

**TOBACCO RECOVERY
RESOURCE EXCHANGE**

**FACILITATING A
TOBACCO RECOVERY GROUP**

THE
EXCHANGE
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PROFESSIONAL DEVELOPMENT PROGRAM

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INTRODUCTION

The comprehensive integration of tobacco dependence treatment into the addiction service continuum prescribed by OASAS Part 856 Tobacco-Free Services regulation requires programs to routinely assess and treat their patients for tobacco dependence¹. Addiction professionals, by virtue of their education, training, and experience, possess much of the knowledge and many of the skills necessary to treat tobacco dependence²:

- Medication Assisted Treatment
- Motivational Interviewing (MI)
- Cognitive-Behavioral Therapy (CBT)
- Relapse Prevention Therapy (RPT)

These interventions have also been identified as evidence-based treatments for tobacco dependence.³

We address the use of tobacco dependence pharmacotherapies in the Technical Assistance Document **Implementing Tobacco Assessment, Diagnosis, and Pharmacotherapy in Your Chemical Dependence Programs**. In **Facilitating Tobacco Awareness Groups**, we explore the use of Motivational Interviewing techniques to increase patient knowledge, attitudes, and motivation to stop using tobacco. In **Facilitating Tobacco Recovery Groups**, we focus on the use of Cognitive Behavioral Therapy and Relapse Prevention Therapy techniques to help patients develop skills, elevate confidence, and embrace lifestyle change.

¹New York State Office of Alcoholism and Substance Abuse Services. Part 856 Tobacco Free Services. Available at <http://www.oasas.state.ny.us/tobacco/providers/reg856.cfm>. Accessed May 5, 2009.

²Center for Substance Abuse Treatment. Enhancing Motivation for Change in Substance Abuse Treatment. Treatment Improvement Protocol (TIP) Series 35. DHHS Publication No. (SMA) 99-3354. Rockville, MD: Substance Abuse and Mental Health Services Administration, 1999.

Center for Substance Abuse Treatment. Substance Abuse Treatment: Group Therapy. Treatment Improvement Protocol (TIP) Series 41. DHHS Publication No. (SMA) 05 3991. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2005.

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Center for Substance Abuse Treatment. Counselor's Manual for Relapse Prevention With Chemically Dependent Criminal Offenders. Technical Assistance Publication (TAP) Series 19. DHHS Publication No. (SMA) 96-3115. Rockville, MD: Substance Abuse and Mental Health Services Administration, 1996.

³Fiore MC, Jaén CR, Baker TB, et al. Treating Tobacco Use and Dependence: 2008 Update. Clinical Practice Guideline. Rockville, MD: U.S. Department of Health and Human Services. Public Health Service. May 2008.

COGNITIVE-BEHAVIORAL THERAPY AND RELAPSE PREVENTION THERAPY

Cognitive-Behavioral Therapy (CBT) is based on the idea that feelings and behaviors are caused by a person's thoughts and beliefs, not on outside stimuli like people, situations, and events. People may not be able to change their circumstances, but they can change how they think about them and, therefore, change how they feel and behave.

In the treatment for tobacco dependence, the goal of CBT is to teach the person to recognize situations in which they are most likely to use tobacco, to avoid these circumstances if possible, and to cope with other problems and behaviors which may lead to their alcohol, tobacco, and other drug use.

A central element of all clinical approaches to Relapse Prevention Therapy (RPT) is anticipating problems that are likely to arise in maintaining change and labeling them as high-risk situations for resumed substance (in this case tobacco) use, then helping patients develop effective strategies to cope with those high-risk situations without having a lapse.

For patients in the preparation and action stages of change, providing practical problem-solving skills training results in higher abstinence rates (Fiore, et al., 2008). Patients benefit from such training encompassing physical, behavioral, and emotional arenas.

FACILITATING A TOBACCO RECOVERY GROUP USING CBT AND RPT

The Tobacco Recovery Group is about taking action and making behavioral changes. In the later stages of change (preparation, action, and maintenance), the clinician helps the patient develop a personal recovery plan that addresses the biopsychosocial nature of tobacco dependence. Using CBT and RPT techniques, the Tobacco Recovery Group focuses on increasing knowledge and teaching practical problem-solving and coping skills.

TOBACCO RECOVERY GROUP TOPICS

In the Tobacco Recovery Group, three areas of recovery are addressed:

Physical

- Tobacco treatment medications
- Nutrition
- Relaxation techniques
- Exercise and health
- Coping with cravings

Behavioral

- Integrate tobacco abstinence into alcohol or other drug recovery plan (one day at a time)
- Clarifying and prioritizing goals
- Develop a personal coping plan
- Problem solving
- Identify and address barriers

Cognitive

- Changing old thinking patterns
- Developing a recovery support network
- Journal writing
- Enhancing motivation
- Grief counseling

TOBACCO RECOVERY GROUP DESIRED OUTCOMES

- Elevate importance and confidence
- Define a personal tobacco recovery plan
- Physical
- Cognitive
- Behavioral
- Learn effective problem-solving skills (recovery tools)
- Anticipating triggers
- Relieving withdrawal symptoms
- Maintaining motivation
- Avoiding weight gain
- Increasing social support

RE-FRAMING LANGUAGE

To anchor the context and content of tobacco dependence treatment and recovery, we reframe the more familiar public health (cessation) language to language that is more commonly used in the context of addiction treatment and recovery.

This reframing of language is intended to:

PUBLIC HEALTH/CESSATION TERMINOLOGY	PREFERRED TREATMENT/RECOVERY TERMINOLOGY
smoking	tobacco dose, tobacco use, tobacco dependence
smoker	tobacco user, person who uses tobacco
habit	chronic disease, addiction, dependence
quit	abstinence, recovery
cessation	treatment, recovery

USING THE SCRIPTS

The content of four topic areas is provided in the format of a script. It is not intended that a clinician use the script verbatim. Rather, each of the four scripts provided should serve as a roadmap. It is expected that counselors will be able to take this material and use it to facilitate tobacco recovery groups in their programs. The topics included in this resource are:

- Tobacco's Relationship to Alcohol and Other Drug Use and Recovery
- The Path to Healthy Recovery
- The Pros and Cons of Continued Tobacco Use

Suggested language the counselor can use when talking with patients is in **bold**.

Notes about questions to the group are in *italic*.

Examples of possible client and facilitator responses are in text boxes.

