

TEACH Educational Rounds

How to Facilitate Tobacco Cessation Groups and Deal with Challenging Situations

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1) I think seniors are the hardest to convince to quit, and would love some suggestions.

We would agree with you and so would lots of research. Some strategies that have been shown to be helpful are having senior-specific reasons to quit smoking. Stephanie's population at Couchiching FHT is primarily 55+ and what has been found to be helpful are highlighting facts such as:

- Bone fractures occur in more seniors who smoke than in those that do not smoke.
- Smoking can reduce a woman's overall bone density after they have undergone menopause. This can lead to osteoporosis developing or lead to bone breaks and fractures.
- Smoking in the elderly has been linked to macular degeneration, diabetes, colorectal cancer, rheumatoid arthritis and many other devastating health disorders that could affect the elderly population.
- Ditching the smoking habit will save them money.
- As quickly as 20 minutes after they smoke their last cigarette their body will begin to heal itself. The longer they go without smoking, the more of its consequences they can reverse.
- Regardless of age it is never too late to quit!

For more information these resources have been helpful in strategies to help seniors quit smoking: Carolin Gellert, Ben Schöttker, Heiko Müller, Bernd Holleczeck, Hermann Brenner: Impact of smoking and quitting on cardiovascular outcomes and risk advancement periods among older adults. Eur J Epidemiol. 2013. doi: 10.1007/s10654-013-9776-0

<http://smokefree.gov/sites/default/files/pdf/clear-horizons-accessible.pdf0>

2) Could you please share some organizations that may offer funding for smoking cessation groups?

We have found that funding is truly on a case by case basis. Completing comprehensive needs assessment will help to support your request for funding (so that's a great place to start!) and increase your chances at success.

Some potential places that may offer funding include:

- ✓ Your agency
- ✓ Donated resources-OLA, Smokers Helpline, Public Health, STOP program for NRT
- ✓ Universities may partner with you to do a joint research group
- ✓ Professionals will donate time to come speak
- ✓ Donations from the community
- ✓ Organizations in the community often do sponsor programs
- ✓ Groups such as Rotary clubs, Lion's club, etc.

3) *The groups I facilitate are 10 weeks for 1.5 hours each session, what is the ideal session length?*

The ideal length depends on the capacity of the clients, the setting and the type of group. Research supports that contact that involves discussion of smoking cessation can be effective. We have found 60-90 minutes to be the ideal.

4) *Are there best practices for the most effective length of group for at-risk populations - I find 12 weeks is not enough*

In terms of at-risk populations, we would need to know the specific population in order to speak to it (pregnancy, youth, etc.) and many of the best practice documents are found online. We have found 12 weeks to be effective, but you can also try altering the group format. For example instead of running a weekly group try meeting twice or three times per week. By increasing the frequency you are also upping the intensity of the support which can be beneficial to clients.

5) *Which is better, info sessions as you are covering now or support group?*

There truly is not a “better,” however, we find psychotherapeutic groups to be most effective with the populations that we work. We have found providing information coupled with the traditional support of a “therapy” group to have the best of both worlds and meet the needs of most clients. Ideally one should always tailor the group to the clients that you are working with.

6) *How often do you run booster groups, how long after program is completed, what is the content?*

We run them usually 6 weeks after the completion of the group and run between 1-3 sessions, in an open format. The content is open however we discuss relapse prevention, coping skills, and challenges that the participants have overcome or still struggle with. We try to make booster group quite positive so as to increase client’s motivation in their cessation journey.

7) *Is there evidence of success with groups that are run in areas where the group members change every week, such as a detox centre or mental health ward?*

This is essentially an open group format, and there is evidence of success for open group format. Research has shown that any contact regarding smoking cessation is beneficial so know you will be making a difference regardless of the type of group you run.

8) *I wonder if you can comment on working with cognitively impaired older adults in groups?*

While we both haven’t worked with that population, we would suggest partnering with either the Alzheimer’s society, or the Behavioural Support Organization/Behavioural Support Services in your area to provide extra support and best practices with this population.