

## **Effects of Nicotine/Smoking on Mental & Physical Health, Pregnancy & Infants, and Withdrawal & Quitting Smoking**

**EVIDENCE BASED PRACTICES (EBP):** Integrated System of Care; Universal Dual Diagnosis Capabilities; Principles of Empathy and Hope; Motivational Interviewing Approach; Stages of Change Model Design; Strength Based; Skill Building; Solution Focused; Neurochemistry Based Disorders of the Brain; Symptom Identification; Symptom Management; EBP Curriculum Topics, i.e. Nutrition, Stress Management, Cognitive Behavioral, and more...

### **Consistency in the Group Setting**

The importance of *consistency* in a treatment setting can't be overstated. This is especially true when people are placed in vulnerable situations. *Inconsistency* can, at best, increase uncertainty and insecurity for the person receiving services. At worst, unpredictability can create a sense of helplessness while simultaneously decreasing a person's development of self-reliance. In fact, all human beings benefit from a dependable approach in the treatment of chronic disorders. When a person learns they can rely on consistency, they are less stressed and more relaxed. Consistency in the group setting includes the group structure, psychoeducational material, and the approach.

Each agency or facility will have different requirements – such as group receipts or paperwork – however, consistency can still include a structure similar to the following:

1. Group members pick up: a. Clip Board, b. Paper, and c. Pencil/Pen as they enter the room.
2. Group facilitator picks up the group receipts from each person in the group, and/or the group facilitator passes out the sign-in sheet for the group members to sign.
3. Group facilitator provides a Positive Group Beginning, Consistent Psychoeducational Material, Consistent Approach, and a Positive Group Closure.

### **Psychoeducational Groups and Crisis Event Processing (when requested)**

#### **Notes to Facilitator(s):**

1. *THE BASICS, Second Edition* meets the definitions and goals of Psychoeducational Groups, Skill Building Groups, and Cognitive Behavioral Groups.
2. Group participants who have become accustomed to Interpersonal Processing Groups – as well as staff who have facilitated them – may find it a challenge to now facilitate Psychoeducational Groups.
3. Likewise, facilitators who may have followed a more lecture-style education presentation, may find it challenging to now devote at least 1/3rd of group time to specific topic discussions and interactions.
4. Both types of groups (Interpersonal Processing Groups and Psychoeducational Groups) are extremely important, yet each has different goals and structure.
5. The structure of Psychoeducational Groups, Skill Building Groups, and/or Cognitive-Behavioral Groups in no way means that there will not be *interaction* – far from it. It just means that the interactions, discussions, and exercises will be about the topic(s) of each group.
6. Facilitators *may* – or not – still want to allow time in each group for the group member(s) to discuss a crisis that may have occurred since the last group.
7. We do know, of course, that *every* person in group is typically experiencing many challenges each and every week; however, most of these incidents are often best resolved in ways other than group time where the event does not pertain to every group member.
8. Suggested responses to a challenge, problem, or crisis can also include suggesting the person contact their primary care provider; schedule a 1:1 appointment; reschedule their next 1:1 to an earlier time; or, meet with the facilitator after group to explore options and develop a plan.
9. A facilitator would, of course, not “*grade*” an event as being worthy or not for group time. If a person requests individual time in the group, then that would be accepted as valid and time allotted at the end of the group.
10. Over time, the group begins to understand the differences between a situation, a challenge, a problem, or a crisis and can make decisions to utilize group time or continue with the current psychoeducational topic.

### **Prepare Professionals**

Suggestions for professionals to prepare themselves for group typically includes:

1. Review all content material, appendices, and/or handouts *prior* to group to avoid a lecturing style.
2. Decide beforehand the *key points* to be covered in each group to produce flexibility for group responses, discussions, or questions.
3. Gain an overall understanding of the content so summarizing is possible in order to create an interactive facilitation style.
4. Determine the group structure to achieve the essential balance between education and discussions.
5. Check group room to be sure there are enough clipboards, pencils or pens, and markers or chalk for the board.
6. Make enough copies of any handouts *before* group.
7. Write any group content on the board *prior* to the beginning of group whenever possible.

