

Community mental health tobacco treatment training

Trainer's guide

Virtual training: Day 1

NCSCCT

NHS

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Course timetable

Day 1

Time	Agenda	Activity
09:00	Enter virtual course and registration	Pre-training questionnaire
09:15	Welcome and introduction, aims and objectives, expectations from course	Group discussion Small group work
10:00	Mental health, smoking and stopping: changing lives	Presentation Large group discussion
11:00	Comfort break	
11:15	Initial assessment [Part 1] Engaging people with SMI who smoke, initial assessment	Presentation Large/small group work
12:45	Lunch	
13:30	Initial assessment [Part 2] Assessing quitting options abrupt vs cut down to stop (CDTS), tailoring treatment	Presentation Skills demonstration Skills practice (Abrupt quit)
15:00	Comfort break	
15:15	Skills practice – CDTS	Presentation Skills demonstration Skills practice (CDTS)
15:45	Responding to patient scenarios	FAQs in two groups
16:15	Review of the day	
16:30	Depart virtual course	

Day 2		
Time	Agenda	Activity
09:00	Enter virtual course	
09:15	Review of day 1 and introduction to day 2	Presentation Group discussion
09:30	Stop smoking medications and vaping	Presentation Small group work Product demonstration
11:00	Comfort break	
11:15	Vaping and practice scenarios	Group discussion Small group work
12:00	Smoking and psychotropic medication interactions	Presentation Film clip Group discussion
12:20	Quit date or reduction date session	Skills demonstration
12:45	Lunch	Optional CO monitor demonstration
13:30	Skills practice – Quit Date	Skills practice (Quit Date)
14:00	Follow-up sessions: staying on track and preventing relapse	Presentation Group discussion
15:00	Comfort break	
15:15	Managing setbacks	Film clips
15:40	Responding to scenarios	FAQs in two groups
16:10	Summary and close	Further training opportunities Post-training questionnaire Course evaluation
16:30	Depart virtual course	

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Course aims and learning objectives

Aim: The aim of this course is to increase participants' knowledge, skills and confidence in the delivery of individual tobacco dependency treatment for people with SMI using an evidence-based behavioural support programme.

For participants who are new to the tobacco treatment practitioner role this course will provide a foundation for developing confidence in the competences required to support people with SMI with stopping smoking; for more experienced attendees, the aim will be to refresh and build on existing knowledge and skills.

Learning objectives

At the end of the course, attendees will:

1. Be knowledgeable about the case for tobacco treatment in people with SMI, barriers to quitting, and best practices for treating tobacco dependence in patients with SMI.
2. Display competence in the delivery of tobacco dependence treatment tailored to SMI including:
 - Undertaking assessments: assessing commitment, readiness and ability to quit, current smoking, past quit attempts and nicotine dependence.
 - Planning behavioural support: using relevant information from patients to tailor tobacco dependence treatment to both 'abrupt' quitting and 'Cut Down to Stop' approaches.
 - Delivering behavioural support:
 - Directly addressing motivation in relation to smoking and smoking cessation
 - Maximising patient confidence in their ability to quit
 - Maximising capacity and skills for exercising self-control
 - Promoting effective use of stop smoking medication or aids, including vapes
 - Addressing barriers and smoking cues and cravings
 - Effective communication and person-centred support
 - Eliciting patient commitment
 - Maximising patient opportunities to elicit support from others
 - Maximising patient confidence in managing setbacks and relapse prevention
 - Closing the behavioural support programme
3. Be knowledgeable of clinical issues in the delivery of tobacco treatment to patients with SMI, including: smoking and medication interactions; psychotropic medication review and monitoring; adapting service delivery in consideration of patient SMI diagnosis; preventing and managing weight gain; carbon monoxide (CO) monitoring; preventing and responding to relapse; planning for admissions or discharge from inpatient settings.

Certification

Completion of the online Stop Smoking Practitioner Training and Assessment Programme (a course pre-requisite) leads to NCSCT Certified Stop Smoking Practitioner status. Additionally, attendees are able to certify for two days of continuing professional development (CPD).

Supplementary training

This course should be supplemented by local training. It is highly recommended that health professionals observe an experienced practitioner before delivering specialist support to patients, be observed themselves and receive regular ongoing support and supervision. They should also engage in continuing professional development activities and ensure that a minimum number of patients are seen a year to maintain their knowledge and skills.