TOBACCO AWARENESS GROUPS: FACILITATION SKILLS TIP SHEET

FACILITATION: TO EASE THE COMMUNICATION AMONG AND BETWEEN MEMBERS IN A GROUP

Are you one of those individuals who begin to panic when someone asks you to “facilitate” a group meeting? Mastering a basic set of skills not only makes you feel more confident and competent, it can also make rising to the challenge a feather in your professional cap.

WHAT DOES A GREAT FACILITATOR DO?

An effective facilitator helps people both speak to and hear each other in a group situation. A facilitator doesn't exert total control over a group, but rather “applies the grease” when the conversation gets bogged down, or “opens a window” when things get too heated.

The facilitator's primary responsibility is to keep the group on its task. In tobacco recovery groups, the facilitator both presents the topics of discussion and content and helps the members stay focused, encourages their participation, validates individual contributions, and clarifies misunderstandings.

Critically, the facilitator:

- avoids taking sides
- uses the discussion space and time effectively
- demonstrates confidence and honesty (authenticity)
- is not easily distracted
- is aware of the group mood and behavior of individuals
- demonstrates active listening
- asks questions that encourage participants to share more
- has a sense of humor
- can tolerate conflict within the group
- can summarize the discussion simply

GETTING A TOBACCO AWARENESS GROUP OFF THE GROUND

1. Welcome the members to the group and introduce yourself. Ensure that everyone in the group knows who everyone else is. Have people introduce themselves if they don't know one another.
2. Review the “ground rules” for participation—who will speak, when, and for how long.
3. Review “housekeeping”—who will keep time for the group, the location of the bathrooms, where the exits are, where trash should be deposited, the length and location for any scheduled “breaks.”
4. State the agenda for the meeting: what topic you intend to cover, and how long you expect to spend on each part of the discussion.
5. Proceed to your opening exercise.

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**TOBACCO RECOVERY
GROUP SESSION ONE:**

**COPING WITH CRAVING
PART I: RECOGNIZING AND
AVOIDING TRIGGERS**

FACILITATOR TASKS

1. State the purpose of the group: discussing tobacco's relationship to alcohol and other drug use and recovery.
2. Acknowledge the traditional role of tobacco use in alcohol and other drug treatment and recovery. (i.e., coffee, cigarettes) while attending twelve-step, self-help meetings.
3. Explore the significance of the role of tobacco use within alcohol and drug use rituals.
4. Share information on how cigarettes have been “re-engineered” to make them more addicting.
5. Equate the progression of AOD dependence to tobacco dependence.
6. Identify the role of tobacco use in the process of AOD relapse.
7. Relate all of the above to the First Step (powerlessness and unmanageability).

MATERIALS

1. Easel
2. Easel pad
3. Markers
4. **Psychiatry Rx for Change Withdrawal Symptoms Information Sheet**
5. **Recognizing and Avoiding Triggers** worksheet
6. Pens and/or pencils

Note: Worksheet titles are in **bold**.

TOBACCO AWARENESS GROUP SESSION ONE

GETTING STARTED

Introduce yourself and welcome patients to the Tobacco Recovery Group. State the purpose of the group:

The Tobacco Recovery Group is for people who want to abstain from tobacco use.

Confirm with group members that they understand your explanation thus far. Ask permission to ask them questions about the history of their tobacco use, and the connection to how their tobacco use relates to their alcohol and other drug use.

VERIFY AND BOLSTER INTERNAL MOTIVATION

I would like to start by asking why tobacco abstinence is important to you. Would anyone like to share why they are committed to making tobacco abstinence a part of their recovery?

Write patient responses on the easel pad and, using reflective listening, reinforce their internal motivation.

SAMPLE PATIENT-FACILITATOR EXCHANGES

Patient statement: "I want to be free from all of my addictions."

Facilitator response: "So for you, a recovery without tobacco abstinence is incomplete."

Patient statement: "I want to do everything I can to stay sober."

Facilitator response: "Keeping that commitment to tobacco abstinence will help protect you from relapse."

Some people like to have something (an object, an image, a slogan) that represents their reasons for tobacco recovery. Does anyone have something like that? Would you like to share what you use to reinforce your motivation to stay tobacco-free?

Write 3-5 patient responses on the easel pad, and thank each patient for their contributions. If possible, tear the sheet off the easel pad and tape it to the wall.

TOBACCO AWARENESS GROUP SESSION ONE

DEFINE PHYSICAL, BEHAVIORAL, AND COGNITIVE ASPECTS OF TOBACCO RECOVERY

Now let's talk about what recovery means to you. When you move from addiction toward recovery, your bodies begin to heal, and you start to make some changes in how you think and how you act.

On the easel pad, divide the page into three columns with the following headings: Physical Experiences, Thoughts, and Behaviors (see example below).

Would anyone like to share with us any of the physical experiences you have had, or how your thoughts or behaviors have changed since you have started to work on tobacco recovery?

Record patient responses on the easel pad. Sample responses may include:

PHYSICAL EXPERIENCES	THOUGHTS	BEHAVIORS
Cravings	Taking just one puff is not an option	Staying away from smoking AA meetings
Withdrawal		
Breathing Easier	I am getting free from all my addictions	Using nicotine gum when a craving hits
Coughing	I'm a recovering tobacco user	Taking walks when I need to de-stress
More Energy		
Restlessness		Going to NicA meetings
Bigger Appetite		

Thank each patient for their contributions, and summarize the activity:

In our Tobacco Recovery Group, we explore some recovery tools, which are those changes in the ways we think, feel, and act that make our independence from tobacco part of the foundation of our recovery from addiction.

TOBACCO AWARENESS GROUP SESSION ONE

COPING WITH CRAVING

In this session, we are going to talk about craving. Specifically, we will focus on how to recognize our triggers and find ways to avoid them. In our next session we will focus on ways to cope with cravings when they happen.

DESCRIBING THE CRAVING EXPERIENCE

First, let's talk about your experiences with craving. What is craving like for you?

SAMPLE PHYSICAL CRAVING RESPONSES

"I just get a feeling in my stomach."

"My heart races."

"I start smelling it."

SAMPLE COGNITIVE CRAVING RESPONSES

"I need it now."

"I can't get it out of my head."

"It calls me."

SAMPLE EMOTIONAL CRAVING RESPONSES

"I get nervous."

"I'm bored."

"I'm irritated."

How bothered are you by craving?

There is tremendous variability in the level and intensity of craving reported by patients. For some, achieving and maintaining control over craving will be a principal treatment goal and take several weeks to achieve. Other patients deny they experience any craving. Gentle exploration with patients who deny any craving (especially those who continue to use tobacco) often reveals that they misinterpret a variety of experiences or simply ignore craving when it occurs until they suddenly find themselves using. Abstinent patients who deny they experience any craving often, when asked, admit to intense fears about relapsing.