## Master Guide & Master Tips to Professionals

Note: *The Master Guide* (located at the beginning of Volume I & II) and the *Master Tips to Professionals* (located at the back of Volume I) have many topics to assist in the group process like Master Tip #39: Suggestions For Managing Handouts For Groups (pages Master Tips 64-67). Other tips include:

1. Master Guide: Interactive Style (pages Master Guide 10-11)
2. Master Tip #1: Suggestions for Beginning Group (pages Master Tips 1-4)
3. Master Tip #3: Empathetic Treatment Approach (pages Master Tips 7-9)
4. Master Tip #4: Promoting Hope (page Master Tips 9)
5. Master Tip #5: Maintaining a Consistent, Nonjudgmental, and Positive Attitude (pages Master Tips 10-13)
6. Master Tip #12: Responding to Requests for Copies of APPENDICES (pages Master Tips 27-29)
7. Master Tip #13: Depth of Psychoeducational Content (pages Master Tips 29-30)
8. Master Tip #14: Group Closure Suggestions (pages Master Tips 30-31)
9. Master Tip #16: Motivational Interviewing (pages Master Tips 31-32)

## Present Curriculum/Topic

1. It is extremely important that each group participant leave every group with more Psychoeducation than they came in with – which may also include discussing a “familiar topic” yet with a “present-day” focus. Psychoeducational Groups are designed to provide education about all areas related to the management of Substance Use Disorders and Psychiatric Disorders. Psychoeducational Groups are not Interpersonal Processing Groups – even though interaction and processing the particular *psychoeducational topic(s)* is essential to individualizing the topic(s) or skill(s) presented.
2. It is recommended that a minimum of 1/3rd of group time be devoted to interaction (therapeutic counseling *topic* discussions). This can be accomplished – depending on the individual style of the group facilitator(s) – by any “present education-interact/discuss – present education-interact/discuss” combination while still structuring the group to include the curriculum/topic education to be covered.
3. The presentation of material will, of course, be modified by the facilitator to match the functioning skills of group participants. It is important to note, however, that *THE BASICS, Second Edition* was written in a conversational language while taking into consideration a wide-range of symptom acuity and severity. Persons with co-occurring psychiatric and substance disorders benefit from learning about their disorders and how to manage them, as do all individuals with any chronic disorder(s). Each group participant will retain what is meaningful to them at the present time.

## Group Beginning Suggestions

A positive group beginning (and ending) is extremely important. There are many ways to begin (and end) a group in a positive way. Suggestions to choose from can include:

1. Reading the Thought For The Day from a meditation book. (Note: Meditation books that also contain an index at the end of the book – such as *Easy Does It* – are helpful in choosing a specific reading that matches the topic(s) presented in group like Self-Esteem.), or
  2. Reading an inspirational or humorous curriculum handout from *THE BASICS, Second Edition*, or
  3. Practicing a deep breathing or a stretching exercise, *or*
  4. Sharing of one thing that each person is grateful for today, *or*
  5. Sharing of one positive thing that he/she did that contributed to their recovery in the past few days, *or*
  6. Reading an AA Slogan with a brief explanation or AA/NA/Dual Recovery inspirational reading.
- \* Recommended Beginning: Breathing Exercise (located on page Master Tips 3)

## Practice Curriculum/Topic

Practicing subject material is the best way participants can internalize and personalize the curriculum content. Practice includes the group interactions, worksheets, exercises, handouts, and content discussions.


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Volume I; Subject One; Pages: APPENDIX IA-9; APPENDIX IB-17 – IB-19

Volume II; Subject Four; Pages: APPENDIX IVA-13 – IVA-18; APPENDIX IVB-16; Subject Eight; Pages: 8-72 – 8-73

Based on a 2-Hour group: Two 50 minute segments	Time-Frame
Group Beginning	20 Minutes Total
Positive group beginning (suggestions are located on the previous page).	5 Minutes
<ol style="list-style-type: none"> <li>1. Brief Group Introductions: (Note: The <i>interactions</i> in a psychoeducational group are discussions about the <i>topics</i>, not interpersonal processing or case management questions which do not apply to the entire group.)                             <ol style="list-style-type: none"> <li>a. Ask the group members to tell the group their name.</li> <li>b. Welcome any group members who are new to this group or phase.</li> </ol> </li> <li>2. Crisis Processing (when requested and optional):                             <ol style="list-style-type: none"> <li>a. Ask the group if anyone has experienced a crisis since their last group, and if they need/want additional time in this group to discuss it, i.e. what happened, how they managed the crisis, and/or explore options and develop a plan.</li> <li>b. Let the person(s) know that you will allow time at the end of this group for them to share their experience and receive support from their fellow group members.</li> </ol> </li> </ol>	10 Minutes 
<p><u>Summarize Introduction of the Group Topic and Why It's Important:</u></p> <p>None of this information is meant as “scare tactics” in any way – even though it may sound like it from time to time. The only <i>goal</i> of this group – as with all groups – is to provide accurate information. No one makes <i>any</i> health changes unless they understand the consequences of <i>not</i> making those changes. People don't take antibiotics or follow a treatment plan for diabetes if they hadn't first been informed of the potential problems with <i>not</i> taking those actions.</p> <p>As with every group – not every person will personally relate to all group material being presented. Some of you don't smoke tobacco products while others do smoke. Some may not have a current goal of quitting smoking – others may be trying to quit – and still others may plan to quit smoking in the future.</p> <p>The reason this is important to discuss is because the facts are staggering. For example, which drug kills more people each year than any other? Would you think meth? How about alcohol? Actually tobacco-related deaths account for more than 1,000 people per day (Inaba et al., 1997). That means tobacco-related deaths are greater than homicides, suicides, crack, cocaine, heroin, alcohol, and AIDS <i>combined</i>. Wow!</p>	5 Minutes 