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Pre-course trainer information

This two-day course in providing Specialist Tobacco Treatment for people with SMI for up to 20 participants can be delivered virtually (e.g., via Zoom, Microsoft Teams, etc.) or face-to-face. Ideally, the course should be delivered by two trainers.

Pre-course study

Prior to the two-day course participants are asked to complete the following online courses:

- **NCSCT online *Stop smoking practitioner training and assessment programme*.** The online course will take between 4–7 hours to complete. The course and assessment are available here: <https://elearning.ncsct.co.uk/england>
- **NCSCT online specialty module on mental health and smoking cessation.** The course will take approximately 1 hour to complete. The course and assessment are available here: https://elearning.ncsct.co.uk/mental_health_specialty_module-launch

It is recommended that participants also review the NCSCT briefing:

Smoking cessation and smokefree policies – Good practice for mental health services:

www.ncsct.co.uk/publication_mental_health_briefing.php

Additionally, it would be helpful for participants to obtain a copy of, or be familiar with, their local tobacco treatment referral pathway for the specialty SMI service and any related policies, including the Trust's Smokefree policy.

Course length

Two days: 09:00 arrival for a 09:15 start. Please ensure that you access the training link by 09:00 at the latest to allow time for any technical difficulties. The course finishes at 16:30 with regular comfort breaks and lunch between 12:45 and 13:30. Attendance in full is required to receive the course attendance certificate.

Virtual courses

Access instructions and link for the training course should be sent to participants after they have registered for the course and technical support should be available from 08:45 on the day of the training.

Participants must have access to a mic and webcam to participate in the training. Participants should ensure that they have access to both prior to the training. Webcams should be on throughout the training to support safety, engagement and participation.

Pre-course trainer checklist

Item	Done
Set up course administration and registration process. Ask participants the following as part of the registration process: <ul style="list-style-type: none">– Name, role, setting, work address, email address, telephone number– Course expectations: what they hope to gain from attending the training– Training accessibility requirements– Smoking cessation experience	
Communicate pre-course learning requirements a minimum of 4 weeks prior to the course. Ask participants to send you their online course certificate to verify completion.	
Send participants the course information document and details of a dedicated contact for any pre-course questions or support requirements.	
Communicate course delivery mode (virtual or face-to-face) and any IT requirements as noted at the top of the page.	
Check participants have completed the pre-course learning requirements five days prior to the course and send reminders to anyone who has not completed this.	
Run the presentation through as a slide show to become familiar with slide animations.	

Virtual courses

Item	Done
Arrange administrative support for the duration of the course.	
Set up virtual course link and send to participants after course registration.	
<p>Send participants the following items via email one week prior to the course:</p> <ul style="list-style-type: none"> – Course information document – Handout folders – NCSCT Standard Treatment Programme – UKMI Smoking and medicines interactions guidance – Combination NRT briefing – Mental Health Smoking Partnership: use of electronic cigarettes: A guide for health professionals – Smoking Cessation and Mental Health: A Briefing for Frontline Staff – NICE Guidance: Tobacco: preventing uptake, promoting quitting and treating dependence 	
Create a virtual post-it board for associated activities and add link to the admin session plan (see Appendix 2 for further details).	
Pre-course questionnaire: upload to survey software and create weblink.	
Post-course questionnaire: upload to survey software and create weblink.	
Course Evaluation: upload to survey software and create weblink.	

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Notes on using the trainer guides

The nature of skills-based training courses dictates that trainers react to the needs of the trainees and thus the timetable might need to be flexible in order to meet these needs. However, trainers should make every effort to focus on skills and achieving the learning outcomes.

There is a PowerPoint presentation and a separate trainer guide for each day of the course.

Presenter's notes are included in the PowerPoint notes section of each presentation and activity instructions are detailed within the trainer guides. **Use the presentation notes to progress through the presentation until you come to a group activity. The group activity number is detailed within the slide notes and the corresponding activity instructions can be found within the trainer guides.**

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Welcome, introduction, expectations, mental health, smoking and stopping: changing lives [09:15 – 11:00]

Duration: 1 hour, 45 minutes

Use the presentation notes to progress through the presentation until you come to a group activity. The group activity number is detailed within the slide notes and the corresponding activity instructions can be found within this trainer guide.

