**Community Mental Health Tobacco Treatment Training**

**OVERVIEW OF MODULAR TRAINING RESOURCES**

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| Module | Importance | Purpose / Learning objectives | Description of module |
| *Module 1:* Welcome, introductions and course overview | * It is important for participants to gain understanding of the course aims and learning objectives and how it will support their role as a tobacco treatment advisor and how this training contexts to the broader context. | * To set the tone for the training course and to explain the timetable to participants. * To explain how the skills were identified and their significance for health professionals * providing smoking cessation support. * To gauge course participants’ experience. * To explain the aims and learning objectives for the training. | Process:   * Presentation * Group discussion   Resources:   * PowerPoint presentation |
| *Module 2:* Mental health, smoking and stopping: changing lives | * It is essential that health professionals delivering tobacco dependence services to people with severe mental illness (identified as ‘tobacco treatment advisors’ here after), understand the evidence around the harmful effects of smoking in persons with MH illness and in particular SMI. * It is important for advisors to know about the patterns and prevalence of smoking amongst SMI clients, and how these contribute to health inequalities. * It is important for advisors to be aware of the benefits to cessation in general and specifically to individuals with SMI. * It is important to understand how traditional approaches to treatment and reward in SMI populations has contributed to the current situation. | * To explain smoking prevalence, patterns of smoking and smoking cessation in people with SMI. * To describe the harmful effects of smoking on health and how it relates to people with SMI. * To highlight why smoking has affected the SMI population disproportionally and how approaches to treatment and reward have contributed to this. * To outline the contribution of smoking cessation to reducing health inequalities. * Describe the health benefits of cessation on mental and physical health. | Process:   * Film clip * Presentation * Slide quiz * Group discussion   Resources:   * PowerPoint presentation * Quiz handout (optional)\* |
| *Module 3:* Best practices for delivering stop smoking support to people with SMI | * It is important for advisors to be aware of the unique challenges of smoking cessation among persons with SMI and how to tailor support to improve client engagement and efficacy of treatment. * It is important for advisors to be aware of common barriers faced by people with SMI attempting to stop smoking (e.g., access to medication or vapes) and strategies for addressing these locally. * It isimportant for advisors to be confident in how to structure multi-session stop smoking support for people with SMI within the NHS Community Mental Health pathway and using the Standard Treatment Programme (STP). | * To introduce evidence-based tobacco dependency treatment for people experiencing SMI. * To highlight lessons learned from SCIMITAR projects and other evidence which has informed best practice. * Introduction of STP and discussion about adapting support to SMI clients. | Process:   * Presentation * Film clip   Resources:   * PowerPoint presentation * *Handout – Best practices for SMI* |
| *Module 4:* Tobacco dependence: Why it can be challenging to quit | * A working understanding of tobacco dependence, including the tobacco withdrawal syndrome, is fundamental to an appreciation of what smokers trying to quit are going through. * Review challenges specific to SMI populations including symptom management. * Smokers often underestimate their level of addiction. Accurate assessment of dependence is also important to ensure correct medication is given and adhered to. * Advisorsneed to be able to explain to people with SMI the symptoms, duration, and prevalence of tobacco withdrawal that they may experience when they quit, and how to help them identify coping strategies which can be used to alleviate them. | * Explain what is meant by tobacco dependence and how these develop. * Identify known nicotine withdrawal symptoms and their natural time course and how frequently they occur. * Be familiar with how to provide reassurance to people with SMI experiencing tobacco withdrawal. * Know how to assess tobacco dependence and how this can be used to tailor stop smoking support. | Process:   * Presentation   Resources:   * PowerPoint presentation |
| *Module 5:* Core communication skills | * It is important for advisors to be aware of principles of effective communication and how these can be used when discussing smoking and smoking cessation with SMI clients. * It is important for advisors to be aware about how to adapt treatment to SMI clients and SMI clients with learning disabilities (LD). | * To teach participants how to maximise the good listening and communication skills they already have and apply the skills of non-biased listening. * To gain confidence in techniques that elicit the patient’s views and questions on smoking and smoking cessation, providing reassurance, and dispelling myths in a non-judgmental, clear, and accurate manner. * To review guidance on how to tailor communications for SMI clients, SMI clients with LD, and individual client needs. | Process:    Group discussion    Small group work    Resources:   * PowerPoint presentation |
