

NCSCCT

Standard Treatment Programme

One-to-one smoking cessation support

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Introduction

The National Centre for Smoking Cessation and Training (NCSCT) is a social enterprise set up to:

- help stop smoking services to provide high quality behavioural support to smokers based on the most up-to-date evidence available
- contribute towards the professional identity and development of stop smoking practitioners and ensure that they receive due recognition for their role
- research and disseminate ways of improving the provision of stop smoking support

How to use this document

As part of its functions the NCSCT has identified the competences (knowledge and skills) necessary to deliver evidence-based behaviour change techniques to smokers and these have provided the evidence for the '*NCSCT Training Standard – Learning Outcomes for Training Stop Smoking Practitioners*' which became the benchmark of quality training for stop smoking service personnel in April 2010 (www.ncsct.co.uk/resources/downloads/NCSCT_Training_Standard.pdf).

These knowledge and skills competences have been incorporated into the NCSCT comprehensive online and face-to-face training resources (see www.ncsct.co.uk), and are embedded within the content of the smoking cessation sessions described in this Standard Treatment Programme.

This NCSCT Standard Treatment Programme describes the components of a structured individual face-to-face smoking cessation intervention. This document is designed to complement the online resources and training workshops provided by the NCSCT and to act as a guide to stop smoking practitioners' interactions with smokers.

In this revised version of the NCSCT Standard Treatment Programme the competences are included as separate lists for each treatment session, and clinical checklists have been added as an additional resource.

The process and content of an individual face-to-face smoking cessation intervention described in this document is a suggestion only, as interactions with smokers should be as client led as possible and some elements of the session, including completion of questionnaires and paperwork, will be dependent on local procedure. However, all of the elements detailed here are essential components of a good quality smoking cessation intervention. Further resources for stop smoking practitioners and the online NCSCT Stage 1 Training Programme are available at www.ncsct.co.uk

Overview

The Standard Treatment Programme outlined here consists of a pre-quit assessment and weekly sessions until four weeks after the Quit Date, which is the date that the Department of Health uses to evaluate smoking abstinence. Because the post-quit sessions (3 to 5) on weeks one, two and three after the Quit Date, are similar in content they are included as just a single session. Some stop smoking services provide support beyond 4 weeks or include additional sessions within the 4-week time window. The material provided in this resource should easily be adapted to those scenarios. All stop smoking services should provide a minimum of weekly sessions for at least 4 weeks following the Quit Date.

Session 1: Pre-quit Assessment (1 or 2 weeks prior to Quit Date)

Session 2: Quit Date

Session 3: 1 week post Quit Date

Session 4: 2 weeks post Quit Date

Session 5: 3 weeks post Quit Date

Session 6: 4 weeks post Quit Date (4 week follow-up appointment)

Session 1:

Pre-quit Assessment

During this session you will:

1. Assess current readiness and ability to quit
2. Inform the client about the treatment programme
3. Assess current smoking
4. Assess past quit attempts
5. Explain how tobacco dependence develops and assess nicotine dependence
6. Explain and conduct carbon monoxide (CO) monitoring
7. Explain the importance of abrupt cessation and the 'not a puff' rule
8. Inform the client about withdrawal symptoms
9. Discuss stop smoking medication
10. Set the Quit Date
11. Prompt a commitment from the client
12. Discuss preparations and provide a summary

This session will also cover general preparations for quitting and it should aim to enhance motivation and boost self confidence throughout.

Specific elements, such as completion of questionnaires and other stop smoking service paperwork, have not been included as they vary according to local protocols and procedures.

The competences used in the pre-quit assessment are listed on page 38.

1. Assess current readiness and ability to quit

Ask the client whether they are ready to stop smoking for good and stop now?

“Can I just check that you want to stop smoking altogether and are prepared for the effort that quitting smoking will take?”

- If client sounds nervous or ambivalent

“You sound a little nervous about stopping smoking which is completely understandable and very common. The good news is that by getting support from trained professionals such as me, and by using effective medications, you are greatly improving your chances of success.”

- If client sounds positive

“It is great that you are sounding so positive about stopping smoking and this motivation to quit successfully is really important.”

If the client does not feel that they are ready to make a serious attempt, make sure that they have your stop smoking service's contact details and ask them to get in touch with you when they are ready.

2. Inform the client about the treatment programme

“You have taken an important first step by coming along to see me. Research has shown that people who get support and use a stop smoking medication are far more likely to stop and stay stopped than those who try to quit on their own.”

Tell the client that they are increasing their chances of stopping smoking for good by receiving behavioural support and medication, and that weekly contact with you is extremely important for the full duration of the course including the final visit.

Explain that NHS stop smoking services support smokers to stop smoking completely and not to cut down.

Explain that after the Quit Date there is a 'not a puff' rule as this reduces any ambiguity about what they are about to achieve (stopping smoking completely); getting the client to commit to not even smoking even one puff after their Quit Date is also powerful motivation for them to come back and see you next week. Evidence also indicates complete abstinence is more likely to result in a long-term quit:

- Research indicates that between 75% and 95% of quitters who have a single cigarette resume regular smoking. One study found that 94% of 'lapsers' had a second cigarette and that half of these did so within 24 hours.
- Even a single puff on a cigarette reminds the client's mind and body what they are missing by not smoking. Withdrawal symptoms are not going to ease if the client smokes, however little, after their Quit Date.

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Explain the programme is for six or seven weeks (or whatever your service treatment programme is) and that weekly contact is extremely important.

"Involving a trained professional such as myself in the quit attempt will greatly improve your chances of success."

"I will provide guidance on what medication to use and how to get the most out of it. I will also be able to give you information on how to obtain the medication."

"I will provide you with accurate information about what to expect during the quit attempt and how to deal with difficult situations."

"Weekly contact is extremely important. You will need to see me for six sessions: once before quitting, on your Quit Date and then once a week for four weeks after your Quit Date."

"A check will be made on your progress using a simple carbon monoxide breath test at every visit."

3. Assess current smoking

Clients will expect you to ask them about their smoking history and it is a good way of starting the assessment. Although covered in more detail later, assessing cigarettes per day is another question that smokers will expect and it gives you an early indication of what level of support they might need.

"When did you first start smoking? How many cigarettes a day do you usually smoke?"

4. Assess past quit attempts

It is helpful to find out whether the client has any past experience that they can draw upon for their current quit attempt and to discover the client's attitude towards medication use and to ensure that they have a realistic expectation of what medication use can add to a quit attempt.

"How many serious attempts to stop smoking have you made before?"

■ If none

"That is great that for your first quit attempt you have chosen to maximise your chances of success by getting help. Let's see if we can make sure your first quit attempt is also your last."

■ If made previous quit attempts

"Having tried to quit and failed, but then tried again, shows what commitment you obviously have to stopping smoking. Many smokers take a number of quit attempts before they quit for good and each of your previous attempts can be used to help with this one."

“Have you made a serious attempt to stop smoking before?”

If the answer is “Yes”

“What is the longest time you have successfully stopped smoking for in the past?”

Someone who has gone several weeks or months without smoking will have experienced the withdrawal symptoms getting less severe and frequent; someone who has managed only a few days of abstinence will not have experienced this and may not have had the experience of overcoming urges to smoke.

■ For clients who have never tried to quit before this may only be for a day or so, or even less

“Even that period of time is some achievement for regular smokers, how did you manage it?”

“Well with your motivation to stop and with use of medication this can be built on this time.”

■ For longer periods of weeks or months

“That is very impressive. How did you manage to not smoke for so long and are there any strategies that you would use for this quit attempt?”