Time	Agenda	Slides	Activity
09:15	Welcome, housekeeping, group agreement, overview of NCSCT and introductions	2–10	Introductions
09:35	Aims, learning objectives, and plan for the day	11–20	–
10:00	Mental health, smoking and stopping: changing lives	21–48	–
11:00	Close session and break	49	–

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Welcome and introduction [09:15 – 10:00]

Purpose:

- 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 objectives.

Process:

- Presentation
- Group discussion

Resources:

- PowerPoint presentation

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Mental health, smoking and stopping: changing lives [10:00 – 11:00]

Purpose:

- 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 disproportionately and how approaches to treatment and reward have contributed to this.
- To outline the contribution of smoking cessation to reducing health inequalities.
- To introduce evidence-based tobacco dependency treatment for people experiencing SMI.

Process:

- Presentation
- Slide quiz
- Group discussion

Resources:

- PowerPoint presentation

Activity No: 1
Slide No: 39
Resources: Breakout rooms
Breakout room numbers and duration: 5 participants per group; 10 minutes
Duration: 20 minutes
<p>Method:</p> <p>Slide 39:</p> <ul style="list-style-type: none"> ■ Explain that in a moment participants will be placed into breakout rooms in groups of 5 for 10 minutes. ■ Invite groups to discuss: <ul style="list-style-type: none"> – The content from this section and address any experiences or concerns that they may wish to share about addressing tobacco use with patients. – For those who have been working in the field, ask them to identify what challenges they have faced working with patients. ■ Trainers should comment on experiences and reinforce that the NHSE initiative and local pathways are designed to ensure we give the best available treatment to people with SMI who smoke, with the understanding that it may take a little longer and require us to tailor treatment to help keep patients engaged early and throughout treatment. ■ Invite any questions or comments by participants in response to sessions this morning. ■ Close discussion after a few minutes. If more discussion is needed agree to revisit later in the programme.

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Initial assessment: Part 1 [11:15 – 12:45]

Duration: 1 hour, 30 minutes

Time	Agenda	Slides	Activity
11:15	Core communication skills	51–56	–
11:35	Applying skills to practice	57–64	2 and 3
12:05	Tobacco treatment goals and Introduction to initial assessment	65–75	4
12:45	Lunch	76	–

Purpose:

- 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 identify the skills associated with a pre-quit assessment session for people with SMI.
- To understand the effect of stopping smoking on other medications and review clinical management.

Process:

- Group discussion
- Small group work
- Film clip

Resources:

- PowerPoint presentation
- Clinical checklist
- Chat function
- Breakout rooms
- Virtual post-it notes
- Film clip (embedded into slide)
- Handout 2: Pre-quit patient statements

Activity No: 2

Slide No: 55

Resources: Breakout rooms

Breakout room numbers and duration: Pairs; Two 4-minute sessions

Duration: 15 minutes

Method:

Step 1:

- Advise participants that they are going to split into pairs for **4 minutes**.
- Ask the pairs to interview each other on **‘Something I’ve been meaning to complete for ages but haven’t got around to yet’** (e.g. clearing up the house, sorting paperwork, decorating or completing course work).
 - The aim of the exercise is to use all their excellent communication skills to try and find out what is going on from the other person’s perspective and to help the other person **think of a solution for themselves**.
 - The interviewer’s task is to **use listening skills** and **ask probing questions**.

Step 2:

- After 4 minutes bring the first session to a close and bring the group back.
- Ask the interviewers whether they accidentally found themselves giving advice when they heard what the situation was.
- If so, did they notice the speaker often gave replies like **“yes, but I’ve tried that...”** or **“I can’t do that because...”**
 - Whose problem is it? Who has the power to change it?
 - Who is likely to have the most experience to be able to change it?
 - What is most likely to make someone change, an idea they have thought of themselves, or something you suggest?
- The group will agree that most people will always follow their own ideas and plans more readily than other people’s.

- Give feedback that it is natural when someone is struggling or stuck with an issue to offer advice.
- However, it takes more time and skill to encourage them to identify their own solutions, but the results are worth it.
- For example, when someone wants to give up smoking it is important to use techniques that empower the client and leave them in charge of their own timescale and progress.

Step 3:

- Instruct the group to **swap over roles and continue the exercise for 4 minutes.**
- However, this time the new interviewer **must not offer any advice or solutions but must instead concentrate on asking exploring questions** (e.g. what have you already thought of doing? How long has this thing been an issue? What have other people suggested? What stops you doing that? Does it matter if it ever gets done? Is there anyone who can help you?).

