

Section 2

Facilitators' Guide for a Group Stop Smoking Program

Chapter 1 – Before You Start

A Woman-Centred Approach.....	2-3
Guiding Principles – Goals and Objectives.....	2-4
Design of the Program	2-5
How to Use the Facilitators' Guide.....	2-6
Suggested Outline for a Stop Smoking Program.....	2-7
The Facilitator's Role.....	2-8
Promotion	2-9
Planning Checklist for Facilitators.....	2-9
Basic Structure for Each Session	2-12
Participant Observer Guidelines	2-14
Pre-program Questionnaires	2-14
Evaluation	2-15
Post-session Questionnaires	2-16
Follow-up Support	2-16

Questionnaires

Intake Questionnaire.....	2-19
Assessing Stages of Change Questionnaire.....	2-21
Pre-Program Questionnaire	2-25
Fagerstrom Test for Nicotine Dependence.....	2-31
Program Evaluation	2-33
Post-session Questionnaire	2-37
Follow-up Questionnaire.....	2-41

Chapter 2 – The Sessions

1. First Session	S1
2. Stress Management.....	S2
3. Healthy Weight.....	S3
4. Triggers	S4
5. Recovery.....	S5
6. Support	S6
7. Planning to Quit.....	S7
8. Quit Day.....	S8
9. Self-Esteem	S9
10. Healing and Health Effects	S10
11. Closure and Celebration	S11

Chapter 1

Before You Start

A Woman-Centred Approach

Women start smoking and keep smoking for different reasons than men. Those who work with women on smoking reduction or smoking cessation should use an approach that is sensitive to the needs and perspectives of women. A woman-centred approach is one that:

- ✧ Respects women's dignity and provides a safe environment for change.
- ✧ Addresses smoking in the context of women's lives.
- ✧ Facilitates women gaining a sense of empowerment, positive self-esteem and control over their lives.
- ✧ Provides ways for women and girls to tell their stories, express their needs and support each other.
- ✧ Actively involves women in the decision-making.
- ✧ Is accessible – is low or no cost, has transportation and childcare available, is conveniently located and offered at a convenient time, and offers all information and resources in clear language.
- ✧ Women who live on low income have many stresses in their lives and smoking is one way they have found to deal with these. Recruitment to the Stop Smoking program needs to be sensitive to the possible barriers that may make it difficult for women to make this important step. Barriers can include cost, childcare, transportation and stigma. These barriers can be reduced or eliminated by providing the program free of charge and finding ways to support childcare and transportation costs. It is important to find some means to secure the necessary money to cover these costs through community grants, service clubs, and partnerships with local public health or local business.
- ✧ A variety of strategies can be used to recruit women who are ready to make a change in their smoking behaviour. Promotional posters and flyers developed to promote the program should contain all the critical information regarding what, where, when, who and how to register for the program. These flyers/posters can be distributed widely – pharmacies, doctors' offices, local community facilities, grocery stores, laundromats, daycare centers, schools and local businesses.
- ✧ Referrals from health workers is another method of recruiting participants and tear-off pads or cards could also be circulated to appropriate health care providers making it easy for them to hand out to clients. Consider home visitors, public health nurses, dentist offices and pharmacies as possible referral sources.
- ✧ Be sure to post a phone number that will be answered.

Guiding Principles, Goals and Objectives

Guiding Principles

The program's delivery is based on principles of adult learning, i.e., people are capable of making choices based on their life experience; learning will occur in a relaxed, friendly and accepting atmosphere; and learning will be as hands-on as possible, with little reliance on the written word.

The program's content will vary, depending on the stated learning needs of participants. The program uses a holistic approach, which means that improved quality of life is the main focus for change. As a facilitator, remember that women are not a homogenous group. The challenges that women from different socio-economic groups face will vary from others. As literacy level and comprehension may be challenges for some participants it is important to evaluate the appropriateness of the handouts and activities for your group.

Smoking is an addiction. The program operates under the assumption that addictions such as smoking are influenced not only by personal choices and circumstances but also by people's social structures.

The program is accessible to women living on low incomes; it provides childcare and transportation, and uses language at an appropriate education level. The program is based on the mutual support of individuals in the group. Self-esteem is reinforced throughout the program. The program has a long-range view of training other leaders.

Goals and Objectives

The program's overall goal is to support women to take control of their health and their lives by quitting or reducing smoking. Specific objectives are:

- ✧ Participants will experience enhanced self-esteem.
- ✧ Participants will learn skills to make changes in their lives, including stopping or reducing smoking.
- ✧ Participants will experience and feel strengthened by group support.
- ✧ Participants will quit or reduce smoking and maintain that change for at least six months.

You can consider that your program was successful if the women have made some positive changes in their lives to prepare for quitting or reducing smoking, if they reduced smoking, or if they have quit smoking. Remember, smoking cessation is a process, and even though your participants may not have all quit smoking, they are on the path to cessation.