“Have you ever used any medication to help you with a quit attempt in the past?”

If the answer is “Yes”

“What medication have you used and how did you get on with it?”

Answers to this question will allow you to assess whether the client has used medication properly in the past and what expectations they have of the medication.

It can be useful to define the current quit attempt as a serious one (made with the aid of effective medication and expert behavioural support) and to distinguish this from previous ones – if appropriate to do so.

5. Explain how tobacco dependence develops and assess nicotine dependence

Explaining how tobacco dependence develops and assessing nicotine dependence is useful to provide the client with an understanding of what they need to overcome and to assist with choice of medication.

Inform the client about the nature of nicotine dependence and how it develops using phrases like:

“When you first start smoking regularly your brain changes so that it expects regular doses of nicotine. This need for nicotine from cigarettes can undermine your motivation to stop smoking, especially when linked to the temporary withdrawal symptoms smokers can experience at first when they do not smoke.”

Reassure the client that with use of proven medications and effective support they will have a good chance of overcoming this.

To quickly assess nicotine dependence, ask the client how many cigarettes per day they smoke and how soon after waking they have their first cigarette of the day, as for the Heaviness of Smoking Index (HSI). Alternatively, conduct the Fagerström Test for Nicotine Dependence (FTND) as a quantitative measure of nicotine dependence.

6. Explain and conduct carbon monoxide (CO) monitoring

Explain that carbon monoxide (CO) is a poisonous gas contained in cigarette smoke and that there is a simple test that can be carried out to determine CO levels.

“Carbon monoxide is a gas inhaled by smokers when they smoke a cigarette and it causes heart disease. The good news for you is that shortly after stopping smoking the level of carbon monoxide in your body returns to that of a non-smoker. This machine measures the amount of carbon monoxide in your lungs in parts per million and if you have not been smoking then we would expect it to be below 10 parts per million.”

It is worth emphasising that clients will be required to hold their breath for a minimum of 15 seconds before blowing into the CO monitor. This allows the pressure in the lungs to equalise and for the carbon monoxide in the blood to pass into the air in the lungs; it is this that is then measured by the monitor.

“What I am going to ask you to do in a minute is to take a big deep breath, hold your breath and then exhale into this machine. You will need to hold your breath for about 15 seconds. After you have taken your breath I will hand the machine to you, the machine will count down and I will then tell you when to exhale into it.”

Explain that CO tests are carried out to show the client objective proof of improved health after they have stopped smoking completely, and to check whether they really have stopped smoking.

There are a number of CO monitors available and you should follow the instruction accompanying these machines. However, the following procedure is fairly common to all monitors:

1. Both the client and the stop smoking practitioner should use sanitiser gel on their hands before the test
2. Attach a clean, disposable, mouthpiece (a fresh one for each client) to the monitor
3. Turn the machine on
4. Ask the client to take a deep breath
5. The monitor will count down 15 seconds and beep during the last 3 seconds
6. The client needs to blow slowly into the mouthpiece aiming to empty their lungs completely
7. The parts per million (ppm) of carbon monoxide in the lungs will be displayed on the screen
8. The mouthpiece should be removed by the client (for infection control reasons) and disposed of in a refuse sack which is tied before being placed in another bag for collection (double bagging) to prevent domestic staff touching the mouth pieces
9. The CO monitor should be cleaned between tests using a non-alcoholic wipe

After the test:

- If test wasn't completed adequately (i.e. client did not hold their breath for the required time or did not place their lips around the tube properly) then politely advise the client that the test needs to be repeated. Allow them a couple of minutes to get their breath back before repeating the test.
- If reading was below 10 parts per million:

"This reading is classed as that of a non-smoker; although the normal range for a non-smoker is between 1 and 5 ppm. However, carbon monoxide accumulates in the body and I'm sure that if we were to repeat the test later today or sooner after you've smoked it would be much higher. The good news is that if you do not smoke at all after your Quit Date then you can get this permanently down to the levels of somebody who doesn't smoke."

- If reading was 10 parts per million or above:

"The monitor is showing a reading of over 10 parts per million which is the level above which people are classed as a smoker and is what we would expect from you as you are still smoking. The normal range for a non-smoker is between 1 and 5 ppm and so you can see that your reading is ... times higher than what we would expect from a non-smoker. The good news is that if you do not smoke at all after your Quit Date then you can get this down to the levels of a non-smoker."

Miscellaneous:

"Our bodies produce small amounts of carbon monoxide and there is also carbon monoxide in the atmosphere around us, e.g. in car exhaust fumes, so the reading will almost never be zero; it will also fluctuate slightly depending upon what air you have been exposed to. A reading of below 10 parts per million is considered to be that of a non-smoker."

"Readings above 10 parts per million are not normally caused by being in the company of smokers; this can increase exposure to carbon monoxide, but does not normally push the reading above 10."

7. Explain the importance of abrupt cessation and the 'not a puff' rule

Explain that cutting down gradually, unless done with nicotine replacement therapy (NRT) as part of a planned programme, is not an effective approach to stopping smoking.

"The problem with trying to stop by cutting down gradually is that it can end up being so gradual that the smoker never actually stops. Additionally, it has been found that smokers may smoke the remaining cigarettes more intensely. The only real way of stopping smoking is to stop abruptly. This allows your body to begin to adjust to not smoking and you to adjust to life without cigarettes"

Explain that stopping smoking with your help involves a rule of not smoking a single puff after their Quit Date: the 'not a puff' rule.

8. Inform the client about withdrawal symptoms

“Because your body is used to regular doses of nicotine, it has to adjust to being without it (or having much less of it if you are using NRT). Within the first few hours of stopping smoking your body will start getting used to life without nicotine – this adjustment results in withdrawal symptoms.”

“When you have stopped smoking before, or have had to go without a cigarette for a long time, did you notice any symptoms that came on? Was there anything that worked for you in dealing with these that could be useful this time?”

Respond appropriately reinforcing that this knowledge is going to be helpful during this quit attempt. If a client expects withdrawal symptoms, they will be more able to cope with them.

Remind clients that proper use of stop smoking medication will help with withdrawal symptoms, but will probably not get rid of them completely.

Reinforce that most of the withdrawal symptoms gradually disappear in the first four weeks of a quit attempt as long as the client does not smoke a cigarette.

Tobacco withdrawal symptoms:

- Urges to smoke or cravings (usually reduce over time as long as the client does not smoke, but can appear for a long time after quitting)
- Increased appetite and weight gain (can persist for three months or longer)
- Depression, restlessness, poor concentration, irritability/aggression (these usually last less than a month)

Respond appropriately to any concerns and remind client that these symptoms are all normal and will pass with time as long as they do not smoke.

If appropriate you can mention the other less common withdrawal symptoms:

- Light-headedness (usually lasts less than 48 hours), waking at night (usually for less than a week), mouth ulcers (can last over a month) and constipation (can last over a month).

9. Discuss stop smoking medication

Give information and guidance on the nicotine replacement therapy (NRT) products, varenicline (Champix) or bupropion (Zyban) so the client can make an informed choice.

“There are medications that make quitting smoking easier. In fact, people who use these medicines when they quit smoking are twice as likely to be successful than those who try and quit without using them. They are safe and do not cause cancer, strokes, heart or lung disease. There are three main types of medication: nicotine replacement therapy, Champix and Zyban.”

If client suggests that they are not planning on using any medication then ask their reasons for this and encourage them to use one of the medications available.

If client has decided on which medication to use ask them to explain what they think is involved with that medication.

“That is good that you have a clear idea of what medication you want to use, why have you chosen that particular one?”