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<b>Skill Building Exercise and Discussion - Suggestions for topic discussion:</b>	<b>Time-Frame</b>
<p><b><u>To the Facilitator(s):</u></b></p> <ol style="list-style-type: none"> <li>1. The most important thing is to provide a general understanding of the effects of nicotine/smoking/tobacco products on physical health.</li> <li>2. Summarizing this information will help to achieve that goal. It's not intended for you to list each point – but to summarize the points in each area.</li> <li>3. You will find important information in the MASTER TIPS TO PROFESSIONALS located at the back of Volume I on pages: Master Tips-56 – Master Tips-58 on ADDRESSING NICOTINE/SMOKING IN TREATMENT.</li> <li>4. It is very important to understand:             <ol style="list-style-type: none"> <li>a. Nicotine Products and Co-Occurring Disorders, and</li> <li>b. Nicotine Products and Medications.</li> </ol> </li> <li>5. A brief explanation of these are in this lesson plan, however, more detailed information is available in the MASTER TIPS TO PROFESSIONALS on pages: Master Tips-56 – Master Tips-58 as referred to above.</li> </ol> <p><b><u>To the Group:</u></b></p> <ol style="list-style-type: none"> <li>1. The thought of quitting smoking can be scary and that is completely understandable.</li> <li>2. This can be especially true for individuals who have experienced a reduction in symptoms by smoking nicotine products.</li> <li>3. For example, many individuals with Schizophrenia who already smoke find that the nicotine may literally be improving their concentration, counteracting their emotional unresponsiveness, or relieving some of the side effects of antipsychotic (neuroleptic) medications (Harvard Mental Health Letter, May 1997).</li> <li>4. Another example, individuals with Bipolar Disorder may also experience a reduction in the sedation effects of the medications prescribed as mood stabilizers (St. Dennis, 1998).</li> <li>5. Now this in no way is meant to say “Hey, start smoking tobacco products.” ☺ It just means that there are many reasons why the thought of quitting smoking or reducing use can be scary.</li> <li>6. The other important point to consider is that the potency of some psychiatric medications can be affected by the use of nicotine. If a person stops smoking or switches to patches, the potency of their psychotropic medications will increase (St. Dennis, 1998).</li> <li>7. So keep in mind that anytime a person is planning to quit smoking or reduce their use and is on psychiatric medications – it's essential that they work with their doctor to develop a plan that will work for them personally.</li> <li>8. And certainly that wasn't meant to talk anyone out of quitting smoking or reducing their use – because of course, smoking is detrimental to a person's health and quitting is a benefit to a person's health.</li> <li>9. This information is meant to give you accurate information on this topic.</li> </ol>	<p align="center">30 Minutes</p> 

