TOBACCO & NICOTINE TREATMENT

GROUP COUNSELING TOOLKIT

U.S. Department of Veterans Affairs

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APPENDIX

ACKNOWLEDGEMENTS

The Tobacco and Nicotine Treatment Group Counseling Toolkit was prepared by Mark Myers, Ph.D.. The author's primary goal was to develop materials to guide tobacco use treatment interventions, employing principles of evidence-based clinical practice, for use by mental health providers treating patients who use tobacco or nicotine products.

Many thanks to Dana Christofferson, Deputy Director of The VA Tobacco Use Treatment Program in VHA Office of Mental Health for supporting this project and to her and Jennifer Knoeppel for providing invaluable feedback regarding content and format. In addition, much appreciation is given to the various colleagues who provided feedback on the toolkit content and format.

1. INTRODUCTION TO TOOLKIT

Rationale

Tobacco use continues to exact a significant toll on Veteran health and wellbeing. Tobacco use remains the leading cause of preventable, premature death in the United States. Beyond physical health, evidence indicates that nicotine dependence has negative effects on mental health, with tobacco cessation associated with decreased symptoms of anxiety and depression and increased positive affect. Further, tobacco use is concentrated among disparity groups overrepresented within VA, including individuals with mental illness, low socioeconomic status, and racial and ethnic minority groups. As such, providing optimal tobacco treatment is directly relevant to key aspects of the VA mission.

Group treatment for tobacco dependence is an effective approach to providing behavioral counseling (Fiore et al., 2008; Stead, Carrol, & Lancaster, 2017). Limited studies have examined group treatment, yet several advantages are apparent. Group sessions are time efficient in that multiple individuals can be treated concurrently. In addition, group support promotes cohesion, facilitates engagement, and can be instrumental in supporting cessation and maintenance. Group interventions also can provide more intensive treatment than time-limited individual treatment, with multiple one-hour sessions offered (Fiore et al., 2008). Tobacco treatment groups are thus likely to be particularly helpful with individuals who use tobacco and are at higher risk for treatment failure (e.g., mental health comorbidities, heavy tobacco dependence, high stress levels, significant substance use, low confidence in success). Accordingly, group treatment is well matched with the characteristics of people seeking treatment for tobacco use, a population that is likely to be older, more heavily dependent, less confident in stopping, and, in VA, more likely to have a mental health diagnosis (Myers et al, 2015; Myers, Chen & Schweizer, 2016; Shiffman et al., 2008).

The tobacco treatment program detailed below is not tailored to any specific population, but rather it incorporates content broadly relevant to individuals at high risk for failure presenting for tobacco dependence treatment (e.g., the role of cognitions and negative affect on tobacco use, cognitive restructuring, managing negative affect, identifying positive activities). This treatment approach is consistent with recommendations in the literature: setting reduction or behavior change as an initial goal (Hitsman et al., 2009; McChargue et al., 2002), allowing flexible cessation dates (Fagerström & Aubin, 2009), providing more intensive and extended duration of treatment (Evins et al., 2007; Fagerström & Aubin, 2009; Hitsman et al., 2009), and utilizing extended pharmacotherapy (Evins et al., 2007; George et al., 2008; Tidey & Miller, 2015).

Program Overview

I. Treatment Providers

Treatment providers optimally include both a group leader who focuses on delivery of behavior change content and a medication provider who offers medication management. Staff trained in mental health counseling (e.g., psychologists, social workers, psychiatrists) will be most comfortable delivering the behavioral change content (see APPENDIX C for intake and progress note templates). It is highly beneficial to have a medication provider (e.g., pharmacist, nurse practitioner, physician) participate in the groups to provide education and to order and monitor medication use (see APPENDIX C for a prescriber note template). This approach is consistent with evidence that multiple types of providers delivering tobacco treatment can improve outcomes (Fiore et al., 2008).

Preparing to lead group

For clinicians with no prior experience leading tobacco groups, preparation can include observing ongoing groups, identifying a temporary co-leader with experience, or obtaining consultation from an experienced clinician. For those who have not previously provided any tobacco treatment, it is recommended to gain familiarity with evidence-based tobacco treatment content by completing CE courses available at TMS and reviewing resources available on the internal VA Tobacco Use Treatment SharePoint: ***https://dvagov.sharepoint.com/sites/VHAtobacco/SitePages/Training.aspx*** or available through VHA TRAIN: ***https://www.train.org/vha/welcome***

Providers with mental health training will have familiarity with key therapeutic approaches, which include cognitive behavioral therapy, cognitive therapy, and motivational interviewing.

II. Group Format

As with other addictive behaviors, nicotine dependence is a chronic relapsing disorder for which individuals may be at various stages of readiness to change at any given time. As such, employing a chronic care model (i.e., open-ended, open-enrollment groups), with ongoing intervention to encourage progress toward cessation and support maintenance is an optimal fit for tobacco treatment. This approach is particularly well suited for heavily nicotine dependent patients, who have poorer cessation outcomes, often take longer to engage in a cessation attempt, and thus may benefit from longer-term interventions (Fagerström & Aubin, 2009; Hitsman et al., 2009). To this end, the *Toolkit for Group Leaders* is intended to be implemented with groups offered on an open-ended, ongoing basis, permitting Veterans to initiate treatment at any time and to continue attending as long as they wish. A common approach is to offer weekly 60-minute group meetings utilizing drop-in clinics so as to reduce barriers to participation (i.e., no appointment is needed in order to attend).

Functionally, this approach has several advantages. For one, new group members may benefit from the presence of Veterans who have successfully stopped their tobacco use and who act as role models for behavior change. In addition, content for a given session can be selected to meet the needs of participants, rather than be dictated by a predetermined sequence. This format also encourages continued participation by Veterans who are struggling to stop or may have returned to tobacco use following a period of abstinence. Veterans can participate in groups for as long as they find it beneficial.

The group setting, particularly when a medication provider participates as co-group leader, provides an optimal and efficient venue for monitoring and supporting medication use and tapering.

Table 1: Pros & Cons of Open-Ended Groups

Pros	Cons
Enhances access to treatment by being available on an ongoing basis rather than having to wait for new group to start	More complex to deliver; Requires clinician flexibility & experience
Better accommodates varying rates and stages of change; provides ongoing intervention for complex patients who may need more intensive, longer-term treatment	Repetition of content (e.g., presenting same session) over time; In the absence of predetermined "quit" date participants may engage in incremental change to avoid cessation attempts
Other group members can provide role models for success	
Easier to maintain sufficient census	
Long-term maintenance support	

Although implementation of open-ended groups is strongly encouraged, sessions noted with an asterisk in the Table of Contents can be used for a briefer sequential time-limited group in situations when an open-ended group is not feasible or desired.

III. Group Engagement and Structure

Engaging patients is often challenging. To this end, strategies to facilitate successful engagement include utilizing motivational interviewing as part of the referral process (e.g., during a brief individual appointment with those referred to the clinic), employing a drop-in format not requiring appointments, and permitting flexible goal setting (i.e., not requiring that participants enter group ready to stop, allowing intermediate change goals to facilitate movement toward cessation).

Group sessions are typically 60 minutes in duration. Group structure includes check-in, structured discussion of a topic (one of the outlined sessions), and a goal setting "check out." The discussion can either precede or follow the check-in, with the choice depending on circumstances.

Group size typically varies over time, and full census may take time to achieve. We have found that 7 or 8 group members is often the upper limit for optimal intervention. Larger groups limit the time available for individual attention to participants. Twelve is the upper limit of participants permitted for utilizing psychotherapy codes, and groups this large are not generally recommended.

Discussion topic followed by check-in works well when group leaders are familiar with group members and can identify the choice of session content without first checking-in. This sequence also allows reinforcing topic content during check-in for individual problem-solving and goal setting. With large groups, this approach facilitates sufficient time to present and discuss content.

Check-in followed by discussion topic may be desirable when group leaders are not familiar with group members or if there are new members. It provides the opportunity to identify content most relevant to addressing group needs. Assessment (see APPENDIX A) can be completed either at the beginning of or after the session, as time permits.

IV. Session Content

When delivered in an ongoing, open-ended group format, session content is selected based on the clinician's judgment of which will be most useful and appropriate for the group. While this can initially be challenging when becoming familiar with the content, the flexibility of this approach has many clinical benefits and can serve to facilitate patient motivation, engagement and progress. *In order to facilitate familiarity with the content, the initial administration can be implemented sequentially in the order sessions appear in the Table of Contents.*

Suggestions include selecting a topic prior to each group session based on anticipated group composition (it can be helpful to have a backup topic). Be prepared to switch topics if necessary when a new member joins the group, as content relevant to new members is important for engagement. In general, selected content should reflect the greatest need and target those who are struggling or ambivalent. In our experience, *repetition of content is typically well accepted* and presenting key topics more frequently is to be expected.

Session content has been adapted in a manner consistent with recommendations for tobacco cessation treatment for high risk for treatment failure individuals (Fagerström & Aubin, 2009; Hitsman et al., 2009). This includes focusing on concrete behavioral concepts and strategies, encouraging gradual tobacco reduction and behavior change prior to cessation, permitting group members flexibility in selecting quit dates, and employing frequent repetition of key concepts.

Gradual reduction is encouraged for several reasons: it facilitates treatment engagement, enhances self-efficacy, provides experience implementing behavior change skills/strategies prior to cessation, and increases or sustains motivation for change. The ultimate goal of treatment is successful tobacco cessation. While it is useful to provide the rationale for engaging in reduction, patient preference should be discussed (e.g., reducing or stopping all at once without prior reduction).

The initial sessions, *Addiction* and *Coping*, center on preparation for stopping and the early stages of cessation and are often delivered sequentially. The *Tobacco Use is a Learned Behavior* and *Urge Control* sessions are repeated as needed.

The additional sessions focus on preparing to stop, preventing recurrence, and supporting and maintaining abstinence. Specific content of the sessions represents one approach to addressing issues for which other effective strategies may be available. In these cases (e.g., stress management, mood management techniques, cognitive restructuring, pleasurable activities/values), choice of content can be based on the clinician's familiarity and experience.

V. Implementation

This manual contains materials that can be adapted to your tobacco cessation program and your facility resources, policies, and procedures. For example, session duration and frequency can be amended to better fit provider schedules. However, it is recommended that sessions be offered at least weekly, and that session duration be no less

than 45 minutes. This manual is designed to be used interactively by sharing the accompanying slides with participants for VVC groups or on a TV monitor (or written on white-board) for in-person groups. The manual's APPENDICES contain ancillary group materials, including intake assessment questionnaires, note templates, and medication scripts. Patients can be provided with the included participant manual.

Tracking behavior change

Behavior change goals intermediate to abstinence are key indicators of progress for group participants. As such, tracking outcomes such as reduction in tobacco/nicotine product use and change in routines (e.g., increased time to first use) are useful metrics. Utilization of medications and counseling (i.e., # of sessions attended) as well as cessation attempts (defined as stopping for at least 24 hours) are important outcomes that can be tracked for group participants. If dependence scales are administered at treatment entry, changes in these scores are also a valuable assessment of progress and outcomes. Reduction can be tracked using self-monitoring sheets (see Appendix) or the ***VA Stay Quit Coach mobile application***.

Abstinence is primarily assessed by self-report, but for participants who attend in-person and smoke combustible tobacco products, abstinence can be verified using a carbon monoxide monitor if available. E-cigarettes and smokeless products do not produce carbon monoxide, and as such their use cannot be detected this way. Routine use of the monitor can be useful both to elicit honest reports and to reinforce success. Abstinence can be recorded as continuous (number of days since cessation) and/or as "point prevalence", typically indicating abstinence for the past week. Recurrence represents a return to regular tobacco use. The Society for Research on Nicotine and Tobacco has recommended a definition whereby recurrence is indicated by tobacco use on seven consecutive days, or for less than daily users, tobacco use once each week for two consecutive weeks (Hughes et al., 2003). Episodes of use less frequent than those for recurrence are considered a "limited return to use" (formerly "slip").

Veterans can be awarded Certificates of Achievement (see APPENDIX B) for successful abstinence. Certificates are typically provided to individuals at 1-month, 3-months, 6-months, and 1-year tobacco-free.

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2. GROUP TREATMENT MANUAL

Table of Contents

Notes

1. This manual is intended for use with ongoing "chronic care" (open-ended) groups to deliver sessions flexibly as needed. There is no specific sequence of topics that must be followed; to which end, the topics have been classified under general themes for convenience. However, the sessions also build on each other and as such could be presented in sequence as indicated by the session numbers, especially when beginning a new group. In general, a new group will start with the Addiction and Coping content sessions. Subsequent topics can be selected based on perceived need and readiness for change of group members.

    **Sessions noted with an asterisk above can be used for a briefer sequential time-limited group in situations when an open-ended group is not feasible or desired.*

2. This intervention can be delivered in-person or by telehealth. Instructions to "share" content thus refer either to physical handouts and utilizing a white-board or screen sharing. Sharing patient materials electronically is encouraged when feasible (e.g., email pdf versions of handouts/patient workbook)

3. We have adapted manual language to be consistent with ONDCP recommendations for use of non-stigmatizing language in regards to substance use. In addition, we have further adopted language recommended by the National Tobacco Treatment Program, specifically referring to intervention as "tobacco treatment" rather than "smoking cessation" and also, based on clinical experience, to replace the use of "quit" with "stop" to the extent feasible.

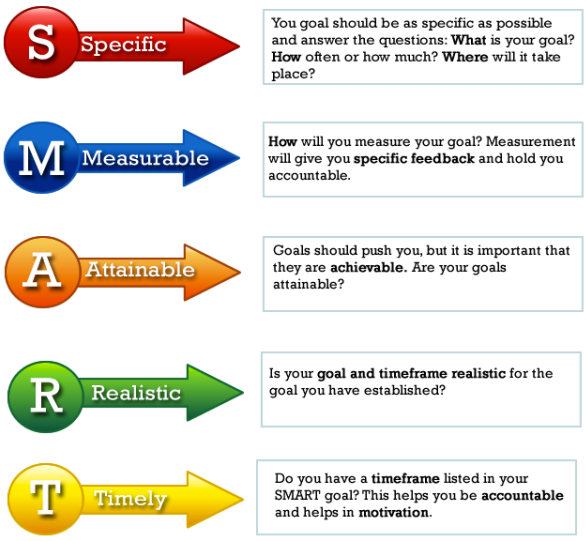
4. Content derived from other sources is credited as appropriate.