How long does craving last for you? How long does it last if you don't give into it?

To make the point about the time-limited nature of craving, it is often important to point out to patients that they have rarely let themselves experience an episode of craving without giving in to it. (They may not know how long it lasts.)

On the easel pad, write **Coping Strategies**.

Would anyone like to share what you do to cope with your cravings?

Getting a sense of the coping strategies used by patients will help the clinician identify their characteristic coping styles and select appropriate coping strategies.

EXAMPLES OF PATIENT COPING STRATEGIES

Distraction with other activities (e.g., watch TV, take a walk)

Drink water

“This too shall pass”

Talk with someone you trust

Chew a piece of nicotine gum

Remember how bad withdrawal feels

Fill at least one sheet of paper from the easel pad with patient responses, and thank each patient for their contributions. Tear the sheet(s) off the easel pad and tape it (them) to the wall as you summarize the activity:

Everyone has their own personal experiences of cravings that, over time, change in how often they come, how long they last, and how intense they are. Many of you have been able to identify with how your fellow group members experience and cope with cravings.

TOBACCO AWARENESS GROUP SESSION ONE

UNDERSTANDING CRAVING

Experiencing craving is normal and quite common. Craving does not mean something is wrong or that you really want to go back to using tobacco.

Tobacco is used so often and in so many circumstances, there are probably more triggers for tobacco craving than for any other drug. Being around people with whom one has used tobacco, having money or getting paid, drinking alcohol or using other drugs, social situations, and certain moods, such as anxiety, depression, or joy are just a few. Triggers for tobacco craving also are highly individual, so it is important to constantly be aware of your cues and triggers throughout treatment and recovery.

UNDERSTANDING THE ROLE OF WITHDRAWAL IN TRIGGERING CRAVINGS

One trigger I would like to spend some time discussing in greater detail is tobacco withdrawal. Tobacco withdrawal is not always taken as seriously as alcohol or sedative or opioid withdrawal because it is seldom life-threatening. While it is common to dismiss symptoms as “nic fits,” withdrawal symptoms can be quite severe and play a crucial role in maintaining tobacco addiction.

Has anyone noticed that one of the most common reasons people have for using tobacco is because it relaxes them or relieves stress? Would it surprise you to learn that chronic tobacco use actually makes stress worse?

Here’s how it works: When a person regularly uses tobacco, they are able to maintain enough nicotine in their system to avoid withdrawal symptoms. When you experience a stressful situation, however, your body metabolizes nicotine much faster, sending you into withdrawal. Starting to feel irritable and more stressed, a person who uses tobacco is able to relieve their withdrawal symptoms and remove themselves from the stressful situation by smoking a cigarette.

Hand out the **Psychiatry Rx for Change Withdrawal Symptoms Information Sheet**.

Let’s take a look at this handout about withdrawal symptoms. Can anyone recognize symptoms they have had? What was it like? How long did they last?

Encourage patients to share their experiences of withdrawal symptoms and summarize the most commonly identified symptoms, validating that some acute withdrawal symptoms can last for weeks or even months. Cravings may continue for years.

Are there any questions? Concerns? OK, let’s start to take a look at what some of our triggers are.

TOBACCO AWARENESS GROUP SESSION ONE

IDENTIFYING TRIGGERS

Hand out the **Recognizing and Avoiding Triggers Worksheet**.

Please take a minute to write down some of your triggers for tobacco craving.

On the top of the easel pad, draw two columns. In the left column, write: **Triggers**

What are some of your triggers for tobacco craving?

Using reflective listening skills, work with patients to develop a comprehensive list of their triggers, encouraging patients to indicate when they identify with another patient's response.

Some patients become overwhelmed when asked to identify triggers (one patient reported that even breathing was associated with tobacco use for him). It may be most helpful to concentrate on identifying the craving and triggers that have been most problematic in recent weeks.

Summarize triggers identified by patients and validate responses:

As we see from our list, many triggers are common, and some are unique. The more work we do recognizing triggers, the better we will get at noticing new, more subtle triggers. We can also use this skill to strengthen our ability to recognize triggers for alcohol and other drug use cravings.

AVOIDING TRIGGERS

If our general strategy is to “recognize, avoid, and cope,” our next step is to look at things we can do to avoid as many triggers as we can. In recovery we talk about changing people, places, and things that have helped us maintain our addiction. Some changes people have made include breaking ties or reducing contact with individuals who use or supply tobacco, getting rid of lighters, ashtrays, and other paraphernalia, staying out of bars, casinos, homes, and other places where tobacco is used, and avoiding bodegas and convenience stores that sell loose cigarettes.

Please take a minute to write down some of the things you do to avoid your triggers.

At the top of the right column on the easel pad, write: **How to avoid it.**

Looking at our list of triggers, are some of them avoidable? How can we avoid them?

Using reflective listening skills, record patient responses on the easel pad and validate suggested avoidance strategies. Clinicians should spend considerable time exploring the relationship between alcohol, tobacco, and other drugs with patients who use them together to such an extent that alcohol becomes a powerful tobacco trigger. Specific strategies to reduce, or preferably, stop alcohol and other drug use should be explored.

TOBACCO AWARENESS GROUP SESSION ONE

SUMMARY

I like to think that everyone who comes to group feels responsible for their own recovery. I would like to encourage you to take the new knowledge you learn here, use what works for you, and leave the rest. Having said that, what have you learned today that will help you in your recovery?

Use reflective listening skills to validate patient responses, and then summarize:

Today we talked about a key part of what it takes to make tobacco abstinence a part of recovery: coping with cravings. We learned that craving is a very normal, time-limited, part of the recovery process. We learned that different people can experience cravings differently at different times. We learned that cravings can come when we are exposed to triggers, and that any one person can have many triggers, based on how tobacco use has been a part of their life. We learned that withdrawal symptoms are a powerful trigger for cravings. We started to take a look at what our own triggers are, and spent some time talking about some of the things we can do to avoid those triggers. In our next session, we will talk about what we can do to cope with the cravings when they come. For homework, please discuss the handout you filled out with your counselor, or a friend or family member. Feel free to add to the list of triggers and avoidance strategies as we continue our work together. Please bring your list to the next group session.