Ensure that client has realistic expectations of medication.

Fill in any gaps in knowledge.

With Champix and Zyban ensure that client is able to get a supply from their GP and start taking the medication one week prior to their Quit Date.

NRT

[Note: clients will often have a very clear idea about what they want to use because of previous experience and/or personal testimonies].

“Nicotine replacement therapies (shortened to NRT) are very effective aids to help you stop smoking. They contain a small amount of the pure nicotine that you are currently getting from cigarettes.”

“It is important to remember that this is clean, safe nicotine, without the 4,000 other chemicals in cigarette smoke. NRT is not like smoking: it is not harmful, it is a smaller dose of nicotine than you get from smoking, and the nicotine is absorbed more slowly.”

“NRT works by reducing urges to smoke and other withdrawal symptoms, thereby making stopping smoking a bit easier. It is not a magic cure – but it will help.”

“There are seven different products to choose from and all are effective in helping smokers to stop: patches, nasal spray, gum, lozenge, inhalator, microtab and mouth spray. They differ in the amount of nicotine that they contain, how it is delivered and how quickly it acts. We can tailor the treatment to you, using one or more product as appropriate.”

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[Note: If clients are classed as more dependent smokers, based on the HSI or the FTND, then a higher dose product such as the 25 mg patch, 4 mg chewing gum, 4 mg lozenge or nicotine nasal spray will help them more].

[Describe the different NRT products available].

“Some people decide to use a combination of two nicotine products – often the patch to deliver a background dose and the nicotine gum or lozenge to provide extra help when needed. Do you have any thoughts about this?”

“Studies show that using two products together gives you an increased chance of success compared with using one product. Combining products is also very safe: there is no need to worry about overdosing on nicotine. If you are unsure about using two products you could start off with the patch and if you find you are having difficulty in dealing with your urges to smoke then try adding another product.”

Varenicline (Champix)

“Champix has been specifically designed to help smokers to stop and initial evidence suggests that it might be the most effective of the three medications. Champix is a tablet that works by reducing urges to smoke and other withdrawal symptoms once you have stopped smoking. It also blocks the ability of nicotine to stimulate the brain which is why many smokers using Champix do not feel ‘satisfied’ should they have a cigarette. Champix has some common minor side effects that include nausea, headache, difficulty sleeping and abnormal dreams. There have been reports of links between Champix and suicide in the press, but reviews of large numbers of smokers who have used the medication have failed to find a causal link. Champix is not suitable for everyone and is a prescription-only medication so you will need to see your GP. Champix is used for 12 weeks and is started one week before your Quit Date.”

Bupropion (Zyban)

“Zyban was the first non-nicotine medication available to smokers and research shows that, like NRT, it doubles your chances of successfully stopping. Zyban is a tablet that works by reducing urges to smoke and other withdrawal symptoms once you have stopped smoking. It does have some common minor side effects that include headache, difficulty sleeping and dry mouth; and some more serious side effects. Because of this Zyban is not suitable for everyone and is a prescription only medication so you will need to see your GP to get it. Zyban is taken for seven to nine weeks and is started one week before your Quit Date.”

- Allow client to ask questions
- Confirm choice of medication and discuss supply

10. Set the Quit Date

Set the Quit Date with the client, which will normally be the date of the next appointment (1 or 2 weeks later). Advise client to smoke as normal up until their Quit Date.

“As this is your last few days of smoking you might as well smoke as normal and begin preparing yourself for your Quit Date.”

Advise that cutting down doesn't work.

“It is best not to cut down the number of cigarettes you smoke before your Quit Date as each one may become that little bit more important to you. Also, you will not be any better off physically as you will just smoke your fewer cigarettes more intensively.”

“The only exception to this is if you use a nicotine product (such as the patch, gum or lozenge) in the week prior to quitting and are able to make a genuine reduction in how many cigarettes you smoke. However, if you do this you will probably need to increase your use of nicotine products on your Quit Date to replace the cigarettes you won't be smoking.”

Explain that the goal from the Quit Date onwards is not to have a single puff.

“Have you considered what time your last cigarette will be on your Quit Date?”

“Some people like to smoke their last cigarette on the night before their Quit Date, others have their last cigarette later on in the afternoon because if you stop smoking first thing when you wake up then your body is already in withdrawal from nicotine because you haven't smoked through the night. Most people who I help to quit have their last cigarette immediately before their Quit Date appointment with me. Whatever the time of the day that you have your last cigarette it is vitally important that after this point you live by the 'not a puff' rule and do not smoke any cigarettes, not even one puff.”

11. Prompt a commitment from the client

It is important that the client hears themselves commit to not smoking at all after their Quit Date. Declarations such as this contribute to the building of rapport and leave no room for misunderstanding as to what is the aim of the quit attempt.

Ask the client to tell you that they will commit not to have a cigarette, not even one puff, after their Quit Date.

“Having explained the 'not a puff' rule to you I would really like to hear you say that your aim is not to smoke at all after your Quit Date. Can you do that for me?”

12. Discuss preparations and provide a summary

Ask client to:

- Confirm choice of medication, plans to get supply for Quit Date and immediate use on Quit Date (except for Champix and Zyban where use starts one week prior to this)
- Bring their NRT with them to the next appointment (or make NRT available for the Quit Date if you are supplying it)
- Confirm importance of using the days before the Quit Date to tell friends, colleagues and family about their quit attempt – this will ‘up the stakes’ and can increase the support and encouragement the client gets
- Confirm the need for an arrangement with smoking friends, colleagues and family to reduce the client’s exposure to smoking and to the availability of cigarettes
- Confirm plans to get rid of all remaining cigarettes, plus lighters and ashtrays, on the Quit Date
- *“In the week before you stop smoking it is worth thinking about the times you are going to miss cigarettes the most. You won’t necessarily have your worst cravings at these times, but it helps to think about what you are going to do to try and make things a little easier for yourself. We can talk about this with you when we speak on your Quit Date.”*
- Remind them that the cigarette they will have before the next appointment will be their last
- *“If you manage to prepare properly like we have discussed then you are giving yourself every possible chance of success.”*

A summary of what has been discussed in this session allows the client to review the plans; it also crystallises these plans in the client’s mind. An accurate summary also helps build rapport. It should include the following:

- Confirm with the client their Quit Date, medication choice and supply, and preparations they will undertake prior to their Quit Date
- Summarise the reasons why the client wants to stop smoking, what support is available to them and what barriers they may face; check that this summary is correct
- *“Are there any questions that you have about the preparations you need to make or what you are going to do on your Quit Date?”*

Session 2: Quit Date

During this visit you will:

1. Confirm readiness and ability to quit
2. Confirm that the client has sufficient supply of medication and discuss expectations of medication
3. Discuss withdrawal symptoms and cravings/urges to smoke and how to deal with them
4. Advise on changing routine
5. Discuss how to address the issue of the client's smoking contacts and how the client can get support during their quit attempt
6. Address any potential high risk situations in the coming week
7. Conduct carbon monoxide (CO) monitoring
8. Confirm the importance of abrupt cessation
9. Prompt a commitment from the client
10. Discuss plans and provide a summary

This session will also cover strategies for avoiding smoking and it should aim to enhance motivation and boost self confidence throughout.

Specific elements, such as completion of questionnaires and other stop smoking service paperwork, have not been included as they vary according to local protocols and procedures.

The competences used in the Quit Date Session are listed on page 40.

1. Confirm readiness and ability to quit

Welcome the client back and be genuinely excited for them that their Quit Date has arrived and that they are about to stop smoking for good.