SMART GOALS

SMART goals to be incorporated when introducing new participants to goal setting or as part of Session 1 for sequential administration.

As part of our group, everyone will be asked to set behavior change goals for the next week at each of our meetings. In order to set effective goals that are likely to be accomplished, we will use what are called SMART goals. SMART goals are a technique for setting effective goals for making changes to your tobacco use.

[Share handout/show slide on screen or draw on board]



Review with group members each step, going through the questions used to define it and providing examples

Specific: Goals should be specific rather than general: What, How, Where

Measurable: Set specific criteria for measuring your progress and level of success in reaching your goal. To help you make sure your goal is measurable, ask yourself questions like:

How much? How many?
How will I know when it is accomplished?

Attainable: Make sure that you have the skills and ability to reach the goal you are setting. Ask yourself:
Do I have the (ability, money, skills) to reach the goal I have set?

If the answer is "No", try to break the goal down and add smaller goals directed towards first attaining the (ability, money, skills) that you need.

Realistic: A realistic goal is one that you are willing and able to work towards. You might ask yourself:

Knowing myself, is this goal realistic?

This question is designed to help you reflect on your goal and think about how it will fit into your life, as well as any changes you will need to be willing to make in order to reach the goal. One way to help with this is to think about past times you have achieved something similar and what you had to have in place for success.

Timely: Goals should have time frames. It is hard to keep motivation high for a goal if you do not have a time frame to work in. You should have an idea of when you will start the activity and when it will end.

Let's work through a SMART goal example for reducing how much you smoke or use tobacco. The goal is to smoke less.

Specific: How can I make this goal specific? Is planning to smoke less specific? Specific here means stating how much you will reduce by, e.g., "I will smoke 3 cigarettes less per day"

Steps: Select a specific goal to work towards

Measurable: Is this goal Measurable? Yes, I can count the number of cigarettes smoked to measure whether the goal has been met.

Steps: Quantify the specific goal.

Attainable: Is this goal one that you have the skills and ability to reach? What skills and ability will you need to meet the goal of smoking 3 fewer cigarettes per day? **Planning** will be important (e.g., which cigarettes will I cut out), knowing what to do if you have urges to smoke (e.g., DEADS strategies). If you decide that you have the skills and abilities, then this is an attainable goal – one you can reach successfully.

Steps: Identify what resources you will need in order to be successful and detail what they are.

Realistic: Is this goal realistic? Are you willing and able to accomplish this goal? If you smoke 20 cigarettes a day then cutting down by 3 is probably realistic, you're reducing by 15%. Does this seem doable? However, if you smoke 5 cigarettes per day cutting down by 3 will be a 60% reduction, that might be pretty difficult.

Steps: Is the goal one you are willing to work towards? Are you confident you will be able to meet this goal? It's better to set small goals and be successful than to take on too much at once.

Timely: What is a reasonable time frame for this goal – when will you start? How long will you continue? For example, you might choose to start tomorrow and continue for at least 1 week. That is a timely goal. While you may continue longer, it's best to use a clear time frame so that you know when you have achieved the goal.

Steps: Identify a time frame that makes sense for starting and completing this goal.

ADDICTION & COPING (SESSIONS 1-5)

1. NICOTINE IS AN ADDICTIVE DRUG

1. **Review prior topic/homework**
2. **Check-in**
3. **Topics**
   - Nicotine is an addictive drug
   - Reducing nicotine intake
4. **Goal setting**

1. Review/Introductions

a. Review last week's discussion topic (as appropriate)

b. If initial session of group meetings

i. Introductions: Clinicians, group members

ii. Group rules: Review expectations for behavior by group members (e.g., mutual respect, support, no tobacco use during group, arrive within 10 minutes of start time, etc.)

iii. Group structure: e.g., check-in/discussion/goal setting

iv. Brief introduction to behavioral counseling, e.g., behavioral counseling can increase your success with making changes to your tobacco use by helping you identify circumstances that promote or remind you of tobacco use, help you learn skills and strategies to manage these circumstances and gain confidence in your ability to change, and provide you structure and support as you progress through the process of change.

2. Check-in (can be at beginning of session or after discussion):

a. Review progress toward identified goals

I. Tobacco use over past week (compare with previous week)

II. What triggers did you encounter? What were your urges like (frequency, intensity, duration)?

III. What strategies for coping with triggers/urges/cravings did you try? What worked? What didn't work?

IV. If using medications, what was your use like (frequency/quantity as appropriate)? How helpful are the medications for you?

V. In the last week, were there any particular difficulties you encountered? What were these? How can you overcome this?

VI. What benefits did you experience from stopping or reducing your tobacco use?

b. Introduce new group members (if appropriate)

3. Topics

Nicotine is an addictive drug

Discussion point: Do you think nicotine use can lead to substance dependence? Why or why not?

When giving examples, ask group for their experiences

First, why do I consider nicotine to be a drug or substance of abuse? Well, primarily because of its effects. People who use tobacco and nicotine products report positive effects, including pleasure, improved performance, improved memory, and reduced anxiety and tension. Like other substances of abuse, the effects nicotine has on a person are influenced both by its action on your body and by what's going on around you. What this means is that nicotine can have lots of different effects: it might help you get going in the morning, feel good after a meal, make difficult

situations seem less stressful, and help you relax before bedtime. Pretty amazing that one substance can do all that!

Keep in mind that the stimulant properties of nicotine can lead to increased heart rate, constriction of blood vessels, higher blood pressure, and increased physical stress due to withdrawal. Overcoming nicotine dependence will make stopping easier and prevent recurrence (resuming tobacco or nicotine use).

Second, one of the defining aspects of substance dependence is continuing a behavior despite negative consequences or being unable to stop when you try. We know that people who use tobacco and nicotine products will continue to do so despite negative consequences such as health effects, cost, feeling a loss of control and social stigma. In addition to negative health effects from tobacco and additives in tobacco and nicotine products, nicotine itself can be harmful. Existing research indicates that nicotine interferes with brain development, increases risk for type 2 diabetes, increases inflammation, may harm cardiovascular health, and may promote formation of cancerous tumors. We expect that these effects are more likely from long term use of commercial tobacco products than nicotine replacement medications, which deliver lower levels of nicotine. We also know that about half of all persons who use tobacco try to stop each year but very few of them succeed when they don't use assistance like medications and counseling. Does this apply to you?

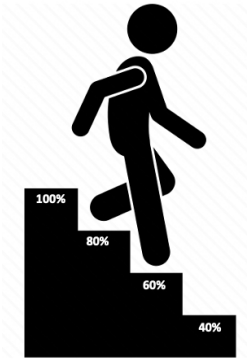
Third, nicotine has the basic properties of an addicting substance. We find people develop a **tolerance** (i.e., need more to get the same effect) to nicotine. Given free access, both animals and humans will administer it to themselves. In fact, we know that without realizing it, people actually regulate their use so as to keep a certain level of nicotine in the body. Finally, there are **withdrawal** effects when one stops using nicotine, including increased anxiety and depression and sleep disruption. These effects can be very unpleasant and uncomfortable and lead to a strong desire to use again.

So, what does all this mean for you? Well, as you know, nicotine is a substance dependence that is hard to overcome, and it's important to realize that this is due in part to the effects of nicotine. What makes it particularly difficult are the **withdrawal effects. Have any of you tried stopping cold turkey (ie., all at once without any medications)? What was the withdrawal like?**

Withdrawal effects include difficulty concentrating, forgetfulness, feeling tired and depressed, anxiety and irritability, insomnia, as well as cravings for nicotine. Withdrawals typically peak after a couple of days, can be intense for a few weeks, and then subside over time.

It makes sense that the more physically dependent you are on nicotine, the harder it is to stop using; we know from research that level of dependence predicts the likelihood of stopping and staying nicotine free. The point of all this is that in order to make stopping as easy as possible, especially during the early stages of cessation, it can be helpful to gradually reduce the amount of nicotine your body is used to, until it's at a level where you feel comfortable stopping. This step-by-step approach is a lot different than stopping cold turkey, i.e., all at once.

[Share on screen or draw on board]



Reducing Nicotine Intake

a. **Use less of your tobacco or nicotine products:** For example, set a goal for how many cigarettes to reduce (usually decrease by 20% weekly) and gradually decrease your smoking to the new goal. Or if you vape, reduce

how often you puff by figuring out the number of times/sessions per day or puffs per session and use that number to target reducing.

b. **Set a schedule:** This technique will cut down on how often you use tobacco and nicotine, and thereby reduce the association with your triggers.

For cigarettes/cigars/vapes:

i. Figure out the average time between each time you smoke/puff. For example, if you smoke a pack-a-day (20 cigarettes), and you're awake 16 hours, that will work out to about 1 cigarette every 45 minutes (960 minutes divided by 20) (where you wait 45 minutes between each cigarette you smoke). For vaping, you can self-monitor to see how many times a day you take out and puff on your vape, and from there, estimate average time between. ***[This duration can be adapted to fit different rates: provide an example for someone in the group by eliciting their smoking rate and hours awake; round to 15-minute intervals to keep it simple (e.g., 15, 30, 45, 60)]***

ii. Once you figure out your average time, try to smoke ONLY ONE CIGARETTE at that time and do not save the cigarette for later use. For persons who vape, you can vape your usual number of puffs, but don't go over. For example, if you average 30 minutes between smoking or vaping, when you start reducing, wait 45 minutes between each cigarette or session.

iii. DELAY: Gradually increase the time between cigarettes/vaping BY 15 MINUTES (e.g., after a few days when you're comfortable with the schedule). Increase the time between cigarettes/vaping when you feel ready to do so.

iv. This method will work only if you STICK TO THE SCHEDULE. It's OK to go longer without smoking or vaping, but DON'T use more often than your schedule allows. ***[Share image of wrapsheet & Stay Quit Coach on screen/ Provide handout from Appendix B]***

v. Track how often you're smoking/vaping using either the Wrap Sheet or by ***downloading the VA Stay Quit Coach app to your smartphone***.

If you use any tobacco or nicotine, go back to the schedule or drop back to a more frequent schedule, but DON'T GO BACK TO SMOKING OR VAPING WHENEVER YOU WANT!

4. Goal setting

Have each group member identify a goal to work on over the next week. Recommend that people work on reducing by taking small steps each week before their quit date to gain experience with the process. Ask each group member to use the SMART goal approach when setting a goal. Discuss strategies for tracking tobacco use, using the VA Stay Quit Coach app or the Wrap sheet.

2. TOBACCO & NICOTINE USE IS A LEARNED BEHAVIOR

1. **Review prior topic/homework**
2. **Check-in**
3. **Topics**
   - Tobacco & nicotine use is a learned behavior
   - Stimulus control
4. **Goal setting**

1. Review

a. Review last week's discussion topic

2. Check-in (can be at beginning of session or after discussion):

a. Review progress toward identified goals

i. Tobacco use over past week (compare with previous week)

ii. What triggers did you encounter? What were your urges like (frequency, intensity, duration)?

iii. What strategies for coping with triggers/urges/cravings did you try? What worked? What didn't work?

iv. If using medications, what was your use like (frequency/quantity as appropriate)? How helpful are the medications for you?

v. In the last week, were there any particular difficulties you encountered? What were these? How can you overcome this?

vi. What benefits did you experience from stopping or reducing your tobacco use?

b. Introduce new group members (if appropriate)

3. Topics

Tobacco & Nicotine Use Is a Learned Behavior

One of the reasons you use tobacco and have a hard time stopping has to do with the physical addiction. Another important part of why it's so hard to stop has to do with all the things (people, places, situations) you've learned to associate with using tobacco and nicotine products.

Think back to when you first began smoking/vaping/chewing, what do you remember about it? What were the things that got you to start and continue using tobacco and nicotine products (e.g., physical effects, peer pressure)? An important thing to remember is that you didn't learn how to become a person who uses tobacco overnight—few people start out smoking a pack a day or chewing a tin of tobacco each day. The strength of the associations grows over time. So, it will take time to weaken these associations and learn new behaviors.

All the situations and circumstances you associate with your tobacco use can signal or remind you to smoke or use tobacco because that's what you've done in the past.

As an example, think about how often a person who smokes cigarettes takes a puff on a cigarette: On average, people take 10 puffs per cigarette, so if someone smokes a pack a day:

[Write out]

10 puffs x 20 cigarettes x 365 days=**73,000 puffs per year!!!!**

Think about how many times that is! It's not surprising smoking is such a difficult behavior to change!!

[Share on screen or draw on board]

One way to understand how tobacco use is learned is what is called the "behavior chain." Here, a trigger leads to an urge/craving which then results in tobacco use. Repeating this pattern over time is how these associations and triggers are learned.

Triggers

Triggers are situations and circumstances that set off **urges** which are a desire to use, that then lead to **using tobacco or nicotine**. This shows how you learn the behavior: the more often you use in response to a given trigger, the stronger the connection or association between triggers and tobacco or nicotine use. The important lesson here is that you learned to be a person who uses tobacco, therefore you can learn new behaviors in response to triggers instead of tobacco or nicotine use.

One of the goals of this group is to make you aware of those times you use tobacco that are unconscious or automatic—when you use without even thinking about it—and the times, places, and activities that remind you to use. I want you to look at the situations that go along with or remind you of tobacco/nicotine use and situations that you have paired with tobacco use. If you want to stop using tobacco and nicotine, you are going to have to learn new responses to the triggers that remind you to use.

Over the years, you have associated many events, persons, places, or times with your tobacco and nicotine use. How often have these situations caused or prompted you to use?