TOBACCO AWARENESS GROUP SESSION ONE



WITHDRAWAL SYMPTOMS INFORMATION SHEET

Quitting tobacco use brings about a variety of physical and psychological withdrawal symptoms. Most of these symptoms decrease sharply during the first few days after quitting, followed by a continued but slower decline in symptoms during the 2nd and 3rd weeks after quitting. For some people, coping with withdrawal symptoms is like riding a roller coaster—there may be sharp turns, slow climbs, and unexpected plunges. **Most symptoms pass within 2 to 4 weeks after quitting.** Report new symptoms to your health-care provider, especially if severe. Consider the impact of recent medication changes.

SYMPTOM	CAUSE	DURATION	RELIEF
Chest tightness	Tightness is likely due to tension created by the body's need for nicotine or may be caused by sore muscles from coughing.	A few days	<ul style="list-style-type: none"> ▪ Use relaxation techniques ▪ Try deep breathing ▪ Use of NRT may help
Constipation, stomach pain, gas	Intestinal movement decreases for a brief period.	1–2 weeks	<ul style="list-style-type: none"> ▪ Drink plenty of fluids ▪ Add fruits, vegetables, and whole-grain cereals to diet
Cough, dry throat, nasal drip	The body is getting rid of mucus, which has blocked airways and restricted breathing.	A few days	<ul style="list-style-type: none"> ▪ Drink plenty of fluids ▪ Avoid additional stress during first few weeks
Craving for a cigarette	Nicotine is a strongly addictive drug, and withdrawal causes cravings.	Frequent for 2–3 days; can happen for months or years	<ul style="list-style-type: none"> ▪ Wait out the urge, which lasts only a few minutes ▪ Distract yourself ▪ Exercise (take walks) ▪ Use of NRT may help
Depressed mood	It is normal to feel sad for a period of time after you first quit smoking. Many people have a strong urge to smoke when they feel depressed.	1–2 weeks	<ul style="list-style-type: none"> ▪ Increase pleasurable activities ▪ Talk with your clinician about changes in your mood when quitting ▪ Get extra support from friends and family
Difficulty concentrating	The body needs time to adjust to not having constant stimulation from nicotine.	A few weeks	<ul style="list-style-type: none"> ▪ Plan workload accordingly ▪ Avoid additional stress during first few weeks
Dizziness	The body is getting extra oxygen.	1–2 days	<ul style="list-style-type: none"> ▪ Use extra caution ▪ Change positions slowly
Fatigue	Nicotine is a stimulant.	2–4 weeks	<ul style="list-style-type: none"> ▪ Take naps ▪ Do not push yourself ▪ Use of NRT may help
Hunger	Cravings for a cigarette can be confused with hunger pangs; sensation may result from oral cravings or the desire for something in the mouth.	Up to several weeks	<ul style="list-style-type: none"> ▪ Drink water or low-calorie liquids ▪ Be prepared with low-calorie snacks
Insomnia	Nicotine affects brain wave function and influences sleep patterns; coughing and dreams about smoking are common.	1 week	<ul style="list-style-type: none"> ▪ Limit caffeine intake, the effects of which will increase with quitting smoking ▪ Use relaxation techniques
Irritability	The body's craving for nicotine can produce irritability.	2–4 weeks	<ul style="list-style-type: none"> ▪ Take walks ▪ Try hot baths ▪ Use relaxation techniques

Adapted from materials from the National Cancer Institute.

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RECOGNIZING AND AVOIDING TRIGGERS WORKSHEET

TRIGGER	HOW TO AVOID IT

TOBACCO AWARENESS GROUP SESSION ONE

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**TOBACCO RECOVERY
GROUP SESSION TWO:**

**COPING WITH CRAVING
PART II: COPING STRATEGIES**

FACILITATOR TASKS

1. Review **Recognizing and Avoiding Triggers Worksheet**
2. Convey the nature of craving as a normal, time-limited experience.
3. Identify and facilitate patient practice of coping strategies for dealing with tobacco cravings

MATERIALS

1. Easel
2. Easel pad
3. Markers
4. **Recognizing and Avoiding Triggers Worksheet**
5. **Coping with Cravings and Urges Handout**
6. Seven copies of the **Daily Record of Tobacco Cravings** worksheet for each patient (or four double-sided pages)
7. 3x5 index cards
8. Pens and/or pencils

Note: Worksheet titles are in **bold**.

TOBACCO AWARENESS GROUP SESSION TWO

GETTING STARTED

Introduce yourself and welcome patients to the Tobacco Recovery Group. State the purpose of the group:

The Tobacco Recovery Group is for people who want to abstain from tobacco use.

In our last group, we talked about how coping with cravings is a key part of recovery. We learned that craving is a very normal, time-limited, part of the recovery process. We learned that cravings can come when we are exposed to triggers, and that any one person can have many triggers, based on how tobacco use has been a part of their life. We learned that withdrawal symptoms are a powerful trigger for cravings. We started to take a look at what our own triggers are, and spent some time talking about some of the things we can do to avoid those triggers. We also had a homework assignment: to share the Recognizing and Avoiding Triggers Worksheet with a counselor, friend, or family member.

REVIEW THE RECOGNIZING AND AVOIDING TRIGGERS WORKSHEET

Hold up the **Recognizing and Avoiding Triggers** worksheet.

For those of you who shared this worksheet with a counselor, friend or family member, what was it like for you? What kind of support or helpful advice did you get?

Using reflective listening, ask follow-up questions to learn more about support and insights they gained, how they felt when they had the discussion, etc.

This homework assignment had two purposes. The first was that we wanted to reinforce what you learned about triggers. The second was to get you in the practice of asking for social support in your tobacco recovery. I am interested in hearing from those of you who didn't share the worksheet. What kept you from sharing?

Using reflective listening, ask follow-up questions to learn more about patients' reluctance to talk about their triggers. Patients may say they are uncomfortable talking with people who are currently using tobacco or who have told them it's not a priority for their recovery.

Fear about what people may think can cause us to procrastinate, drag our feet, isolate, and do other things that can sabotage recovery. We want you to be able to get support in your tobacco recovery. Are there some ways that you can allow yourself to feel the fear and share anyway?

Using reflective listening, ask follow-up questions to learn more about patients' experiences taking a risk to ask for support. Validate those actions and reinforce the importance of social support in recovery.

TOBACCO AWARENESS GROUP SESSION TWO

DISCUSS STRATEGIES FOR COPING WITH CRAVING

No matter how good we get at avoiding triggers, it is highly unlikely that we can ever stop all craving completely. When the cravings come, there are strategies we can use to cope with the cravings. With practice, it is possible to reduce the frequency and intensity of craving and make it less disturbing and frustrating when it occurs.

