Session Plan



Aim:

Review smoking cessation support programme and personal quit attempt.

Smoking Cessation Specialist Role:

- > Review quitting journey and positive changes made
- > Discuss relapse prevention and affirm strategies that have previously worked
- > Reiterate the 'not a puff' rule
- > Validate 4 week quit through CO monitoring
- > Discuss continued correct usage of pharmacotherapy
- > Reassure client of on-going support, as appropriate
- Provide options for maintenance support including Quit Team or further face-to-face sessions
- > Remind client of follow up at 3 months and 12 months post quit
- > Evaluation, if appropriate

By the end of this session clients will:

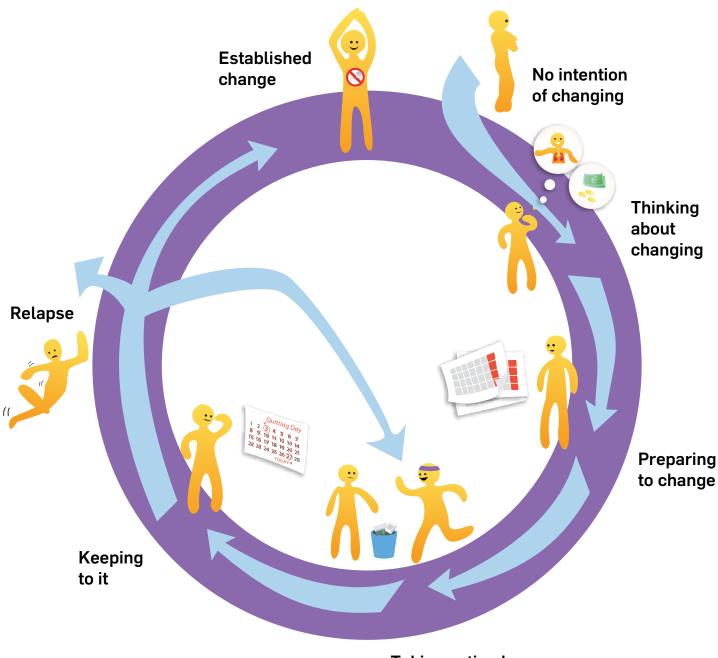
- > Identify personal relapse strategies
- > Feel confident that further support is available if required
- > Know where and how to access additional support
- > Understand that there will be follow up at 3 months and 12 months post quit date

Client Handouts:

- > Where are you on the cycle of change?
- > Relapse prevention: I've come a long way
- > Useful Contacts
- > Evaluation



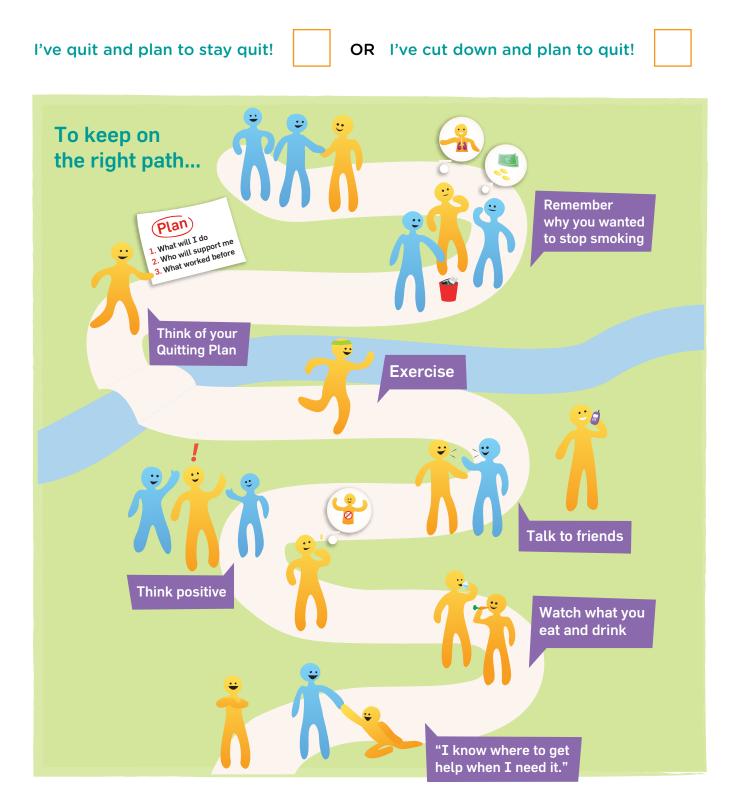
Where are you on the cycle of change?



Taking action by making change

MOVING ON

I've come a long way!



Remember: Stopping smoking is the single most important thing you can do to improve your health.

For support telephone

Useful Contacts



HSE Quit Team

> Freephone	1800 201 203 for telephone support
	Monday to Thursday: 10am - 7pm Friday: 10am - 5pm Saturday: 10am - 1pm
> Website	<u>QUIT.ie</u>
> Clinic Locator	quit.ie/I-Want-to-Quit/Support-Services
	HSE Smoking Cessation Services provide specialist support to help you quit in community or health service settings. Check this link to find your local smoking cessation service or to make an individual appointment.
> E-mail	support@quit.ie
> Text	Freetext QUIT to 50100
> Tweet	@HSEQuitTeam
> Facebook	facebook.com/HSEquit

All Services are available free of charge





Evaluation

Please let us know how useful the programme was to you, by answering the following questions.

1. Did the programme h Please tick yes or no.	elp you to do a	any of t	he foll	owing?	
		YES	NO		
Quit					
Cut down					
Think about quitting anoth	er time			T	
Improve your health					
Protect others from passiv	e smoking			ÿÿ	
Help friends or family to cu	ut down or quit			N	
2. How helpful was the programme to you? Please mark a point on this scale:					
<u>k</u>	X				
1 2 3 4	56	7	8	9 10	
Not helpful	ОК		Ve	ery helpful	



Evaluation

3. What did you find most useful?
4. Would you advise other smokers to use this programme? Please tick yes or no.
Yes No
If no, please say why
4. Use this space for anything else you'd like to say about the programme.