- Just finished a meal
- Hanging out with friends
- Receiving a phone call
- A stressful situation
- While drinking alcohol
- While driving
- Drinking coffee in the morning

[Write on screen/board tobacco/nicotine use triggers generated by group]

Common situations for tobacco/nicotine use

One of the goals of this group is to make you aware of those times you use that are unconscious or automatic—when you use without even thinking about it—and the times, places, and activities that remind you to use. I want you to look at the situations that go along with or remind you of tobacco/nicotine use and situations that you have paired with using. If you want to stop using tobacco and nicotine, you are going to have to learn new responses to the triggers that remind you to use.

Stimulus control

Now it's time to start working on relearning your tobacco/nicotine use behaviors. We'll use the same principles of learning that led to your current patterns of use in order to change and eliminate your tobacco/nicotine use behaviors. It's time to learn how to become tobacco-free. The goal now is to take back control.

Rationale for stimulus control: Some of the pleasure you get from tobacco/nicotine use comes from the activities that you are doing at the same time. For example, if you are under stress and you smoke, you experience relief by being distracted from the stressful event. If you use tobacco or nicotine while hanging out with friends, part of the pleasure is actually from this social situation. We attribute the pleasure from the social situation to the tobacco/nicotine. Soon, they are hard to distinguish from each other. The idea is that if you don't use in your usual trigger situations, you will eventually learn new associations. You will be learning how to become tobacco-free in that situation!

[Refer to behavior chain, show on screen or draw on board]

So, how to start learning new responses? This week, I'll ask you to do one new thing. First, I'd like you to start using tobacco in fewer situations and ask you to pick what will be your "using place." What I would like you to do is to use

tobacco/nicotine only in this place when you're at home (preferably outdoors). When you're not at home, you can use the same as always.

In choosing a "using place" you'll need to think of the following:

- Pick a place where you do not usually use tobacco/nicotine.
- Pick a place where you do not usually do other things like read, talk on the phone, eat, watch TV/videos, listen to music, surf the internet, etc.
- You may not do anything else in this place, except use tobacco/nicotine. The idea is that you won't associate using tobacco/nicotine in this place with any other kind of activity or situation, so don't pick your favorite place in the house.
- However, don't pick a place that is so unpleasant that you use in other places.
- If you forget and use tobacco somewhere else, go to your using place or stop using until you can go to your designated using place.
- What we'd like you to do is pick a place now and starting tomorrow, try to stick to it. You don't have to do it every day, but the sooner you start, the quicker you'll relearn your tobacco/nicotine behaviors.

4. Goal Setting

For the next week, I'd like you to pick a place at your home where you'll go to smoke or use tobacco/nicotine. Remember the guidelines we discussed for choosing a using place and let me know what that will be. In addition, remember that gradually reducing your tobacco/nicotine use will prepare you for stopping entirely. Consider what your next reduction goal will be.

3. BEHAVIORAL URGE CONTROL – DEADS

1. Review prior topic/homework
2. Check-in
3. Topics
   - Urge control – DEADS
   - Relaxation – Diaphragmatic Breathing
4. Goal Setting

1. Review

a. Review last week's discussion topic

2. Check-in (can be at beginning of session or after discussion):

a. Review progress toward identified goals

i. Tobacco use over past week (compare with previous week)

ii. What triggers did you encounter? What were your urges like (frequency, intensity, duration)?

iii. What strategies for coping with triggers/urges/cravings did you try? What worked? What didn't work?

iv. If using medications, what was your use like (frequency/quantity as appropriate)? How helpful are the medications for you?

v. In the last week, were there any particular difficulties you encountered? What were these? How can you overcome this?

vi. What benefits did you experience from stopping or reducing your tobacco use?

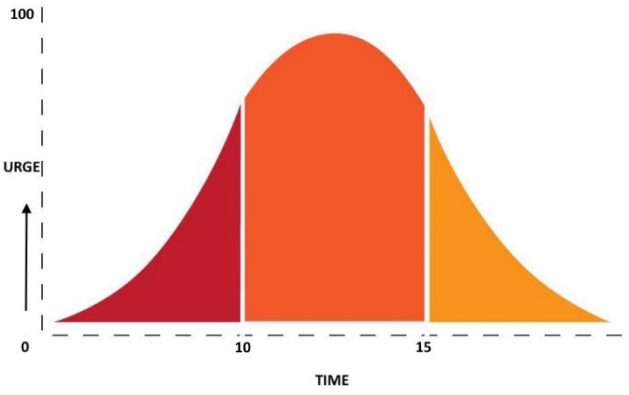
b. Introduce new group members (if appropriate)

3. Topics

Urge control

Today we're going to talk about urges or cravings. Urges are powerful thoughts or feelings about tobacco/nicotine use, and it's important to learn how to manage these urges. The most important thing to remember is that an urge will go away if you just give it time. Waiting out an urge, especially if you begin to do something else, is easier than you may expect.

[Draw urge curve on board/Share on screen]
Discuss urges as waves that come and go



The first step in learning to manage urges is to get through an urge without using tobacco. By doing this, you are practicing "urge control." In other words, you have control over your urges, instead of your urges controlling you. When the urge for tobacco/nicotine hits, you don't have to sit clenching your teeth, "white knuckling" it.

By practicing putting off urges and getting through the urge without using tobacco, you are beginning to learn new behaviors. An urge or craving is a signal for you to use tobacco/nicotine. If you don't use in response to the urge, you're starting to change that association.

[Share on screen or draw on board]

Urge Control Strategies - DEADS

- D Delay
- E Escape
- A Avoid
- D Distract
- S Substitute

DEADS is an acronym for a group of strategies you can use to effectively get through urges without smoking or using tobacco. We're going to spend the rest of our discussion going through the DEADS strategies.

Delay: The most important thing to remember is that an urge will go away if you just give it time. Waiting out an urge, especially if you begin to do something else, is easier than you may expect. Believe it or not, the urge will fade after 5-10 minutes, even if you do not use tobacco or nicotine. It also helps if you have a positive attitude about the urge disappearing. Think "This won't last, the urge will go away" or "I would like a cigarette, but I'm not going to have one, because I don't need one."

Escape: Another technique for dealing with an urge is to remove yourself from the situation or event that led to the urge. If you're in a room where others are using, and an urge hits, get up and take a short walk. You can walk around the building or outside until you feel ready to re-enter the situation without using.

Avoid: Avoiding situations where you'll be tempted to use will be particularly important in the first days and weeks after you stop. For example, if you regularly go to places where people are using tobacco or if you buy your cigarettes or vapes at the same store each time, it's best to avoid those places for a little while to allow you to reduce temptations and not be exposed to that trigger.

Distract: Another way to control urges is to get busy—get back to what you were doing before the urge hit. Also, there may be other things that you enjoy doing that are incompatible with tobacco/nicotine use. Some suggestions are working in the yard, reading, watching a video, listening to a podcast, walking, showering, doing push-ups or sit-ups, or working on a crossword puzzle. Pick activities that you DO NOT associate with tobacco/nicotine use.

Substitute: When you feel that you want to use, substitute something else. For example, sugar-free candy or sugar-free gum (also can be used as substitutes for nicotine gum/lozenge when you're reducing those), especially if you are concerned about gaining weight. Also, you could eat a piece of fruit, carrots, or celery sticks. You can also use something to chew on, like a straw or toothpick. The trick is to come up with something you like that can be easily substituted.

Elicit examples of triggers for which each DEADS strategy could be used

Go over individual triggers and discuss appropriate DEADS strategies.

Ask group members to think of at least 3-4 strategies they can use when they get cravings.

For example: "If I get a craving, the first step would be to delay responding to it for 5-10 minutes. If that doesn't work, I plan to distract myself by watching TV. After that, I could substitute with sugar-free candy. If that doesn't work, I'll use a nicotine lozenge or gum." We know from studies that using a single strategy is usually enough to get through an urge or craving, so having 3-4 strategies in mind will improve your chances of success.

If you're using the Stay Quit Coach app you can enter your triggers and coping strategies on the app under **My Tools** >Add coping plan

Diaphragmatic breathing exercise

[Note: this topic is helpful to introduce prior to reviewing urge surfing in order to facilitate the practice]:

Before we wrap up today, let's try a breathing exercise. Diaphragmatic breathing is a breathing technique that may help you become more relaxed and can be a strategy for reducing urges by reducing the trigger from anxiety and tension.

The Power of Breath: Diaphragmatic Breathing - Whole Health Library (va.gov)

How can changing the way you breathe help you relax?

- Anxious breathing—breathing quickly with short breaths from the chest—can make us feel more tense because it signals to the body that we must prepare for danger ("fight or flight").
- Diaphragmatic breathing—breathing deeply and slowly from the diaphragm or abdominal area—signals to the body that it is time to recover and relax.
- For some individuals, anxious breathing becomes a habit, which contributes to feeling anxiety and tension.
- Practicing diaphragmatic breathing can break the habit of anxious breathing and can help your body feel more relaxed and less tense.
- Practicing diaphragmatic breathing before, during, and after stressful situations may help you feel less anxious and more relaxed.
- Like any time we change a habit, it may take a while for you to become accustomed to breathing more slowly and deeply from the abdomen. Repeated practice will make this type of breathing easier.

Here are some steps to follow that will help you breathe from your abdomen, let's spend a few minutes practicing now:

1. Find a comfortable place to sit and close your eyes.
2. Place your hand on your abdomen and breathe in such a way that the hand on your abdomen rises and falls.
3. Slow the pace of your inhales and exhales.
4. Gradually deepen your breaths
5. Continue breathing deeply and slowly to a point where it is comfortable for you.

4. Goal Setting

For the next week I'll ask you to do some new things: put off 1 urge each day for at least 15 and up to 30 minutes. I'd like each of you to choose which urge you're going to practice delaying and also which DEADS strategies you'll use. Consider also practicing diaphragmatic breathing during the coming week. It will help prepare you for an urge management strategy we'll be learning next week. If you're using the Stay Quit Coach app, it includes a guided controlled breathing exercise under "My Tools".

Last week, you chose a "using place" at home. For the next week, keep doing this.

Discuss with group, have each identify location, problem solve

Finally, remember that gradually reducing your tobacco/nicotine use will prepare you for stopping entirely. Consider what your next reduction goal will be for this coming week.

4. BEHAVIORAL URGE CONTROL – URGE SURFING

1. **Review prior topic/homework**
2. **Check-in**
3. **Topic**
   - Urge control
   - Urge surfing
4. **Goal Setting**

1. Review

a. Review last week's discussion topic

2. Check-in (can be at beginning of session or after discussion):

a. Review progress toward identified goals

i. Tobacco use over past week (compare with previous week)

ii. What triggers did you encounter? What were your urges like (frequency, intensity, duration)?

iii. What strategies for coping with triggers/urges/cravings did you try? What worked? What didn't work?

iv. If using medications, what was your use like (frequency/quantity as appropriate)? How helpful are the medications for you?

v. In the last week, were there any particular difficulties you encountered? What were these? How can you overcome this?

vi. What benefits did you experience from stopping or reducing your tobacco use?

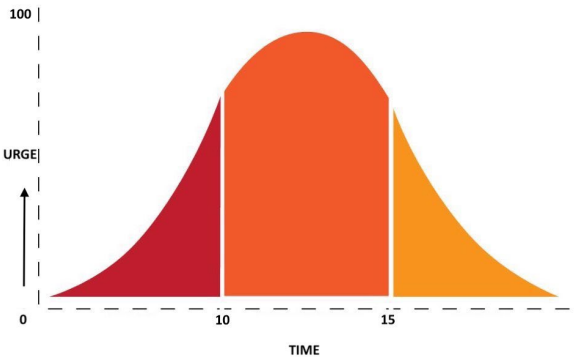
b. Introduce new group members (if appropriate)

3. Topics

Urge control

Today we're going to talk about urges or cravings. Urges are powerful thoughts or feelings about tobacco/nicotine use, and it's important to learn how to manage these urges. The most important thing to remember is that an urge will go away if you just give it time. Waiting out an urge, especially if you begin to do something else, is easier than you may expect.

[Share on screen or draw on board]
Discuss urges as waves that come and go



Introduction to Urge Surfing

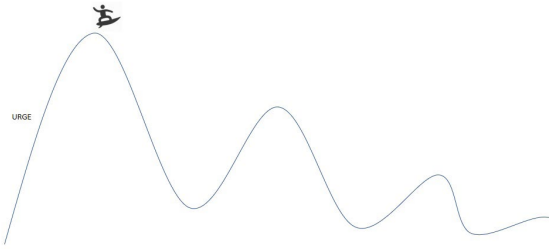
The DEADS strategies are one approach to re-learning responses to our triggers and urges. Today, we're going to practice what might end up being the most useful skill you will learn: Urge Surfing. We will learn about it today, and then practice this skill over the next week.

I'd like to introduce a metaphor of surfing the urge. We just saw the urge graph and talked about how they rise and then fall. Urges come, grow, and then fade. They can't really be effectively blocked, so our goal is to accept them and "surf" them rather than acting on them. Imagine yourself at the beach, watching urges roll in.

An important piece of information is that urges get weaker (just as waves get smaller) over time when you surf them, instead of responding with use.

Ask group members to describe their experiences with urges and cravings. How well do they fit with the metaphor of waves and surfing? What have they done previously when they have experienced urges and cravings—responded immediately?

[Share on screen or draw on board]



What triggers urges? Are triggers always external events, places, people? Can they also be internal?

- Some situations that can trigger urges include:
- Stress, difficult events, relationship problems
- Talking about things related to tobacco use or to stopping
- Seeing someone else smoking/vaping or seeing cigarettes in the store
- Being in a situation where you would have smoked or vaped before—after dinner, while driving, relaxing, at work, when stressed…
- Negative moods—sadness, loneliness, guilt, anger, shame

Let's practice surfing an urge.

[Note: group can be led through exercise by group leader OR you can share the recording on the Urge Surfing slide]:

Group leader urge surfing exercise: Imagine a situation in which you have usually used tobacco or nicotine. Pick something that is not super stressful but is common, such as after a good meal, in the car, or right after you wake up. Close your eyes, if that feels comfortable for you, and as best you can try to place yourself in that situation.