Design of the Program

The program has four stages:

1. Intake

The first stage consists of a face-to-face visit or telephone call by the group facilitator. This personal contact allows the facilitator to give the Intake Questionnaire and Pre-Program Questionnaire (refer to the last section of this chapter for the questionnaires) and to develop rapport with the potential participant, and to explain the program format and process. The Intake Questionnaire is designed to assess the smokers' readiness to quit smoking. Based on the theory of the Stages of Change Model, it is important to screen smokers to ensure they are in the *contemplation* or *preparation* stage of change.

The Stages of Change Model was developed by Prochaska and DiClemente and explains how people change their behaviour naturally (see Section 1 for additional information on the model). Many people who work in tobacco reduction use the model to identify where people are in the quitting process. Most people go through five stages in the quitting process:

1. **Pre-contemplation** – At this stage they are not thinking about quitting smoking in the near future.
2. **Contemplation** – They are beginning to seriously think about quitting smoking in the near future (next six months).
3. **Preparation** – At this stage most people have tried to quit smoking at least once in the past year, and they are thinking about quitting again within the next month.
4. **Action** – Real steps are being actively taken to quit smoking. This is the stage where a slip is most likely to occur.
5. **Maintenance** – During this final stage people are better able to avoid returning to smoking and they also know that a slip at this point is not a failure, but a mistake they will learn from and get past.

People can move from one stage to another in order, but they can also move back and forth between the various stages before they quit for good. Again, a slip is not a failure, but an important part of the learning and quitting process. Most smokers try to quit several times before they succeed and the chance of success increases every time they try to quit.

See the handouts at the end of this section on the Fagerstrom Test for Nicotine Dependence.

2. Preparation

The group program supports women in the preparation stage by providing a detailed planning process that helps women anticipate triggers and possible barriers to reach their goal. The group program has 11 sessions. The first six sessions are designed to inform and motivate smokers by describing different methods of quitting, teaching stress management techniques, and establishing group support.

3. Quitting

The last five sessions provide participants with the skills and supports to handle recovery (what used to be called withdrawal) and reinforces the positive effects of being smoke-free. Building self-esteem and receiving group support are themes throughout the program. If the group chooses to set a group quit day, it would

occur in the early part of this stage, to ensure that participants receive lots of group support during their first smoke-free month.

4. Support

Follow-up support, especially during the first few weeks, is critical to prevent relapse. These support sessions can be facilitated or be run as self- help groups.

How to Use the Facilitators' Guide

The program is designed to be flexible and can be offered at various times and using different formats depending on each group's needs and resources. It is based on principles of adult education. Adult education involves a two-way sharing of information between the facilitator and the participants in the group. Facilitators should consider:

- ✧ What the women would like to talk about regarding her smoking behaviour.
- ✧ What the women already knows about smoking including the health effects of smoking and the benefits of quitting.
- ✧ What the women's goals are, e.g., to cut down or quit smoking.

Therefore, one of the first tasks with the group is to choose which topics seem most important to them and their needs. There are 11 sessions that can be used to whatever extent or in whatever order suits the group. Each session follows a similar format and includes helpful facts and recent evidence to support the learning activities.

Suggested Outline for a Group Stop Smoking Program

The following is a suggested outline only. Groups move through material at very different rates. It is more important to be sensitive to your group's learning needs than it is to "get through" the full agenda. Remember that the sessions can be done in any order, with information from certain sessions being repeated and combined as necessary.

Intake involves making a personal contact with each interested participant and screen for stage of change.

Preparing for Change sessions provide skills and support for dealing with stress and other smoking triggers. It is suggested that the following sessions be covered during the first three to five sessions:

- ✧ The First Session
- ✧ Stress Management
- ✧ Healthy Weight
- ✧ Support
- ✧ Self-Esteem.

Quitting or Reducing sessions provide the plans and skills needed for action. The following sessions are essential:

- ✧ Triggers
- ✧ Recovery
- ✧ Support
- ✧ Planning to Quit
- ✧ Quit Day
- ✧ Healing and Health Effects
- ✧ Stress Management
- ✧ Closure and Celebration.

Follow-up Support sessions involve weekly meetings for the first few weeks after quitting and monthly as needed. Follow-Up Support (see page 2-16) can be used to guide the group process and reinforce behaviour change.

The Facilitator's Role

As a facilitator, it is important to examine your own assumptions around smoking. We all make certain assumptions about people, based on their characteristics and behaviours, and we are not always aware that we are doing this.

The facilitator's role in the Stop Smoking program is to help group members find out what they want to learn, then help them learn it. As with all learners, adult learners should be treated with respect. Facilitators and others working with women around smoking cessation should:

- ✧ Treat them as equals.
- ✧ Allow them to voice their opinions freely.
- ✧ Avoid using jargon and explain terms they do not understand without talking down to them.
- ✧ Validate their contributions and knowledge.
- ✧ Provide opportunities for them to provide input.
- ✧ In general, be flexible around your approach and be open and listen so you can respond to your group's needs and priorities.

