sure that this is a realistic goal for the participants.) It is important that participants realize that their assignment is to record what they were doing and how they felt **before smoking the cigarette**—“**YOU WRITE IT BEFORE YOU LIGHT IT.**” One way to facilitate recording is for participants to wrap the pack-wrap and rubber band around the pack lengthwise, such that the pack wrap will need to be removed in order to extract a cigarette from the pack.

If this activity seems too difficult for some members due to disorganization or literacy, the self-monitoring assignment can be modified to using a simplified form or saving empty packs and bringing them to the next meeting. In addition, participants who opt to save packs can be instructed to track how they felt and what they were doing on at least two occasions before having a cigarette.

#### Reasons for Quitting, Benefits (10 minutes)

Distribute handout “Excellent Reasons to Become a Non-Smoker”

Use a flip chart to generate uncued responses to the question: “What are the benefits of quitting smoking?”

Examples may include:

- Lowered risk of health problems: Heart and lung disease, cancer, etc.
- More public places are becoming smoke-free
- Fewer fire risks
- Walking and exercising will be easier
- Other people will get off my back about quitting
- Fewer wrinkles
- No more coughing
- I want to conquer this addiction, more control
- Less stained fingers
- More money in my pocket
- Taste and smell will improve
- No more feeling guilty
- Fresher breath, cleaner teeth
- I’ll be a good example to others
- Sweeter smelling hair, clothes, and home



### Calculator Money Saving Exercise (5 minutes):

Group leaders use the flip-chart/board to lead a small demonstration of how expensive smoking really is: calculate how much money group members spend per week on cigarettes and then calculate how much is spent per year. Calculate amount of money (using calculator) for each group member (unless he/she objects). Discuss what could be purchased with that amount.

After group members have exhausted their own responses, pass out the “Benefits of Quitting” handout. Note aloud that the participants knew most, if not all, of the reasons listed on the handout.

### Identify Each Participant’s 5 Most Important Reasons to Quit [CARD] (10 minutes)

Identifying personally with the benefits of quitting smoking will enhance motivation to quit. Ask each participant to identify the five strongest motivators for quitting for him or her, personally. Stress that these reasons seem to be “forgotten” when one is experiencing a strong urge and that reminding oneself about the importance of quitting will help them get through urges.

Encourage participants to be specific about their reasons for quitting. For instance, if a member states that smoking is “too expensive,” ask what would be purchased with the money that is currently used to buy cigarettes.

Participants are asked to identify their most important reasons to quit and to record them on an index card titled “My Reasons to Quit.”

Ask group members to carry the cards with them over the following week (in their coat, purse, or pocket) or display it in a prominent place in the home. Stress the importance of always having the card with them and of reading it multiple times during the day, especially when having an urge to smoke. Have each group member put the card in a pocket and “practice” pulling it out and reviewing the information aloud or silently. Ask each participant for a time of day or activity that they can imagine themselves looking at the card and establish this as a cue to look at the card.

### Dealing with Barriers to Quitting (5 minutes)

Participants are asked to review past attempts to quit smoking and to identify factors that have made it difficult to remain quit. Leaders explain that many people have experienced barriers that made it difficult for them to change their smoking behavior. Brainstorm within the group and record identified barriers on the dry erase board. Barriers may include aspects of quitting that are difficult as well as positive aspects of smoking that will be hard to give up.

Examples may include:

- Fear of weight gain
- Previous failures
- Anxiety and stress
- Irritability or bad temper
- Fear that symptoms of mental illness will worsen
- Being around other people who smoke
- Discomfort from physical withdrawal symptoms
- Low self-confidence
- Pressure from others to smoke

Acknowledge that quitting smoking will be difficult but that it can be done. Build confidence that the program will teach participants the skills they need to “knock down” these barriers. Reinforce the idea that the benefits to quitting smoking are worth giving it all their determination.

Leader Note: People who have schizophrenia are often socially isolated, have low self-confidence, have few sources of positive reinforcement and may experience a strong fear of failure. Although these qualities are seldom mentioned openly as barriers to quitting, they often make quitting smoking all the more difficult for people in this population. It is also important to keep in mind that for individuals with schizophrenia, the anticipation of increased stress and/or a worsening of psychotic, anxiety, or mood symptoms may impede smoking cessation efforts. Review of our commitment to closely monitor their psychiatric symptoms so that they remain clinically stable during the quit attempt may be important.

Skills for Coping with Urges: “The 4Ds” (5 minutes)

Teach the 4 D’s for dealing with urges: 1) Deep breathing, 2) Drink fluids, 3) Delay, 4) Do something else. Have group members recite these several times and distribute a pre-printed index card to be carried. Assign the homework of practicing the 4Ds in order to build skills to cope with urges once they quit.

Preparation for Quit Date (Between Sessions 4 and 5), Review of Session and Distribute “Session Two Quiz” (5 minutes)

Remind group members that the target Quit Date will be between Sessions 4 and 5.

**Leader Note about Quit Date:** (See Session 1 for instructions regarding how to handle the situation of a participant wanting to quit prior to the quit date.)

Ask participants to review what they remember from the current session. Review correct answers to quiz as a group. Ask participants to repeat what they will do between the current session and the next session and repeat the task aloud several times: Refer to index cards (5 Reasons and 4Ds) and complete pack wraps/bring empty packs to next session.

Remind group members about the next session date, time, and location. Distribute appointment cards. Collect remaining data and pay participants for attendance.

## Session Three: Smoking Cessation Protocol

### Materials:

- Name tags and permanent marker
- Forms for data collection
- CO monitor, straws, and discard cups
- Write-on/wipe-off board and markers
- Appointment cards for next session
- Payment for attendance

### Handouts:

- "Physical Withdrawal Symptoms"
- "Coping with Physical Withdrawal Symptoms"
- "Things to Do Instead of Smoking"
- "When I feel like smoking, I will" [Index Card]

### Goals:

1. CO Testing and Completion of "Smoking Self-Report"
2. Screen for adverse events and troubleshoot compliance issues
3. Review previous session and homework
4. Outline possible withdrawal symptoms and how to cope with withdrawal
5. Identify things to do instead of smoking
6. Review of session

### Home Practice:

1. Participate in an alternative activity to smoking
2. Continue to use index cards and employ skills
3. Pack wraps

### Completion of Data Collection Forms (10 minutes)

(Refer to Session 1.)

### Review of Medication Compliance (5 minutes)

Study and general medication compliance is assessed. Problem-solve around barriers.

### Self-report of Smoking, Review of Pack Wraps, Review of Last Session (10 minutes)

Ask participants what they remember of the previous session. Briefly review material covered to date and elicit questions from group members. The main topics covered during Session Two were: triggers, self-monitoring of smoking behavior, benefits and barriers to quitting and the 4Ds.

Review each participant's use of the pack wraps. Discuss and problem-solve difficulties encountered. Collect pack wraps, reinforce (praise) efforts, and encourage continued use (at minimum through Session 4). Correct any misunderstandings.

Monitoring of cigarettes: How much did they smoke last week? What did they learn about their habit? Did they notice any patterns? How can this information be used to improve the plan to

quit smoking?

### Coping with Physical Withdrawal (25 minutes)

Discuss the concept of smoking being both a physical addiction and a psychological habit. Stress the necessity of coping with both physical cues and psychological cues.