Do you feel the urge rising? What does it feel like? What physical sensations do you feel?

- Remember that urges and cravings are NOT permanent. This will pass.
- Picture the urge as a wave. It's coming toward you. What do you see?
- Notice your breathing. Don't try to change it. Just try to observe what's happening. It's okay if you don't do this perfectly. If you find yourself trying to breathe differently, just try to shift back to letting your body breathe on its own.
- Notice the thoughts you have about the urge. Do you feel guilty? Angry? Resigned? Try not to judge yourself or your thoughts, don't feed or fight them. Just notice what they are and remember that these are normal reactions to urges.
- What do you feel in your body physically? What sensations go along with urges? Again, try not to judge, just be a

neutral observer.

- What happens over time with your thoughts, breathing, sensations?
- Try not to "wish away" the urge. You don't have to wish – you KNOW it will go away; you just have to wait patiently. In the meantime, be curious about the experience.

Ask group members for feedback on their experience, positive and negative.

4. Goal Setting

For the next week, I'll ask you to do some new things: practice urge surfing and also put off 1 urge each day for at least 30 minutes. I'd like each of you to choose which urge you're going to practice delaying and also which strategies you'll use. For the previous weeks, you chose a "using place" at home. For the next week, keep doing this and add in another setting (e.g., your car if you drive).

Discuss with group, have each identify situation, problem solve

Finally, remember that gradually reducing your tobacco/nicotine use will prepare you for stopping entirely. Consider what your next reduction goal will be for this coming week.

5. URGE CONTROL – COGNITIVE COPING

1. **Review prior topic/homework**
2. **Check-in**
3. **Topic [reviewing and practicing the 3C's can be done across two sessions as needed}**
   - Cognitive triangle – how thoughts and behaviors affect feelings
   - Catch-it; Check-it; Change-it strategies for changing unhelpful thoughts
4. **Goal setting**

1. Review

a. Review last week's discussion topic

2. Check-in (can be at beginning of session or after discussion):

a. Review progress toward identified goals

i. Tobacco use over past week (compare with previous week)

ii. What triggers did you encounter? What were your urges like (frequency, intensity, duration)?

iii. What strategies for coping with triggers/urges/cravings did you try? What worked? What didn't work?

iv. If using medications, what was your use like (frequency/quantity as appropriate)? How helpful are the medications for you?

v. In the last week, were there any particular difficulties you encountered? What were these? How can you overcome this?

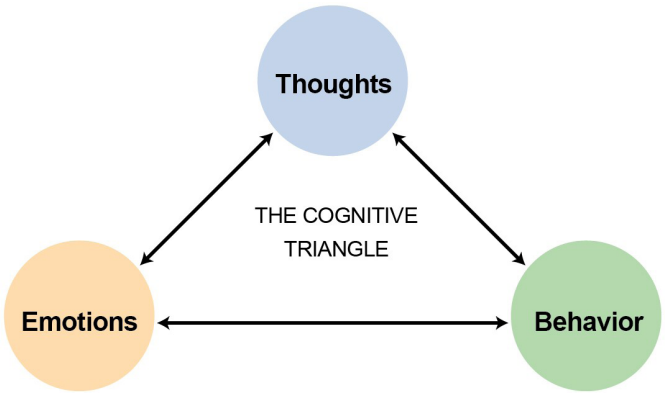
vi. What benefits did you experience from stopping or reducing your tobacco use?

b. Introduce new group members (if appropriate)

3. Topics

Cognitive Triangle

[Share on screen or draw on board]



Today, we're going to talk about how thoughts, behaviors, and feelings influence each other. This relationship is important to discuss when working on changing behaviors like smoking, vaping, or other tobacco use because we are also talking about changes in feelings and thoughts. For example, we know that certain feelings can have a strong effect on your tobacco use, in particular urges, which are strong feelings of a desire to use.

These urges and feelings can influence our tobacco use, but the relationship is bi-directional such that we also use tobacco to influence our urges or feelings (e.g., urges lead to tobacco use, which relieves the urge; stress leads to tobacco use, which we engage in to relieve stress). We know that urges and feelings can have a strong impact on our behaviors.

Thoughts can also have a strong effect on our feelings and behaviors. However, thoughts often happen so quickly that we don't notice them occurring. Thoughts are not typically the most obvious part of this cycle. People typically seek help because of their feelings and their behavior, but not usually because of their thoughts. However, we know that working to change our thoughts can help to change both our tobacco use behavior and our urges and feelings.

Changing Thoughts: Catch-it; Check-it; Change-it

Today, we're going to learn to use urges and feelings that are triggers for tobacco use as red flags for our thoughts. For example, when feeling upset or angry or sad, you might stop and ask yourself, "What am I thinking?" If we can identify the thought associated with the feeling, we can address the feeling.

Thoughts that we typically have related to an emotion aren't always accurate. We all make mistakes in thinking. If these incorrect thoughts are leading to unwanted behaviors or feelings, we can learn to change our thinking. Changing thoughts can also change how we feel and what we do. Our thoughts can either help us do things to achieve our goals or prevent us from achieving our goals. We can correct them to improve our quality of life.

[Share 3 C's slide on screen or provide handout]

The Catch-it; Check-it; Change-it strategy is a way to learn how to identify thoughts, check accuracy, and change inaccurate thoughts. This strategy can help you be tobacco-free by eliminating thoughts that lead, directly or indirectly, to urges and cravings.

Catch-It: Recognizing unhelpful thoughts.

The first C is learning how to recognize your thoughts.

Unhelpful thoughts can sometimes be hard to catch, but they can often leave a trail of unpleasant feelings like fear, sadness, or anger. Urges and negative feelings are important signals telling us to look for the thoughts we just had.

The urge to use tobacco is a "red flag" to look for thoughts.

Ask yourself: "What went through my mind just before I had that urge to smoke/vape/chew?"

A negative feeling is a "red flag" to look for thoughts.

Ask yourself: "What went through my mind just before I had that feeling?"

[Write thoughts generated by group on the screen or board]

Try to explicitly address implications for tobacco use of thoughts shared by group, i.e., how the thought may contribute to or lead to use.

Here are some unhelpful thoughts:

- Smoking/vaping/dipping is the only thing that will calm me down when I'm feeling this way
- I have too much stress. It's never going to get better
- I just need one puff to take the edge off these cravings

Check-It: Is the thought accurate or inaccurate? Helpful or unhelpful?

The Check-It step is considering all of the evidence to decide if a thought about a situation is accurate. Our thoughts might be accurate or inaccurate. Thoughts can also be helpful or unhelpful. One way to Check-It is to act like a scientist or a detective. Look at the evidence, the facts for and against a thought. How do we find evidence for a thought? Often this will be the easy step since we pay more attention to things that confirm the thoughts we have.

How do we find evidence against a thought? Sometimes this can be very difficult.

Try asking yourself:

- Are there any alternative explanations?
- If someone else had this thought, what would I tell him or her?
- Am I missing any facts that contradict my thought?
- Is this thought helping me reach my goals or feel better?
- Five years from now, how might I look back on this situation differently?

There are several common mistakes we all tend to make in our thinking. These can cause us to have unhelpful or inaccurate thoughts that lead to urge for using tobacco.

1. ALL-OR-NOTHING THINKING:

Seeing things as completely good or completely bad. Everything is black or white, with no shades of gray. For example, "I always fail." All-or-Nothing thoughts use words like ALWAYS, NEVER, NOBODY, and EVERYBODY. This assumes the thought is true 100% of the time. It only takes ONE instance to prove the thought is false. For example, if you succeed once, it proves you are not ALWAYS a failure.

2. MIND READING

Believing that you know what other people are thinking. For example: "My friends and family want me to keep smoking because I am too grumpy without my tobacco." What else could they be thinking?

3. FORTUNE TELLING

Believing that things in the future will turn out badly. For example: "It's too hard to stop. I can't do this." The only way to know whether you can succeed is to try.

4. CATASTROPHIZING.

Believing that one unfortunate experience is the worst possible thing that could happen. When we jump to conclusions, we are often also catastrophizing. For example: "I blew it. I smoked a cigarette. I might as well just go ahead and finish the pack."

5. EMOTIONAL REASONING

Using feelings rather than objective evidence as the only basis for what you think or decide. For example: "It's been a long stressful day, I deserve a cigarette/vape/dip." This may not be true. Your urge might be triggered by an inaccurate thought that something bad will happen if you don't use tobacco.

Change-It: Change mistakes in thinking into accurate, helpful thoughts.

If a thought is inaccurate or unhelpful, the third C is changing it to a more accurate, helpful thought that can reduce your urges or negative feelings and help achieve your goal of being tobacco/vape-free.

In the Change-It step, you develop a more helpful, more accurate thought that is a better match with the evidence you found in the Check-It step. It is important that the new thought you develop is realistic, helpful and makes sense to you.

It is helpful to ask yourself:

- What alternative thought is a better match with the evidence?
- What alternative thought might help me achieve my goals?

For any unhelpful, inaccurate thoughts you might have, there are many other thoughts that may be more accurate and helpful.

Review examples with group

Unhelpful Thinking	More Helpful Thinking
I'm feeling really upset. I can't deal with these feelings.	Smoking/vaping/dipping isn't going to change the reasons I feel upset. There are healthier ways I can manage my feelings without keeping me addicted to tobacco.
I have too much stress. It's never going to get better.	Things are stressful right now, but it's temporary. Smoking/vaping/dipping isn't going to take away any of my stress, it's just a temporary escape.
I just need one puff on the vape to take the edge off these cravings.	Cravings become weaker and less frequent each day I don't smoke/vape/dip. I just need to take my mind off it.
I'm doing really well, just one puff won't hurt.	I deserve a reward for doing well, but there are better rewards than smoking/vaping/dipping. A favorite meal, funny movie or hot shower will help me relax without ruining my cessation attempt.

4. Goal setting

Practice Catching, Checking and Changing thoughts related to urges. Use the handout to practice throughout the next week. Ask group members to set SMART goals around this practice and for any behavior change or maintenance goals.

PREPARING TO STOP (SESSIONS 6-8)

6. PREPARING FOR QUIT DAY

1. Review prior topic/homework
2. Check-in
3. Topic
   - Setting a Quit Date
   - Planning your Quit Day
4. Goal Setting

1. Review

a. Review last week's discussion topic

2. Check-in (can be at beginning of session or after discussion):

a. Review progress toward identified goals

i. Tobacco use over past week (compare with previous week)

ii. What triggers did you encounter? What were your urges like (frequency, intensity, duration)?

iii. What strategies for coping with triggers/urges/cravings did you try? What worked? What didn't work?

iv. If using medications, what was your use like (frequency/quantity as appropriate)? How helpful are the medications for you?

v. In the last week, were there any particular difficulties you encountered? What were these? How can you overcome this?

vi. What benefits did you experience from stopping or reducing your tobacco use?

b. Introduce new group members (if appropriate)

3. Topics

Setting a Quit Date

For those of you who are still using tobacco, I encourage setting a quit date and attempting to stop. If you feel ready, that's great! If you don't feel ready, consider trying a practice quit, where you might plan to stop for just one day in order to get some practice and to find out what works and what doesn't. Choosing a specific day for stopping makes it more likely that you'll follow through, which is why one of the goals for today's session is to have everyone choose a quit date.

Plan Your Quit Day

Once you've chosen a day for stopping, what kind of things do you need to prepare and plan for having a successful quit day?

a. Be aware of triggers: Which situations and circumstances are going to be most challenging? Which will be relatively easy to get through?

[Elicit list of triggers from group members]

b. Identify strategies for managing triggers: What urge control strategies are you going to use to get through your trigger situations? Review DEADS, linking strategies to triggers: e.g., Delay using right after you get in the car, Escape or leave situation when others are vaping around you, Avoid going to the gas station in your neighborhood, Distract yourself by working on an online word puzzle when you get an urge or craving, Substitute by putting a straw in your mouth instead of smoking on your break at work.

c. Planning for quit date: Planning ahead and preparing for your quit day will increase the likelihood of being successful. There are a number of things you can plan and we're going to spend some time going through these:

i. Get rid of all your tobacco/nicotine products and paraphernalia: cigarettes, cigars, chew tobacco, e-cigarettes/vapes, lighters, ashtrays, vape juice, etc.

ii. Let your friends and family know about your quit date.

- Plan your day: Make sure you're occupied. If you're not working, plan some fun activities and/or tasks to keep you busy. Ideally, plan activities that you don't strongly associate with tobacco/nicotine use to minimize triggers. Treat yourself to something you enjoy that you don't normally do—going to a movie, walk on the beach, go for a hike.

iii. Avoid triggers: Avoid spending time with others who smoke or use tobacco if possible; avoid places where you buy or use tobacco/nicotine products; if alcohol is a trigger, don't drink on your quit day; if coffee/caffeine is a trigger, change the circumstances of your usual coffee use and use less than usual (e.g., mix decaf with regular coffee); if you smoke, eliminate the smell of tobacco smoke (get your vehicle detailed, wash any clothes that smell of smoke); etc.

[Note: discussion of medications can be presented by group medication provider or group leader as appropriate]

iv. *Use your medications:*

Patches: Make sure you use your nicotine patch and lozenges or gum. Put that patch on first thing in the morning of your quit day and wear it for 24 hours (overnight) as long as it doesn't disturb your sleep. If it interrupts your sleep or gives you bad dreams, take it off right before bedtime. Put a new patch on every morning. If you have a skin reaction to the patch, let your medication provider know so you can discuss options.