| *Module 6:* Engaging patients with SMI who smoke in treatment | * Specialist advisors should be aware of the barriers and facilitators that affect SMI capability, opportunity, and motivation to stop smoking. * Advisors should be comfortable using effective communication to have a meaningful conversation with smokers could increase engagement and encourage behaviour change. * It can be particularly important for Advisors to feel confident in their ability to have a productive conversation with SMI clients who are not interested or ambivalent about being able to quit smoking. | * Review techniques for building rapport during initial tobacco treatment consultations. * Be aware of techniques for addressing motivation to quit and ambivalence among smokers not ready to quit or with low confidence in their ability to quit. | Process:   * Group discussion * Small group work * Film clip   Resources:   * PowerPoint presentation * Film clip (embedded into slide) * Handout: Pre-quit patient statements |
| *Module 7:* Carbon monoxide monitoring | * Advisors need to understand routine use of carbon monoxide monitoring to identify smokers, interpreting and how to use as a motivational tool with SMI clients who smokers. * Advisors need to be confident in proper administration of CO monitoring using infection control standards. | * Show understanding of the principles and methodology of carbon monoxide (CO) monitoring. * Explain the reasons for measuring CO to assess current self-reported and CO-validated smoking behaviour and deal appropriately with any discrepancies that may arise between these. * Use expired air CO measurement as a motivational tool to assess the extent of a client’s smoke exposure. | Process:   * Group discussion * CO Demonstration   Resources:   * PowerPoint presentation * Carbon monoxide monitor, mouthpiece and wipes |
| *Module 8:* Stop smoking medications: Products and clinical guidance | * It is important that advisors understand the role stop smoking medications play, alongside behavioural support, in helping smokers to quit and best practices. * They also need be aware of considerations for use in people with SMI. * Advisors needs to be confident in principles related to using combination NRT to enhance treatment efficacy and ensuring adequate dose and duration of treatment for in particular for heavy smokers. | * Describe the role of stop smoking medications in supporting quit attempt. * Discuss the evidence and recommendations related to combination NRT. * To communicate the clinical skills needed to explain stop smoking medications and support effective medication use. * Considerations of NRT use in SMI clients; including possible side effects, including those that require monitoring. | Process:   * PowerPoint presentation * Small group work * Group discussion   Resources:   * Handout: NCSCT Quick Reference – Stop Smoking Aids * Handout: Individualised dosing of nicotine-containing products |
| *Module 9:* Nicotine replacement therapy: Getting to know the products | * It is important that advisors feel confidence about NRT products, and how to use the individual NRT products correctly. * It is important that advisors are able to speak to clients about correct use of NRT products in order to increase compliance with these medications and provide any techniques for addressing unwanted side effects | * Describe the range of NRTs available to aid smoking cessation including their safety, usage, contraindications, and efficacy. * Be aware of considerations for use in SMI. | Process:   * PowerPoint presentation * Group discussion * Product demonstration   Resources:   * Trainer: NRT samples for demonstration * Handout: NCSCT Quick Reference – Stop Smoking Aids |
| *Module 10:* Vaping: Evidence-based guidance for people with SMI | * Advisors need to feel confident about having a positive conversation with people with SMI about vaping as part of a quit attempt. * It is important for advisors to feel confident about advising people with SMI about vape use and how to incorporate into their quit plan. * In addition, recognise how vapes can reduce tobacco consumption and exposure to secondhand tobacco smoke. | * Demonstrate understanding of the current evidence regarding vape use in general and specifically among persons with SMI including explaining the relative risk compared to smoking cigarettes. * To provide an understanding of vaping and to communicate the key principles of discussing vaping with patients. * To update on any new and emerging technology. | Process:   * PowerPoint presentation * Group discussion   Resources:   * Handout: NCSCT Quick Reference – Stop Smoking Aids |