Explain the concept of withdrawal. Describe withdrawal as the body's physical cue to smoke. It is the body's reaction to not getting something that it has become dependent upon or is very used to having. When people smoke, nicotine collects in the blood; as the level of nicotine in the body decreases, cravings to smoke intensify. Smoking immediately gratifies the craving and replaces the nicotine in your blood.

As group members begin to cut back on their smoking, there are a number of withdrawal symptoms that may emerge (although varenicline should lessen the frequency and/or intensity of withdrawal symptoms). Ask about group members' past experiences with cutting back or quitting and any resulting physical reactions. Have them brainstorm all the withdrawal symptoms that they have experienced in the past or that they are concerned about experiencing during this quit attempt. Write these on the flip-chart/board. Symptoms may include:

- physical cravings
- cranky, moody, tense
- difficulty concentrating
- restlessness
- coughing
- tingling fingers and itching scalp
- hunger
- insomnia
- dizziness
- constipation

Emphasize the following:

- most people do not experience severe symptoms
- there are ways to cope
- cravings tend to lessen with time (within 2 to 4 weeks)
- most serious withdrawal symptoms typically only last 3 days
- the benefits of cutting back and quitting outweigh temporary discomfort when you have smoked for a long time, it is expected that it will take time for the body to adjust to a healthier state
- we expect varenicline to help lessen cravings significantly

Have participants take turns reading aloud the handout "Physical Withdrawal Symptoms."

Group brainstorm strategies to deal with the withdrawal symptoms generated by the group. Handout the "Coping with Withdrawal Symptoms" worksheet and read aloud in the group.

Leader note: It may be difficult to distinguish withdrawal symptoms from symptoms due to stress or exacerbation of psychiatric symptoms. The mental status of each member needs to be monitored carefully as the group begins to reduce nicotine intake. The risk for depression induced by nicotine withdrawal may be elevated in this population. In addition, delusional ideas

about quitting smoking may be disclosed (for example, “If I don’t quit smoking now, I’ll be put in prison.”) Open communication with group members is essential. Dependent upon level of distress and symptom exacerbation, contact with other mental health workers who work with the individual (psychiatrists, doctors...) may be necessary.

#### Things to do Instead of Smoking (20 minutes)

Initiate a discussion around the importance of increasing pleasant events in one’s life. This is especially important when one is attempting to quit smoking because it can keep the person busy (keep them from smoking) and can serve as a reward for not smoking. Help participants generate a list on the board of possible pleasant activities. Highlight that the activities can be small (e.g. sitting in the park or taking a bubble bath) and do not necessarily need to cost money or be time-consuming.

Pass out the handout “Things to Do Instead of Smoking.” Review the suggested activities with group members and encourage them to underline, star, or circle those activities that appeal to them. Assign for homework the completion of one activity to replace smoking in the coming week.

Use this opportunity to distribute an index card with the heading "When I feel like smoking, I will..." and have participants fill in 5 things that they can do instead of smoking.

Leader Note The concept of self-reward/self-reinforcement may be new to people with schizophrenia due to negative symptoms such as anhedonia or depression, and/or limited financial resources. In addition, for smokers, cigarettes are often used exclusively as rewards, so it may be difficult for participants to generate a list. Group leaders can get the list started by discussing simple things that are low-cost and then encourage the participants to brainstorm other ideas.

**Leader Note about Quit Date:** (See Session 1 for instructions regarding how to handle the situation of a participant wanting to quit prior to the quit date.)

#### Review and Distribute “Session 3 Quiz” (5 minutes)

Review topics covered in session and homework assignment of completing an activity to replace smoking. Review correct answers to quiz as a group.

Review homework: Continue Pack wraps assignment, Choose one item to use from “things to do instead of smoking” to implement, Use "When I feel like smoking, I will..." Index card, and Continue to review 5 Reasons and practice skills from 4Ds

Remind group members about the next session date, time, and location. Distribute appointment cards. Collect remaining data and pay participants for attendance. Have participants repeat back these instructions.

## **Session Four: Smoking Cessation Protocol**

### Materials:

- Name tags and permanent marker
- Forms for data collection
- CO monitor, straws, and discard cups
- Write-on/wipe-off board and markers
- Appointment cards for next session
- Payment for attendance

### Handouts:

- "Preparing to Quit"
- "Checklist for Quit Day"

### Goals:

1. CO Testing and Completion of "Smoking Self-Report"
2. Screen for adverse events and troubleshoot compliance issues
3. Review previous session and homework
4. Schedule individual session to plan quit date
5. Review of session

### Home Practice:

1. Pack wraps
2. Use index cards
3. Implement preparing to quit steps

### Completion of Data Collection Forms (10 minutes)

(Refer to Session 1.)

### Review of Medication Compliance (5 minutes)

### Review Previous Session and Homework (10 minutes)

Review homework assignment of participating in an activity to replace smoking, using pack wraps and referring to and employing skills on index cards.

### Preparing to Quit (25 minutes)

Group leaders begin by reviewing the "Preparing to Quit" handout and determine whether participants want to carry out any of these suggestions (or their own idea) of something that would help motivate them for their quit attempt. Next, group leaders elicit concerns that members have about their upcoming quit attempt and emphasize the importance of laying the groundwork for a successful quit attempt. The group leader reviews each step outlined in the "Checklist for Quit Day" handout and uses the group to establish the rationale for each step. The group leader then tries to determine whether anyone has difficulty imagining completing these steps and identifies beliefs that may get in the way of doing them. For example, a participant may express the desire not to tell their friends or family members who smoke that they are quitting on a certain day. The group leader calls on the group to think about the pros and cons of not implementing these

preparatory strategies based on previous quit attempts in an effort to motivate all participants to complete all of the steps on the handout.

Review of Skills Learned to Date (25 minutes)

Leaders review the skills participants have learned since starting the smoking cessation program. Group leaders emphasize the number of skills learned and practiced as part of the group program and express confidence that these skills are going to translate into successful quit attempts.

Preparation for Quit Date (Between Sessions 4 and 5) (5 minutes)

Remind group members that the target Quit Date will be between Sessions 4 and 5, and schedule individual quit date planning session.

**Leader Note about Quit Date:** (See Session 1 for instructions regarding how to handle the situation of a participant wanting to quit prior to the quit date.)

Review of Session and Distribute “Session 4 Quiz” (5 minutes)

Review content of session and quiz. Review correct responses as a group. For homework, participants should continue completing pack wraps, reviewing index cards and should begin implementing steps outlined to prepare for their quit day. Emphasize importance of attending the individual session.

Remind group members about the date and time of their individual session as well as the next group session date, time, and location. Distribute appointment cards. Collect remaining data and pay participants for attendance. Have participants repeat back these instructions.

## **Individual Session (Between Weeks 4-5): Smoking Cessation Protocol**

### Materials:

Payment for attendance  
Survival Kit

### Handouts:

“Smoking Self-Report”  
“Survival Kits”  
“Checklist for Quit Day”  
“Quit Day Contract”  
“Quit Day Plan”  
"When I Feel Like Smoking I will..."(Index Card)  
"Individual Session Quiz"

### Goals:

1. CO Testing and Completion of “Smoking Self-Report”
2. Screen for adverse events
3. Review use of medication and troubleshoot non-/partial adherence
4. Distribute “survival kits”
5. Preparation for quit date—sign contracts/quit day plans, schedule supportive phone calls
6. Review of session

### Home Practice:

1. Quit attempt
2. Participate in follow-up call with therapist following quit date
3. Use survival kit, 4Ds, “5 Reasons I Want to Quit,” and "When I Feel Like Smoking I Will..." index cards to assist with quit attempt

### Completion of Data Collection Forms (5 minutes)

(Refer to Session One)

### Medication Compliance (5 minutes)

Study and general medication compliance is assessed. Problem-solve around barriers.