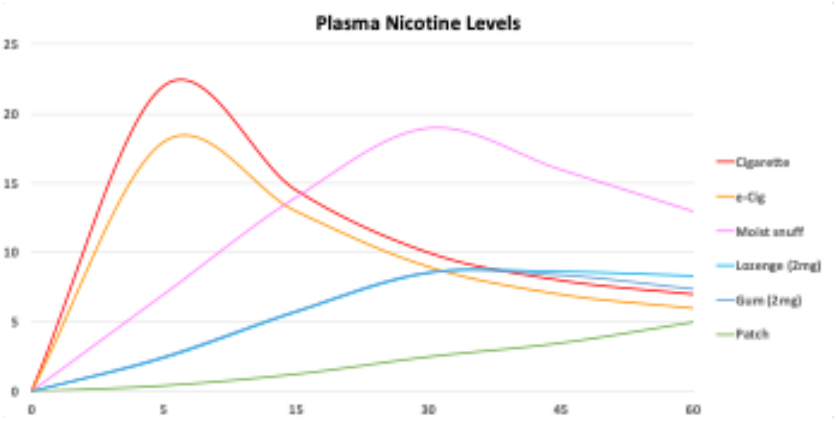
Lozenges: If you're using the nicotine lozenge, remember to let the lozenge dissolve in your mouth near your cheek and gum. Rotate lozenge to different parts of the mouth. Do not chew or swallow or suck on the lozenge.

Gum: If you're using nicotine gum, remember to bite and park. Do not chew continuously like regular gum. Bite slowly until you have a peppery or slight tingling in your mouth, then park the gum between your cheek and gum and leave it there for about one minute to absorb until taste or tingle is gone. Repeat bite and park until the taste or tingle is gone.

For both the gum and lozenge, it's best not eat or drink for 15 minutes before and during use as it may not work as well. Finally, remember to use the lozenges or gum throughout the day as needed to minimize cravings and withdrawals. Try to use lozenges or gum BEFORE you get an urge or encounter a trigger. For example, have a lozenge or gum before you usually have coffee or a meal, or before you anticipate another trigger will occur. At this point, you want to make sure you aren't using too few lozenges or gum—it's fine to use up to 10 pieces of gum or lozenges per day.

Briefly review difference between nicotine from NRT's versus from commercial tobacco products.

[Share on screen or provide handout]



We've talked about nicotine addiction and the importance of reducing your dependence to help you stop successfully. Then how come we recommend using nicotine replacement therapy to get off nicotine in tobacco/vapes? How does that make sense?

It's important to understand that nicotine replacement therapies (NRTs): nicotine patch, lozenge, and gum have been extensively studied and have been approved by the FDA as safe and effective. They also work differently than cigarettes, vapes and other tobacco. Nicotine from lozenges or gum are absorbed more slowly through your mouth (technique is very important). Nicotine from the patch is absorbed through your skin. The nicotine from NRT is therefore absorbed at much slower rates compared to smoking. The goal is to reduce nicotine withdrawal and cravings and make it easy to stop using NRT's once you feel confident in your abstinence.

The bottom line is that you're getting lower levels of nicotine from NRT. If you have a cigarette or use other tobacco, you can keep using your patch and gum or lozenges, you will not get too much nicotine. While the goal is to be tobacco/vape free, we know from studies that you're more likely to succeed in becoming abstinent if you continue using NRT even if you occasionally use tobacco.

4. Goal Setting

*F*or next week, your goal is to set a quit date. We reviewed suggestions for planning out your quit day. Let's go through the planning list and see what each of you would like to do to prepare.

[Share cessation plan slide on screen or provide handout]
Have each group member identify quit day and key plans for their quit day].

- Set a quit date
- Remove as many "temptations" as possible
- Set up your support system: Who will you tell that you're going to stop?
- Change your routine
- Use behavioral coping strategies
- Plan out your quit day
    - Activities I will do on my quit day:
        - Morning
        - Afternoon
        - Evening
- Plan rewards
- Use nicotine replacement therapy (patch, gum, lozenge, nasal spray) or pills (bupropion, varenicline)

7. PREVENTING A RETURN TO USE

1. **Review prior topic/homework**
2. **Check-in**
3. **Topic**
   - Preventing Recurrence: Limited return to use versus recurrence, high-risk situations, coping strategies
4. **Goal setting**

1. Review

a. Review last week's discussion topic

2. Check-in (can be at beginning of session or after discussion):

a. Review progress toward identified goals

i. Tobacco use over past week (compare with previous week)

ii. What triggers did you encounter? What were your urges like (frequency, intensity, duration)?

iii. What strategies for coping with triggers/urges/cravings did you try? What worked? What didn't work?

iv. If using medications, what was your use like (frequency/quantity as appropriate)? How helpful are the medications for you?

v. In the last week, were there any particular difficulties you encountered? What were these? How can you overcome this?

vi. What benefits did you experience from stopping or reducing your tobacco use?

b. Introduce new group members (if appropriate)

3. Topics

Preventing Recurrence

Limited return to use versus Recurrence. One of the things to be aware of is the difference between a limited return to use and recurrence.

What is a limited return to use? A limited return to use is just that, a limited return to use, a small mistake where you might have one cigarette or take a few puffs on a vape but after that go back to being abstinent. Limited returns to use are common and can be a useful learning experience, letting you know about high-risk situations that you need to be prepared for (or avoid in the near term) or that you may need other coping strategies to be successful in that situation in the future.

What is recurrence? Recurrence is resuming regular use, returning to your previous pattern. A limited return to use CAN lead to a recurrence, but it doesn't have to. How you respond to a limited return to use goes a long way toward determining whether you learn from it and move forward or let it trip you up and end up relapsing. Your thoughts and emotional reaction can play an important role in whether a limited return to use stays a limited return to use or becomes a recurrence.

What are some thoughts or feelings that may lead to a recurrence?
"I blew it", "I failed", "what's the point"; feeling guilty, angry, defeated.

What are some thoughts or feelings that help you move forward from a limited return to use?
"I made a mistake, but that's normal", " No one is perfect, it's a learning process"; feeling motivated, determined, energized.

High risk situations. It's important to be aware of situations that might put you at risk for returning to tobacco use,

especially in the first days and weeks after you stop using tobacco. This is most important in the first few weeks after you stop. It's also important to prepare for the longer term. It's easy to be caught off-guard, especially after you've passed the first few weeks and your urges start getting weaker and less frequent. You'll need to keep working on being tobacco- and nicotine-free and take it one day at a time.

When you think about dangerous or high-risk situations, which situations do you think are going to be the toughest in the short term (during the first days and weeks) versus long term (after you've been abstinent for some time)? Half the battle is being prepared for difficult situations.

Elicit response from group

[write out on screen or board]

Short-term high-risk situations
Long-term high-risk situations

Coping with high-risk situations. In addition to being aware of difficult situations, you'll need to have strategies for managing the temptations to use tobacco. Let's review some strategies for managing temptations; these strategies will be particularly important in preventing recurrence.

Dealing with stress or anger/frustration: Let's start with emotional triggers, as we know from studies that these are the most common circumstances that lead to resuming tobacco use.

Being anxious, stressed or frustrated are feelings that are common triggers. What are some ways to cope with these without using tobacco?

Take a "time out"

Get out of the situation, walk away, cool off, take a deep breath, count slowly to 10, think of something fun you've done recently or would like to do or will be doing. Remember, this is not so different than what you do when you smoke or vape when you're feeling stress.

Change how you're thinking!

Remember our 3 C's strategies. Changing the way you think about a situation can help make it less stressful. Try the following steps:

1. Catch it: Figure out what is triggering the urge or craving

   Ask yourself: "Why do I want to use tobacco? What thoughts are leading me to feel this way?"

2. Check it: "Is my thinking accurate or inaccurate? Helpful or unhelpful?"

   Ask yourself: "What's really going on here? How will using tobacco help me?

   What do I really think would help me deal with this?"

3. Change it: Figure out a different way to think about and understand what's going on.

   Get some perspective on the situation so you can see it in a more positive way.

   Ask yourself: "Is this really such a big deal? Are things really that bad?"

Use positive self-talk!

Say things to yourself that will help you get through an urge. Think about your reasons for stopping: the good things about being tobacco free or remember the bad things about using tobacco. Think about how hard you've worked to get to this point.

Get physical!

Physical activity is a great way to deal with stress and fight urges!

It can be anything: taking a walk, jogging, strength training—even doing household chores or cleaning will work!

Let's go through some of these situations you identified and consider which might be useful strategies.

[List on board or screen]

Review DEADS strategies [Share on screen or draw on board]

Another trigger that comes up quite a bit is boredom. People talk about using tobacco when they have down time or nothing else going on. What kind of things can you do in this situation? What are some ways to keep yourself occupied?

Strategies for dealing with boredom: generate from group and supplement suggestions for combating boredom/ keeping busy.

4. Goal setting

Identify one high-risk situation you anticipate will come up in the next week and plan what strategies you will use to get through it successfully.

8. BARRIERS/MOTIVATION FOR STOPPING

1. **Review prior topic/homework**
2. **Check-in**
3. **Topics**
   - Barriers to stopping
   - Motivation for change
4. **Goal setting**

1. Review

a. Review last week's discussion topic

2. Check-in (can be at beginning of session or after discussion):

a. Review progress toward identified goals
   i. Tobacco use over past week (compare with previous week)
   ii. What triggers did you encounter? What were your urges like (frequency, intensity, duration)?
   iii. What strategies for coping with triggers/urges/cravings did you try? What worked? What didn't work?
   iv. If using medications, what was your use like (frequency/quantity as appropriate)? How helpful are the medications for you?
   v. In the last week, were there any particular difficulties you encountered? What were these? How can you overcome this?
   vi. What benefits did you experience from stopping or reducing your tobacco use?

b. Introduce new group members (if appropriate)

3. Topics

Barriers to stopping ***[review if there are group members struggling with cessation]***. Everyone in the group shares the goal of becoming tobacco- and nicotine-free. That tells me that you want to stop! Are there things that are keeping you from stopping? What are these?
A number of things can make it hard to take the step to becoming tobacco- and nicotine-free:

[Share image or draw on board]
Review barriers to stopping. Normalize them, describing barriers as obstacles that are common and can be overcome.

a. Fear or anxiety about giving up tobacco

b. Difficulty managing urges/cravings and withdrawals

c. Lack of confidence in ability to succeed

d. Lack of motivation or ambivalence

What do you think are the most difficult things about stopping? What are your barriers?

There are strategies to help with each of these obstacles and we will work to address all of them today and in the weeks to come.

Fear or anxiety about stopping is related to the thoughts and beliefs you have about what tobacco and nicotine do for you. Cognitive strategies, like Catch-It, Check-It, Change-it help to change these thoughts and beliefs. ***[If appropriate]*** This is a topic we can review in the coming weeks if you're not familiar with it.

Managing urges/cravings and withdrawals can be challenging but medications should help with this piece, so it's important you're using medications properly in the correct amounts. If you feel these aren't working for you, there may

be other options to consider. Revisiting and finding new strategies to help you get through urges and cravings can also be valuable. Remember that, with time, the triggers will lose the power to set off urges and cravings. It takes time!

Building confidence in success can also take time. Sometimes taking smaller steps and gradually building up your confidence can be helpful in this process.

Motivation: ***[Discuss concept of motivation and its role in successful cessation]***

Motivation is a critical part of successful cessation. It's your desire to stop smoking or other tobacco use, which comes from the reasons you want to make this change, both wanting to eliminate negative consequences and gain the positive benefits of being tobacco free. If it feels hard to stop, it's important to remember that motivation isn't constant, it can be strong on some days and weaker on others. Preparing to stop and the initial cessation period takes a lot of effort and energy, and it can sometimes wear down your motivation. This is a natural part of the cessation process. Keeping in mind your reasons for stopping and being clear on both the benefits of stopping and the negative consequences of continuing to use tobacco can help you stay motivated!

Ask group members to share their views of the consequences of two different life paths:

Let's imagine what happens in the future at the end of two different roads.

[Share Road Map of Change slide on screen or provide handout]

Evocative questions:

1. What concerns you about your tobacco or nicotine use?
2. What would some of the advantages be of not using tobacco or nicotine?
3. How does tobacco or nicotine use affect your life?

Road 1: You are still using tobacco or nicotine 10 years from now

What will your life look like?

Road 2: You are tobacco and nicotine free 10 years from now

What will your life look like? Life domains to consider include physical and emotional health, relationships/family, finances/lifestyle, etc.

Contrast the perceived outcomes from these two roads, elicit responses and reactions from group. If needed, ask group members to rate the importance for them of stopping tobacco/nicotine to assess and enhance motivation if needed.

I'd like everyone to rate on a scale of 0-10, how important is it for you to stop using tobacco?

Regardless of what number is chosen, ask each group member why it is not a lower number to allow the group member to identify factors that affect his/her motivation level

What made you choose X (their number) rather than Y (a lower number)?

If importance is rated as zero, ask why without comparison

What makes it a X (their number) rather than a nine or 10?

if importance is rated as ten, ask "what makes it so important?" without comparison

Ask group members to rate their confidence for stopping tobacco in order to assess need for enhancing efficacy and evaluating readiness for change

On a scale of 0-10, how confident are you that you can stop using tobacco?

What made you choose X (their number) rather than Y (a lower number)?

If confidence is rated as zero, ask why without comparison

What makes it a X (their number) rather than a nine or 10?

If confidence is rated as ten, ask why without comparison

To extent possible, complete exercise with all group members, using motivational interviewing techniques to elicit discussion of their importance and confidence for stopping and current readiness to change.

4. Goal Setting

Elicit cessation-related goals for the next week. What are your tobacco use goals for the next week? If you've stopped, what do you need to do to remain tobacco-free? What will you do to achieve that goal (urge control strategies, plans, medication use)? If you haven't been able to stop yet, what can help move you toward that goal? What do you see as your obstacles and what thoughts do you have about how to overcome these obstacles? Are you ready to set another quit date? If not, what is your behavior change goal for the next week?