| *Module 11:* Smoking and psychotropic medications interactions | * It is important for advisors to be aware of the interactions between smoking and psychotropic medications. * It is important for advisors to have a working understanding of the mechanisms for these interactions and that they are related to smoking and not stop smoking medications (common misunderstanding). * It is important that advisors feel confident that use of a psychotropic medication with a known interaction is not a reason for the patient not to quit smoking. * It is important that that advisors be aware of the importance of the medication review and close communication with the clients care team before, during the quit attempt. | * To demonstrate an understanding of the mechanism by which smoking and stopping smoking affects the metabolism of some psychotropic medications. * To be aware of the importance of involving the care team and prescriber in a medication review. * To be aware of cautions related to Clozapine. * To increase advisors confidence in their role in the medications review and working with the patient’s care team as part of the patient’s quit attempt. | Process:   * Presentation * Group discussion * Film clip   Resources:   * PowerPoint presentation * Film clip |
| *Module 12:* Initial assessment | * It is important for Advisors to be aware of how to structure an initial assessment. * It is important for Advisors to feel confident in conducting appropriate assessment of client’s needs to develop a personalized plan for quitting. | * To demonstrate the skills associated with an initial assessment session and to encourage participants to identify the modelled skills. * For course participants to practice key aspects of an abrupt assessment session. | Process:   * Group discussion * Small group work * Demonstration (abrupt quit) * Skills practice (abrupt quit)   Resources:   * PowerPoint presentation * Handout: Initial assessment checklist and patient profile (abrupt quit) * Carbon monoxide monitor, mouthpiece and wipes |
| Module 13: ‘Cut Down to Stop’ | * It is important Advisors to feel confident in supporting clients with Cut Down to Quit (CDTQ) including how to structure session based on available best practices both behavioural support and medications. | * To review best practices for working with SMI patient using a structured CDTS. * To have course participants practice key aspects of an abrupt and CDTS assessment session. | Process:   * Demonstration * Small group work   Resources:   * PowerPoint presentation * Handout: Initial assessment checklist and patient profile (CDTS) * Handout: Sample SCIMITAR tools for CDTQ |
| *Module 14:* Quit or reduce date sessions | * It is important for advisors to be aware of how to structure a quit date or reduction date session and deliver tailored treatment to patients with SMI. | * To identify and practice key skills used during the quit date and CDTS reduction date session. | Process:   * PowerPoint presentation * Skills demonstration * Group discussion * Skills practice   Resources:   * Handout: Quit date checklist and patient profile * Participant Handout: Reduction date checklist and patient profile |
| *Module 15:* Follow-up sessions: staying quit, preventing relapse, and dealing with setbacks | * It is important for advisors to be aware of how to structure a quit date or reduction date session and how to tailor treatment to patients with SMI. * It is important for advisors are aware of potential high-risk situations that patients with SMI may encounter and how to support patients with addressing these. * It is important that advisors feel confident in addressing issues that may arise during treatment and best practices for addressing these. | * To review the skills associated with follow-up sessions. * To review skills associated with supporting the patient to manage setbacks. | Process:   * PowerPoint presentation * Group discussion * Film clips   Resources:   * Film clips [embedded in slides] * Participant Handout: Activity and interest ideas |
| *Module 16:* Responding to patient scenarios (Part I) | * It is important that advisors know how to use their communication skills effectively to carry out challenging conversations and give supportive advice using a non-judgmental empathetic approach. | * To gain confidence in techniques elicit the client’s views and questions on smoking and smoking cessation, answering questions, providing reassurance, and dispelling myths in a non-judgmental, clear, and accurate manner | Process:   * Responding to patient scenarios in two groups   Resources:   * Appendix 1: Patient scenarios |
| *Module 17:* Responding to patient scenarios (Part II) | * It is important that advisors know how to respond to client scenarios that may arise during treatment. | * To summarise key course points through responding to patient scenarios. | *Process:*   * *Responding to patient scenarios in two groups*   *Resources:*   * *Appendix 1: Patient scenarios* |
| *Module 18:* Summary, participant reflections, evaluation and close | * It is important to summarize key information and skills delivered throughout the course and where to go for mor information, training, and support. * It is important to leave the session with reflections on how the training will add to their practice. * It is important to motivate CMH workers and advisors of the importance on their role in supporting clients. | * To recap the skills and learning outcomes covered in the course. * To provide information regarding NCSCT briefings, clinical tools and e-learning resources. * To allow feedback from participants and conduct course evaluation*.* | Process:   * Group discussion * Completion of post-course questionnaire and evaluation   Resources:   * Post-course confidence assessment * Course evaluation |