Step 4:

- After 4 minutes bring the group back.
- **Ask the interviewers how they felt being instructed not to give advice.**
- Allow them a moment of internal reflection (many will say it was an uncomfortable experience).
- Now ask the interviewee to let you know if, in the absence of advice, there was any point to them having this conversation. Invariably, one or two people will say it was very useful because they started to think about the issue and realised the blocks they'd been putting up and had actually come up with their own answers.

Trainer [Optional]

If you want to demonstrate the challenges of change, you could ask participants to cross their arms in the way they normally would then quickly uncross them and cross in the other direction:

- How do they feel? Likely they will say strange, uncomfortable etc.
- Was it easy, hard? Likely they will say they had to think about it and, even then, got confused with the old way.
- What do they want to do (if they haven't already)? They will likely say change back.
- Highlight that change is often hard, made even harder with smoking due to addiction.

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Activity 3: Applying skills to practice

Activity No: 3

Slide No: 61–63

Resources:

Option 1: Breakout rooms, Handout 2: Patient statements

Option 2: Trainer facilitated group discussion

Breakout room numbers and duration (optional): 3 participants per group; 10 minutes

Duration: 30 minutes

Method:

Slide 61:

- Advise participants that we are going to focus on applying these general communication skills to stop smoking consultations.
- These communication skills are particularly useful to address those ‘heart sink’ statements that may arise in the pre-quit session and usually come from some ambivalence about quitting.
- Ask participants to watch the film clip and **consider an appropriate response, considering the skills they have just been identifying.**
 - Ask participants to use the ‘raise hand’ function. (**Trainer:** *feedback from this first scenario allows you to see if participants are clear on eliciting patient views and reflective listening before completing the rest of this activity on slide 64*).

Slide 62:

- Ask participants to open Handout 2: Pre-quit patient statements.
- Advise participants that you are now going to split into **groups of 3 for 10 minutes.**
- In their groups discuss, agree on and write down ONE person-centred response to each of the statements on their handout which are commonly posed by smokers before quitting (if time is tight provide each group with one or two statements to consider).
- **After the breakout activity has ended,** bring the group together for feedback.

Slide 63:

■ **Read out a statement and then ask each group to respond. Repeat the process for each statement**

- Trainers ask the group which responses they feel would be most effective and reinforce that there are several effective communication styles which work
[Use suggested trainer response document as a reference – for trainer use only].

What to look out for:

- If a participant is wildly off in their response, the trainer can gently make another suggestion, or continue with the round allowing other participants to share their examples.
- Responses should generally include: acknowledgement of issue; elicit patient's understanding of the issue; work with the patient to find a solution.

Activity No: 4

Slide No: 70–72

Resources: Virtual post-it notes

Duration: 20 minutes

Method:

Slide 70:

- Explain that we are now going to focus on the initial assessment.
- Ask participants to imagine this is the first time they have seen the person and that we are thinking through what we need to do to build rapport, put the person at ease, assess the person's needs and plan behavioural support.
- Advise participants that you are going to launch virtual post-it notes (See Appendix 2 for guidance on creating a virtual post-it notes board). Ask them to click on a post-it or create one (the method participants use to add their comments will be dependent on the software or app used) and add anything they think would be important to include in the initial assessment session.
- Give participants a few minutes to do this then close the activity. Summarise responses and move on to slides 71 and 72.

Slide 71 & 72:

- **As you highlight the points on the slides, ask participants the following questions (you may not have time to ask all of them. For those you don't ask, provide an overview):**
 1. How would you build rapport with your patient at the start of the session?
What might you want to discuss that would help to build rapport early in the session?
 2. What would you want to know about their current smoking?
 3. What would you want to know about their past quit attempts?
 4. How would you assess nicotine dependence and why is this important?
 5. What preparations for quitting could the patient make prior to their quit date?

Lunch break [12:45 – 13:30]

13**Initial assessment: Part 2** [13:30 – 15:45]

Duration: 2 hours, 15 minutes

Time	Agenda	Slides	Activity
13:30	Initial assessment demonstration and skills practice (abrupt quit)	3–12	5
14:30	Initial assessment demonstration (CDTS)	13–25	6
15:00	Break	26	–
15:15	Initial assessment skills practice (CDTS)	27–30	6 cont.
15:45	Close session	31–32	–

Purpose:

- 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 and CDTS assessment session.