### Identifying the Participant’s 5 Best Ways to Deal with Urges (5 minutes)

Remind participants of the 4 Ds learned in the past session. Use the 4 Ds and content reviewed to date to develop a list of the 5 best coping strategies for each participant. Be sure coping mechanisms are realistic and feasible for each participant. On an index card, write “When I feel like smoking, I will...”

### Distribution of Survival Kits (5 minutes)

Distribute packages containing: bottled water, sugarless hard candies, cough lozenges, dental-work free gum, sugar free lollipops, rubber bands, toothpicks, straws, healthy snacks, non-smoker stickers, and index cards. Participants copy their reasons for quitting and ways of dealing with



urges on these survival kit index cards.

Open up the survival kits and discuss with the group how they might use each of the items to assist them in their effort to quit. Develop an individualized plan with each group member that involves use of the survival kit to assist them in the coming week. Survival kits can promote “Doing something else” (e.g., by chewing on toothpicks) or “Drinking fluids” (e.g., by carrying the water bottle and drinking instead of smoking).

Preparation for Quit Date—Sign Contracts (15 minutes)

Handout “Quit Day Plan” and talk with the participant about what he/she will do on the day that they quit (plan for morning, afternoon, and evening) by completing the Quit Day Plan on an hour by hour basis. Suggest a farewell ceremony to their cigarettes.

Help the participant plan ahead for urges by thinking through the 4 D’s.

Encourage use of all three index cards during the week when psychological cues or physical withdrawal symptoms are encountered.

Have the participant determine a date to quit and complete/sign the contract. The leader should write these dates down for their reference. Ask him/her to post the contract in a visible spot at home to remind him/her of the quit date. Participants benefit significantly from planning their quit day on an hour-by-hour basis. Use “My Quit Day Plan” to schedule activities that the participant will use for quit day and to list strategies to employ in particular high-risk situations (e.g., standing at the bus stop). Encourage the subject to set the quit date for the day (or 2 days) *prior* to the next group meeting (Session 4) and explain the rationale for this.

Leader Note: Because participants may have difficulty with spontaneously filling their time, planning activities, and/or remembering what to do on the quit date, it is crucial to spend a good deal of time helping them be as detailed as possible in their quit day planning (e.g., it is usually necessary to help them plan hour by hour and brainstorm activities to fill in their time on that day). Also help them to schedule in at least one reward that they can use on that day.

Ask the participant if it would be all right for the group leader to contact him/her during the week (preferably the day of the quit date). If he/she agrees, find out what the best times are to reach him/her and set up an appointment time for the call. Give the participant an appointment card with this information. These short phone calls can be used to increase motivation to quit, problem-solve any difficulties, reinforce the use of coping strategies and motivation to quit, and assess for potential symptom exacerbation.

Supportive phone calls should take place around 24 to 48 hours after each member has planned to quit. If participants have successfully quit, they will appreciate the support. If they have not been able to quit, the call may give them the motivation to try again before the next group.

**Leader Note about Early Quit Date:** When a group member has quit prior to this individual meeting, it is important for the group leader to hold the quit meeting anyway. In this meeting, group member and group leader mostly follow the aforementioned agenda, apart from planning the actual quit date (since this will have already taken place). Instead, the session focuses on relapse prevention and the identification of and planning for upcoming high risk situations. The

group leader helps the patient complete all the notecards and reviews the preparing to quit checklist to insure that these items have been completed. Participants are given the survival kits and the group leader and patient plan activities for the upcoming week to prevent boredom, high-risk situations, and slips. Patient and group leader should also complete and sign the quit contracts (writing the actual quit date on the form) to increase commitment and motivation. A supportive call should also be scheduled with the group member.

#### Review of Session (5 minutes)

Ask the participant what he/she remembers from the current session. Briefly summarize the main points. Ask the participant to reiterate what he/she will do between the current session and the next session and repeat the tasks aloud several times:

1. Post signed contracts in a visible place in their home
2. Follow quit day plans
3. Use the 5 reasons to quit, 4Ds, and 5 ways to cope with urges (“When I feel like smoking I will...” card)
4. Be available at the agreed upon time for a supportive phone call from the group leader
5. Reinforce medication adherence.

Remind each participant about the next group date, time, and location. Distribute appointment cards. Pay participants for attendance.

**\*LEADERS WILL CONTACT PARTICIPANTS BY PHONE BETWEEN SESSIONS FIVE AND SIX (and will continue with weekly phone calls if the participant requests them for the duration of the program—leaders should document these phone calls together with date, length, and topics discussed on the clinical contact sheets)\***

## Session Five: Smoking Cessation Protocol

### Materials:

- Name tags and permanent marker
- Forms for data collection
- CO monitor, straws, and discard cups
- Write-on/wipe-off board and markers
- Appointment cards for next session
- Payment for attendance

### Handouts:

“Advantages of Quitting”

### Goals:

1. CO Testing and Completion of “Smoking Self-Report”
2. Screen for adverse events and troubleshoot compliance issues
3. Review quit attempts
4. Review homework around pleasant activity scheduling
5. Review Advantages of Quitting
6. Review of session

### Home Practice:

1. Review revised "5 Reasons Index Card"

### Completion of Data Collection Forms (10 minutes)

(Refer to Orientation session.)

### Review of Medication Compliance (5 minutes)

### Review Previous Session (5 minutes)

Discuss information about preparing to quit

### Review of Quit Attempts and Behavioral Goal (45 minutes)

Review experience of attempting to quit and generate group discussion regarding successes and difficulties.

For those who have successfully quit smoking, encourage continued progress. Identify any upcoming high-risk situations and help them plan what they will do in these situations. Review any difficult or tempting situations in the past week and determine what they did to overcome these urges. Reinforce the strategies that worked. Assess for any cognitions that might interfere with their continued success e.g., “In the past, I’ve only been able to quit for two weeks.” Emphasize evidence that is inconsistent with this, assist participants to work on staying quit on a “one day at a time” basis.

For those who were able to cut down, encourage a quit attempt in the coming week. Proceed as in the individual session to develop a general plan for the quit day, resign a quit contract, and plan

supportive phone calls from group leaders.

For those who have not yet been able to make changes, encourage behavioral goals commensurate with preparing for quitting. Where possible, use the encouragement of group members who have quit to 'move' members who have had a more difficult time towards quitting.

Identify participants' experiences with urges to smoke over the past week and how they handled them. Determine which strategies were effective and which strategies did not work. Discussion is centered on difficulties encountered. Determine what happened when participants smoked but had planned not to, what made the particular situation so difficult, what participants could have done differently in the situation, and what can be done to avoid smoking in these situations in the future.

Use the session to remind participants of what they have learned so far and to reinforce the information through repetition. Review coping strategies.