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Psychoeducation Part I: Topics & Focus	Pages & Location	Presentation Suggestions	Time- Frame							
NICOTINE/SMOKING: EFFECTS ON MENTAL HEALTH DRUG CLASSIFICATION: STIMULANT DRUG ACTION: STIMULATES CENTRAL NERVOUS SYSTEM	APPENDIX IA-9	1. NICOTINE: Summarize brief statement. 2. SMOKE: Summarize one paragraph.	continued  							
Effects of Nicotine/Smoking on Mental Health	APPENDIX IA-9	Summarize information in the following way shown in TABLE ONE below.								
TABLE ONE <table border="1" style="display: inline-table; margin: 0 10px;"> <tr> <td style="width: 20px; text-align: center;">1</td> <td style="width: 150px;">BRAIN AND THINKING</td> <td style="width: 20px; text-align: center;">2</td> <td style="width: 150px;">PERSONALITY AND MOOD</td> </tr> </table>				1	BRAIN AND THINKING	2	PERSONALITY AND MOOD			
1	BRAIN AND THINKING	2		PERSONALITY AND MOOD						
NICOTINE/SMOKING: WITHDRAWAL	APPENDIX IB-17 – IB-18	1. NICOTINE: Summarize brief statement. 2. SECONDHAND SMOKE: Summarize one paragraph.								
Acute Symptoms of Nicotine Withdrawal	APPENDIX IB-18 – IB-19	1. Summarize one paragraph. 2. Summarize and discuss the information in TABLE TWO below. 3. Refer to the text for explanations of each.								
TABLE TWO <table border="1" style="display: inline-table; margin: 0 10px;"> <tr> <td style="width: 20px; text-align: center;">1</td> <td style="width: 150px;">INCREASED SYMPTOMS</td> <td style="width: 20px; text-align: center;">3</td> <td style="width: 150px;">PHYSICAL OR MEDICAL SYMPTOMS</td> </tr> <tr> <td style="width: 20px; text-align: center;">2</td> <td style="width: 150px;">DECREASED SYMPTOMS OR DEPRESSION</td> <td style="width: 20px; text-align: center;">4</td> <td style="width: 150px;">COGNITIVE OR THINKING DIFFICULTIES</td> </tr> </table>				1	INCREASED SYMPTOMS	3	PHYSICAL OR MEDICAL SYMPTOMS	2	DECREASED SYMPTOMS OR DEPRESSION	4
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2	DECREASED SYMPTOMS OR DEPRESSION	4	COGNITIVE OR THINKING DIFFICULTIES							
<p><b><u>To the Group:</u></b></p> <ol style="list-style-type: none"> <li>1. Do you have questions or comments on what we have talked about so far?</li> <li>2. Do you smoke cigarettes or other tobacco products at this time?</li> <li>3. Did you smoke but have quit?</li> <li>4. How did you quit?</li> <li>5. Do you smoke now but have plans on quitting in the future?</li> <li>6. How might you go about that?</li> </ol>										
<b>Break</b>			<b>10 Minutes</b>							

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Psychoeducation Part II: Topics & Focus	Pages & Location	Presentation Suggestions	Time-Frame with Crisis Processing	Time-Frame without Crisis Processing																																				
NICOTINE/SMOKING: EFFECTS ON PHYSICAL HEALTH	APPENDIX IVA-13 – IVA-14	1. SECONDHAND SMOKE: Summarize one paragraph. 2. DRUG COMBINATIONS: Summarize two paragraphs.																																						
Harmful Ingredients Found in Tobacco Smoke	APPENDIX IVA-14	1. Summarize the common chemicals in TABLE ONE below. 2. Refer to the text for explanations.																																						
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%;"></td> <td style="width: 5%;">1</td> <td style="width: 20%;">NICOTINE</td> <td style="width: 5%;">4</td> <td style="width: 20%;">CADMIUM</td> <td style="width: 5%;">7</td> <td style="width: 10%;">TOLUENE</td> <td style="width: 5%;">10</td> <td style="width: 30%;">ARSENIC</td> </tr> <tr> <td style="text-align: right;">TABLE ONE</td> <td>2</td> <td>TAR</td> <td>5</td> <td>HYDROGEN CYANIDE</td> <td>8</td> <td>BENZENE</td> <td>11</td> <td>OTHER CHEMICALS</td> </tr> <tr> <td></td> <td>3</td> <td>CARBON MONOXIDE</td> <td>6</td> <td>VINYL CHLORIDE</td> <td>9</td> <td>NAPHTHALENE</td> <td></td> <td></td> </tr> </table>						1	NICOTINE	4	CADMIUM	7	TOLUENE	10	ARSENIC	TABLE ONE	2	TAR	5	HYDROGEN CYANIDE	8	BENZENE	11	OTHER CHEMICALS		3	CARBON MONOXIDE	6	VINYL CHLORIDE	9	NAPHTHALENE											
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Women and Smoking	APPENDIX IVA-15	Summarize three paragraphs.																																						
Effects of Nicotine/Smoking on Physical Health	APPENDIX IVA-15 – IVA-17	1. Summarize the information located in TABLE TWO below. 2. Refer to the text for examples in each category.																																						
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Psychoeducation Part II: Topics & Focus (continued)	Pages & Location	Presentation Suggestions	Time-Frame with Crisis Processing	Time-Frame without Crisis Processing															
Tobacco-Related Deaths	APPENDIX IVA-17	1. Summarize information in TABLE THREE below. 2. Refer to the text for explanations on each.																	
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Health Risks Associated With Secondhand Smoke	APPENDIX IVA-18	1. Summarize information in TABLE FOUR below. 2. Refer to the text for explanations on each.																	
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NICOTINE/SMOKING: EFFECTS OF ALCOHOL AND DRUGS ON FERTILITY, PREGNANCY, DELIVERY, AND PRENATAL EFFECTS ON INFANTS THROUGH THEIR ADULTHOOD	APPENDIX IVB-16	1. Summarize information in TABLE FIVE below. 2. Refer to the text for examples in each category.																	
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">TABLE FIVE</td> <td style="width: 5%; text-align: center;">1</td> <td style="width: 20%;">PREGNANCY</td> <td style="width: 5%; text-align: center;">2</td> <td style="width: 30%;">PHYSICAL EFFECTS ON INFANTS</td> <td style="width: 5%; text-align: center;">3</td> <td style="width: 30%;">MENTAL AND EMOTIONAL EFFECTS</td> </tr> </table>	TABLE FIVE	1	PREGNANCY	2	PHYSICAL EFFECTS ON INFANTS	3	MENTAL AND EMOTIONAL EFFECTS												
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Quitting Smoking	Subject 8-72 – 8-73	1. Summarize information in one paragraph. 2. Summarize information in TABLE SIX below. 3. Refer to the text for explanations of each. 4. Name the common programs in TABLE SEVEN below.																	
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">TABLE SIX</td> <td style="width: 5%; text-align: center;">1</td> <td style="width: 20%;">BENEFITS OF QUITTING</td> <td style="width: 5%; text-align: center;">3</td> <td style="width: 30%;">ON THE DAY YOU QUIT</td> </tr> <tr> <td></td> <td style="text-align: center;">2</td> <td>GETTING READY TO QUIT</td> <td style="text-align: center;">4</td> <td>STAYING QUIT</td> </tr> </table>	TABLE SIX	1	BENEFITS OF QUITTING	3	ON THE DAY YOU QUIT		2	GETTING READY TO QUIT	4	STAYING QUIT									
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TABLE SEVEN	1	TWELVE STEP PROGRAM	3	HYPNOSIS	5	NICOTINE GUM													
	2	NICOTINE PATCHES	4	ACUPUNCTURE	6	RELAXATION TAPES													