Process:

- Group discussion
- Small group work

Resources:

- PowerPoint presentation
- Handout 3: Initial assessment checklist and patient profile (abrupt quit)
- Handout 4: Initial assessment checklist and patient profile (CDTS)
- Carbon monoxide monitor, mouthpiece and wipes
- Chat function
- Breakout rooms

Activity No: 5

Slide No: 4–12

Resources: Breakout rooms and Handout 3:
Initial assessment checklist and patient profile (abrupt quit)

Breakout room numbers and duration: Pairs; 20 minutes

Duration: 60 minutes

Method:

Slide 4: Demonstration

Initial assessment demonstration (abrupt quit):

- Ask participants to open Handout 3: Initial assessment checklist and patient profile (abrupt quit).
- Advise participants that you and your co-trainer are going to model some of the items on the clinical checklist that were discussed before the break.

Slide 5:

- Provide participants with an overview of the patient you are going to play (Kerri). Advise that the discussion with Kerri will lead to a decision to quit it one step (abrupt quit).
 - [Trainer: play a scenario that reflects the participants' service delivery model; i.e., turn camera off for a telephone service and keep it on for services using video or face-to-face]

Slide 6:

- Inform participants that you will be covering the items on this slide solely for the purposes of the demonstration and that they will see the other BCTs demonstrated on day 2.
- Explain that you will also demonstrate taking a carbon monoxide reading during the demonstration.
- **Ask participants to let you know if you miss anything and ask them if you did once the demonstration has ended. Also ask whether there was anything that they would do differently.**

Slide 7:

- Use this slide to debrief the activity and take feedback from participants.
- Participants may complain that the patient was 'too easy' or that it 'was not realistic'. Explain that the idea is to demonstrate and practice these skills in the 'classroom setting' so that they can be applied to real world patients.

Slide 8: Skills practice

- Explain that you will be dividing participants into pairs and that each person will get a turn to be the patient or practitioner.

Slide 9:

- **Practitioner:** The practitioner's role involves conducting an initial assessment session. Participants should use the clinical checklist (Handout 3) and practise communication skills.

Slides 10 & 11:

- **Patient:** Play Gemma using the patient profile (Handout 3). Give information only when asked, keep in character and supplement information, but don't make the consultation too difficult.
- Provide an overview of Gemma using slide 10.
- Coach participants to carry out the skills practice to reflect their service delivery model, i.e. turn camera off for a telephone service and keep it on for services using video or face-to-face.
- Explain that participants will have **20 minutes (15 minutes for the skills practice and 5 minutes for feedback)** before coming back to the main room.
- Ask participants to be prepared with at least one thing that went well and at least one thing that was more challenging or that they feel more practice is required.
- **Advise participants that trainers will pop into breakout rooms to see how they are getting on.**

Slide 12:

- **Debrief the skills practice:** Ask for general feedback, comments or questions participants have regarding the initial assessment session.
- Were there any areas that you found challenging? If participants put their cameras off to reflect telephone support, how did this feel? Were there any challenges and was there anything they noticed (examples provided below)?
- **Lack of body language:** The largest component of face-to-face communication is body language. In telephone communication, the voice becomes the dominating factor for the receiver, therefore tone of voice and how you use your voice can have a significant impact on the patient. You will need to rely much more on your voice to add depth, empathy and demonstrate understanding.
 - Absence of the patient's body language also means you are listening more acutely to the way something is said, including pauses, as well as what is not said.
- **Pace:** We need to slow the pace down over the phone. When face-to-face we (often without knowing it) partially lip read what people are saying as well as see their body language and hear their words. Without seeing the person, people need a little more time to process what you are saying.
 - Break any information down into bite size chunks to keep the person engaged and ensure they understand one issue before moving on to the next.
- **Verbal nods:** Like 'I see', 'uh huh' are important so the person knows you are still there and listening.
- **Guidance:** The NCSCT have produced guidance on providing remote consultations via telephone and video. The guidance includes advice on delivering behavioural support via telephone and video conferencing, plus mailing of NRT to patients. The guidance can be downloaded from the NCSCT website.
- **Summarise** what you have observed.
- **Highlight examples** of good skill implementation that you have seen.
- **Mention any weaknesses** that were common.