DISTRACTION

In many cases, an effective strategy for coping with craving for tobacco is distraction, especially doing something physical. What are some of the things you have done or could do to distract yourself from a craving?

Using reflective listening, write patient responses on the easel pad. Some reliable distracting activities might include taking a walk, playing basketball, and doing relaxation exercises. Leaving the situation and going somewhere safe is one of the most effective ways of dealing with craving when it occurs.

TALKING ABOUT CRAVING

Last session's homework assignment was practice for talking about cravings. When you have supportive, abstinent friends and family members, talking about craving when it happens is a very effective strategy. It can help reduce the feelings of anxiety and vulnerability that often come with the craving. It may even help you identify specific triggers.

Sometimes close family members get concerned when they hear you talk about craving because they expect it to lead to use. It's important to have someone you can feel comfortable talking with about craving. You might want to think about how that person would be likely to react, and whether it makes sense to ask that person in advance for support.

Who might you want to talk with? Do you have any concerns about talking with that person? Does the thought of talking with someone bring on cravings?

EXAMPLE RESPONSE TO A PATIENT WHO IS AMBIVALENT ABOUT TALKING WITH HIS WIFE ABOUT CRAVING

“It sounds like you think talking to your wife might help, but you’ve also said that she’s very nervous about what would happen if you relapsed. Do you think she’d be able to listen if you talked with her the next time you felt like using? Maybe you could talk to her about this before the next time you feel craving, so the two of you can figure out how you’ll handle it when it comes up.”

Socially isolated patients, or those who have few non-tobacco-using friends, will find it difficult to identify a supportive other who can assist with craving, thoughts about tobacco, or other problems. This should alert clinicians to the need to consider addressing social isolation during treatment. For example, clinicians and patients can brainstorm ways of meeting new, non-using people, reconnecting with friends and family members, and so on. To help patients “own” these strategies and be more likely to initiate positive social contact, clinicians might suggest applying problem-solving strategies.

GOING WITH THE CRAVING

Cravings, like other feelings, are temporary. They rise, peak, and fall over time. They do not last forever. We can also “go with the craving.” The idea behind this technique is to let cravings occur, peak, and pass; in other words, to experience them without either fighting or giving into them. You can think about this as riding a wave or walking over a hill, or driving into a skid. The purpose of this technique is not to make the cravings disappear, but rather to experience them in a different way that makes them feel less anxiety provoking and dangerous and thus easier to ride out.

Pay attention to the craving. This usually involves, first, finding someplace safe to let yourself experience craving (e.g., a comfortable and quiet place at home). Next, relax and focus on the experience of craving itself - where it occurs in the body or mind and how intense it is.

Focus on the area where the craving occurs. This involves paying attention to all the physical and emotional signals and trying to put them into words. What is the feeling like? Where is it? How strong is it? Does it move or change? Where else does it occur? After concentrating in this way, many people find the craving goes away entirely.

TOBACCO AWARENESS GROUP SESSION TWO

RECALLING NEGATIVE CONSEQUENCES

When experiencing craving, many people have a tendency to remember only the positive effects of tobacco; they often forget the negative consequences. When experiencing craving, it is often effective to remind yourself of the benefits of abstinence and the negative consequences of continuing to use. This way, you can remember that you really will not feel better if you use.

Hand out a 3x5 index card to each patient and ask them to list the reasons they have made a commitment to be abstinent and the negative consequences of use.

Has anyone ever heard the saying “I’ve got another drunk in me, but not another recovery?” One of the reasons they say that is that it is easy to relapse, but it is not easy do go through all of the withdrawal. Early recovery is hard.

Once you have completed this card, you can keep it in your wallet or purse or another easily accessible place. This way, when you are confronted by intense craving for tobacco or a high-risk situation, looking at the card can remind you of the negative consequences of tobacco use at a time when you are likely to recall only the euphoria.

USING SELF-TALK

For many people, a variety of automatic thoughts come with craving. These thoughts are so deeply established that it’s easy to miss them. They often have a sense of urgency and exaggerated dire consequences (e.g., “I have to use now,” “I’ll die if I don’t use,” or “I can’t do anything else until I use”).

In coping with craving, it is important both to recognize the automatic thoughts and to counter them effectively.

To help patients recognize their automatic thoughts, clinicians can point out cognitive distortions, also known as “stinking thinking,” that occur during sessions (e.g., “A few times today you’ve said you feel like you have to use. Are you aware of those thoughts when you have them?”).

Another strategy is to help patients “slow down the tape” to recognize cognitions:

“SLOWING DOWN THE TAPE”

“When you decided to go out last night, you said that you really weren’t aware of thinking about using tobacco. But I bet if we go back and try to remember what the night was like, sort of play it back like a movie in slow motion, we could find a couple of examples of things you said to yourself, maybe without even realizing it, that led to tobacco use. Can you sort of play last night back for us now?”

TOBACCO AWARENESS GROUP SESSION TWO

Once automatic thoughts are identified, it becomes much easier to counter or confront them, using positive rather than negative self-talk. This includes cognitions such as challenging the thought (e.g., “I won’t really die if I don’t have tobacco”), and normalizing craving (e.g., “Craving is uncomfortable, but a lot of people have it and it’s something I can deal with without using”).

It is important to remember that if we start to engage in a “should I/shouldn’t I” or “I’d really like to/I really can’t” type of self-talk, the addiction will ultimately win.

PRACTICE USING THE DAILY RECORD OF TOBACCO CRAVINGS

Hand out the **Coping with Cravings and Urges** handout and two copies of the **Daily Record of Tobacco Cravings** worksheet.

Read through the **Coping with Cravings and Urges** handout and ask patients to start using the **Daily Record of Tobacco Cravings** worksheet and bring it to the next session.

SUMMARY

I like to think that everyone who comes to group feels responsible for their own recovery. I would like to encourage you to take the new knowledge you gain here, use what works for you, and leave the rest. Having said that, what have you learned today that will help you in your recovery?

Use reflective listening skills to validate patient responses, and then summarize:

In today’s session, we learned about some key coping strategies: distraction, talking about craving, going with the craving, remembering negative consequences, and using self-talk. We learned how to use the Daily Record of Tobacco Cravings worksheet, and we will review that in our next session. The next time we meet, we will start to put together an “All-purpose Recovery Plan.”