#### Advantages to Quitting (20 minutes)

Review handout and use as a stimulus to discuss benefits that those who have quit or cut down have noticed. Link to each member's individual reason for quitting smoking in an effort to increase motivation. Make a new "My Reasons to Quit" index card, listing benefits that they had not previously considered "I am not out of breath when I walk up the stairs." Be as specific as possible. Discuss this new experience as one that will help them stay motivated to remain quit.

#### Review and Distribute "Session 5 Quiz" (5 minutes)

Review advantages of quitting and homework of reviewing a revised "5 Reasons" index card daily.

Review correct responses as a group.

Schedule supportive phone calls. Remind group members about the next session date, time, and location. Distribute appointment cards. Collect remaining data and pay participants for attendance. Homework is to review the new "5 Reasons to Quit" index card and to follow through with enacting plans to remain quit or to make another quit attempt. Have participants repeat back these instructions.

## Session Six: Smoking Cessation Protocol

### Materials:

- Name tags and permanent marker
- Forms for data collection
- CO monitor, straws, and discard cups
- Write-on/wipe-off board and markers
- Appointment cards for next session
- Payment for attendance

### Handouts:

“Coping with High Risk Situations”

### Goals:

1. CO Testing and Completion of “Smoking Self-Report”
2. Screen for adverse events and troubleshoot compliance issues
3. Review quit attempts
4. Review homework around use of revised "5 Reasons" index card
5. Identify and plan for high risk situations
6. Review of session

### Home Practice:

1. Identify and plan for a high-risk situation in the upcoming week

### Completion of Data Collection Forms (10 minutes)

(Refer to Orientation session.)

### Review of Medication Compliance (5 minutes)

### Review Previous Session (5 minutes)

Discuss last week’s session topic of quit attempts and advantages to quitting

### Review of Quit Attempts and Behavioral Goal (15 minutes)

Review experience of attempting to quit and generate group discussion regarding successes and difficulties.

For those who have successfully quit smoking, encourage continued progress. Identify any upcoming high-risk situations and help them plan what they will do in these situations. Review any difficult or tempting situations in the past week and determine what they did to overcome these urges. Reinforce the strategies that worked. Assess for any cognitions that might interfere with their continued success e.g., “In the past, I’ve only been able to quit for two weeks.” Emphasize evidence that is inconsistent with this, assist participants to work on staying quit on a “one day at a time” basis.

For those who were able to cut down, encourage a quit attempt in the coming week. Proceed as in the individual session to develop a general plan for the quit day, re-sign a quit contract, and plan

supportive phone calls from group leaders.

For those who have not yet been able to make changes, encourage behavioral goals commensurate with preparing for quitting. Where possible, use the encouragement of group members who have quit to 'move' members who have had a more difficult time towards quitting.

Identify participants' experiences with urges to smoke over the past week and how they handled them. Determine which strategies were effective and which strategies did not work. Discussion is centered on difficulties encountered. Determine what happened when participants smoked but had planned not to, what made the particular situation so difficult, what participants could have done differently in the situation, and what can be done to avoid smoking in these situations in the future.

Use the session to remind participants of what they have learned so far and to reinforce the information through repetition. Review coping strategies.

#### Guest Speaker (25 minutes)

The guest speaker, who was introduced at the beginning of the program (Session 1) will return to be interviewed today by the group leader and the group participants. As mentioned previously, it is preferable to choose a speaker who has been through this program and has successfully quit (even if he or she quit after the program has ended). If possible, inviting a current participant in the Relapse Prevention Program to be the guest speaker in the cessation group provides the speaker with extra motivation to stay quit, and has the advantage of demonstrating a recent success to current cessation group members.

Ask the guest speaker to tell his/her story of how/when he/she started smoking, what led him/her to quit, and how he/she was able to succeed. Facilitate the discussion in an interview format and open the floor to questions from group members. Initially the group leader takes an active role in asking the guest speaker about his/her experience, coping strategies that worked, etc. The group leader should work to fade him/herself out as the group session progresses, drawing parallels between the experiences of the guest speaker and the group participants in an effort to encourage participants to address their questions and concerns to the guest speaker directly.

Sample questions for the guest speaker are below:

- *For how many years did you smoke before you quit, how many cigarettes did you smoke per day on average? How much money did you spend on cigarettes per week/year?*
- *What made you decide to finally quit?*
- *For how long have you been quit?*
- *What was the hardest part about quitting?*
- *What have been the biggest benefits to quitting for you?*
- *What was the most important thing you learned in the program?*
- *How do you handle cravings, triggers, or high-risk situations?*
- *What's your number one coping strategy to stay quit?*
- *How much money have you saved from not smoking? What did you do with all that money?*
- *What's your most important piece of advice for these group members about quitting smoking?*

### High Risk Situations (15 minutes)

At this point, participants will have quit smoking entirely or will have had experience with reducing their smoking. As a result of their experiences with not smoking, participants should be better able to identify situations in which the urge to smoke is particularly strong. Using a flip-chart/board, the group is asked to generate examples of acurrent “high risk” situations or new situations that they anticipate might challenge their smoking cessation or reduction efforts. Distribute the “Coping with High Risk Situations” handout and have participants review.

Develop a plan with each group member for the way they will cope with an specific high-risk situation that they are fairly certain they will encounter in the coming week. In the event that a group member chooses a low frequency high risk situation, ask them to choose and plan for a second high risk situation that is likely to occur.

### Review (5 minutes)

Have participants decide on a homework assignment that will assist them in their efforts to cope with an upcoming high risk situation. Distribute Quiz 6 have members complete and review as a group.

Schedule supportive phone calls. Remind group members about the next session date, time, and location. Distribute appointment cards. Collect remaining data and pay participants for attendance. Distribute medication. Tell participants to bring their empty pill bottles to the next session. Have participants repeat back these instructions.

## Session Seven: Smoking Cessation Protocol

### Materials:

Name tags and permanent marker  
Forms for data collection  
Rubber bands  
CO monitor, straws, and discard cups  
Write-on/wipe-off board and markers  
Appointment cards for next session  
Payment for attendance

### Handouts:

“Steps of Problem-Solving”  
“Problem-Solving” (Example)  
“Problem-Solving”(Blank)

### Goals:

1. CO Testing and Completion of “Smoking Self-Report”
2. Screen for adverse events and troubleshoot compliance issues
3. Review quit attempts
4. Review homework around coping with a high risk situation
5. Using problem-solving to cope with high risk situations
6. Review of session

### Home Practice:

1. Apply problem-solving skills to high-risk situation

### Completion of Data Collection Forms (10 minutes)

(Refer to Orientation session.)

### Review of Medication Compliance (5 minutes)

### Review Previous Session (5 minutes)

Discuss information from guest speaker and review and planning for high risk situations.

### Review of Quit Attempts and Behavioral Goal (45 minutes)

Review experience of attempting to quit and generate group discussion regarding successes and difficulties.

For those who have successfully quit smoking, encourage continued progress. Identify any upcoming high-risk situations. Review any difficult or tempting situations in the past week and determine what they did to overcome these urges. Reinforce the strategies that worked. Assess for any cognitions that might interfere with their continued success e.g., “In the past, I’ve only been able to quit for two weeks.” Emphasize evidence that is inconsistent with this, assist participants to work on staying quit on a “one day at a time” basis.