Facilitators for this program will be the most effective when they:

- ✧ Have past experience facilitating groups
- ✧ Are experienced in methods of adult education
- ✧ Are accustomed to working with women living on low incomes, and have existing links with groups of women in the community
- ✧ Understand the social barriers that women living on low incomes experience
- ✧ Are enthusiastic about working with women
- ✧ Set goals with the group
- ✧ Plan program content based on what participants want to learn
- ✧ Encourage discussion
- ✧ Keep members on topic
- ✧ Summarize what members have said
- ✧ Make sure meetings begin and end on time
- ✧ Help members evaluate how they're doing
- ✧ Give members feedback on their progress
- ✧ Encourage a supportive atmosphere in the group

Facilitators do not need to be ex-smokers, but if you are not an ex-smoker be prepared to answer how you feel you will be able to lead the group without this personal experience. You could talk about other challenges you have had to work through in your life or experiences you have had facilitating other groups. You may also want to emphasize that the expertise lies within the group itself, and your role as a facilitator is just to support them on their journey.

Co-facilitators' Role

Often, groups use co-facilitators. A co-facilitator can be a former program participant who has quit smoking, or a woman from the community who knows about the participants, speaks their language or has shared their life experiences and is interested in working with the group.

As a co-facilitator, you may do the following:

- ✧ Welcome participants in their own language.
- ✧ Help to arrange childcare and transportation.
- ✧ Order and distribute resources and pamphlets.
- ✧ Share facilitation of the group.
- ✧ Offer your experiences and perspective during group sessions.
- ✧ Assist with room set-up.
- ✧ Help phone people who are absent.
- ✧ Organize food for the program.

Promotion

Promote the program. The program works best with a group of ten to twelve women. Often, between 35 percent and 50 percent of the women who express interest do not attend the first session. To ensure that you have a viable number of women in your group to start the program, make sure that you recruit more women than you want in the program. For example, to get ten women in the program, you may need to recruit 20.

Make flyers with a simple and attractive message for the intended audience. Check literacy levels, include all the “Ws” – When, Where, Why, Who, What, What costs?

Distribute the flyers in local areas where women living on low incomes spend time such as laundromats, day care centres, nursery schools, parent resource centres, shopping malls, grocery stores, coffee shops, community centres, health facilities, adult education schools, ESL centres, employment centres, women’s drop-in centres.

Take out newspaper ads especially in local papers that are distributed for free. Write letters to referral agencies – enclose flyers and ask them to help promote the program; use fax and e-mail to distribute information about the program. Make a list of the names, email addresses/phone numbers of those interested.

Planning Checklist for Facilitators

Three months before...

- ✧ Promote the program and assess the need amongst networks and agencies.
- ✧ If co-facilitation is desired, look for another person and/or agency to collaborate with.
- ✧ Determine whether the agency’s budget can cover the program’s costs:
 - ✧ childcare
 - ✧ transportation
 - ✧ snacks (for group and children)
 - ✧ co-facilitator’s fee (honorarium or purchase of service)
 - ✧ promotion costs (flyers, newspaper ads, etc.)

- ✧ photocopying supplies
- ✧ flipchart stand and paper
- ✧ markers/chalk
- ✧ tape/tacks
- ✧ folders
- ✧ buttons, stickers, etc.
- ✧ paper, pencils, pens
- ✧ index cards
- ✧ name tags
- ✧ music CD's and players
- ✧ coffeepot/teapot.

Find an accessible location.

- ✧ Does it have childcare space?
- ✧ Is it wheelchair accessible?
- ✧ Is it close to potential participants?
- ✧ Is it close to public transportation (bus, etc.)?
- ✧ Do you have volunteer drivers/other transportation for the participants?
- ✧ Do you need a room permit?
- ✧ Do you need to pay for the meeting room?
- ✧ How many people will the room hold comfortably?
- ✧ Is there room for storing program materials?

Determine dates and times for the program. Sessions usually last between one and two hours. Sessions can be scheduled twice a week (e.g., Tuesday and Thursday). It's best to have at least two days between sessions.

Two months before...

- ✧ Meet with co-facilitators and determine how you will work together.
- ✧ Contract with childcare workers.
- ✧ Arrange for space and appropriate toys (if childcare will be provided on-site).
- ✧ Arrange for volunteer drivers, bus tickets, taxi cabs etc. for transportation. Note: consider asking your local volunteer bureau to coordinate your volunteers (drivers, childcare).
- ✧ Order books, support materials, DVDs/videos etc.
- ✧ Arrange for language interpreters, if required.
- ✧ Arrange for guest speakers.

One month before...

- ✧ Call people on waiting list to arrange for an intake interview time.
- ✧ Conduct intake interviews two to three weeks before the program starts, through home visits, appointments, or telephone interviews.
- ✧ Guide smokers not ready to quit to other resources such as motivational print material, web based programs
- ✧ Meet with co-facilitators to plan.
- ✧ Practice the breathing techniques.

Two weeks before...