TOBACCO AWARENESS GROUP SESSION TWO

COPING WITH CRAVINGS AND URGES

Cravings are common and normal. They are not a sign of failure. Instead, try to learn from them about what your craving triggers are. Cravings are like ocean waves. They get stronger only to a point, then they start to go away. If you don't use, your cravings will weaken and eventually go away. Cravings only get stronger if you give in to them. You can try to avoid cravings by avoiding or eliminating the triggers that cause them.

You can *cope* with cravings by:

- Distracting yourself for a few minutes
- Talking about the urge with someone who is supportive
- Going with the craving (“urge surfing” or “riding out the urge”)
- Recalling the negative consequences of using
- Talking yourself through the urge

Each day this week, fill out the **Daily Record of Tobacco Cravings**. This includes:

- The date and time of the craving
- What was happening, what you were thinking and feeling when you had the craving
- How intense the craving was on a scale of 1-100 (1 being very low intensity and 100 being the most intense craving you have ever felt)
- How long the craving lasted
- What you did to cope with craving

Example:

DATE/TIME	SITUATION, THOUGHTS, AND FEELINGS	INTENSITY OF CRAVING (1-100)	LENGTH OF CRAVING	HOW I COPEd
Friday, 3 PM	Fight with boss, frustrated, angry	75	20 minutes	Called home, talked to Mary
Friday, 7 PM	Watching TV, bored, trouble staying awake	60	25 minutes	Rode it out and went to bed early
Saturday, 9 PM	Wanted to go out and get a drink	80	45 minutes	Played basketball instead

TOBACCO AWARENESS GROUP SESSION TWO

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**TOBACCO RECOVERY
GROUP SESSION THREE:**

**AN ALL-PURPOSE
COPING PLAN**

FACILITATOR TASKS

1. Review **Daily Record of Tobacco Craving**
2. Identify future high-risk situations for patients
3. Empower patients to generate a personal coping plan

MATERIALS

1. Easel
2. Easel pad
3. Markers
4. Easel pad sheet pre-printed with the table from the **Daily Record of Tobacco Cravings** worksheet (try to include at least one row per patient)
5. Seven copies of the **Daily Record of Tobacco Cravings** worksheet for each patient (or four double-sided pages)
6. Easel pad sheet pre-printed with the table from the **High Risk Situations** worksheet (try to include at least one row per patient)
7. **High Risk Situations** worksheet
8. **All-Purpose Coping Plan** worksheet
9. Pens and/or pencils

Note: Worksheet titles are in **bold**.

GETTING STARTED

Introduce yourself and welcome patients to the Tobacco Recovery Group. State the purpose of the group:

The Tobacco Recovery Group is for people who want to abstain from tobacco use.

In our last group, we talked about some key coping strategies: distraction, talking about craving, going with the craving, remembering negative consequences, and using self-talk. We also had a homework assignment to complete: the Daily Record of Tobacco Cravings Worksheet.

REVIEW THE DAILY RECORD OF TOBACCO CRAVINGS

Hold up the **Daily Record of Tobacco Cravings** worksheet.

I'm interested to hear about what your cravings were like and strategies you used to cope with them. Who would like to share?

Allow patients to share one instance of craving from their worksheet. Write their responses on the **Daily Record of Tobacco Cravings** table on the easel pad until the table is full. Using reflective listening, validate patients for using the coping strategies discussed in the previous session (distraction, talking about craving, going with the craving, remembering negative consequences, and using self-talk) and ask patients who used tobacco which coping skills they might have used to prevent their lapse.

What was it like using the Daily Record of Tobacco Cravings? How could this be useful to you in your tobacco recovery? What times might it be more helpful?

Use reflective listening skills and validate patient responses for when they might use the **Daily Record of Tobacco Cravings**. Hand out additional copies of the worksheet to patients.

IS THIS SOMETHING THE GROUP WANTS TO DO IN FUTURE SESSIONS?

If patients indicate an interest in continuing to do this exercise in future Tobacco Recovery Group sessions, agree to integrate it in the next session.

TOBACCO AWARENESS GROUP SESSION THREE

AN ALL-PURPOSE COPING PLAN

Even when you are doing well making your tobacco avoidance and refusal skills a part of our recovery, any number of unforeseen circumstances may arise that result in high-risk situations. These often have to do with major, negative stressful events or crises, such as the death or sickness of a loved one, learning one has a life-threatening health condition, losing a job, the loss of an important relationship, and so on. Positive events can also lead to high-risk situations. These could include receiving a large amount of money or starting a new intimate relationship. Since such events may occur anytime, during as well as after treatment, we want to encourage you to develop an emergency coping plan you can refer to and use should such unplanned events occur.

ANTICIPATE HIGH-RISK SITUATIONS

Although it is helpful to recognize, avoid, and cope with high-risk situations, life is unpredictable, and not all high-risk situations can be anticipated. Any life changes can bring stress, negative or positive. Crises, negative stressors, and even positive events can result in high-risk situations.

HAND OUT THE HIGH-RISK SITUATIONS WORKSHEET

Let's talk about some of the high-risk situations you think might be coming up for you in the next few months. Please write down three or four major stressors that might arise over the next few months, and what your reactions might be. For any of those situations that might shake your commitment to abstinence, we will need to come up with a concrete coping plan that you can put into actions when the need arises.

After a few minutes, ask patients to identify a high-risk situation they anticipate might make it harder to maintain their commitment to abstinence. Write their responses on the easel pad table from the **High-Risk Situations** worksheet. Using reflective listening, summarize any common themes in the situations the patients identify.

SAMPLE HIGH-RISK SITUATIONS

STRESSFUL SITUATION	HOW IT MIGHT AFFECT MY RECOVERY
Moving back into my house where everyone smokes	I'll be constantly exposed to triggers for tobacco cravings.
Being unemployed and living in the community	Little structure to my day – boredom is a trigger for me.
Reuniting with my children	Really happy, but - how will I balance meeting my children's needs with what I need to do for my recovery?

Several major self-help traditions like A.A. and N.A. advise against making major life changes in the first twelve months of recovery. Does anyone have some thoughts about why that is?

Using reflective listening, validate patient responses that touch on themes of not jeopardizing one's recovery by putting oneself into too many high-risk, high stress situations. If a patient brings up the adage "one thing at a time," take the time to respond in a way that addresses the reluctance to integrating tobacco abstinence into chemical dependence recovery.

"ONE THING AT A TIME"

"Sometimes people in twelve step groups may respond to including tobacco abstinence in your recovery with the adage 'one thing at a time.' This can sound like a genuine concern about the stability of your recovery, but it may also be coming from a place of insecurity of their own recovery when it comes from someone actively using tobacco. It's important to remember that your commitment to tobacco abstinence protects your recovery."