For those who were able to cut down, encourage a quit attempt in the coming week. Proceed as in the individual session to plan for the quit day (hour by hour), sign a quit contract, and plan supportive phone calls from group leaders.

For those who have not yet been able to make changes, encourage behavioral goals commensurate with preparing for quitting. Where possible, use the encouragement of group members who have quit to 'move' members who have had a more difficult time towards quitting.

Identify participants' experiences with urges to smoke over the past week and how they handled them. Determine which strategies were effective and which strategies did not work. Discussion is centered on difficulties encountered. Determine what happened when participants smoked but had planned not to, what made the particular situation so difficult, what participants could have done differently in the situation, and what can be done to avoid smoking in these situations in the future.

Use the session to remind participants of what they have learned so far and to reinforce the information through repetition. Review coping strategies.

#### Problem-Solving (20 minutes)

Group leaders point out that many of these situations represent a problem to be solved and that having a cigarette is usually not a solution to the problem. Participants are told that they are going to learn a new way of responding to problems, one that focuses on solving the problem at hand. The participants are asked to identify a common high-risk situation from their own experiences. This example is used to demonstrate the problem-solving model in the group.

Handout "Problem-Solving" and review. The steps of problem-solving are as follows: 1) state the problem, 2) generate possible solutions (without evaluating them), 3) examine the advantages and disadvantages of each possible solution, 4) determine what needs to be done to implement the solution, and 5) evaluate how well the solution worked. Group leaders demonstrate the use of problem-solving in the session and record the group's work on the worksheet "Using Problem Solving to Cope with High Risk Situations." This completed sample worksheet is copied and handed out at the next session.

Note: We have found that completing step #3 (listing the advantages and disadvantages of each possible solution) can make the problem-solving exercise too long and complicated for some participants. Group leaders should use their discretion in simplifying the problem-solving exercise for groups that are anticipated to have difficulty with learning the full model. Alternatively, there may be some groups that really seem to take to problem-solving. In these cases, group members can use problem-solving when appropriate (e.g., coping with a high-risk situation) in future sessions.

#### Review (5 minutes)

Review steps of problem-solving and homework assignment of employing problem-solving to cope with a high-risk situation in the coming week.

Distribute Quiz 7.

Schedule supportive phone calls. Remind group members about the next session date, time, and location. Distribute appropriate number of patches and gum. Distribute appointment cards. Collect remaining data and pay participants for attendance. Distribute medication. Tell participants to bring their empty pill bottles to the next session. Have participants repeat back these instructions.

## **Session Eight (Week 08): Smoking Cessation Protocol**

### Materials:

- Name tags and permanent marker
- Forms for data collection
- CO monitor, straws, and discard cups
- Write-on/wipe-off board and markers
- Appointment cards for next session
- Payment for attendance

### Handouts:

- “What is Stress”
- “Dealing with Stress”

### Goals:

1. CO measurement and Completion of “Smoking Self-Report”
2. Screen for adverse events and troubleshoot compliance issues
3. Review quit attempts and/or behavioral goals
4. Discuss definitions of stress and stress management
5. Initiate relaxation training
6. Review of session and assignment of stress management homework

### Home Practice:

1. Stress management exercise/relaxation training

### Completion of Data Collection Forms (10-20 minutes)

(Refer to Orientation session.)

### Review Previous Session (5 minutes)

Review discussion about coping with triggers and high-risk situations, and problem-solving. Follow-up on homework assignment of developing a coping plan for a high-risk situation. Check in about participants’ medication adherence.

### Review of Quit Attempts and Behavioral Goal (15-20 minutes)

Review experience of attempting to quit and generate group discussion regarding successes and difficulties.

For those who have successfully quit smoking, encourage continued progress. Identify any upcoming high-risk situations and help them plan what they will do in these situations. Review any difficult or tempting situations in the past week and determine what they did to overcome these urges. Reinforce the strategies that worked. Assess for any cognitions that might interfere with their continued success e.g., “In the past, I’ve only been able to quit for two weeks.” Emphasize evidence that is inconsistent with this, assist participants to work on staying quit on a “one day at a time” basis.

For those who were able to cut down, encourage a quit attempt in the coming week. Proceed as in

the individual session to plan for the quit day (hour by hour), sign a quit contract, and plan supportive phone calls from group leaders.

For those who have not yet been able to make changes, encourage behavioral goals commensurate with preparing for quitting. Where possible, use the encouragement of group members who have quit to 'move' members who have had a more difficult time towards quitting.

Identify participants' experiences with urges to smoke over the past week and how they handled them. Determine which strategies were effective and which strategies did not work. Discussion is centered around difficulties encountered. Determine what happened when participants smoked but had planned not to, what made the particular situation so difficult, what participants could have done differently in the situation, and what can be done to avoid smoking in these situations in the future.

Use the session to remind participants of what they have learned so far and to reinforce the information through repetition. Review coping strategies.

#### Coping with Stress [HANDOUT: DEALING WITH STRESS] (20 minutes)

Define stress as a normal event for the body (it allows the body to react to danger) while noting that too much stress has a negative effect.

Generate discussion and write responses to the following on a flip-chart/board:

What does stress feel like in my body? (e.g., heart pounding, sweating, tight muscles)

What feelings do I have when I'm "stressed out"? (e.g., helpless, irritable, nervous)

How does stress affect my behavior? (e.g., can't sleep, eat more, smoke more)

What situations do I find personally stressful? (e.g., money, talking with family)

Have group members generate a list of positive ways to cope with stress and write these on the flip-chart/board.

- Talk with someone
- Tell your doctor
- Take a nap
- Go for a walk
- Listen to music/relaxation tapes
- Give yourself positive self-talk
- Drink water
- Find a way to relax

When this activity is complete, emphasize the following:

- Stress can cause people to smoke more
- There are healthy alternatives to smoking to decrease stress
- Different coping strategies work for different people

Boredom and loneliness can also be significant stressors for people with mental illness. Lack of resources, medication side effects and social isolation combined with apathy and anxiety can make engaging in activities difficult. People with schizophrenia may avoid activities due to previous experiences of rejection and failure, and may have trouble beginning things or setting goals.

One of the most commonly identified benefits of smoking is its value in reducing anxiety and stress; nicotine generates a calming effect and the act of smoking can be psychologically comforting. Acknowledge this to the group and note that the process of quitting smoking can be stress-inducing in itself.

### Deep Breathing (15 minutes)

Most individuals find quitting smoking to be a stressful experience. Additionally, cigarettes function as a way of coping with stress, therefore, individuals who stop smoking essentially lose a coping skill for dealing with stress. Breathing relaxation is taught as a healthy way to decrease stress. Participants are instructed in diaphragmatic breathing techniques through therapist modeling of the technique. Group members practice the technique in session and the therapist provides feedback.

Teach deep breathing to the group:

1. Get comfortable in your seat
2. Place one hand flat on your chest
3. Place the other hand on the abdomen
4. Breathe in through your nose, making the abdomen rise instead of the chest
5. Relax and exhale through your mouth (like you are blowing to cool off a spoon of soup)

*Repeat*

Assign deep breathing as homework. Remind participants that this is one of the 4Ds and plan how they might use deep breathing to assist them in their efforts to stop smoking.

Leader Note: Be aware that some people with mental illness find “imagery” style relaxation techniques to be disturbing and others may find it hard to draw upon imagination. The deep breathing technique emphasizes “concrete” aspects of tension reduction. The focus is literally on “doing” the relaxation, rather than imagining it.