Ensure that client has discarded all of their cigarettes after their final one. If client has had their last cigarette get them to discard cigarettes whilst with you. Some clients also like to bring their ashtrays and lighters with them to throw away.

“So can I ask you whether you are ready to stop smoking for good?”

- If client sounds nervous or ambivalent

“You sound a little nervous about stopping smoking which is completely understandable and very common. The good news is that by getting support from trained professionals such as me, and by using effective medications, you are greatly improving your chances of success.”

- If client sounds positive

“It is great that you are sounding so positive about stopping smoking and this motivation to quit successfully is really important.”

2. Confirm that the client has sufficient supply of medication and discuss expectations of medication

Make sure that the client has sufficient medication to last them for the next two weeks. If not, discuss arrangements for the client to obtain a further supply.

For clients using NRT

- Remind client of rationale for use (reduces withdrawal and increases success)
- Reassure about initial unpleasant effects (will get used to the taste etc)
- Reassure about any safety concerns

“It is probably worth remembering that nicotine does not cause cancer and that it is the tar and carbon monoxide in cigarette smoke that are harmful. Also, nicotine products tend to give you less nicotine than from cigarettes and so your chances of getting addicted to them are slim. In fact the biggest problem with NRT use is not that people become dependent upon the products, but that people do not use enough of it for long enough.”

For clients using Champix or Zyban

- Remind client of rationale for use (reduces withdrawal and increases success)
- Check usage
- Enquire about any side effects and advise accordingly

Get clients who are using NRT to start using it straight away.

With all stop smoking medications, you should discuss correct use and possible side effects.

Mention that with continued and regular use most smokers get used to these side effects.

If client is using an oral NRT product:

- Reinforce the need to use oral NRT products and the nicotine nasal spray regularly throughout the day, on the hour, every hour

“Make sure you take your NRT with you wherever you go, always keep a supply handy; perhaps where you used to keep your cigarettes.”

“I mentioned last week that single NRT products typically give about half the nicotine that you would have got from cigarettes and that research has shown that using two products (often a combination of patch plus one of the oral products) increases smokers’ chances of quitting. Have you thought any more about this?”

With clients taking Champix or Zyban, check that they started their medication at least one week ago.

If the client is not intending to use any medication, take the opportunity to re-visit this now.

3. Discuss withdrawal symptoms and cravings /urges to smoke and how to deal with them

“Having a supply of medication and using it properly is important because it can help with the withdrawal that most smokers experience when they stop. Because your body is used to regular doses of nicotine, it has to adjust to being without it (or having much less of it if you are using NRT). Within the first few hours of stopping smoking your body will start getting used to life without nicotine – this adjustment results in withdrawal symptoms.”

“When you have stopped smoking before, or have had to go without a cigarette for a long time, did you notice any symptoms that came on? Was there anything that worked for you in dealing with these that could be useful this time?”

Respond appropriately reinforcing that this knowledge is going to be helpful during this quit attempt. If the client expects the withdrawal symptoms they will be more able to cope with them.

Remind client that proper use of the medication will help with withdrawal symptoms (including cravings /urges to smoke) but will probably not get rid of them completely.

Reinforce that most of the withdrawal symptoms gradually disappear in the first four weeks of a quit attempt as long as the client does not smoke a cigarette.

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Discuss cravings/urges to smoke and how to deal with them.

“When smokers get a craving they normally have a cigarette and the craving goes away. This is not an option when stopping smoking as the only permanent way to get rid of cravings is to not smoke at all.”

“At first the cravings can feel overwhelming, especially if they take you by surprise. In the first few days and weeks these cravings can be very strong and can occur a lot – but cravings do pass and can be controlled. As long as you do not smoke after your Quit Date then over the next few weeks they will get less strong and less frequent and you will get better at dealing with them.”

Discuss common triggers for cravings: seeing someone smoke, being in a situation where the client used to smoke, being with people who the client used to smoke with, feeling stressed, wanting to celebrate.

“The nature of giving up smoking means that there are going to be times after your Quit Date when you really want a cigarette. Experience tells us that it is worth having a few strategies to deal with these times when you experience strong urges to smoke.”

Allow client to come up with some ideas on what they can do when they experience the urge to smoke that you can expand on/add to if necessary.

Strategies to consider: ensure that cigarettes are not available; ensure proper use of medication; avoid situations in which common triggers occur; distraction; short period of exercise; remind yourself of motivations to quit; imagine telling people you have started smoking again; imagine going through this again in the future; do whatever it takes.

4. Advise on changing routine

“Last week I asked you to consider which cigarettes you think that you might miss the most – now nicotine is a tricky drug and there is no guarantee that those cigarettes will actually be the ones that you miss the most, but have you been able to identify these?”

Respond appropriately.

“You are probably going to have times over the next couple of weeks when you are desperately going to want to smoke, small changes in your routine may help you to cope with ‘smoking situations’ and to establish a new pattern of living without cigarettes.”

Attempt to get the client to come up with any changes that they might make.

5. Discuss how to address the issue of the client's smoking contacts and how the client can get support during their quit attempt

Ask the client who they know who smokes and the nature of their relationship with them.

"Do you live with any smokers or do you spend long periods of time with smokers?"

If 'yes' explain the dangers of exposure to cigarettes and smokers after the Quit Date and whether they can ask these smokers to not smoke around them.

■ For clients who do not live with a smoker

"That is good news as having cigarettes about the place or seeing people smoking can really put a strain on people who are quitting."

■ For clients who do live with a smoker

"Giving up smoking is hard enough without having people smoking in front of you or leaving cigarettes around the place. This will be a big challenge for you."

Reinforce the importance of appropriate support to the success of a quit attempt.

"There are going to be times during your quit attempt, especially in the first few weeks, where the support and encouragement of friends, family and colleagues is going to be really helpful. This is one of the reasons why we suggest that you tell as many people as possible that you will be quitting smoking and that you are going to need their support."

"Are there any people from whom you think that you will get support for your quit attempt?"

6. Address any potential high risk situations in the coming week

"High risk situations for most smokers are linked to times when their barriers are down and where cigarettes are available and being smoked – your motivation will have to be at its strongest at these times."

Ask the client if there are any times in the coming week when they think that they might be at particular risk.

Attempt to get the client to come up with possible strategies for dealing with these situations. Reinforce the importance of using their medication properly and of reminding themselves about their reasons for quitting and how these can be used during high risk situations or when strong urges strike.

"Your frame of mind is important: being positive about stopping smoking and knowing that there will be hard times and periods when you feel like smoking, but that these will pass, will help."

- For clients who display confidence

"Your strong motivation, the support you are going to get and the medication you are going to use means your confidence is well placed. That does not mean it is going to be easy of course and it is still worth planning on what you are going to do when the urge to smoke is very strong."

- For clients who display a lack of confidence

"It is probably better to be under-confident rather than over-confident. It is difficult to give up smoking as you know, but with your experience from when you haven't smoked in the past, and with our help and the medication you have every chance of success. That does not mean it is going to be easy of course and it is still worth planning on what you are going to do when the urge to smoke is very strong."

"Strong motivation can overcome lack of confidence. For example, let me ask you to imagine being offered £100 as a substitute every time you want a cigarette. What would you do?... Now the £100 is an imaginary motivation, but you have very real reasons to give up smoking and to refuse to smoke."

"It is also worth remembering that although quitting smoking is difficult, thousands of people stop successfully every year despite having similar fears to you."

7. Conduct carbon monoxide (CO) monitoring

Remind the client that CO tests are carried out to show the client objective proof of improved health after they have stopped smoking completely, and to check whether they really have stopped smoking.