**Effects of Nicotine/Smoking on Mental & Physical Health, Pregnancy & Infants, and Withdrawal & Quitting Smoking**

**Volume I; Subject One; Pages: APPENDIX IA-9; APPENDIX IB-17 – IB-19**

**Volume II; Subject Four; Pages: APPENDIX IVA-13 – IVA-18; APPENDIX IVB-16; Subject Eight; Pages: 8-72 – 8-73**

<b>Skill Building Exercise and Discussion - Suggestions for topic discussion:</b>	<b>Time-Frame with Crisis Processing</b>	<b>Time-Frame without Crisis Processing</b>
<p><b><u>To the Group:</u></b></p> <ol style="list-style-type: none"> <li>1. What comments do you have?</li> <li>2. It can be difficult looking at the effects of tobacco-related products. Yet, remember that accurate information on all substances is important to know.</li> <li>3. What are your thoughts about quitting smoking?</li> <li>4. Perhaps no plans at this time? Plan to quit in the future? Might want to quit in the future?</li> <li>5. What will help you be successful in reaching your goal(s)?</li> </ol>	<p>Continued</p> 	<p>Continued</p> 
<b>Crisis Processing</b>	<b>Time-Frame</b>	
<ol style="list-style-type: none"> <li>1. Ask the group member(s) to tell the group what happened.</li> <li>2. Explore options and/or develop an immediate plan for coping.</li> <li>3. Allow the group to offer support.</li> </ol>	10 Minutes	
<b>Group “Paper Work”</b>	<b>Time-Frame</b>	
Group participants fill out Group Notes.	5 Minutes	
<b>Group Closure</b>	<b>Time-Frame</b>	
<p>The recommended INSPIRATIONAL HANDOUT is “You May Be Strong” which is located at the back of Subject One. Presentation suggestions include:</p> <ol style="list-style-type: none"> <li>1. Read the handout aloud to the group, <i>or</i></li> <li>2. Hand a copy to a group member and ask a person to read aloud to the group or ask one group member to read one section and then another person read the next one until the handout has been completely read, <i>or</i></li> <li>3. Give a copy of the handout to each group member for them to take home and to read in group.</li> </ol>	5 Minutes	
	