For some patients, the idea of relaxing may be aversive. For example, paranoid patients may believe that ‘letting their guard down’ will result in negative consequences. Patients who have experienced being ‘out of touch with reality’ may not want to engage in relaxation because they fear duplicating this symptom. Both of these cases point to the importance of highlighting the patient’s control over the experience of relaxation. The clinician may demonstrate in session how the patient can choose to come out of a state of relaxation and then reenter it. Moreover, the clinician notes that patients will be aware of their surroundings at all times while in the relaxed state. Therapists can also instruct patients in techniques to become present-focused, for example, describing sensory information around them; these techniques are similar to those used with patients who report disassociation experiences.

### Review and Distribute “Session 8 Quiz” (5-10 minutes)

Ask participants to summarize the main topics of the session (understanding of and coping with stress).

Assign homework of using one stress management technique and/or relaxation exercise.

Ask participants to reiterate what they will do between the current session and the next session. Remind group members about the next session date, time, and location. Strongly encourage members to attend.

Distribute Session 8 quiz and review correct responses as a group.

Schedule supportive phone calls. Remind group members about the next session date, time, and location. Distribute appointment cards. Collect remaining data and pay participants for attendance. Have participants repeat back these instructions.

## Session Nine (Week 09): Smoking Cessation Protocol

### Materials:

- Name tags and permanent marker
- Forms for data collection
- CO monitor, straws, and discard cups
- Write-on/wipe-off board and markers
- Appointment cards for next session
- Payment for attendance

### Handouts:

- “Smoking Self-Report”
- “Dealing with Weight Gain”
- “Building a Healthy Lifestyle”

### Goals:

1. CO measurement and Completion of “Smoking Self-Report”
2. Screen for adverse events and troubleshoot compliance issues
3. Review quit attempts and/or behavioral goals
4. Review smoking cessation issues specific to persons with mental illness
5. Review healthy lifestyle
6. Review of session

### Home Practice:

1. Implement one change in diet or exercise

### Completion of Data Collection Forms (10-20 minutes)

(Refer to Orientation session.)

### Review of Medication Compliance (5 minutes)

(Refer to instructions in previous sessions.)

### Review Previous Session (5 minutes)

Elicit what was recalled about stress and breathing relaxation from the previous session. Follow-up on homework assignment from previous session which was to implement one stress-management skill (and/or deep breathing practice).

### Review of Quit Attempts and Behavioral Goal (15-20 minutes)

Review experience of attempting to quit and generate group discussion regarding successes and difficulties.

For those who have successfully quit smoking, encourage continued progress. Identify any upcoming high-risk situations and help them plan what they will do in these situations. Review any difficult or tempting situations in the past week and determine what they did to overcome these urges. Reinforce the strategies that worked. Assess for any cognitions that might interfere

with their continued success e.g., “In the past, I’ve only been able to quit for two weeks.” Emphasize evidence that is inconsistent with this, assist participants to work on staying quit on a “one day at a time” basis.

For those who were able to cut down, encourage a quit attempt in the coming week. Proceed as in the individual session to plan for the quit day (hour by hour), sign a quit contract, and plan supportive phone calls from group leaders.

For those who have not yet been able to make changes, encourage behavioral goals commensurate with preparing for quitting. Where possible, use the encouragement of group members who have quit to ‘move’ members who have had a more difficult time towards quitting.

Identify participants’ experiences with urges to smoke over the past week and how they handled them. Determine which strategies were effective and which strategies did not work. Discussion is centered around difficulties encountered. Determine what happened when participants smoked but had planned not to, what made the particular situation so difficult, what participants could have done differently in the situation, and what can be done to avoid smoking in these situations in the future.

Use the session to remind participants of what they have learned so far and to reinforce the information through repetition. Review coping strategies.

#### Smoking Cessation Issues Specific to Those Who Are Mentally Ill (15 minutes)

Explain to the group that they may deal with smoking issues that are unique to those who deal with mental illness. Ask the group members whether they can identify any way in which their mental illness has influenced their smoking behavior. For example, some group members may have begun to smoke or have increased their smoking while they were inpatients. Generate a group discussion about this topic that includes reference to the points below:

- Nicotine stimulates parts of the brain that may be underactive in the brains of people with schizophrenia.
- Smoking can act as a stimulant or energy booster that lessens the sedating effect of some psychiatric medications.
- Nicotine reaches the brain quickly and can give a temporary feeling of euphoria that helps to combat depression or improve mood.
- Other reported benefits include increased concentration and decreased anxiety.

Smoking may increase the metabolism of psychiatric medication, meaning that smokers who have schizophrenia may require higher dosages of some medications for them to be effective. As a result, persons with schizophrenia may show increased side effects from their medication when withdrawing from nicotine. Encourage group members to work with their prescribing physicians to monitor psychiatric symptoms, side effects, and drug dosages.

The stress of quitting may temporarily precipitate symptoms. Highlight the importance of self-monitoring of both physical and emotional well-being while enrolled in this program and encourage discussion of any encountered problems in either a group format or with leaders on an individual basis.

Leader Note: Be aware that there is evidence that physiological dependence is particularly strong



among persons who are mentally ill. This addiction issue is often compounded by addictions to other substances such as alcohol, marijuana, and caffeine. These facts may seriously impair existing self-efficacy towards quitting smoking and, unless group members ask directly, it is recommended that they not be presented to the group.

### Building a Healthy Lifestyle [Handout] (15 minutes)

A foundation of feeling good about yourself, being well nourished, well rested, and active can pave the way to successful smoking cessation.

Describe the components of a healthy lifestyle while referring to this information on a flip-chart/board:

- Smart nutrition to control possible weight gain
- Regular exercise
- Adequate sleep
- Regular use of stress management
- Positive attitude

If weight gain has not been previously discussed as a concern, provide some facts about weight:

Weight gain and quitting smoking:

- Some weight gain is common
- Average weight gain is between 4 and 7 pounds

Reasons why weight is gained after quitting smoking (at least temporarily):

- The body often craves sweets after quitting smoking
- Some people substitute snacks for cigarettes when they quit
- Improved taste and smell of foods makes them more enjoyable
- Change in body metabolism: nicotine is a stimulant that burns more calories

Ways to combat weight gain:

- Remember that you would have to gain (approximately 100 pounds) to equal the risk of smoking one pack of cigarettes per day
- Drink 6-8 glasses of water a day
- Eat low calorie/low fat foods
- Exercise
- Healthy nutrition:
  - Maximize intake of high fiber/low-fat and low-sugar foods
  - Minimize “fast foods”
  - Eat a lot of fresh fruits and vegetables (Vitamin C is especially important for people who quit smoking)

Leader Note: Keep in mind the potential restrictions that group members might have. For example, those living in group homes or boarding homes may have limited choices relating to meals and snacks. Remember to take individual circumstances into account when making suggestions related to foods and activities.

Review and Distribute Quiz (Healthy Lifestyles) (5-10 minutes)

Ask participants to summarize the main topics of the session (smoking and mental illness, and healthy lifestyle).

Review information about the association of smoking and mental illness. Discuss ways to improve health through better diet and exercise. Remind group members of homework assignment which is to make one healthy lifestyle change in diet or exercise. Ask participants to repeat the change they will make in diet or exercise in the coming week.