PREVENTING RECURRENCE & SUPPORTING ABSTINENCE (SESSIONS 9-12)

9. GETTING SUPPORT

1. **Review prior topic/homework**
2. **Check-in**
3. **Topic**
   - Getting support for stopping
4. **Goal setting**

1. Review

a. Review last week's discussion topic

2. Check-in (can be at beginning of session or after discussion):

a. Review progress toward identified goals

i. Tobacco use over past week (compare with previous week)

ii. What triggers did you encounter? What were your urges like (frequency, intensity, duration)?

iii. What strategies for coping with triggers/urges/cravings did you try? What worked? What didn't work?

iv. If using medications, what was your use like (frequency/quantity as appropriate)? How helpful are the medications for you?

v. In the last week, were there any particular difficulties you encountered? What were these? How can you overcome this?

vi. What benefits did you experience from stopping or reducing your tobacco use?

b. Introduce new group members (if appropriate)

3. Topics

Getting Support for Stopping

An important part of stopping tobacco use is getting help and support from your friends and family. You may be concerned that others may not be supportive or might do things that will tempt you to use tobacco. One way to handle concerns about how others will act is to take action! You'll need to work to get support from others, so let them know what will be helpful to you, and also what things they do that are unhelpful.

Strategies for getting support:

1. Be open about wanting to stop. Let other people know!
[Ask group members whether they've let their supports know about their stopping, how they told them and how it went for them:] What did you say? What were the reactions you got? How did you feel about it?

2. Ask your friends and family to help you (e.g., not using tobacco when you're around, refusing to give you tobacco if you ask).
Ask group members in what ways they think their friends and family can be helpful to them when stopping: How can your friends and family support you? Have you asked for support? How did that go for you? Are there things that make it difficult to ask for help?

3. Tell others what behaviors are unhelpful (e.g., putting you down for stopping; discouraging you; offering tobacco).
Ask group members in what ways their friends and family could be or have been unhelpful.

What are some examples of unhelpful behaviors from your family and friends? It may be that they think they're being supportive but are doing things that make you uncomfortable or irritated.

It can feel awkward to have this conversation. How would you go about doing this? What would you say?

- Strategies: know what you want and be up front about telling people how they can help
- Be honest about situations that are difficult for you, let people know!

When asking for help, it is important to use "I" statements and avoid words such as "should" and "never." Be clear about what you're asking for. Focus on the behavior, not the person: "I'm trying to stop smoking. It would help me if you: ask me how I'm doing, don't offer me cigarettes, *understand if I'm a bit irritable for the next few weeks, etc. "*

Use examples generated by group members, have group members practice a request using "I" statements

Remember: Don't get into arguments with people. You can only control your own behavior, not that of others. You can ask others to change their behavior, but they have the right to refuse.
Explore reactions, discuss barriers, elicit specific examples, and role play.

You have the right to seek support and respect for your decision from others. **People who care about you will want to help.**

4. Goal setting

Ask group members to identify one friend or family member they could talk with about how they can be helpful or let them know if they're doing something unhelpful. Have them role play the conversation.

10. PLEASURABLE ACTIVITIES

1. **Review prior topic/homework**
2. **Check-in**
3. **Topic**
   - Engaging in pleasurable activities
   - Importance of a healthy lifestyle
   - Life areas, values, and activities
4. **Goal setting**

1. Review

a. Review last week's discussion topic

2. Check-in (can be at beginning of session or after discussion):

a. Review progress toward identified goals

i. Tobacco use over past week (compare with previous week)

ii. What triggers did you encounter? What were your urges like (frequency, intensity, duration)?

iii. What strategies for coping with triggers/urges/cravings did you try? What worked? What didn't work?

iv. If using medications, what was your use like (frequency/quantity as appropriate)? How helpful are the medications for you?

v. In the last week, were there any particular difficulties you encountered? What were these? How can you overcome this?

vi. What benefits did you experience from stopping or reducing your tobacco use?

b. Introduce new group members (if appropriate)

3. Topics

Engaging in pleasurable activities

[Source: The Life Enhancement Treatment for Smoking: LETS-QUIT Therapist Manual for BATS-II]

Importance of a Healthy Lifestyle

We've talked about boredom or free time being a trigger for tobacco or nicotine use. Adding activities to your life is an important part of successful tobacco cessation both for occupying time and for enhancing your life. Having activities that you enjoy and are important helps you experience pleasure and meaning in life and can be valuable for resisting urges and temptations to use tobacco or nicotine.

You might notice that your moods are connected to what you're doing in your everyday life: When you're doing things you enjoy, you're more likely to feel good. And when you feel good, it's easier to feel ready to stop using tobacco or nicotine. Becoming more involved in enjoyable and meaningful activities is important to achieving a healthy and permanent tobacco- or nicotine-free life. Regularly participating in activities that give you a sense of pleasure and/or accomplishment will make you less likely to feel sad, irritable, or stressed. And the positive feelings from being involved in meaningful activities will make you less likely to want to use tobacco or nicotine.

When thinking about stopping tobacco or nicotine use, you might think you'll be able to achieve a healthier, more rewarding lifestyle once you are tobacco- or nicotine-free. But one of the challenges is that a lot of your free time has been spent using tobacco or nicotine.

Think about how much of your life revolved around tobacco or nicotine use. When you stop using, not only will you

be giving up cigarettes, vapes or smokeless tobacco, but you will also be giving up many aspects of your lifestyle. For example, taking a break to use tobacco also may allow you to have time away from routine or stressful situations, to talk with friends, get outside, and to generally unwind for a few minutes.

Using this example, what will you do for a break once you stop using tobacco or nicotine? If you don't replace these tobacco- or nicotine-related activities, stopping can be very disruptive to your normal schedule and ability to function, which in turn can cause you to feel down or unhappy and return to your regular tobacco or nicotine use behaviors.

Because of all this, it's important to adopt a "healthier" lifestyle to make it easier to stop. Key areas to focus on in your new tobacco- or nicotine-free lifestyle include recreational activities and hobbies, exercise, spirituality, and leisure activities.

[Share and review slide/handout 19 identifying life areas, values and activities: Free Time]
[Refer to pleasant events list (Emotion Regulation Handout 16) in Participant Workbook]

Strategies for Achieving a Tobacco Free Lifestyle

Where can you start? Monitoring your current activity level can be useful for understanding your current lifestyle and beginning to prepare for your new tobacco-free lifestyle. What are your daily activities? What are activities you enjoy and value? Do you have regular activities that help you feel better?

Life Areas: Values and Activities

An important step in this process is identifying activities you'd like to add to your life. The activities that you select should be ones that you enjoy and/or are important to you. One way to help identify these is to think about what you value in life. Let's review some life areas that many people think are important and then have you think about each of these areas in your life. What are your values in each of these areas? In other words, what is important to you about each of these life areas? A value is something that is important to you, in your heart, about that life area.

A value can be a strong belief in a certain way of living. It is what is important to you within the various areas of your life.

- Who do you want to be?
- How do you strive to live?
- Be sure that the values you identify are very personal to you, and not necessarily the values of other people in your life or society in general.

Today we'll focus on two life areas: Free time and wellness. Let's go through the process of identifying values and then activities related to those values.

Life Area: Free Time (Hobbies, Recreation, & Volunteering)

What is important to me?

What is something that was important to me in the past?

What is something I would like to learn about or be involved with?

Examples of Related Values:

Being active

Being athletic

Being artistic and creative

Helping others less fortunate or who need help

Showing a commitment to my country

I'd like everyone to identify one or two Free Time values and then let's go around and discuss activities that might fit those values.

[Share and review slide/handout 20 identifying life areas, values and activities: Wellness]

Life Area: Wellness (Physical, Psychological, Spiritual)

What is important to me about my general health, diet, sleep, exercise?

Am I a spiritual person or would I like to become a spiritual person?

What kind of a life do I want to live?

Examples of Related Values:

Being physically fit

Seeking help from others for my problems

Coping well with stress

My religious/spiritual views,

Living a spiritual life

Being tolerant, non- judgmental, accepting of others' differences

4. Goal setting

[Refer group members to Pleasant Activities list in Participant Workbook, pages 32-34]

I'd like you to identify at least one value for each of the two life areas and then at least three activities for each value. Use the worksheet in the participant manual. You can refer to the list of pleasurable activities at the end of the manual to help come up with activities for each value.

11. STRESS MANAGEMENT

1. **Review prior topic/homework**
2. **Check-in**
3. **Topic**
   - Stress
   - Coping with stress
   - Relaxation exercise
4. **Goal setting**

1. Review

a. Review last week's discussion topic

2. Check-in (can be at beginning of session or after discussion):

a. Review progress toward identified goals

i. Tobacco use over past week (compare with previous week)

ii. What triggers did you encounter? What were your urges like (frequency, intensity, duration)?

iii. What strategies for coping with triggers/urges/cravings did you try? What worked? What didn't work?

iv. If using medications, what was your use like (frequency/quantity as appropriate)? How helpful are the medications for you?

v. In the last week, were there any particular difficulties you encountered? What were these? How can you overcome this?

vi. What benefits did you experience from stopping or reducing your tobacco use?

b. Introduce new group members (if appropriate)

3. Topics

Today we're going to continue working on preventing recurrence by discussing stress management strategies. Stress is one of those things that most people who use tobacco identify as a powerful trigger. Stress is often a high-risk situation, so it's particularly important to have effective tools to help manage stressful situations without resorting to tobacco use.

What is stress?

To begin with, what is stress? What does it mean to you?

Stress is a word that we use and hear very often, but what does it really mean? (list on screen/board)

- What kinds of events or situations are stressful?
- What thoughts go along with stress?
- What feelings or emotions go along with stress?

STRESS IS A NATURAL RESPONSE TO SITUATIONS THAT POSE A THREAT, HARM, OR A CHALLENGE TO YOUR WELL-BEING

What are the reasons for discussing stress in this group?

a. Stress causes negative emotions that are highly associated with recurrence. Individuals who return to tobacco use after trying to stop most often report that they are in a negative emotional state when they return to use.

b. Tobacco is one way that many people learn to cope with stress. This might work in the short-term but, in the

long-term, does nothing to change the causes of the stress and perpetuates a life-threatening behavior.

[Share on screen or draw on board]

Stress is a trigger for tobacco use

Stress → Urge → Use Tobacco

Coping with stress

Now, let's go back to the behavior chain. Clearly, there are times when you're going to experience stressful emotions, it's part of life for all of us. In these situations, the feelings of stress, anxiety, tension, etc., may be reminders or "triggers" for smoking/tobacco use.

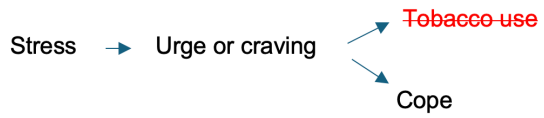
Stress → Urge → Use Tobacco

One of the reasons people use tobacco when they feel stress is because they believe it will decrease stress. Interestingly, the drug effects from nicotine are mainly that of a stimulant, which you wouldn't expect to be relaxing. In fact, we think that part of the stress-reducing properties of tobacco use have to do with the expectations and beliefs people hold about the effects of tobacco and the behavior itself. For example, stepping outside to smoke a cigarette or puff on a vape gives a person a break or "time out" and allows you to cool off or relax. If you think about what's going on behaviorally, you're removing yourself from a stressful situation or environment, you're taking breaths (even if inhaling smoke), and taking time out to distract yourself from what's bothering you. Given all that, it's not surprising that tobacco use behavior can help reduce stress in the moment.

This tells us that it's important to find other behaviors or strategies, other than tobacco use, that will reduce your stress and, in this way, will decrease your urge to use tobacco and therefore avoid recurrence. While other approaches to managing stress may not work as quickly as smoking a cigarette or puffing on a vape, there are many effective ways to reduce your feelings of stress without putting your health and well-being at risk.

Let's start with your own experiences: What are some ways that you all have found to manage stress? (list on screen)

[Share on screen or draw on board]



Review strategies generated by group, discuss how these might work, what kind of strategies they are - distraction, problem solving, emotional support, relaxation, changing thinking

Let's take a look at some of the things we've discussed in the group and how these might help with managing stressful situations:

Remember our 3 C's strategies. Changing the way you think about a situation can help make it less stressful.

Try the following steps:

1. Catch it: Figure out what is triggering the urge or craving

   Ask yourself: "Why do I want to use tobacco? What thoughts are leading me to feel this way?"

2. Check it: Is my thinking accurate or inaccurate? Helpful or unhelpful?

   Ask yourself: "What's really going on here? How will using tobacco help me?

   What do I really think would help me deal with this?"

3. Change it: Figure out a different way to think about and understand what's going on.

   Get some perspective on the situation so you can see it in a more positive way.

   Ask yourself: "Is this really such a big deal? Are things really that bad?"

Other strategies that we know from you and others can be helpful include:

- Taking a time out
- Positive self-talk
- Positive thinking
- Distract yourself – get busy!
- Physical exercise
- Sufficient sleep
- Reduce sugar and caffeine
- Sense of humor
- Supportive positive relationships
- Pampering yourself

Relaxation exercise

Because stress is usually experienced as physical tension, physical strategies that help relax your mind and body can be particularly helpful in managing stress.

What kind of relaxation exercises are people familiar with?

Meditation; prayer; progressive muscle relaxation; deep breathing.

[EXAMPLE] There are a number of breathing exercises found to reduce stress and anxiety. One strategy we can practice today in group is belly breathing or diaphragmatic breathing. Diaphragmatic breathing can reduce pain, reduce blood pressure and improve mental health. If you're interested in exploring on your own, there is another form of breathing found to reduce stress and anxiety effectively called cyclic sighing, you can search online to find guided videos for this technique.