- ✧ Collate the intake forms data and compile a summary to discuss with the group.
- ✧ Record the summary in an easy-to-read format e.g. flipchart, overheads, computer presentation for discussion with the participants.
- ✧ Confirm program location, dates and times.
- ✧ Confirm childcare worker and/or interpreters if necessary.
- ✧ Meet with the co-facilitator to determine:
 - ✧ Dates and times to meet with co-facilitator for weekly planning and debriefing.
 - ✧ Who will buy snacks and prepare food for each session?
 - ✧ Who will clean up after each session?
 - ✧ Who will make photocopies?
 - ✧ Who will pack up the necessary program materials and bring them to the location site?
 - ✧ Who will obtain the cheques for paid staff? (childcare workers, interpreters, etc.)
 - ✧ Who will obtain money for transportation payments? (tokens, bus tickets, taxi chits, etc.)
 - ✧ Who will arrange mileage forms for drivers, check vehicle licenses, liability insurance, and so on (if using volunteer drivers)?

One week before...

- ✧ Meet with the co-facilitator to:
 - ✧ Plan first session.
 - ✧ Look at the last-minute details, “emergencies.”
 - ✧ Review details of “Two weeks before.”

One day before...

- ✧ Prepare for the group.
- ✧ Buy food.
- ✧ Make reminder phone calls.
- ✧ Make photocopies.
- ✧ Pack supplies.
- ✧ Call childcare workers, ask them to arrive 15 minutes before the program starts, and give them guidelines.
- ✧ Complete attendance sheet from the list of those interviewed.

Day of group...

- ◇ Get to the group location early.
- ◇ Set up:
 - ★ food/refreshments
 - ★ flipcharts
 - ★ chairs/tables
 - ★ table with handouts and/or quitting materials
 - ★ childcare space.

Basic Structure for Each Session

- ◇ The group facilitator should create a comfortable environment.
 - ✦ Make the room as physically pleasant as possible.
 - ✦ Arrange chairs in a circle; avoid placing tables and other objects between you and participants.
 - ✦ Create a friendly, relaxed and accepting atmosphere.
 - ✦ Play music as participants arrive; welcome each one and ask her to fill out a nametag.
 - ✦ Place a cartoon or some light-hearted material on each chair for people to read while the group gets settled.
- ◇ Give each participant a folder or kit for handouts and other materials.
- ◇ Encourage everyone to bring the folder to every session; put a humorous picture on the front; include amusing cartoons to keep people relaxed.
- ◇ Let participants know there may be some “homework” to do. Quitting smoking is a process. To succeed, participants have to work at it a little every day, not just at meetings.

Each session uses the same basic structure. An explanation of the purpose of each activity follows:

1. Helpful facts

At the beginning of each session, there are some helpful facts that you can read out loud to the women. They are specific to the sessions and will help the women better understand the session topic.

2. Check ins and Check outs - 10 minutes

A check in is a “go around” at the start of each session. It enables each group member to participate. It can be used to “take the group’s temperature” by asking participants to tell how they’re feeling, or it can be light and fun; for example, ask participants to name one thing they’ve always wanted to do.

A “check in” should be brief. You may need to remind members to keep their contributions short (two or three sentences).

A “check out” is a way to close out the session. Common check out questions are:

- ◇ What’s one thing you learned today?
- ◇ How are you feeling after today’s session?
- ◇ What’s one thing you will do between now and the next session?

3. Recap - 5–10 minutes

The recap reviews what happened in the previous session. It reinforces learning and provides an opportunity for questions, concerns, and sharing of success stories. You can start by asking general questions, such as:

- ✧ What do you remember from the last session?
- ✧ Do you have any thoughts or feelings about the last session?

4. Breathing/Stretching Exercises - 10 minutes

Recent research has demonstrated that breathing techniques are effective to help women quit smoking. It helps the healing that begins when someone quits smoking. There are breathing exercises in each session and it is strongly recommended that you read and practice the techniques to become comfortable with them yourself before teaching others. These exercises reinforce the importance of breathing as a relaxation technique in the quitting process and are very important skills to learn. Most women, when asked in focus groups, found them to be one of the most important aspects of the program. Practice these exercises ahead of time to experience their benefits, and so that you can teach them with enthusiasm and conviction.

5. Learning Exercises

There are several suggested experiential learning exercises in each session. Each one is designed to teach a skill or help participants understand themselves better. The facilitator may choose any number of these exercises depending on the participants' abilities, characteristics and interest. Most of the learning exercises take about 30 minutes.

6. Reflection

Reflecting helps determine how effective the learning exercise was, reinforces learning, and lets the facilitator know what's going on in the group.

Useful reflection questions are:

- ✧ What did you like or dislike about that exercise?
- ✧ What did you learn?
- ✧ How did you feel?
- ✧ How could it have been better?

7. Breaks

Plan at least one break per session. It's important to decide at the first meeting how to handle breaks. There will be a lot of tension about when and where people can smoke. Help the group decide where they may smoke and allow time for them to get dressed if it is outdoors. Do not call the breaks "smoke breaks." After quit day, it's a good idea to do some sort of physical activity during breaks and to serve nutritious snacks to reinforce the behavioural aspects of not smoking.