TOBACCO AWARENESS GROUP SESSION THREE

AN ALL-PURPOSE COPING PLAN

AN ALL-PURPOSE COPING PLAN

When you are most stressed, you may feel vulnerable and be more likely to return to old, familiar coping strategies than to use the healthier but less familiar strategies you have practiced during these sessions. It is important to try to develop a reliable coping strategy that you can use in the event of any unexpected situation. Let's take some time to brainstorm what should be in a coping plan.

Using reflective listening, write patient responses on the easel pad. Summarize by sharing the list below:

- A set of emergency phone numbers of supportive others who can be relied on
- Recall of negative consequences of returning to use
- A set of positive thoughts that can be substituted for high-risk thoughts
- A set of reliable distracters
- A list of safe places where you can ride out the crisis with few triggers or temptations to use (e.g., a parent's or friend's house)

PRACTICE EXERCISE: GENERATING THE PERSONAL ALL-PURPOSE COPING PLAN

Hand out the **All-Purpose Coping Plan** worksheet.

Let's take some time to fill out the All-Purpose Coping Plan Worksheet. Work with a partner and share your coping plan with each other. I'll come around and help if anyone is struggling. After everyone is finished, I'll ask for volunteers to share their plan with the group.

Allow patients at least fifteen minutes to complete the worksheet. Walk around the group room and provide guidance and suggestions to patients who ask for help or appear to need assistance. After fifteen minutes, re-convene the large group and ask for a volunteer to share their plan. Validate patient responses and ask other patients what they think of the coping plans that are shared. If there is time, ask for another volunteer to share their plan, and seek feedback from the group.

TOBACCO AWARENESS GROUP SESSION THREE

SUMMARY

I like to think that everyone who comes to group feels responsible for their own recovery. I would like to encourage you to take the new knowledge you gain here, use what works for you, and leave the rest. What have you learned today that will help you in your recovery?

Use reflective listening skills to validate patient responses, and then summarize:

In today's session, we reviewed the Daily Record of Tobacco Cravings worksheet and we agreed to review it at the beginning of our future groups. We learned about high-risk situations, and we built personal All-Purpose Coping Plans. The next time we meet, we will learn about "Seemingly Irrelevant Decisions." Please bring your Daily Record of Tobacco Cravings and your All-purpose Recovery Plan with you to our next session.

TOBACCO AWARENESS GROUP SESSION THREE

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HIGH-RISK SITUATIONS

STRESSFUL SITUATION	HOW IT MIGHT AFFECT MY RECOVERY

TOBACCO AWARENESS GROUP SESSION THREE

AN ALL-PURPOSE COPING PLAN

Remember that running into problems, even unexpected situations, is part of life and cannot always be avoided, but being prepared is the best strategy for not picking up when an unexpected problem occurs.

If I run into a high-risk situation:

1. I will leave or change the situation.

Safe places I can go:

2. I will put off the decision to use for 15 minutes. I'll remember that my cravings usually go away in ___ minutes and I've dealt with cravings successfully in the past.

3. I'll distract myself with something I like to do.

Good distracters:

4. I'll call my list of emergency numbers:

Name: _____ Number: _____

Name: _____ Number: _____

Name: _____ Number: _____

5. I'll remind myself of my successes to this point:

6. I'll challenge my thoughts about using with positive thoughts:

TOBACCO AWARENESS GROUP SESSION THREE



**TOBACCO RECOVERY
GROUP SESSION FOUR:**

**SEEMINGLY IRRELEVANT
DECISIONS**

FACILITATOR TASKS

1. Review **Daily Record of Tobacco Craving**
2. Describe how Seemingly Irrelevant Decisions are related to high-risk situations
3. Identify examples of Seemingly Irrelevant Decisions
4. Practice Safe Decision-Making

MATERIALS

1. Easel
2. Easel pad
3. Markers
4. Easel pad sheet pre-printed with the table from the **Daily Record of Tobacco Cravings** worksheet (try to include at least one row per patient)
5. Seven copies of the **Daily Record of Tobacco Cravings** worksheet for each patient (or four double-sided pages)
6. **Seemingly Irrelevant Decisions** worksheet
7. Three easel pad sheets pre-printed with the table from the **Seemingly Irrelevant Decisions** worksheet (one for the story of Joe, one for patient responses, and one for typical seemingly irrelevant decisions)
8. **All-Purpose Coping Plan** worksheet
9. Pens and/or pencils

Note: Worksheet titles are in **bold**.

TOBACCO AWARENESS GROUP SESSION FOUR

GETTING STARTED

Introduce yourself and welcome patients to the Tobacco Recovery Group. State the purpose of the group:

The Tobacco Recovery Group is for people who want to abstain from tobacco use.

The last time we met, we reviewed the Daily Record of Tobacco Cravings worksheet and we agreed to review it at the beginning of our future groups. We learned about high-risk situations, and we built personal All-Purpose Coping Plans. This time, we will learn about “Seemingly Irrelevant Decisions.”

REVIEW THE DAILY RECORD OF TOBACCO CRAVINGS

Hold up the **Daily Record of Tobacco Cravings** worksheet.

I’m interested to hear about what your cravings were like and strategies you used to cope with them. Who would like to share?

Allow patients to share one instance of craving from their worksheet. Write their responses on the **Daily Record of Tobacco Cravings** table on the easel pad until the table is full. Using reflective listening, validate patients for using the coping strategies discussed in the previous session (distraction, talking about craving, going with the craving, remembering negative consequences, and using self-talk) and ask patients who used tobacco which coping skills they might have used to prevent their lapse.

Hold up the **All-Purpose Coping Plan** worksheet.

Did anyone use their All-Purpose Coping Plan since we last met? I’m interested to hear about how that may have helped you cope with cravings.

Using reflective listening, validate patients for using the coping strategies they included in their **All-Purpose Coping Plan**.

TOBACCO AWARENESS GROUP SESSION FOUR

SEEMINGLY IRRELEVANT DECISIONS

We have talked about ways to avoid triggers and cope with cravings for tobacco. We learned that some triggers are avoidable, and some high-risk situations are unavoidable, for example, living in an environment with active tobacco users but lacking the resources to relocate. There is a third category that people often experience as beyond their control, which actually involves their own thinking and behavior. We call these Seemingly Irrelevant Decisions.⁴

Seemingly Irrelevant Decisions are decisions, rationalizations, and minimizations of risk that move people closer to or even into high-risk situations, even though they seem unrelated to tobacco use. It is a chain or series of these decisions – not any one single decision – that can lead to use. The earlier you interrupt the chain, the easier it will be to avoid relapse, because risk, craving, and availability of tobacco is low. When you get toward the end of the chain, you may already be in situations where tobacco is available and you are exposed to many cues and triggers.