WholeHealth Belly Breathing exercise (Youtube link; 5 minutes)

4. Goal setting

I'd like you to identify at least one stress management strategy to use over the next week. ***Ask group members to share what strategies they'll try out. Encourage practice of belly breathing or some other relaxation technique.***

12. DISTRESS TOLERANCE

1. **Review prior topic/homework**
2. **Check-in**
3. **Topic**
   - Distress tolerance: STOP & TIPP Skills
4. **Goal setting**

1. Review

a. Review last week's discussion topic

2. Check-in (can be at beginning of session or after discussion):

a. Review progress toward identified goals

i. Tobacco use over past week (compare with previous week)

ii. What triggers did you encounter? What were your urges like (frequency, intensity, duration)?

iii. What strategies for coping with triggers/urges/cravings did you try? What worked? What didn't work?

iv. If using medications, what was your use like (frequency/quantity as appropriate)? How helpful are the medications for you?

v. In the last week, were there any particular difficulties you encountered? What were these? How can you overcome this?

vi. What benefits did you experience from stopping or reducing your tobacco use?

b. Introduce new group members (if appropriate)

3. Topics

Distress tolerance/DBT Skills (STOP; TIPP)

[Source: DBT Skills Training Handouts and Worksheets, Second Edition, by Marsha M. Linehan. 2014. Guilford Press, New York, NY]

What is distress? And what do we mean by tolerance? And why is it important? These are skills to use in a moment of crisis. How do you know when you're in crisis? Think high stress, short-term, sense of urgency. What other crisis urges do you struggle with at times?

Examples to touch on: Substance use disorder (SUD), isolating from others to avoid, ruminating about past, worrying about future, aggression, risky behavior.

Distress Tolerance (DT) is not about solving the problem or about being happy about the situation. It is about managing and surviving the situation without behaviors that ultimately make things worse. We have all, every one of us in this room, coped in ways that have made our problems worse. I've definitely done it. The idea with these skills is to help us get through painful situations using healthier coping, so we don't damage our lives further while we're already having a tough day.

What does tobacco use have to do with distress tolerance? How does our tobacco use fit in with how we respond to distress?

Ensure discussion touches on both tobacco use as an example of a maladaptive response that provides short-term relief, and also that stopping will likely induce intermittent distress in the short- and medium-term but importantly will reduce distress in the long-term.

Imagine a recent experience of moderate distress. What mind state were you in at the time? What decisions did you make to cope? What mind state are you in now? What might you have done differently? Remember the goal is to

outlast the crisis without making it worse. To sit with the discomfort, not to change the situation. Accepting pain without trying to reduce it can be hard – it's okay if this is uncomfortable.

The other thing to remember about these skills is that they won't SOLVE the problem you're having. They will help you get through.

Example:" In the middle of the night, I start worrying about the rent, which is due in 2 weeks, and I only have ¾ of it. I need to call some family members to try to borrow money, I'm worried they'll say no, and now I am so worried I can't sleep, and I'm dying for a cigarette. Right now, can I solve the problem of needing to come up with more rent money? At 2am? Nope. I *could* have a cigarette, and that might help me calm down a bit, but I have been trying so hard to abstain. I could use some of the skills we're about to talk about…"

Review STOP & TIPP skills. Emphasize STOP skill as great first step and then move into the component of the TIPP skill that is most effective for them. Help group members see how both skills could be used for tobacco cessation.

DISTRESS TOLERANCE HANDOUT 4 ★

(Distress Tolerance Worksheets 2, 2a)

STOP Skill

Stop	Do not just react. Stop! Freeze! Do not move a muscle! Your emotions may try to make you act without thinking. Stay in control!
Take a step back	Take a step back from the situation. Take a break. Let go. Take a deep breath. Do not let your feelings make you act impulsively.
Observe	Notice what is going on inside and outside you. What is the situation? What are your thoughts and feelings? What are others saying or doing?
Proceed mindfully	Act with awareness. In deciding what to do, consider your thoughts and feelings, the situation, and other people's thoughts and feelings. Think about your goals. Ask Wise Mind: Which actions will make it better or worse?

Note. Adapted from an unpublished worksheet by Francheska Perepletchikova and Seth Axelrod, with their permission.

DISTRESS TOLERANCE HANDOUT 6

(Distress Tolerance Worksheet 4)

TIP Skills: Changing Your Body Chemistry

To reduce extreme emotion mind *fast*.

Remember these as **TIP** skills:

T

TIP THE TEMPERATURE of your face with COLD WATER*
(to calm down fast)

- Holding your breath, put your face in a bowl of cold water, or hold a cold pack (or zip-lock bag of cold water) on your eyes and cheeks.
- Hold for 30 seconds. Keep water above 50°F.

I

INTENSE EXERCISE*
(to calm down your body when it is revved up by emotion)

- Engage in intense exercise, if only for a short while.
- Expend your body's stored up physical energy by running, walking fast, jumping, playing basketball, lifting weights, etc.

P

PACED BREATHING
(pace your breathing by slowing it down)

- Breathe deeply into your belly.
- Slow your pace of inhaling and exhaling way down (on average, five to six breaths per minute).
- Breathe *out* more slowly than you breathe *in* (for example, 5 seconds in and 7 seconds out).

PAIRED MUSCLE RELAXATION
(to calm down by pairing muscle relaxation with breathing out)

- While breathing into your belly deeply tense your body muscles (*not* so much as to cause a cramp).
- Notice the tension in your body.
- While breathing out, say the word "Relax" in your mind.
- Let go of the tension.
- Notice the difference in your body.

***Caution:** Very cold water decreases your heart rate rapidly. Intense exercise will increase heart rate. Consult your health care provider before using these skills if you have a heart or medical condition, a lowered base heart rate due to medications, take a beta-blocker, are allergic to cold, or have an eating disorder.

4. Goal setting

Instruct group members to practice STOP and TIPP skills when feeling distressed. Over the next week, find a time when you're feeling somewhat or moderately distressed and pick one of the skills to try out. Try as many as you can to see what works for you.

13. MAINTENANCE

1. **Review prior topic/homework**
2. **Check-in**
3. **Topic**
   - Maintenance: remaining tobacco free in the long term
4. **Goal setting**

1. Review

a. Review last week's discussion topic

2. Check-in (can be at beginning of session or after discussion):

a. Review progress toward identified goals

i. Tobacco use over past week (compare with previous week)

ii. What triggers did you encounter? What were your urges like (frequency, intensity, duration)?

iii. What strategies for coping with triggers/urges/cravings did you try? What worked? What didn't work?

iv. If using medications, what was your use like (frequency/quantity as appropriate)? How helpful are the medications for you?

v. In the last week, were there any particular difficulties you encountered? What were these? How can you overcome this?

vi. What benefits did you experience from stopping or reducing your tobacco use?

b. Introduce new group members (if appropriate)

3. Topics

Stopping or "quitting" refers to the first few days and weeks after you stop using tobacco. This is the time when you might experience withdrawal symptoms from nicotine and stronger urges. During this time, you need to keep your guard up and pay a lot of attention to difficult situations. This is the period where you have to use a lot of planning, DEADS strategies, and be mentally prepared to deal with any stresses or temptations that come your way. It takes effort and energy to be successful in the early stopping stage.

Ask group members to share their experiences and reflections on the cessation process. If not currently abstinent, ask about past experiences or what they anticipate will be important for a future cessation attempt.

As urges and withdrawals become weaker, you move into the **maintenance** phase. At this point, you don't need to be as constantly on-guard as you were in the first days and weeks, and you don't need to make as many adjustments in your daily routine. Here, it's important that you don't become overconfident and stay vigilant. Many situations that can lead to a limited return to use have to do with stress or strong emotions, so be aware of your coping strategies during those times in particular. Remember, you still may experience urges and may in fact have occasional urges for years after becoming tobacco-free. It's important not to be caught off-guard. Try to plan for situations you know will be difficult in advance.

Ask group members to share their experiences and reflections about maintenance - how do they see it as being different from initial stopping? What do they expect to experience when they're in maintenance - what will they need to do to remain tobacco free?

Realistic expectations are important. In particular, how you respond to urges or cravings is especially important. Is it realistic to expect that you will never have any thoughts, desires, urges or cravings again? What do you tell yourself when these do come up?

Focus on thoughts of failure "I shouldn't have urges anymore," "if I'm still having urges then I haven't been successful"

What do you think are the key ingredients to maintaining being tobacco-free for the long term?

Review differences between stopping and maintenance.
[Share on screen or provide handout]

	Initial Stopping	Maintenance
Duration	Weeks	Months to years
Urges	Frequent/stronger/longer	Less frequent/weaker/briefer
Coping	Use often, may need more types of strategies	Use infrequently, fewer triggers
Effort	High effort	Less effort, may become automatic
Motives	Avoid negative consequences	Experience benefits
Confidence	May experience fear of failure	Confidence grows with success

Elicit discussion of benefits experienced from being tobacco-free, highlighting differences between motivation for use versus motivation for remaining tobacco free: shift from avoiding negative consequences to maintaining positives or benefits of being tobacco-free.

4. Goal setting

Help set future maintenance goals. Identify progress made with group. How will they get long term support for being tobacco-free?

APPENDICES

Appendix A: Assessment

- Tobacco use profile
- Nicotine Dependence Scales
  - Fagerstrom Test for Nicotine Dependence – Cigarettes (FTND)
  - Fagerstrom Test for Nicotine Dependence – Smokeless Tobacco (FTND-ST)
  - Penn State Electronic Cigarette Nicotine Dependence Index
  - Heaviness of Smoking Index (HSI) and adaptations [for briefer assessment]

Appendix B: Patient materials

- Cigarette tracking sheets for patient use
- Certificates of achievement

Appendix C: Notes & templates

- Sample intake group session CPRS template (behavioral)
- Sample group session progress note CPRS template
- Prescriber template

Appendix A: Assessment

Tobacco Use Profile

Name:_____ SS# (last 4 digits)_____ Date:_____

1. How many years of your life have you been using tobacco or nicotine products?_____
2. What type of tobacco/nicotine products do you currently use (not counting nicotine replacement medications)?
    a. Cigarettes
    b. Smokeless tobacco (chew, snus)
    c. E-cigarettes/vapes
    d. Small cigars (cigarillos)
    e. Large cigars
    f. Nicotine pouches
    g. Other
3. How often do you use tobacco or nicotine products (circle your answer)? Daily Less than daily
4. How soon after you wake up do you first use tobacco/nicotine products?

_____within 5 min _____ 6-30 min _____ 31-60 min _____After 60 min

5. How many times in your life have you made a serious attempt to stop tobacco/nicotine use? _____
6. Since you started, what is the longest amount of time you stopped tobacco/nicotine use? (For example: 10 days, 3 weeks, 2 months) How long: _____
7. Have you tried to stop tobacco/nicotine use in the past year (circle your answer)? Yes No
8. Do you plan to stop tobacco/nicotine use:
    within the next 30 days (circle your answer)? Yes No
    within the next 6 months (circle your answer)? Y Yes No
9. How **important** is it for you to stop tobacco/nicotine use (circle your answer)?

1	2	3	4	5	6	7	8	9	10
Not at all				Somewhat					Very

10. How **confident** are you that you could stop tobacco/nicotine use for good today if you wanted to?

1	2	3	4	5	6	7	8	9	10
Not at all				Somewhat					Very

Fagerström Test for Nicotine Dependence

1. How soon after you wake up do you smoke your first cigarette?

   Within 5 minutes (3 points)

   5 to 30 minutes (2 points)

   31-60 minutes (1 point)

   After 60 minutes (0 points)

2. Do you find it difficult not to smoke in places where you shouldn't, such as in church or school, in a movie, at a library, on a bus, in court or in a hospital?

   Yes (1 point)

   No (0 points)

3. Which cigarette would you most hate to give up, which cigarette do you treasure the most?

   The first one in the morning (1 point)

   Any other one (0 points)

4. How many cigarettes do you smoke per day?

   10 or fewer (0 points)

   11 to 20 (1 point)

   21-30 (2 points)

   31 or more (3 points)

5. Do you smoke more during the first few hours after waking up than during the rest of the day?

   Yes (1 point)

   No (0 point)

6. Do you still smoke if you are so sick that you are in bed, or if you have a cold or the flu and have trouble breathing?

   Yes (1 point)

   No (0 point)

Scoring: 7 to 10 points = highly dependent; 4-6 points = moderately dependent; less than 4 points = minimally dependent

References

Heatherton TF, Kozlowski LT, Frecker RC, Fagerstrom KO (1991). The Fagerstrom Test for Nicotine Dependence: a revision of the Fagerstrom Tolerance Questionnaire. Br J Addict 86:1119-27.

Pomerleau C S, Majchrezak MI, Pomerleau OF (1989). Nicotine dependence and the Fagerstrom Tolerance Questionnaire: a brief review. J Substance Abuse 1: 471-7

Fagerstrom Nicotine Dependence Scale- Smokeless Tobacco (FTND-ST)

Questions	Answers	Points
How soon after you wake up do you place your first dip	Within 5 min	3
	6-30 min	2
	31-60 min	1
	After 60 min	0
How often do you intentionally swallow tobacco juice?	Always	2
	Sometimes	1
	Never	0
Which chew would you hate to give up the most?	The first one in the morning	1
	All others	0
How many cans/pouches per week do you use?	More than 3	2
	2-3	1
	1	0
Do you chew more frequently during the first hours after awakening than during the rest of the day?	Yes	1
	No	0
Do you chew if you are so ill that you are in bed most of the day?	Yes	1
	No	0

Scoring instructions: Add up responses to all items. A score of 5 or more indicates a significant dependence, while a score of 4 or less shows a low to moderate dependence.

Ebbert JO, Patten CA, Schroeder DR. The Fagerström Test for Nicotine Dependence-Smokeless Tobacco (FTND-ST). Addict Behav. 2006 Sep;31(9):1716-21

Penn State Electronic Cigarette Nicotine Dependence Index

https://research.med.psu.edu/smoking/dependence-index/

Foulds J, Veldheer S, Yingst J, Hrabovsky S, Wilson SJ, et al. Development of a questionnaire for assessing dependence on electronic cigarettes among a large sample of ex-smoking E-cigarette users. Nicotine Tob Res. 2015 Feb;17(2):186-92. https://doi.org/10.1093/ntr/ntu204.