Participant Observer Guidelines

Personal observation or anecdotal information are also valuable indicators of behaviour change and can include such activities as:

- ✧ Networking – participants link with each other and with others through contacts made in the group.
- ✧ Reinforcing behaviour – positive statements and gestures made by participants about other participants, or affection demonstrated.
- ✧ Helping behaviour – participants offer to be responsible for part of the group’s operation (e.g., helping with snacks, set-up etc.).
- ✧ Group identification – participants refer to the group as “my group” and use the word “we” instead of “I.”
- ✧ Participation – participants volunteer answers.
- ✧ Homework – participants complete assigned tasks.
- ✧ Altruistic behaviour – good deeds are done without being asked (e.g., offering to drive someone home).
- ✧ Behaviour change – changes in behaviour to do with exercise, smoking etc.
- ✧ Attitude change – e.g., changes in participants’ body language, statements and participation levels.
- ✧ Physical appearance – changes in participants’ grooming, clothing or hygiene.
- ✧ Using resources – participants make links with or referrals to other resources.
- ✧ Collective action – participants work together to make changes in the community.

Pre-program Questionnaires

Five survey tools (refer to the end of the session for copies) are included to make the evaluation process efficient.

They include:

- ✧ Intake Questionnaire
- ✧ Pre-Program Questionnaire
- ✧ Program Evaluation
- ✧ Post-Sessions Questionnaire
- ✧ Six-month Follow-up Questionnaire

By using these tools, the following important information will be collected:

- ✧ The number of participants who attended
- ✧ The number who quit smoking or attempted to quit
- ✧ Their reasons for quitting
- ✧ Participants’ demographic information, such as income sources
- ✧ Drop-out statistics
- ✧ Process measures to improve program delivery

Intake Questionnaire

The Intake Questionnaire is designed to screen participants for those who are ready to quit smoking and join the group program. This is conducted individually during a phone interview. Those who are not ready should be referred to self-help resources.

A Note About The Stages Of Change

When you give the Intake Questionnaire, take notice of participants' answers to questions about the stages of change in smoking cessation. If the woman is not ready to quit smoking (in pre-contemplation or contemplation) you may want to refer her to some self-help materials and give her the provincial quit-line number (see Section 1 – Appendix A: Resources) and suggest she speak with her doctor or public health nurse. Recommend that she enrol in the group program when she is closer to taking action on quitting smoking and again encourage her decision in taking the first step.

Pre-Program Questionnaire

During the Pre-Program Questionnaire it is important to:

- ✧ Introduce yourself as one of the program's group leaders.
- ✧ Congratulate the person for making this first critical step.
- ✧ Outline the program briefly.
- ✧ Assess and discuss the “match” between the program and the applicant.
- ✧ Explain transportation and childcare provided, if appropriate.
- ✧ Listen to the person's previous experiences and fears, and let her know that this program provides lots of support for her and the others in the group who feel just the way she does.
- ✧ Give details of the first session – day, time, location.
- ✧ Congratulate the person for joining the program.
- ✧ Let the person know that although it is a stop smoking program, she will be supported throughout the program no matter what happens.

You can also ask participants to complete the Fagerstrom's Test for Nicotine Dependence to assess your patient's level of addiction.

Evaluation

Evaluation of the program is important for several reasons:

- ✧ To measure the program's ability to meet the objective of helping participants quit or reduce smoking
- ✧ To obtain feedback on the program's delivery
- ✧ To find out if the program had any unplanned impact on participants.

The evaluation designed for this program uses a pre and post test design and collects both quantitative and qualitative data with tools that were developed and used during the national evaluation in 1996, and have been proven to be reliable and valid ways to evaluate the program's effectiveness.

The evaluation should be given during the last session (see Session 11 – Closure and Celebration)

Post-session Questionnaires

Post-session

This questionnaire can be given during the last session (see Session 11 – Closure and Celebration)

The questions measure the number of participants who quit or reduced, and encourage participants to share other changes they made in their lives as they went through the program. They also encourage feedback about the program, and allow participants to help others who may benefit from their comments.

Pay attention to literacy levels in the group, and read questions aloud, if necessary. Offer help in writing answers.

Follow-up Questionnaire

This questionnaire can be given after the end of the program to verify and evaluate cessation rates and to see what other kinds of long-term benefits the program may have had. Research shows that people who quit smoking are more likely to start again within six months after quitting. We recommend that you give the questionnaire over the telephone, but you can also give it in a follow-up session. It may be difficult to track down some participants, but do the best you can and calculate the percentages based on the number of women you were able to contact.

Follow-Up Support

Relapse Prevention

Slips (a few puffs or one cigarette) or relapses (resumption of regular smoking) are very common amongst people trying to quit smoking. Most relapses occur within the first six months of quitting. Smokers who relapse should never be viewed as failures. As a facilitator, your role will be to help the person see the opportunities to learn about triggers and situations that can be avoided in the future. This section outlines some ideas for follow-up support.