Sometimes these decisions come when people are dealing with the same painful emotions like boredom or loneliness that they used to use tobacco to cope with. When those feelings come, there is a danger of having distorted thoughts that make you much more likely to pick up.

I'd like to tell you a story about a person who made several Seemingly Irrelevant Decisions that led to a high-risk situation and, eventually, a relapse. As I tell you the story, try to pick out the decisions that he made along the way that, taken together, made him more vulnerable to using tobacco. Here is the story:

Joe, who had been abstinent from opioids and tobacco for several weeks, drove home from work on a night his wife was going to be away. On the way, he turned left rather than right at an intersection so he could enjoy the “scenic route.” On this route, he saw a friend from his N.A. home group sitting on his porch, drinking from a travel mug. He stopped to talk with his friend, who offered him a cup of coffee. As they talked about their day, Joe's friend said ‘I know you're trying to quit smoking, but would you mind if I had a smoke?’ Joe said that was fine. After his second cup of coffee, Joe's friend noted that Joe had been eyeing his cigarette intensely and offered him one: ‘One cigarette couldn't hurt’. Before he knew it, Joe had smoked five cigarettes. On his way home, he stopped at the convenience store and picked up a pack of cigarettes.

⁴ Marlatt, G.A., & Gordon, J.R. (1985). *Relapse prevention: Maintenance strategies in the treatment of addictive behaviors*. New York, NY: Guilford Press.

When did you think Joe first got into trouble, or “thought” about using tobacco? One of the things about these chains of decisions that lead to tobacco use is that they are far easier to stop in the beginning of the chain. Being farther away from tobacco, it is easier to stop the decision-making process than when you’re closer to tobacco use and craving kicks in.

What do you think Joe was saying to himself at the point he took the scenic route home? We often find that people making Seemingly Irrelevant Decisions can catch themselves by the way they think - thoughts like “I have to do this” or “I really should go home this way” or “I need to see so-and-so because...” These end up being rationalizations, or ways of talking yourself into tobacco use without seeming to do so. I’ve noticed sometimes that you talk yourself into high-risk situations by telling yourself a situation is safe, when it really may not be, like when you told yourself last week that it was safe for you to go hang out in the park with your friends. Can you think of other examples of ways you might have talked yourself into a risky situation?

IDENTIFY PERSONAL EXAMPLES OF SEEMINGLY IRRELEVANT DECISIONS

Clinicians should encourage patients to relate a recent example of a chain of **Seemingly Irrelevant Decisions**.

Can you think of your own relapse story? Let’s go through it and try to pinpoint the places where you made risky decisions, what you were telling yourself, and how you could have interrupted the chain before you used.

PRACTICE SAFE DECISION-MAKING

Another important thing to know about **Seemingly Irrelevant Decisions** is that if you can get yourself into the practice of recognizing all the small decisions you make every day, and thinking through safe versus risky consequences for those decisions, you will be less vulnerable to high-risk situations.

Hand out the **Seemingly Irrelevant Decisions** worksheet.

Returning to the story of Joe, what were the Seemingly Irrelevant Decisions he made and what would have been safer decisions for him?

Using reflective listening, write patient responses on the first easel pad sheet with the table from the **Seemingly Irrelevant Decisions** worksheet.

Let’s go through a few things that have happened to you in the last few weeks and try to work through safe versus risky decisions.

Using reflective listening, write patient responses on the second easel pad sheet with the table from the **Seemingly Irrelevant Decisions** worksheet.

TOBACCO AWARENESS GROUP SESSION FOUR

SEEMINGLY IRRELEVANT DECISIONS

Let's review some Seemingly Irrelevant Decisions are that are common among people who are addicted to tobacco:

DECISION	SAFE ALTERNATIVE	RISKY ALTERNATIVE
What do I do with the two packs of cigarettes I have left in the kitchen?	Throw tobacco away	Keeping tobacco in the house
Do I go to the party where I know people will be smoking?	Don't go to the party	Going to parties where people will be using tobacco
What do I do when most of my friends still smoke?	Don't interact with people who are using	Interacting with people who are tobacco users
I don't want to disappoint my family – should I tell them if I use?	Admit tobacco use lapses to family	Keeping tobacco use a secret from family members
What should I do with my lighters, ashtrays, and rolling papers?	Throw tobacco paraphernalia away	Not getting rid of lighters, ashtrays, or other tobacco paraphernalia
A lot of my friends smoke, and they'll give me a hard time if I stop. What should I do?	Tell friends you have stopped using tobacco	Not telling tobacco-using friends of the decision to stop
Tobacco use took up a lot of my free time. What if I get bored?	Make plans to fill free time with healthy, fun activities	Not planning to fill free time
I've got a lot of freedom now that I'm back home, but I'm not quite sure what to do with myself.	Go to night and weekend meetings to help fill my time	Having a lot of unscheduled time on nights or weekends that can lead to boredom
I have a stressful job with long hours.	Make time for relaxation and get enough sleep	Getting overtired or stressed

TOBACCO AWARENESS GROUP SESSION FOUR

SUMMARY

I like to think that everyone who comes to group feels responsible for their own recovery. I would like to encourage you to take the new knowledge you gain here, use what works for you, and leave the rest. What have you learned today that will help you in your recovery?

Use reflective listening skills to validate patient responses, and then summarize:

In today's session, we reviewed the Daily Record of Tobacco Cravings and discussed our All-Purpose Coping Plans. We learned about Seemingly Irrelevant Decisions and how they apply to our recovery. Finally, we practiced making safe decisions that will help us prevent relapse.

TOBACCO AWARENESS GROUP SESSION FOUR

SEEMINGLY IRRELEVANT DECISIONS

When making any decision, whether large or small, do the following:

- Consider all the options you have.
- Think about all the consequences, both positive and negative, for each of the options.
- Select one of the options. Pick a safe decision that minimizes your risk of relapse.
- Watch for “red flag” thinking - thoughts like “I have to . . .”, or “I can handle . . .” or “It really doesn’t matter if . . .”

Practice monitoring decisions that you face in the course of a day, both large and small, and consider safe and risky alternatives for each.

DECISION	SAFE ALTERNATIVE	RISKY ALTERNATIVE

TOBACCO AWARENESS GROUP SESSION FOUR