Ask participants to reiterate what they will do between the current session and the next session. Remind group members about the next session date, time, and location. Strongly encourage members to attend.

Distribute Quiz #9 and review correct responses as a group.

Schedule supportive phone calls. Remind group members about the next session date, time, and location. Distribute appointment cards. Collect remaining data and pay participants for attendance. Have participants repeat back these instructions.

## Session Ten (Week 10): Smoking Cessation Protocol

### Materials:

- Name tags and permanent marker
- Forms for data collection
- CO monitor, straws, and discard cups
- Write-on/wipe-off board and markers
- Appointment cards for next session
- Payment for attendance

### Handouts:

- “Smoking Self-Report”
- “Coping with Psychiatric Symptoms”

### Goals:

1. CO Testing and Completion of “Smoking Self-Report”
2. Screen for adverse events
3. Review homework
4. Review quit attempts
5. Discuss how to improve coping with psychiatric symptoms
6. Review of session

### Home Practice:

1. Participant selects assignment consistent with coping with slips (for those who have not quit) or for remaining quit (for those who have)

### Completion of Data Collection Forms (10-20 minutes)

(Refer to Session 1.)

### Review of Medication Compliance (5 minutes)

(Refer to instructions in previous sessions.)

### Review Previous Session (5 minutes)

Ask participants to review what they recall about the last group session (smoking in those with mental illness and building a healthy lifestyle). Review their homework assignment of making one healthy lifestyle change in diet or exercise.

### Review of Quit Attempts and Behavioral Goal (15-20 minutes)

Review experience of attempting to quit and generate group discussion regarding successes and difficulties.

For those who have successfully quit smoking, encourage continued progress. Identify any upcoming high-risk situations and help them plan what they will do in these situations. Review any difficult or tempting situations in the past week and determine what they did to overcome these urges. Reinforce the strategies that worked. Assess for any cognitions that might interfere

with their continued success e.g., “In the past, I’ve only been able to quit for two weeks.” Emphasize evidence that is inconsistent with this, assist participants to work on staying quit on a “one day at a time” basis.

For those who were able to cut down, encourage a quit attempt in the coming week. Proceed as in the individual session to plan for the quit day (hour by hour), sign a quit contract, and plan supportive phone calls from group leaders.

For those who have not yet been able to make changes, encourage behavioral goals commensurate with preparing for quitting. Where possible, use the encouragement of group members who have quit to ‘move’ members who have had a more difficult time towards quitting.

Identify participants’ experiences with urges to smoke over the past week and how they handled them. Determine which strategies were effective and which strategies did not work. Discussion is centered on difficulties encountered. Determine what happened when participants smoked but had planned not to, what made the particular situation so difficult, what participants could have done differently in the situation, and what can be done to avoid smoking in these situations in the future.

Use the session to remind participants of what they have learned so far and to reinforce the information through repetition. Review coping strategies.

#### Coping with Psychiatric Symptoms and Problem-Solving (HANDOUT: COPING WITH PSYCHIATRIC SYMPTOMS) (20 minutes)

Initiate a discussion with group members about their current experience with psychiatric symptoms. Educate participants about the fact that an increase in symptoms following smoking reduction or cessation is very unlikely; but that in some cases, it can occur. Talk to group members about how they generally cope with symptoms, have participants exchange ideas about how they handle an exacerbation of anxiety, depression, hallucinations, paranoia and other relevant symptoms. Distribute the handout “Coping with Psychiatric Symptoms” and have group members take turns reading the coping skills. Help participants create a plan for coping with a specific symptom that is bothersome to them, utilizing a problem-solving approach.

#### Review and distribute “Session 10 Quiz” (5-10 minutes)

Review session topic of coping with psychiatric symptoms and help participants to create an individualized plan to cope with slips and/or remain quit as a homework assignment.

Distribute Session 10 quiz and review correct responses as a group.

Schedule supportive phone calls. Remind group members about the next session date, time, and location. Distribute appointment cards. Collect remaining data and pay participants for attendance. Have participants repeat back these instructions.

## Session Eleven (Week 11): Smoking Cessation Protocol

### Materials:

- Name tags and permanent marker
- Forms for data collection
- CO monitor, straws, and discard cups
- Write-on/wipe-off board and markers
- Appointment cards for next session
- Payment for attendance

### Handouts:

- “Smoking Self-Report”
- “Dealing with Slips”

### Goals:

1. CO Testing and Completion of “Smoking Self-Report”
2. Screen for adverse events
3. Review quit attempts and/or behavioral goals
4. Relapse prevention, slips vs. relapse, problem-solving
5. Review of session

### Home Practice:

1. Participants choose assignment that will help them maintain or achieve non-smoking status

### Completion of Data Collection Forms (10-20 minutes)

(Refer to Session 1.)

### Review of Medication Compliance (5 minutes)

(Refer to instructions in previous sessions.)

### Review Previous Session (5 minutes)

Elicit what was recalled about coping with psychiatric symptoms from the previous session.

Review participants’ homework assignment which was to work on a plan to cope with slips and/or remain quit.

### Review of Quit Attempts and Behavioral Goal (20 minutes)

Review experience of attempting to quit/staying quit and generate group discussion regarding successes and difficulties. For those who have successfully quit smoking, encourage continued progress. Identify any upcoming high-risk situations and help them plan what they will do in these situations. Review any difficult or tempting situations in the past week and determine what they did to overcome these urges. Reinforce the strategies that worked. Assess for any cognitions that might interfere with their continued success e.g., “In the past, I’ve only been able to quit for two weeks.” Emphasize evidence that is inconsistent with this, assist participants to work on staying quit on a “one day at a time” basis.

For those who were able to cut down, encourage a quit attempt in the coming week. Proceed as in Session 4 to plan for the quit day (hour by hour), sign a quit contract, and plan supportive phone calls from group leaders.

For those who have not yet been able to make changes, encourage behavioral goals commensurate with preparing for quitting. Where possible, use the encouragement of group members who have quit to 'move' members who have had a more difficult time towards quitting.

Identify participants' experiences with urges to smoke over the past week and how they handled them. Determine which strategies were effective and which strategies did not work. Discussion is centered around difficulties encountered. Determine what happened when participants smoked but had planned not to, what made the particular situation so difficult, what participants could have done differently in the situation, and what can be done to avoid smoking in these situations in the future.

Use the session to remind participants of what they have learned so far and to reinforce the information through repetition. Review coping strategies.

Participants select a homework assignment that is consistent with their smoking cessation goals.

#### Relapse Prevention [HANDOUT: DEALING WITH SLIPS] (15 minutes)

Teach and reinforce the idea that a slip does not necessarily mean a return to smoking. A "slip" in the plan to stop smoking does not mean that group members will have a relapse (return to smoking rate prior to cutting down/quitting). Give an example of someone on a diet eating one bite of cake and then unreasonably rationalizing that he should therefore eat the entire cake.

Impart the following information: If you do slip, try to work against feelings of self-blame, guilt, helplessness, and a loss of control. Try to see the slip as a cue that you need to plan and prepare better for similar situations. You are not bad or weak because you smoked a cigarette! Having a slip does not erase the progress made so far. A slip is best seen as an opportunity to formulate a different way of responding to the triggering situation. Discuss coping with a slip using a problem-solving format.