Ideas for Relapse Prevention Follow-up Support

Ideally, we recommend that participants maintain regular contact with their support partner and that the group continues to meet regularly especially during the first few weeks after the program ends.

Facilitated drop-in programs can offer ongoing support and problem solving using the following guidelines. In some communities drop-in support groups are extended to all quitters, whether they have attended the original group or not.

Suggested structure for a facilitated drop-in support group

Each follow-up session can have three parts:

- ✧ Check In (10–15 min.)
- ✧ Group Discussion (30–45 min.)
- ✧ Check Out (10–15 min.)

Check In

At the beginning of each session, there is a quick go-round. Each person states briefly how things are going in their efforts to remain smoke-free, or to move towards being smoke-free. If someone has an issue they want to discuss with the group, she can do so now. It is important that everyone check in before the group discussion starts. At the end of the check in, everyone will have a general idea of how everyone else is doing, and you will know what the topics are for the group discussion.

Group Discussion

The content of the group discussion usually comes from the check in and usually takes the form of some sort of group problem-solving. Topics can vary greatly, from helping someone who has had a “slip” to discussing how to handle stress, or how to stay on a regular exercise program. Content covered in the core program will be a good reference for most things that will come up in the group; e.g., the problem-solving process can be put into practice here, as well as how to control urges, what to do in a relapse, etc. The most valuable resources are the group members’ experiences of “what works” and “what doesn’t work.”

Some days there might not be any particular issues that come out of the check in. If this happens, the group can discuss a general topic in keeping with its goals. A list of these topics can be established ahead of time, or the topics can be decided during the session.

The group discussion should end 10 minutes before the end of the session to allow time for the check out.

Check Out

At the end of each session, have another go-round, during which each person briefly states their plans to remain smoke-free. The check out provides an ongoing evaluation of how the group is doing.

Effective Self-help Group Meetings

Self-help groups are gatherings where the members themselves ensure the discussion is supportive and helpful to their members. In some communities, group participants meet informally over coffee or at a park.

Effective group meetings ensure the following:

- ✧ The group provides a friendly, caring atmosphere.
- ✧ All members participate.
- ✧ Group members stay on topic.
- ✧ The group is flexible and adjusts to changing needs and situations.
- ✧ The group is not judgmental and its members feel safe to speak out.
- ✧ Leadership is shared and all members feel responsible for the group’s success.
- ✧ Interest is high.
- ✧ Meetings run smoothly without interruption or blocking.

✧ Decisions, if needed, are made by the group as a whole.

(This section is adapted from Karen Hill, Helping You Helps Me: A Guidebook for Self Help Groups. Produced by the Canadian Council on Social Development. Published by Health and Welfare Canada, 1983.)

Other Ways to Receive Ongoing Support

Refer to **Section 1- Appendix A: Resources** for a list of resources and organizations including provincial quit-line numbers.

Intake Questionnaire

Date:

Facilitator's name:

Introduce yourself as one of the program facilitators. Congratulate the woman for making this first critical step.

Name:

Address:

Telephone #

E-mail address:

Source of Referral:

Give a brief explanation of the program.

This is a support/educational group for women who are ready to quit smoking. The next group starts on (*day, date* _____). The program is held at the _____ for _____ weekly classes and _____ follow up support classes. The group provides lots of support for you and the others in the group who have very similar feelings to yours.

Is the location and time convenient for you?

I would like to ask you a few questions **so we can both better determine what types of support you need in order to stop smoking**. There are no right or wrong answers, but it is very important that you answer the questions as honestly as possible. Any personal information you give me is for data purposes only. Is this a convenient time? (**The interview will take about 20 minutes**). Before I start, do you have any questions? I will read you a statement and I would like you to answer TRUE, if the statement is true for you, and FALSE, if the statement is not true for you.

Assessing Stage for Change

IMPORTANT - Don't read these section titles out loud.

Section A (Precontemplation)

- | | | |
|---|---|---|
| 1. Smoking is not harmful to my health. | T | F |
| 2. Smoking harms unborn babies, children or others who breathe my smoke. | T | F |
| 3. I enjoy smoking more than anything else I do. | T | F |
| 4. I have to smoke to have fun. | T | F |
| 5. I feel angry when I'm asked not to smoke. | T | F |
| 6. I don't like being told where and when I can smoke. | T | F |
| 7. I have a hard time imagining my life without smoking. | T | F |
| 8. I avoid going to the doctor because I don't want to hear about how smoking is affecting my health. | T | F |

Section B (Contemplation)

- | | | |
|---|---|---|
| 9. I want to quit smoking but I would miss it too much. | T | F |
| 10. I want to quit smoking within the next six months. | T | F |
| 11. My life is too stressful right now to quit smoking. | T | F |

What contributes to your stress?

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How do you deal with stress?

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Are you on any medication?

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Are you receiving counselling for another addiction or for any other reason?

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Have you discussed with your counsellor if you are ready to quit smoking?