Conduct the CO test as described in the Pre-quit Assessment on page 10.

After the test:

- If test wasn't completed adequately (i.e. client did not hold their breath for the required time or did not place their lips around the tube properly) then politely advise the client that the test needs to be repeated. Allow them a couple of minutes to get their breath back before repeating the test
- If reading was below 10 parts per million:

"This reading is classed as that of a non-smoker; although the normal range for a non-smoker is between 1 and 5 ppm. However, carbon monoxide accumulates in the body and I'm sure that if we were to repeat the test later today or sooner after you have smoked it would be much higher. The good news is that if you do not smoke at all after your Quit Date then you can get this permanently down to the levels of somebody who doesn't smoke."

- If reading was 10 parts per million or above:

"The monitor is showing a reading of over 10 parts per million which is what we would expect from you as you are still smoking. The normal range for a non-smoker is between 1 and 5 ppm and so you can see that your reading is ... times higher than what we would expect from a non-smoker. The good news is that if you do not smoke at all after your Quit Date / today then you can get this down to the levels of a non-smoker."

Miscellaneous:

Occasionally clients may self-report that they are not smoking but, on testing, exhibit an abnormally high expired CO reading. They should be given advice about possible CO poisoning and can be advised to call the free Health and Safety Executive (HSE) gas safety advice line on 0800 300 363.

8. Confirm the importance of abrupt cessation

"The only way that the withdrawal symptoms will start to get better, and that you will begin to learn how to live without cigarettes, is for you to not smoke at all after today – not a puff."

"In these next couple of days, you will probably find that each day without a cigarette feels like a week. Often, after only a few days people feel like they have been stopped for ages and deserve a 'treat'. Just one cigarette is incredibly risky and usually leads back to regular smoking so plan another treat that you can give yourself."

"Set yourself small targets. Set yourself the target of getting through the morning, afternoon or evening without smoking, and be determined not to smoke, whatever life throws at you. Aim to get through your quit day without smoking. Once you have done that aim to double the length of your quit attempt by going a second day without smoking. Take it step-by-step, day-by-day (even hour-by-hour if necessary) so that you can get through the next week."

9. Prompt a commitment from the client

Ask the client to tell you that they will commit not to have a cigarette, not a single puff, after their Quit Date.

"Having explained the 'not a puff' rule to you I would really like to hear you say that your aim is not to smoke at all after your Quit Date. Can you do that for me?"

10. Discuss plans and provide a summary

"Are there any questions that you have about getting through today and the next week without smoking?"

"How are you feeling?"

Respond appropriately.

Summarise the client's plans and ask them to:

- Confirm how they are going to use their medication and that they have sufficient for the coming week
- Describe what they plan to do to deal with the urges to smoke that they will experience
- Confirm how they are going to change their routine, including the need for an arrangement with smoking friends, colleagues and family to reduce their exposure to smoking and to the availability of cigarettes
- Describe where and from whom they are going to get support for their quit attempt in this coming week and what they are going to do in any of the high risk situations that they have identified
- Remind the client of the 'not a puff' rule and say that you expect to see them back next week having not smoked at all so that they can get a nice low reading on the carbon monoxide monitor

"Quitting smoking is not easy so be prepared for a bit of a rough ride, remind yourself that the discomfort won't last forever and tell yourself that you will be able to do it."

Sessions 3, 4, 5

1, 2, 3 weeks post Quit Date

During this session you will:

1. Check on client's progress
2. Measure carbon monoxide (CO)
3. Enquire about medication use and ensure that the client has sufficient supply
4. Discuss any withdrawal symptoms and cravings/urges to smoke that the client has experienced and how they dealt with them
5. Discuss any difficult situations experienced and methods of coping
6. Address any potential high risk situations in the coming week
7. Confirm the importance of the 'not a puff' rule and prompt a commitment from the client
8. Provide a summary

This session will also cover strategies for avoiding smoking and it should aim to enhance motivation and boost self confidence throughout.

Specific elements, such as completion of questionnaires and other stop smoking service paperwork, have not been included as they vary according to local protocols and procedures.

The competences used in these post quit sessions are listed on page 41.

1. Check on client's progress

Welcome the client back and be genuinely excited to find out how they have got on.

Ask about smoking status and discuss the response.

"Have you smoked at all since our last appointment with you?"

To get an accurate response it is often useful to clarify the client's response by offering them the following options or by asking them to confirm that they have not had even one puff on a cigarette:

- No, not even a puff
- Yes, just a few puffs
- Yes, between 1 and 5 cigarettes
- Yes, more than 5 cigarettes

If abstinent:

- Congratulate and give praise
- Reinforce 'not a puff'

"Well done! Most people who relapse go back to smoking in the first few days of their quit attempt. Managing not to smoke at all makes your chances of becoming a permanent ex-smoker much higher."

If had slip(s):

- Acknowledge effort made but reinforce rationale of complete abstinence
- Each slip puts them back to the Quit Date
- Having the occasional cigarette makes withdrawal worse
- They will find it easier to stop smoking altogether

If cut down:

- Acknowledge that it might seem like a good idea, but explain why it doesn't work. If the client is smoking daily, suggest setting a new Quit Date
- Reinforce the rationale of complete abstinence

If client has not made an attempt to quit enquire as to the reasons why and establish whether they still want to stop smoking.

2. Measure carbon monoxide levels

Explain that CO tests are carried out to show the client objective proof of improved health after they have stopped smoking completely, and to check whether they really have stopped smoking.

Conduct the CO test as described in the Pre-quit Assessment on page 10.

After the test:

- If test wasn't completed adequately (i.e. client did not hold their breath for the required time or did not place their lips around the tube properly) then politely advise the client that the test needs to be repeated. Allow them a couple of minutes to get their breath back before repeating the test.

- If reading was below 10 parts per million:

"Congratulations! This reading is that of a non-smoker; you are already benefitting from not smoking and you should be very proud of your achievement."

- If reading was 10 parts per million or above:

"The monitor is showing a reading of over 10 parts per million which is the level above which people are classed as smoking. Now if you haven't been smoking there are a number of other possible reasons for this: that you have been exposed to carbon monoxide fumes from a faulty gas boiler, car exhaust or from paint stripper (it might be worth you checking these things out as exposure to carbon monoxide is dangerous); that you are lactose intolerant (most people know if they are) and the high reading is a consequence of you consuming dairy products which can produce gases in your breath."

Miscellaneous:

"Our bodies produce small amounts of carbon monoxide and so the reading will probably not be zero; it will also fluctuate slightly depending upon what air you have been exposed to. A reading of below 10 parts per million is considered to be that of a non-smoker."

"Readings above 10 parts per million are not normally caused by being in the company of smokers; this can cause increased exposure to carbon monoxide but it does not normally push the reading above 10."

3. Enquire about medication use and ensure that the client has sufficient supply

Review stop smoking medication use and stress its importance.

Enquire about side effects.

Ensure client has adequate supply of medication.

4. Discuss any withdrawal symptoms and cravings /urges to smoke that the client has experienced and how they dealt with them

"How difficult has it been not to smoke over the past week? Have you experienced any withdrawal symptoms?"

Respond appropriately, reminding the client that it is usually toughest in the first few days of a quit attempt but that it will get better over time. (For clients not completely abstinent stress that the withdrawal symptoms will continue unless they stop fully.)

Ensure that you help the client distinguish between genuine withdrawal symptoms, medication side effects and 'coincidental' symptoms.

Remind the client that proper use of the medication will help with withdrawal symptoms but will probably not get rid of them completely.