1. How many times per day do you usually use your electronic cigarette? (assume one "time"consists of around 15 puffs, or lasts around 10 minutes) _____ per day

2. On days that you can use your electronic cigarette freely, how soon after you wake up do you first use your electronic cigarette? _____ minutes

3. Do you sometimes awaken at night to use your electronic cigarette? ☐ Yes ☐ No

4. If yes, how many nights per week do you typically awaken to do so? _____ nights

5. Do you use an electronic cigarette now because it is really hard to quit (using e-cigs)? ☐ Yes ☐ No

6. Do you ever have strong cravings to use an electronic cigarette? ☐ Yes ☐ No

7. Over the past week, how strong have the urges to use an electronic cigarette been? (check one)
   - ☐ No urges
   - ☐ Slight
   - ☐ Moderate
   - ☐ Strong
   - ☐ Very strong
   - ☐ Extremely strong

8. Is it hard to keep from using an electronic cigarette in places where you are not supposed to? ☐ Yes ☐ No

When you have not used an electronic cigarette for a while, OR when you tried to stop using one:

9. Did you feel more irritable because you couldn't use an electronic cigarette? ☐ Yes ☐ No

10. Did you feel nervous, restless or anxious because you couldn't use an electronic cigarette?
    ☐ Yes ☐ No

Used with permission from Jonathan Foulds, PhD, Penn State College of Medicine. For more information about thisquestionaire, email Jonathan Foulds, PhD, at jfoulds@psu.edu.

If you plan to publish using the questionnaire, please cite the original source:

Jonathan Foulds, Susan Veldheer, Jessica Yingst, Shari Hrabovsky, Stephen J. Wilson, Travis T Nichols, Thomas Eissenberg, Development of a Questionnaire for Assessing Dependence on Electronic Cigarettes Among a Large Sample of Ex-Smoking E-cigarette Users, Nicotine & Tobacco Research, Volume 17, Issue 2, February 2015, Pages 186-192, https://doi.org/10.1093/ntr/ntu204

Penn State Electronic Cigarette Nicotine Dependence Index Scoring:

1. How many times per day do you usually use your electronic cigarette? (assume one "time" consists of around 15 puffs, or lasts around 10 minutes)
   - 0-4 times/day = 0
   - 5-9 = 1
   - 10-14 = 2
   - 15-19 = 3
   - 20-29 = 4
   - 30 or more = 5

2. On days that you can use your electronic cigarette freely, how soon after you wake up do you first use your electronic cigarette?
   - Less than 5 minutes = 5
   - 6-15 minutes = 4
   - 16-30 minutes = 3
   - 31-60 minutes = 2
   - 61-120 minutes = 1
   - More than 121 minutes = 0

3. If yes, how many nights per week do you typically awaken to do so?
   - 0-1 nights = 0
   - 2-3 nights = 1
   - 4 or more nights = 2

4. Over the past week, how strong have the urges to use an electronic cigarette been?
   - None/Slight = 0
   - Moderate/Strong= 1
   - Very Strong/Extremely Strong = 2

All others: Yes = 1; No = 0

SCORE:

- 0-3 = not dependent
- 4-8 = low dependence
- 9-12 = medium dependence
- 13 or more = high dependence

Heaviness of Smoking Index (HSI)

The Heaviness of Smoking Index (HSI) is an abbreviated version of the FTND that shows good reliability and validity and so is a good option for assessing nicotine dependence. The HSI is found to predict recurrence and can be used for NRT dosing. Validated versions exist for cigarettes (Heatherton et al, 1989) and smokeless tobacco (Mushtaq & Beebe, 2017). We include a strategy for converting vapes and cigars/cigarillos to cigarette equivalents, but this approach has not been psychometrically assessed.

Heatherton et al (1989). Measuring the heaviness of smoking: using self-reported time to the first cigarette of the day and number of cigarettes smoked per day. British Journal of Addiction, 84(7) 791-9.

Heaviness of Smoking Index Score

1. Cigarettes per day

≤ 10 = 0 11 - 20= 1 21 - 30= 2 31+ = 3

2. Time to first use

≤ 5 min = 3 6-30 min = 2 31-60 min = 1 After 60 min = 0

Scoring: 4 or higher suggests high nicotine dependence; 2-3 moderate dependence; 0-1 low dependence.

E-cigarette conversion

To calculate this need to know 1. nicotine concentration (% nicotine or mg/ml); 2. volume of device or pod (ml) and 3. how long each lasts (# days).

To determine mg nicotine consumed per day:

(Nicotine concentration (1% = 10mg/ml) x volume (ml))/# of days to consume

To estimate cigarette equivalents*: (Mg nicotine per day x.5)/1.5mg

*.5 = nicotine conversion efficiency (ie, % of nicotine in device that is absorbed into bloodstream) ; 1.5mg nicotine is approximate amount delivered per cigarette

---

Cigar conversion:

Large cigar ~ 7 standard cigarettes

Small cigar/cigarillo (e.g., Black & Milds, Swisher) ~ 3 standard cigarettes

Heaviness of Spit Tobacco Index (HSTI) = #3 + #4: _____

1. Quantity

1 can/pouch per week = 0 2-3 can/pouch per week = 1 >3 can/pouch per week = 2

2. Time to first use

≤ 5 min = 3 6-30 min = 2 31-60 min = 1 After 60 min = 0

Scoring: 4 or higher suggests high nicotine dependence; 2-3 moderate dependence; 0-1 low dependence.

Mushtaq & Beebe (2017). Evaluating the role of smokeless tobacco use indices as brief measures of dependence. Addictive Behaviors, 69, 87-92.

Appendix B: Patient materials

Cigarette Tracking Sheets

- Cut sheet and use one chart per pack
- Put in pack
- Write when you light

Cigarette	Time	Happy	Sad or depressed	Relaxed	Bored	Anxious	Angry	Tired	Frustrated
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									

	Time	Happy	Sad or depressed	Relaxed	Bored	Anxious	Angry	Tired	Frustrated
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									

VA | U.S. Department of Veterans Affairs

This Certificate of Achievement

Is awarded to:

_____

On this date:

_____

For Successfully Stopping Tobacco Use for 1 Month

_____ _____

U.S. Department of Veterans Affairs Date

VA | U.S. Department of Veterans Affairs

This Certificate of Achievement

Is awarded to:

_____

On this date:

_____

For Successfully Stopping Tobacco Use for 3 Months

_____ _____

U.S. Department of Veterans Affairs Date

VA | U.S. Department of Veterans Affairs

This Certificate of Achievement

Is awarded to:

_____

On this date:

_____

For Successfully Stopping Tobacco Use for 6 Months

VA | U.S. Department of Veterans Affairs

This Certificate of Achievement

Is awarded to:

_____

On this date:

_____

For Successfully Stopping Tobacco Use for 1 Year

Appendix C: Notes & templates

Copy and paste this text to be used as a note template in CPRS. Please edit as needed for your use.

For groups, procedure code is Group Psychotherapy (90853) when delivered by MH providers (see coding guidelines for other disciplines); Note that if >12 patients are present, encounter is to be coded as Patient Education Services in a Group (99078)

Intake note

[If VVC: Veteran has verbally consented to telehealth; alternatives for obtaining care through in-person visit and right of refusal at any time have been explained. Limitations of confidentiality of Video/telephone conference were explained.

Veteran agreed to services today.

Veteran's address and phone number were verified.
Address where appointment will occur:

Veteran's emergency contact:}

60 minutes of group tobacco treatment was provided by

# of participants: {FLD:NUMBER 1 - 80}

S/O |PATIENT NAME| attended the first group session for treatment of tobacco use disorder. Veteran was referred to the clinic from {FLD:EDIT100}.
Veteran presented with euthymic affect. No suicidal or homicidal ideation were noted or reported during group session.

TOBACCO USE & HISTORY [Taken from consult note]
Veteran reports a {FLD:NUMBER 1 - 80} year history of tobacco use and currently smokes on average {FLD:NUMBER 1 - 80} cigarettes per day / chews {FLD:0-10} cans of tobacco per week/other.
Patient obtained a score of {FLD:NUMBER 1 - 80} on the Heaviness of Smoking (or Spit Tobacco) Index (estimated score interpretation: 0-1= low dependence, 2-3= moderate dependence, 4+ = high dependence).

Current cannabis use:
{FLD:00 CHECK BOX BUTTON/( )} Daily
{FLD:00 CHECK BOX BUTTON/( )}Weekly
{FLD:00 CHECK BOX BUTTON/( )}1-3 x per month
{FLD:00 CHECK BOX BUTTON/( )} >1 month
{FLD:00 CHECK BOX BUTTON/( )} Never

Veteran last attempted to stop:{FLD:EDIT100}
The longest attempt lasted {FLD:EDIT25}.

MOTIVATION FOR CESSATION
Current stage of change:
{FLD:00 CHECK BOX BUTTON/( )} Precontemplation (not thinking of stopping)
{FLD:00 CHECK BOX BUTTON/( )} Contemplation (considering stopping in next 6 months)
{FLD:00 CHECK BOX BUTTON/( )} Preparation (Stopped in past year, resumed, considering stopping in 30 days)
{FLD:00 CHECK BOX BUTTON/( )} Action (Stopped less than 6 months ago, currently abstinent)
{FLD:00 CHECK BOX BUTTON/( )} Maintenance (Stopped > 6 months ago, currently abstinent)

Veteran rated importance of stopping tobacco/nicotine as {FLD:0-10} on a 0-10 scale (not at all important to very important).
Veteran rated confidence in his/her ability to do so as {FLD:0-10}, on a 0-10 scale (no confidence to very high confidence).

Stated motives for stopping include: {FLD:EDIT100}

Patient participated in today's discussion which focused on {FLD:EDIT100}.

Veteran reported that his primary triggers for use were
{FLD:EDIT100}.

A: Diagnostic impressions
{FLD:00 CHECK BOX BUTTON/( )} F17.210 Nicotine dependence, cigarettes, uncomplicated
{FLD:00 CHECK BOX BUTTON/( )} F17.220 Nicotine dependence, Chew tobacco, uncomplicated
{FLD:00 CHECK BOX BUTTON/( )} F17.290 Nicotine dependence, other product, uncomplicated
Other:{FLD:EDIT100}

P: Patient will return to clinic in one week. For the next week, patient's goal is to {FLD:EDIT100}.

Note entered by {FLD:EDIT100}.

Copy and paste this text to be used as a note template in CPRS. Please edit as needed for your use.

For groups, procedure code is Group Psychotherapy (90853) when delivered by MH providers (see coding guidelines for other disciplines); Note that if >12 patients are present, encounter is to be coded as Patient Education Services in a Group (99078)

Provider progress note template

[If VVC:] Veteran has verbally consented to telehealth; alternatives for obtaining care through in-person visit and right of refusal at any time have been explained. Limitations of confidentiality of Video/telephone conference were explained.
Veteran agreed to services today.

Veteran's address and phone number were verified.
Address where appointment will occur:

Veteran's emergency contact:

60 minutes of group tobacco treatment was provided by [Provider name, title] licensed clinical psychologist.

# of participants: {FLD:NUMBER 1 - 80}
S/O: Veteran attended today's 60-minute tobacco treatment group (Session #
{FLD:NUMBER 1 - 80}), for treatment of tobacco use disorder. Veteran presented with appropriate affect. No suicidal or homicidal ideation were noted or reported during group session.

Patient participated in today's group discussion, which focused on
{FLD:EDIT100}.

Veteran reported using {FLD:EDIT100} per day over the past week.

Goal from last session reached:
{FLD:00 CHECK BOX BUTTON/( )} YES {FLD:EDIT100}
{FLD:00 CHECK BOX BUTTON/( )} NO {FLD:EDIT100}
Noted personal triggers for use over the past week: {FLD:ALL0001WP4}

Noted strategies for coping with cravings: {FLD:ALL0001WP4}

Goal for next week: {FLD:ALL0001WP4}

A: Diagnostic impressions
{FLD:00 CHECK BOX BUTTON/( )} F17.210 Nicotine dependence, cigarettes, uncomplicated
{FLD:00 CHECK BOX BUTTON/( )} F17.220 Nicotine dependence, Chew tobacco, uncomplicated
{FLD:00 CHECK BOX BUTTON/( )} F17.290 Nicotine dependence, other product, uncomplicated
Other:{FLD:EDIT100}

Veteran has shown:
{FLD:00 CHECK BOX BUTTON/( )} success in abstaining from tobacco use
{FLD:00 CHECK BOX BUTTON/( )} success in reducing tobacco use
{FLD:00 CHECK BOX BUTTON/( )} continued motivation to work towards nicotine

reduction/abstinence
{FLD:00 CHECK BOX BUTTON/( )} difficulty or ambivalence in cessation goals

Veteran {FLD:EDIT100}

P: Patient will return to clinic in one week. Stated goal for the next week is
{FLD:ALL0001WP4}

Prescriber Template for Group Tobacco Treatment Program

This note template can be modified and adjusted to the needs of your facility. It may be helpful to create this as your own template or a clinic template.

Patient smoking history (if still smoking)
Target quit date:
Years of tobacco use:
Current status/highest daily use in the past:
Medications used and what happened (duration of use, proper technique, etc):

Medication Safety	
If using NRTs:	Recent MI/chest pain/SOB/pregnancy:
	Other (dentures, bronchospastic disease):
If using bupropion:	Hx of seizures, anorexia, bulimia/etoh use/liver dysfunction/pregnancy/HIV:
	Psych history:
If using varenicline:	Psych history:
	Kidney function:
	Cardiovascular risk:
	Pregnancy:
Current tobacco cessation medication usage	None
	Nicotine patch
	Nicotine patch + pieces of lozenge
	Nicotine patch + pieces of gum
	Lozenge
	Gum
	Bupropion
	Varenicline
	Other
Any adverse drug reactions with prescribed medications? (Yes or No)	

Assessment/plan for cessation attempt
Time limited return to use/recurrence:
Assessment:
Patient is doing well (or minimal slips) so will continue titrating off current therapy
Patient needs change in therapy (recurrence or adr)
Medications ordered:
Follow up next week in class:
This patient was counseled on the use of his tobacco cessation medication. The patient showed a satisfactory understanding of his medication regimen (risks and benefits), including knowing the drug name, dose, frequency, indication, and proper storage and disposal of the medication. Educated pt on risks associated with smoking while using nicotine replacement products or bupropion or varenicline; pt understands.