Activity No: 6
Slide No: 21–25
Resources: Breakout rooms and Handout 4: Initial assessment checklist and patient profile (CDTS)
Breakout room numbers and duration: Pairs; 15 minutes
Duration: 45 minutes
<p>Method:</p> <p>Slide 21: Demonstration</p> <p>Initial assessment demonstration (CDTS):</p> <ul style="list-style-type: none"> ■ Ask participants to open Handout 4: Initial assessment checklist and patient profile (CDTS). ■ Advise participants that you and your co-trainer are going to ‘model’ an initial assessment session that leads to CDTS. <p>Slide 23:</p> <ul style="list-style-type: none"> ■ Provide participants with an overview of the patient you are going to play (Alice). <p>Slide 24:</p> <ul style="list-style-type: none"> ■ Inform participants that you will be covering the items on this slide solely for the purposes of the demonstration. They will see the other BCTs demonstrated on day 2. ■ Ask participants to let you know if you miss anything and ask them if you did once the demonstration has ended. Also ask whether there was anything that they would do differently. ■ Introduce participants to co-creating a CDTS plan with the patient.
Break [15:00 – 15:15]

Slide 27: Skills practice

- Explain that participants will go back into the same pairs as for the previous activity **and that they will be swapping roles** (the practitioner will now play the patient and vice versa).
- **Practitioner:** The practitioner's role involves conducting an initial assessment session that will lead to CDTs. Participants should use the clinical checklist (Handout 4) and practise communication skills.

Slide 28:

- **Patient:** Play Michael using the patient profile (Handout 4). Give information only when asked, keep in character and supplement information, but don't make the consultation too difficult.
- Provide an overview of Michael using the slide.

Slide 29:

- Ask participants to focus on the BCTs on this slide in particular (those included in Handout 4).
- Explain that participants will have **15 minutes (10 minutes for the skills practice and 5 minutes for feedback)** before coming back to the main room.
- Ask participants to be prepared with at least one thing that went well and at least one thing that was more challenging or that they feel more practice is required.
- **Advise participants that trainers will pop into breakout rooms to see how they are getting on.**

Slide 30:

- **Debrief the skills practice:** Ask for general feedback, comments or questions participants have regarding the initial assessment session.
- **Did anyone notice Michael is taking Clozapine;** what actions may need to be taken as a result?
- Were there any areas that you found challenging?
- **Summarise** what you have observed.
- **Highlight examples** of good skill implementation that you have seen.
- **Mention any weaknesses** that were common.

16**Responding to patient scenarios, summary and close**
[15:45 – 16:30]

Duration: 45 minutes

Time	Agenda	Slides	Activity
15:45	Patient scenarios	33–34	7
16:15	Questions and preparation for day 2	35–38	–
16:30	Close	39	–

Purpose:

- To gain confidence in techniques that elicit the patient'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:

- Group discussion

Resources:

- PowerPoint presentation
- Breakout rooms
- Appendix 1: Patient scenarios

Activity No: 7

Slide No: 34

Resources: Appendix 1: Patient scenarios and breakout rooms

Breakout room numbers and duration:

Two rooms, participants divided equally between each; 30 minutes

Duration: 30 minutes

Method:

- Advise participants that the group is now going to split into **two breakout rooms for 30 minutes, with one trainer in each room.**
- Inform participants that the trainer will explain the activity once in the breakout room.

Breakout room:

- Ask participants to select **'gallery view' via the 'view' icon on the top right hand side of their screen** (this will mean everyone in the session can see each other).
- Participants are going to consider some of the **key questions and comments that may be received from patients before their quit or reduction date.**
- Remind participants about the core communication skills but to also be aware that some questions are of a technical nature. In other words, they require a straight answer.
- Make it clear that it's OK to get an answer wrong and that we are all here for help should anyone need it. There may also be more than one response to each question, so people may have other ideas they want to chip in with too.
- Ask each participant to call a number from 1–13. You will ask the corresponding question on the patient scenario list (Appendix 1) and they will then respond as a practitioner. Score the question off once the number has been picked.

Look out for:

- Not dealing with ambivalent questions by using communication skills.
- Not identifying withdrawal symptom questions.
- Tendency to avoid giving straight answers to knowledge questions.
- **Uncomfortable/threatened inexperienced advisors:** allow them to pass the question on to someone who is more experienced or has encountered the question before.