"Have there been any times since your Quit Date when you have felt really strong urges to smoke? What have you done to manage to resist these so successfully?"

Respond with reflective listening to boost self confidence.

"You should expect it to be tough in this first week and to experience some or all of the withdrawal symptoms. Using your medication properly is the best way of reducing the withdrawal symptoms and making it a little easier for yourself."

5. Discuss any difficult situations experienced and methods of coping

Ask the client whether there have been any times in the past week, perhaps those identified by them on the Quit Date, that have caused them to feel at risk of going back to smoking.

Review with the client how they dealt with these situations and discuss whether new or modified methods of coping are required.

If abstinent and high risk situations have been dealt with well:

- Praise strategies used
- Remind client that it is early days but that they are doing really well
- Advise client to 'expect the unexpected'

If had a few slips or high risk situations have caused problems:

- Investigate where client obtained cigarettes from
- Review identification of high risk situations
- Revisit client motivation and self confidence

"Although you have had a slip you can rescue your quit attempt – but it is going to require a serious effort. You will need to commit yourself fully to not smoking, treat this day as your Quit Date, and be especially wary of future situations similar to the one in which you had a cigarette."

"Other people have been in similar situations to you and have managed to turn it around. Let's look at what you can do over the next few days to make sure that you do not smoke."

"You are probably going to have times over the next couple of weeks when you are desperately going to want to smoke, small changes in your routine may help you to cope with 'smoking situations' and to establish a new pattern of living without cigarettes."

6. Address any potential high risk situations in the coming week

Attempt to get the client to come up with possible strategies for dealing with any identified high risk situations. Reinforce the importance of using their medication properly and of reminding themselves about their reasons for quitting and how these can be used during high risk situations or when strong urges strike.

7. Confirm the importance of the 'not a puff' rule and prompt a commitment from the client

Ask about smoking abstinence and reinforce the 'not a puff' rule.

If abstinent:

- Reinforce building upon progress

"To build upon your success of not having smoked at all this past week you need another full week without having even one puff on a cigarette."

If had slip(s):

- Acknowledge effort made but reinforce rationale of complete abstinence

"Each cigarette puts you back to the Quit Date and having the occasional cigarette makes withdrawal worse. You will actually find it easier if you do not have a single puff on a cigarette."

If cut down:

- Acknowledge that it might seem like a good idea, but explain why it doesn't work

- If the client is smoking daily, suggest setting a new Quit Date

"It may be possible to put this past week down to experience and to learn from what went wrong – but this is probably your last chance to get it right during this quit attempt. You really need to commit yourself to not having even one puff of a cigarette for the next week."

Ask the client to tell you that they will commit not to have a cigarette, not even one puff, during the coming week.

"I would really like to hear you say that your aim is not to smoke at all this week, not even one puff on a cigarette. Can you do that for me?"

8. Provide a summary

“Are there any questions that you have about getting through the next week without smoking?”

“How are you feeling?”

Respond appropriately.

Summarise the client’s plans and ask them to:

- Confirm how they are going to use their medication and that they have sufficient for the coming week
- Describe what they plan to do to deal with the urges to smoke that they will experience
- Describe where and from whom they are going to get support for their quit attempt in this coming week and what they are going to do in any of the high risk situations that they have identified
- Remind the client of the ‘not a puff’ rule and say that you expect to see them back next week having not smoked at all so that they can get a nice low reading on the carbon monoxide monitor

“Be easy on yourself. Stopping smoking can be a stressful time and you should try and relax as much as possible, eat well and get a good night’s sleep. Avoid stress as much as you can and do not expect too much of yourself. Also, do not be afraid to ask for support from the people around you – even if it is just asking them to be tolerant of you.”

Session 6:

4 weeks post Quit Date (4-week follow-up appointment)

This final session is very similar to Sessions 3, 4 & 5.

In this visit you will:

1. Check on client's progress
2. Measure carbon monoxide (CO)
3. Advise about continued medication use and ensure that the client knows where to obtain further supplies
4. Discuss cravings/urges to smoke that the client has experienced and how they can deal with them in the future
5. Discuss any difficult situations experienced and methods of coping and address any potential high risk situations in the future
6. Confirm the importance of the 'not a puff' rule and prompt a commitment from the client
7. Provide a summary

This session will also cover strategies for avoiding smoking in the long term, and it should aim to enhance motivation and boost self confidence, and promote the ex-smoker identity throughout.

Specific elements, such as completion of questionnaires and other stop smoking service paperwork, have not been included as they vary according to local protocols and procedures.

The competences used in this 4 weeks post Quit Date session are listed on page 42.

1. Check on client's progress

Welcome the client back and be genuinely excited to find out how they have got on. Ask about smoking status and discuss the response.

"Have you smoked at all since your last appointment?"

If abstinent since Quit Date:

- Congratulate and give praise
- Reinforce 'not a puff'

"Well done! Having not smoked at all for four weeks gives you a really good chance of going on and becoming a permanent ex-smoker."

If abstinent for previous two weeks:

- Congratulate and give praise
- Reinforce 'not a puff'

"Well done. Not smoking for the last two weeks gives you a good chance of going on to be a permanent ex-smoker. You need to build on this now and stay committed to the 'not a puff' rule. If you manage to double your smokefree period to four weeks, then most of your withdrawal symptoms will be gone."

If client has not managed to stop smoking:

"It is possible that this quit attempt just hasn't worked out for you. Some clients make a number of quit attempts before they quit for good and it may be that what is best for you now is to think about what went wrong, and build up your motivation for another quit attempt at some point in the future."

If abstinent

"How are you feeling now having gone four weeks without smoking?"

Listen actively to what the client is telling you and respond appropriately in a manner that boosts their motivation and confidence. Try to help them come up with their own solutions to concerns and barriers.

2. Measure carbon monoxide levels

Remind client that CO tests are carried out to show the client objective proof of improved health after they have stopped smoking completely, and to check whether they really have stopped smoking.

After the test:

- If reading was below 10 parts per million:

“Congratulations, your carbon monoxide levels are down to that of a non-smoker and will remain that way as long as you stick to smoking ‘not a puff’ on a cigarette. Not just your lungs, but your general health will continue to improve as long as you remain a non-smoker.”

- If reading was above 10 ppm:

Remind client of the need to not smoke ‘not a puff’ if they want to become an ex-smoker and want their health to improve.

3. Advise about continued medication use and ensure that the client knows where to obtain further supplies

Review medication use and stress its importance.

Enquire about side effects.

Ensure client has adequate supply and plan for continued supply now that they are not receiving weekly support.

“It is common for medication use to tail off as the quit attempt progresses, has this been the case with you?”

“Many people who use medicines such as NRT, Champix and Zyban to help them stop smoking do not use them for long enough. They often think that after a few weeks of not smoking that things are going well, and that there is no need for them to keep on taking their medication. This is risky, because it is likely that the reason things have gone so ‘well’ is because the medicines were helping! Do not be tempted to reduce or stop your medication before it is time (at least 8 to 12 weeks for NRT, 12 weeks for Champix and 7 to 9 weeks for Zyban).”

Discuss the possibility of longer use for NRT and Champix.

Reassure about low risk of becoming dependent upon medication.

4. Discuss cravings /urges to smoke that the client has experienced and how they can deal with them in the future

“Most of the withdrawal symptoms will be much less severe, or even have disappeared, over the next week or so. Increased appetite and urges to smoke will probably continue, but will become less frequent as time goes by.”

Remind client that continued abstinence (‘not a puff’ on a cigarette) will result in the withdrawal symptoms disappearing completely and more quickly.