If a slip occurs, take these steps:

1. Do not finish the pack, throw the rest away immediately
2. Think about the situation and what made it so difficult to resist smoking
3. Develop new strategies for dealing with slips: If you could replay the situation, what would you do differently?
4. Pat yourself on the back for getting back on track and turning the slip into a learning experience

#### Review and Session 11 Quiz(5-10 minutes)

Review the discussion about coping with slips. Ask participants to reiterate what they will do between the current session and the next session. Remind them of their homework assignment which is to continue to have a plan to cope with slips and/or remain quit in the upcoming week.

Distribute Session 11 quiz and review the correct answers as a group.

Remind group members about the next session date, time, and location. Collect remaining data and pay participants for attendance.

## **Session Twelve (Week 12): Smoking Cessation Protocol**

### Materials:

Name tags and permanent marker  
Forms for data collection  
CO monitor, straws, and discard cups  
Write-on/wipe-off board and markers  
Appointment cards for next session  
Payment for attendance

### Handouts:

“Smoking Self-Report”  
“Self-Addressed Progress Letter”

### Goals:

1. CO Testing and Completion of “Smoking Self-Report”
2. Screen for adverse events
3. Review slips versus relapses and RP from last session
4. Self-Addressed Progress Letter
5. Discuss and prepare for termination next session
5. Session 12 Quiz

### Completion of Data Collection Forms (10-20 minutes)

(Refer to Orientation session.)

### Review of Medication Compliance (5 minutes)

(Refer to instructions in previous sessions.)

### Review Previous Session (15 minutes)

Elicit what was recalled about last week’s session about relapse prevention and coping with slips. Spend a little extra time on review this session since relapse prevention is an important topic. Review homework assignments of strategies to cut down (for those who are not quit) or strategies to maintain quit (for those who have successfully quit).

### Self-Addressed Progress Letter (25 minutes)

In preparation for this week’s session, group leaders will have reviewed each participant’s record for information pertaining to his or her progress in the program. In the session, each participant is interviewed about their reasons for joining the program, smoking rate at the beginning of the program, baseline carbon monoxide level, longest period quit during the program, most effective coping strategies, and things that they are most proud of themselves for accomplishing in the program. Leaders encourage other participants to talk about the positive things that they recall their fellow participants having done in the program. Throughout these interviews, the group leader transcribes these responses to a self-addressed letter. When interviews with all participants are completed, each participant is asked to read the letter aloud to the group. These letters are collected at the end of the group, typed up and distributed to the group members at the final session.



Review, Preparation for Termination, and Session 12 Quiz. (15-20 minutes)

Review the purpose and content of the progress letters as well as additional tips for coping with slips and relapse prevention. Ask participants to reiterate what they will do between the current session and the next session. Assign homework of an assignment consistent with maintaining their quit, coping with slips, and/or cutting down as applicable to each group member.

Remind participants that next session will be the last in the program. Have a brief discussion about how group members are feeling about ending the program, encourage attendance, and remind participants that they will discuss medication discontinuation at that time.

Distribute and have participants complete Session 12 quiz. Discuss correct answers with the group.

Remind group members about the next session date, time, and location. Collect remaining data and pay participants for attendance.

**Session Thirteen (Week 13): Smoking Cessation Protocol**

Materials:

Name tags and permanent marker

Forms for data collection  
CO monitor, straws, and discard cups  
List of highest CO measurements and max number of cigs/day for each participant  
Write-on/wipe-off board and markers  
Payment for attendance

Handouts:

“Smoking Self-Report”  
“Self-Addressed Progress Letter:” final versions typed up by group assistants  
“Staying Quit”  
List of community resources  
Certificates of Program Completion

Goals:

1. CO Testing and Completion of “Smoking Self-Report”
2. Screen for adverse events
3. Discussion of Medication Discontinuation and Q&A with study physician
3. General review and highlighting “next steps” for participants
4. Congratulate members on completing the program
5. Complete post-test quiz

Completion of Data Collection Forms (20 minutes)

(Refer to Orientation session.)

Review Previous Session (5 minutes)

Elicit what was recalled about slips and relapse and writing the progress letter from the previous session. Review homework assignment of utilizing a strategy to maintain their quit, cope with slips, and/or cut down as applicable to each participant. Remind participants that this is the final group meeting of this program.

Discontinuation of Study Medication (10-15 minutes).

At this group session, participants will be instructed to discontinue their study medications. Provide instructions for this procedure and rationale. Having the study physician in to discuss this topic and allay group members’ concerns will be helpful. Discuss with participants the importance of remaining adherent to their regular medications. **It will be helpful to have study physician attend part of this session in order to answer specific questions about medication discontinuation.**

Some participants may feel afraid or anxious about discontinuing the study medication at this time. Participants may have defeatist cognitions about their ability to continue their success, such as, “The medication is wholly responsible for my success,” “Now I have no control over whether I smoke or not.” Be sure to help group members challenge these unhelpful thoughts and help them provide evidence for each other about behavioral successes that may be independent of taking the study medication.

Remind them that this is a research study, so we don’t really know who is taking the study

medication and who is taking the placebo. Encourage them, as a result, to continue to work as hard as they have been. Highlight specific achievements thus far and re-direct participants to continuing to use CBT smoking cessation skills learned.

#### General Review (10 minutes)

Review major topics covered in the program. Have participants generate as much as they can recall about the program. If necessary, prompt with major topics, as follows:

- Carbon monoxide
- Benefits of quitting
- Triggers
- Withdrawal symptoms
- Techniques for coping with urges or cutting down
- Coping with stress
- Relapse prevention
- Associations between smoking and mental illness
- Building a healthy lifestyle

#### Self-Addressed Progress Letter (10 minutes)

In preparation for this week's session, group leaders will have transcribed and typed out final versions of the letters completed from last week and distribute them at this time. For those who did not have the opportunity to read their letter at the last session, they will be encouraged to read the letter aloud to the group.

#### Certificates of Program Completion [HANDOUT: CERTIFICATE OF COMPLETION] (10 minutes)

Handout certificates to every member, whether they were able to quit or not. Congratulate everyone on having completed the program. Ask group members what they have learned during the program and what will be most important for them to work on or remember in the future. Encourage the continued use of handouts and cards. If possible, it is helpful and encouraging if the group leader can very briefly address each member of the group and highlight one accomplishment that they have made during the program.

Leader Note: Some participants may perceive that the ending of the groups signifies that we are no longer interested in their well-being or that we are abandoning them. It is therefore important to have prepared participants for the time-limited nature of the program and to have remind them of this fact frequently throughout the program. Because individuals with schizophrenia may be likely to distort information, it is especially important to communicate unequivocal liking and respect for the participants and their efforts in the program.

#### Continued Support [HANDOUT: LIST OF COMMUNITY RESOURCES] (10 minutes)

Participants are informed of various options for support that are available in the community, including telephone and group support. Participants are also encouraged to identify someone in their support network with whom they can 'check in' about their progress with smoking cessation. Community information handouts are distributed.

Distribute “Post-group Quiz.” (10 minutes)

Have participants complete the final quiz. Remind them that because this is a research study, they will be contacted in the future to set up an appointment to complete additional assessments, for which they will be paid. End group on a positive note, praising their efforts in the program and encouraging those who have not quit to try again as soon as they feel ready.