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- | | | |
|--|---|---|
| 12. I want to quit smoking but I am afraid of going through recovery (withdrawal). | T | F |
| 13. I think about quitting smoking a lot. | T | F |
| 14. I talk about quitting smoking with other people. | T | F |

My greatest fear about quitting is:

.....
.....
.....
.....

Section C (Preparation)

- | | | |
|---|---|---|
| 15. I think I would be healthier if I quit smoking. | T | F |
| 16. I believe the benefits of quitting smoking are more important than the benefits of continuing to smoke. | T | F |
| 17. I have got to do something about my smoking. | T | F |
| 18. I believe that I can cut down my smoking. | T | F |
| 19. I believe that I can quit smoking. | T | F |
| 20. I would like to quit smoking within the next month. | T | F |

Section D (Action) Are you planning to quit in the next month?

21. I smoke fewer cigarettes now than I did six months ago. T F

22. I have quit smoking for at least one day in the past year. T F

The number of times I have quit smoking:

I have previously attended the Stop smoking Program for Women.

23. I'm looking for ways to quit smoking. T F

What would help you to prepare?

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.....

24. I am ready to quit smoking. T F

25. I am willing to attend all the sessions and complete a program to assist me to quit. T F

26. I am willing to make changes in my life to quit smoking. T F

27. I know the situations and behaviours I need to avoid while I quit smoking. T F

28. I have started smoking again but I am ready to try to quit again. T F

29. I am trying to quit smoking. T F

30. I am using quit-aids, such as nicotine gum, a patch or a pill. T F

Thank you.

Pre-Program Questionnaire

Name:

Address:

Telephone #

E-mail address:

Please give us a number where we can reach you in case we have to contact you to cancel a session.

These questions help us understand some things that are important if you are interested in quitting smoking. We ask you these questions now, before the program begins, so that we can determine if the program is effective later. The questions are mostly about smoking, but there are also a few questions about the way you live. Thank you for answering these questions.

1. How old were you when you started smoking regularly?

2. How many years have you been smoking?

3. Why do you think you started smoking?

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.....
.....

4. On average, how many cigarettes do you smoke a day?

5. Are you thinking about quitting smoking in the next six months?

Yes No – Skip to Question 7

6. Are you thinking about quitting smoking in the next month?

Yes No

7. Check off the things you do when you smoke.

- Watch TV
- Drink coffee
- Talk on the telephone
- Talk to friends
- Read or study
- Other

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8. Check all the reasons that describe why you smoke.

- It's a habit.
- I feel more alive.
- It relaxes me.
- It satisfies a craving.
- It keeps my weight down.
- I enjoy smoking.
- I feel upset or angry.
- It's an addiction.
- It gives me something to do.
- I feel accepted by my friends when I smoke.
- Other

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9. Check the one reason that is the most important.

- It's a habit.
- I feel more alive.
- It relaxes me.
- It satisfies a craving.
- It keeps my weight down.
- I enjoy smoking.
- I feel upset or angry.
- It's an addiction.
- It gives me something to do.
- I feel accepted by my friends when I smoke.
- Other

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10. What diseases or health problems do you think are caused by smoking?

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11. Have you ever tried to quit smoking?

- Yes No – Go to Question 18

12. How many times have you tried to quit?

13. Have you tried to quit smoking in the past year?

- Yes
- No

14. There are many ways to quit smoking. What ways have you tried before?

- None – Go to Question 18
- “Cold Turkey”
- Gradually cutting down
- Joining a group
- Laser treatments
- Hypnosis
- Acupuncture
- Nicorette Gum
- Nicorette Inhaler
- Patch
- Zyban
- Other

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15. When you quit before, how did you feel?

Physically I felt:

- Dizzy
- Spaced Out
- Jumpy
- Hungry
- Tired
- Constipated
- Headachy
- Unable To Sleep

Emotionally I felt:

- Lost Without My Cigarettes
- Crabby
- Proud Of Myself
- Other

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21. How old are you?

22. Are you:

- Living alone?
- Living with a partner?
- Living alone with children?
- Living with a partner and children?
- Other

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23 If you live with other people, do any of them smoke?

- Yes No

24. What is the last grade or level of education you completed?

- Primary school
- Secondary/high school
- Technical/trade school
- Community college
- University
- Other

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Fagerstrom Test for Nicotine Dependence

Instructions: Answer the following questions. Nicotine dependence is based on the total score.

1. How soon after you wake up do you smoke your first cigarette?
 - After 60 minutes (0)
 - 31 – 60 minutes (1)
 - 6 – 30 minutes (2)
 - Within 5 minutes (3)

2. Do you find it difficult to refrain from smoking in places where it is forbidden?
 - No (0)
 - Yes (1)

3. Which cigarette would you most hate to give up?
 - The first in the morning (1)
 - Any other (0)

4. How many cigarettes per day do you smoke?
 - 10 or less (0)
 - 11 – 20 (1)
 - 21 –30 (2)
 - 31 or more (3)

5. Do you smoke more frequently during the first hours after awakening than during the rest of the day?
 - No (0)
 - Yes (1)

6. Do you smoke even if you are so ill that you are in bed most of the day?
 - No (0)
 - Yes (1)

Total score:

Level of nicotine dependence:

- 0 – 2 = very low dependence
- 3 – 4 = low dependence
- 5 = moderate dependence
- 6 – 7 = high dependence
- 8 – 10 = very high dependence

Those with lower levels of dependence might not need quit smoking medications. Support, information and resources help everyone quit smoking.