“How have you found dealing with urges to smoke this past week? Are things getting any easier?”

Respond appropriately.

Advise client that strong urges to smoke can occur many weeks, months or even years into the future and that they should expect this to happen occasionally. They should try not to be caught out by these urges and should have a plan in place to deal with them.

“You might already have noticed that although the urges to smoke can remain quite strong, they do become less frequent the longer you go without smoking at all. You have managed to deal successfully with the urges to smoke so far and these strategies can be used again in the future when the urge to smoke strikes.”

5. Discuss any difficult situations experienced and methods of coping and address any potential high risk situations in the future

Ask the client whether there have been any times in the past week that have caused them to feel at risk of going back to smoking.

Review with the client how they dealt with these situations and discuss whether new or modified methods of coping are required.

“You have managed to cope with a lot during the past four weeks but there are a number of common situations which are high risk for ex-smokers and some of which you might not have encountered.”

Discuss continued risks, for example:

- being in the company of smokers
- drinking alcohol
- after arguing with partners or family
- when the pressure is high at work

Mention also:

- Christmas
- bereavement
- holidays (especially ones abroad where smoking is more common and cigarettes cheaper)

“How are you feeling about your ability to cope in the coming weeks?”

Respond appropriately with reflective listening.

Emphasise the strategies that have worked well for the client and encourage confidence in approaching the coming week.

“Are there any questions that you have about getting through the next few weeks without smoking?”

Respond appropriately.

“Do you feel any different now that you are not smoking? Do you see yourself any differently?”

Respond appropriately, reflecting back issues that the client mentions.

Attempt to get the client to come up with possible strategies for dealing with any identified situations. Reinforce the importance of continued medication use and of reminding themselves about their reasons for quitting and how these can be used during high risk situations or when strong urges strike.

“You might like to consider always keeping a small supply of NRT with you (like the gum, lozenge, microtab or inhalator) and commit to using this if ever you feel likely to have a cigarette. How do you feel about that?”

Respond appropriately and discuss long-term plans.

Or

“You might like to consider writing down the reasons why you wanted to stop in the first place, keeping this with you at all times and commit to reading this if you ever feel likely to have a cigarette. How do you feel about that?”

Respond appropriately and discuss long-term plans.

Or

“You might like to consider always carrying this card with the NHS Smoking Helpline number on it and commit to calling this number if you ever feel likely to have a cigarette. How do you feel about that?”

Respond appropriately and discuss long-term plans.

6. Confirm the importance of the 'not a puff' rule and prompt a commitment from the client

Reinforce the 'not a puff' rule and warn client that having a cigarette will only act to remind their mind and body about smoking.

Ask the client to tell you that they will commit to not have a cigarette, not even one puff, in the future.

"I would really like to hear you say that your aim is not to smoke at all, not even one puff on a cigarette. In fact, why don't you promise me now that no matter how tempted you are to smoke in the future you will use some NRT / reasons for quitting / NHS Smoking Helpline first? How do you feel about that? Can you do that for me?"

7. Provide a summary

"Are there any questions that you have about getting through the next few weeks without smoking?"

"How are you feeling?"

Respond appropriately.

Summarise the client's plans and ask them to:

- Confirm how they are going to continue to use their medication and that they know how to get further supplies
- Describe what they plan to do to deal with the urges to smoke that they will experience
- Describe what they are going to do in any of the high risk situations that might occur in the future
- Remind the client of the 'not a puff' rule and that it will continue to get easier over time
- Say that you fully expect them to be determined not to smoke again

"Often when people have quit smoking for a number of months there is the expectation that they should be completely free from the desire to smoke. Although this is sometimes the case, many people still find that there are times where they miss smoking or find themselves in a situation where they are tempted to smoke because they truly believe that smoking will help them to cope or feel better. This is understandable when you think about how long people have been smoking for but having a cigarette at these times nearly always results in a return to smoking and huge disappointment."

"It is always worth remembering (especially if you are tempted to have that fatal 'just one smoke') that you were once a smoker, and what you had to go through to stop. You don't want to have to go through this again, and now is the time to look forward to the rest of your life as a non-smoker."

NCSCT identified competences to deliver stop smoking interventions by session

Session 1:

Pre-quit Assessment

(1 or 2 weeks prior to Quit Date)

Included competences

Specific focus on behaviour addressing motivation

- Boost motivation and self-efficacy
- Provide feedback on performance
- Provide normative information about others' behaviour and experiences
- Prompt commitment from the client there and then
- Provide rewards contingent on effort or progress
- Strengthen ex-smoker identity
- Identify reasons for wanting and not wanting to stop smoking
- Explain the importance of abrupt cessation
- Measure CO

Specific focus on behaviour maximising self-regulatory capacity / skills

- Facilitate barrier identification and problem solving
- Facilitate goal setting
- Advise on changing routine
- Advise on environmental restructuring

Associate activities

- Advise on stop-smoking medication
- Advise on / facilitate use of social support
- Adopt appropriate local procedures to enable clients to obtain free medication
- Give options for additional or later support

General aspects of the interaction focusing on information gathering

- Assess current and past smoking behaviour
- Assess current readiness and ability to quit
- Assess past history of quit attempts
- Assess nicotine dependence
- Assess attitudes to smoking
- Explain how tobacco dependence develops

General aspects of the interaction focusing on delivery of the intervention

- Tailor interactions appropriately
- Emphasise choice

General aspects of the interaction focusing on general communication

- Build rapport
- Elicit and answer questions
- Explain the purpose of CO monitoring
- Explain expectations regarding treatment programme
- Provide information on withdrawal symptoms
- Use reflective listening
- Elicit client views
- Summarise information /confirm client decisions
- Provide reassurance

Session 2:

Quit Date

Included competences

Specific focus on behaviour addressing motivation

- Boost motivation and self-efficacy
- Provide normative information about others' behaviour and experiences
- Prompt commitment from the client there and then
- Strengthen ex-smoker identity
- Identify reasons for wanting and not wanting to stop smoking
- Explain the importance of abrupt cessation
- Measure CO

Specific focus on behaviour maximising self-regulatory capacity / skills

- Facilitate barrier identification and problem solving
- Facilitate relapse prevention and coping
- Facilitate action planning /help identify relapse triggers
- Advise on changing routine
- Advise on environmental restructuring
- Set graded tasks
- Advise on conserving mental resources
- Advise on avoidance of social cues for smoking
- Facilitate restructuring of social life

Associate activities

- Advise on stop-smoking medication
- Advise on / facilitate use of social support
- Adopt appropriate local procedures to enable clients to obtain free medication
- Ask about experiences of stop smoking medications that the smoker is using

General aspects of the interaction focusing on information gathering

- Assess current readiness and ability to quit
- Assess withdrawal symptoms
- Assess number of contacts who smoke
- Assess level of social support

General aspects of the interaction focusing on general communication

- Build rapport
- Elicit and answer questions
- Explain the purpose of CO monitoring
- Provide information on withdrawal symptoms
- Use reflective listening
- Elicit client views
- Summarise information /confirm client decisions
- Provide reassurance

Session 3:

1 week post Quit Date

Session 4:

2 weeks post Quit Date

Session 5:

3 weeks post Quit Date

Included competences

Specific focus on behaviour addressing motivation

- Boost motivation and self-efficacy
- Provide feedback on performance
- Provide normative information about others' behaviour and experiences
- Prompt commitment from the client there and then
- Provide rewards contingent on effort or progress
- Strengthen ex-smoker identity
- Identify reasons for wanting and not wanting to stop smoking
- Explain the importance of abrupt cessation
- Measure CO