1. ***“Given my struggles in getting the right medication to manage my [SMI], will using these medications have any negative effects?”***

Suggested response

- *“What medication do you use?”*
- *“Do you have regular monitoring (blood tests) to check the level of your medication is OK?”*
- *“Can you give me your doctor or care co-ordinator’s contact details so I can let them know you are planning to stop?”*
- *“Stopping smoking can cause decreased metabolism of certain psychiatric drugs. This means that the drugs will stay in your body longer so, if you quit successfully, you may be able to have lower doses of your medications which could mean a lessening of side effects.”*
- *“There might need to be an adjustment in your medications but, if there is, it will undoubtedly be a reduction which is a good thing. Mental health teams have lots of experience of this and you won’t have to do this on your own. And by the way, all of your care team will be delighted that you are considering quitting smoking.”*

2. ***“My doctors referred me but, frankly, I really feel like smoking is the least of my worries.”***

Suggested response:

- *“Can you tell me what are the things that are worrying you at the moment?”*
- *“It’s perfectly normal to worry about quitting, what are you worried might happen when you quit smoking?”*
- *“There are good and bad times to embark on a quit attempt, how do you feel about quitting at the current time?”*
- *“The time to stop will always be your decision, but clearly your doctor is concerned about your smoking.”*

3. “It’s all I’ve got to be honest, why would I stop smoking?”

Suggested response:

- *“A lot of smokers say something similar. The tendency when considering quitting is to concentrate on what you might be losing when you stop smoking. It is easy to forget what smoking takes from you: your money, your mental and physical health and quite literally years from your life.*

People who are facing challenges in life generally find that smoking-related illness makes things many times worse. Stopping smoking will result in you being healthier, wealthier and happier.

Many people like you have made the switch to vaping and quit smoking. It can be difficult at first but there is support and medication that will make it easier and I can help you access these.”

4. “I’m really worried about changes to my mental health if I quit smoking. What should I expect?”

Suggested response:

- *“Have you ever tried to quit before? What happened when you did?”*
- *“People often feel a little bit more irritable and or depressed after quitting, this is normal and will only last for a few weeks. What could you do if this happened to you?”*
- *“There will be a period of adjustment but that’s why I’m here, to support you throughout that time with the help of stop smoking medications. People who quit smoking suffer less from stress and depression than smokers and actually report being happier.”*

[Individual with schizophrenia]

5. “I find smoking really helps me when I’m having a bad day, I’m not sure what I am going to do if I can’t smoke?”

Suggested response:

- Acknowledge that it’s not uncommon for patients with schizophrenia to find that smoking helps with managing some of the negative symptoms (e.g. improved sensory processing, ability to concentrate) but clarify that the smoking is doing real harm and that there are better ways other than smoking to address negative symptoms. Assist the patient by speaking to a member of their care team that can look at medication adjustment and/or mental health support.

6. ***"Last time I quit smoking I had a lot of negative side effects, I was jittery all the time, couldn't concentrate and I'm not sure if there's anything I can do to make it easier this time."***

Suggested response:

- Normalise withdrawal and discuss what they can expect, how long symptoms last and the importance of having a plan to help with managing withdrawal and cravings, including sufficient, regular and proper use of stop smoking medications or vapes.
- Ask if the patient drinks a lot of coffee or other caffeinated drinks. Feeling jittering is not a withdrawal symptom but can be related to caffeine intake. Caffeine consumption should be reduced after stopping smoking. Discuss caffeine intake and the importance of reducing to ensure they are not over caffeinating. Reduction may need to be up to half for heavy coffee drinkers.

7. ***"I've never gone more than a day without a cigarette before. What's it going to feel like?"***

Suggested response:

- *"People experience stopping smoking in different ways, however most will find that they experience cravings and some tobacco withdrawal symptoms, for example irritability, low mood or poor concentration."*
- *"Tobacco withdrawal is temporary and will pass (as long as you don't smoke), it's not dangerous and using a stop smoking medication will help."*
- *"Day one is often the hardest day so don't minimise what you've done so far."*
- Share how other patients have benefited from quitting and the benefits they feel after this short period of withdrawal.