(Source: Heatherton TF, Kozłowski LT, Frecker RC, Fagerstrom KO. The Fagerstrom Test for Nicotine Dependence)

Program Evaluation

1. Overall how would you rate your experience?

- Excellent
- Very Good
- Good
- Fair
- Poor

2. How would you rate the exercises?

- Excellent
- Very Good
- Good
- Fair
- Poor

3. Which exercises were well done?

.....

.....

.....

.....

4. Which exercises could be improved?

.....

.....

.....

.....

5. From 1 to 10, how would you rate the information you received?

Poor				Good					Excellent
1	2	3	4	5	6	7	8	9	10

6. Which topics were well done?

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7. Which topics could be improved?

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8. Would you add any other topics? Please explain.

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9. Would you remove any of the topics? If yes, which ones?

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10. How would you rate the facilitator(s)?

- Excellent
- Very Good
- Good
- Fair
- Poor

11. What did he/she/they do best?

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12. What could he/she/they improve?

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13. Did the group program help you meet your goals?

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14. What did you like best about the program?

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15. What did you like least about the program?

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16. Do you have any suggestions to improve it?

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17. Do you have any comments about the following?

Location

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Childcare

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Time

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Guest speakers

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.....
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Number of sessions

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Order of topics

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.....

18. Do you have any other comments?

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Thank you!

Post-Sessions Questionnaire

Name:

Address:

Telephone #

E-mail address:

Be sure to give us a number where we can leave a message if you do not have a phone, or if you think you will move over the next six months.

1. How is your life going now compared to about six months ago? Would you say things are:

- About the same
- Better
- Worse

2. What was your goal when you joined the group?

- Stop smoking
- Reduce smoking
- Other: _____

3. Did your goal change as you went through the program?

- Yes
- No

4. If your goal changed, how did it change?

5. How confident do you feel to stop smoking, either now or sometime in the future?

Not very confident		Somewhat confident		Very confident
1	2	3	4	5

6. In the past seven days, have you smoked a tobacco cigarette, even a puff?

- Yes
- No – Go to question 12

7. During the past 7 days, how many cigarettes did you smoke on a typical day?.....

13. Which of the following describes your feelings about smoking? (Check as many as apply.)

- Smoking is expensive.
- I wanted to improve my sense of taste or smell.
- Smoking is messy, dirty.
- Smoking was affecting my health.
- My doctor told me to stop or cut down.
- I know smoking is dangerous.
- I felt like I was being a bad example to children and others.
- Someone wanted me to stop or cut down.
- I didn't really enjoy smoking.
- I don't want to quit or cut down.
- Other:

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14. Which "tools" or techniques helped you most in your attempt to quit or reduce smoking?

- Breathing/relaxation exercise
- Self-talk
- Problem-solving
- Your "buddy"
- Exercising
- Quit plan
- Group support
- Family support
- Other

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15. Was there anything else that would have helped you?

- Yes No

If yes, what?

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16. How many sessions did you attend?

17. What will you remember most from the program?

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18. Would you recommend the program to other women?

- Yes No

19. Would you be interested in co-leading a group in the future?

- Yes No

Follow-up Questionnaire

Name:

Address:

Telephone #

E-mail address:

1. What was your goal when you began the program?
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.....
.....

2. Did your goal change as you went through the program?
 Yes No

If your goal changed, how?
.....
.....
.....

3. What kinds of changes have you made in your smoking?
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.....
.....

4. How confident are you that you can meet your goal, either now or in the future?
.....
.....
.....

5. Have you smoked a cigarette, or taken a puff, during the last seven days?
 Yes No – Go to Question 10

6. On average, how many cigarettes do you smoke a day?.....

7. On average, how many cigarettes did you smoke a day before the program?

8. Why do you think you started smoking again, or did not quit?

.....
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9. Are you thinking about quitting smoking again?

- Yes No

Within the next month?

- Yes No

Within six months?

- Yes No

10. How have you been feeling during the last six months?

Physically:

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.....
.....
.....

Emotionally:

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.....
.....
.....

11. What "tools" or techniques have you been using lately to cope?

- Breathing/relaxation exercises
- Self-talk
- Problem-solving
- Exercise
- Quit plan
- Buddy
- Group support
- Other (describe)

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12. Which tools/techniques have been most useful?

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.....

13. What do you remember most from the program?

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.....
.....

14. Would you recommend this program to other women?

Yes No

15. Would you be interested in co-leading a group in the future?

Yes No

16. Is there anything that could have helped you reach your ultimate goal of stopping smoking?

Yes No

If so, please explain:

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