Specific focus on behaviour maximising self-regulatory capacity / skills

- Facilitate barrier identification and problem solving
- Facilitate relapse prevention and coping
- Facilitate action planning / help identify relapse triggers
- Facilitate goal setting
- Prompt review of set goals

Associate activities

- Advise on stop-smoking medication
- Advise on/facilitate use of social support
- Adopt appropriate local procedures to enable clients to obtain free medication
- Ask about experiences of stop smoking medications that the smoker is using

General aspects of the interaction focusing on information gathering

- Assess withdrawal symptoms

General aspects of the interaction focusing on general communication

- Build rapport
- Elicit and answer questions
- Explain the purpose of CO monitoring
- Provide information on withdrawal symptoms
- Use reflective listening
- Elicit client views
- Summarise information / confirm client decisions
- Provide reassurance

Session 6:

4 weeks post Quit Date

(4 week follow-up appointment)

Included competences

Specific focus on behaviour addressing motivation

- Boost motivation and self-efficacy
- Provide rewards contingent on successfully stopping smoking
- Provide normative information about others' behaviour and experiences
- Prompt commitment from the client there and then
- Provide rewards contingent on effort or progress
- Strengthen ex-smoker identity
- Measure CO

Specific focus on behaviour maximising self-regulatory capacity / skills

- Facilitate barrier identification and problem solving
- Facilitate relapse prevention and coping
- Facilitate action planning /help identify relapse triggers
- Facilitate goal setting
- Prompt review of set goals
- Prompt self-recording
- Advise on the avoidance of social cues for smoking

General aspects of the interaction focusing on information gathering

- Assess withdrawal symptoms

Associate activities

- Advise on stop-smoking medication
- Ask about experiences of stop smoking medications that the smoker is using
- Give options for additional or later support

General aspects of the interaction focusing on general communication

- Build rapport
- Elicit and answer questions
- Explain the purpose of CO monitoring
- Provide information on withdrawal symptoms
- Use reflective listening
- Elicit client views
- Summarise information /confirm client decisions
- Provide reassurance

NCSCT clinical checklists

Introduction

The National Centre for Smoking Cessation and Training (NCSCT) has identified the knowledge and skills that smoking cessation practitioners need for effective behavioural support during individual face-to-face smoking cessation interventions.

Using the clinical checklists

The NCSCT clinical checklists have been divided into sections, which correspond to the sessions outlined in the Standard Treatment Programme. They are designed to allow practitioners to 'build' their portfolio of skills, and can be used as a memory aid when seeing smokers or as a learning tool when observing other practitioners.

Standard Treatment Programme

Clinical Checklist: Pre-quit Assessment (Session 1)

Done

■ Assess current readiness and ability to quit	<input type="checkbox"/>
■ Inform the client about the treatment programme	<input type="checkbox"/>
■ Assess current smoking	<input type="checkbox"/>
■ Assess past quit attempt	<input type="checkbox"/>
■ Explain how tobacco dependence develops and assess nicotine dependence	<input type="checkbox"/>
■ Explain and conduct carbon monoxide (CO) monitoring	<input type="checkbox"/>
■ Explain the importance of abrupt cessation and the 'not a puff' rule	<input type="checkbox"/>
■ Inform the client about withdrawal symptoms	<input type="checkbox"/>
■ Discuss stop smoking medication	<input type="checkbox"/>
■ Set the Quit Date	<input type="checkbox"/>
■ Prompt a commitment from the client	<input type="checkbox"/>
■ Discuss preparations and provide a summary	<input type="checkbox"/>

Communication skills used throughout this session:

■ Boost motivation and self-efficacy	<input type="checkbox"/>
■ Build rapport	<input type="checkbox"/>
■ Use reflective listening	<input type="checkbox"/>
■ Provide reassurance	<input type="checkbox"/>

This session also covers general preparations for quitting and it should aim to enhance motivation and boost self confidence throughout.

Clinical Checklist: Quit Date

Done

■ Confirm readiness and ability to quit	<input type="checkbox"/>
■ Confirm that the client has sufficient supply of medication and discuss expectations of medication	<input type="checkbox"/>
■ Discuss withdrawal symptoms and cravings/urges to smoke and how to deal with them	<input type="checkbox"/>
■ Advise on changing routine	<input type="checkbox"/>
■ Discuss how to address the issue of the client's smoking contacts and how the client can get support during their quit attempt	<input type="checkbox"/>
■ Address any potential high risk situations in the coming week	<input type="checkbox"/>
■ Conduct carbon monoxide (CO) monitoring	<input type="checkbox"/>
■ Confirm the importance of abrupt cessation	<input type="checkbox"/>
■ Prompt a commitment from the client	<input type="checkbox"/>
■ Discuss plans and provide a summary	<input type="checkbox"/>

Communication skills used throughout this session:

■ Boost motivation and self-efficacy	<input type="checkbox"/>
■ Build rapport	<input type="checkbox"/>
■ Use reflective listening	<input type="checkbox"/>
■ Provide reassurance	<input type="checkbox"/>

This session also covers strategies for avoiding smoking and should aim to enhance motivation and boost self confidence throughout.

Standard Treatment Programme

Clinical Checklist: 1, 2, 3 weeks post Quit Date

Done

■ Check on client's progress	<input type="checkbox"/>
■ Measure carbon monoxide (CO)	<input type="checkbox"/>
■ Enquire about medication use and ensure that the client has a sufficient supply	<input type="checkbox"/>
■ Discuss any withdrawal symptoms and cravings/urges to smoke that the client has experienced and how they dealt with them	<input type="checkbox"/>
■ Discuss any difficult situations experienced and methods of coping	<input type="checkbox"/>
■ Addressing any potential high risk situations in the coming week	<input type="checkbox"/>
■ Confirm the importance of the 'not a puff' rule and prompt a commitment from the client	<input type="checkbox"/>
■ Provide a summary	<input type="checkbox"/>

Communication skills used throughout this session:

■ Boost motivation and self-efficacy	<input type="checkbox"/>
■ Build rapport	<input type="checkbox"/>
■ Use reflective listening	<input type="checkbox"/>
■ Provide reassurance	<input type="checkbox"/>

This session also covers strategies for avoiding smoking and it should aim to enhance motivation and boost self confidence throughout.

Clinical Checklist: 4 weeks post Quit Date

Done

■ Check on client's progress	<input type="checkbox"/>
■ Measure carbon monoxide (CO)	<input type="checkbox"/>
■ Advise about continued medication use and ensuring that the client knows where to obtain further supplies	<input type="checkbox"/>
■ Discuss any withdrawal symptoms and cravings/urges to smoke that the client has experienced and how they dealt with them	<input type="checkbox"/>
■ Discuss any difficult situations experienced and methods of coping and address any potential high risk situations in the future (i.e. stressful situations that they have not experienced over the past four weeks)	<input type="checkbox"/>
■ Confirm the importance of the 'not a puff' rule and prompt a commitment from the client	<input type="checkbox"/>
■ Advise about how to access additional support if needed	<input type="checkbox"/>
■ Advise about what to do if the client lapses (i.e. before relapsing)	<input type="checkbox"/>
■ Provide a summary	<input type="checkbox"/>

Communication skills used throughout this session:

■ Boost motivation and self-efficacy	<input type="checkbox"/>
■ Build rapport	<input type="checkbox"/>
■ Use reflective listening	<input type="checkbox"/>
■ Provide reassurance	<input type="checkbox"/>

This session also covers strategies for avoiding smoking in the long term and it should aim to enhance motivation, boost self confidence and promote the ex-smoker identity throughout.