8. ***"I've tried to stop many times and never managed more than a few days."***

Suggested response:

- *"Many smokers take a number of quit attempts before they quit for good and each previous attempt can be used to help with this one."*
- *"The first few days is often the hardest and so don't minimise what you've done so far."*
- Explain they are much more likely to stop with support and medication.
- *"What's the longest you managed? How did you do it?"*
- *"What did you find helped you? What did you find difficult?"*

9. ***"I'm worried how I'll cope with stress when I stop smoking."***

Suggested response:

- Normalise that this is a common concern.
- *"Can I give you some information on how nicotine works (to dispel the myth that nicotine can help alleviate stress)?"*
- *"Using a stop smoking medication (enough for long enough) will help with cravings and tobacco withdrawal."*
- *"What do you usually find calming? Provide some examples that may help, e.g. deep breathing, walking, talk to someone."*

10. ***"I've been smoking for so long that you can't expect me to stop just like that, shouldn't I cut down first?"***

Suggested response:

- Empathise that for this patient smoking has been a part of their life for a long time and quitting feels like a big step.
- *"What worries you about quitting completely?"*
- *"Have you tried cutting down in the past? What happened?"*
- Explain the rationale for abrupt cessation and that research and clinical experience shows that the best way of stopping is to do it abruptly.
- *"The last few cigarettes can become really important to you and very difficult to give up. Also, because you are used to a certain dose of nicotine you will end up smoking the fewer cigarettes more efficiently to make sure that you get the same amount of nicotine from them as when you were smoking more cigarettes. This also means that you will get similar amounts of tar and carbon monoxide and so the health benefits aren't really there."*
- Provide reassurance about using a stop smoking medication (combination NRT) and use of nicotine containing vape to manage tobacco withdrawal.
- *"If you do not feel ready to quit in one go, a structured reduce to quit approach, where we start by cutting back and work our way towards quitting, is a great option and I can support you along the way."*

11. *"Is there anything I can do to prepare for quitting?"*

Suggested response:

- *"The most important thing is to make sure you have your NRT (bring it with you to your next appointment) or experiment with a (nicotine-containing) vape to substitute some cigarettes."*
- *"Tell family, friends and colleagues who will support you."*
- *"Have an arrangement with smoking contacts, reduce exposure to smoking and cigarettes."*
- *"After your last cigarette throw away any remaining cigarettes, ashtrays, lighters, etc."*
- *"Consider which cigarettes you think you will miss the most and plan distractions and changes to your routine to break associations."*

12. *"I'll do my best but I can't promise not to smoke."*

Suggested response:

- The main thing here is not to break rapport by 'forcing' someone to promise not to smoke.
- You could ask if they have any worries about quitting or any particular times they think may be difficult.

13. *"How many people actually manage to stop smoking?"*

Suggested response:

- *"Thousands!"*
- *"More than half of those who get support and use a stop smoking medication are quit at 4 weeks (maybe your service is more)!"*

We recommend using Google Jamboard for virtual post-it note activities. A Jamboard link can be posted in the meeting's chat box which participants can click on to be taken directly to the Jamboard. Whilst you may choose to use an alternative app or software, a brief overview of using Jamboard is provided below.

To set up a Jamboard:

1. Go to <https://jamboard.google.com/> (you will need to be logged in to a Google account to access this).
2. Click on the multicoloured '+' icon in the bottom right-hand corner.
3. This will create a new 'Untitled Jam'. You can rename the board by clicking on its name in the top left-hand corner.
4. To create a link that you can share with participants, click on the blue 'Share' icon in the top right-hand corner. Under 'General access', ensure that the settings 'Anyone with the link' and 'Editor' have been selected. These settings will allow participants to both access the Jamboard and add their notes to it.
5. Once these settings have been selected, click on 'Copy link'. This will save the link to your clipboard for you to paste.
6. You can return to the Jamboard home page at any point by clicking on the yellow and orange Jamboard logo in the top left-hand corner. From here you can view all of your boards.

Things to consider:

- Ensure that the links to the Jamboards have been created in advance and are easily accessible to you during the training.
- If you want to test a board you have created, you can clear all the test items from it by clicking 'Clear frame' at the top of the screen. If this is clicked accidentally at any point, the 'Undo' button in the top left corner will bring the content back.
- Recommend to participants that they use the 'Sticky notes' option on the toolbar on the left of the screen to add their comments.
- As responses come in from participants, it may be necessary for one of the trainers or admin support to rearrange the sticky notes to prevent overlap and ensure they are all clearly visible.

If you encounter any issues with Jamboard, you may be able to find a solution on the support website: <https://support.google.com/jamboard/>.

