



‘THE SMOKEY JOE STORY’

EXPLORATION OF AN INNOVATIVE

APPROACH IN SMOKING CESSATION

- FINAL REPORT -

‘I said to this girl yesterday ... ye should come to the group, it’s really good and ye have fun at it, ye get to know people, ye can encourage each other and the bloke who runs it is really, really good at giving ye the facts but also keeping it nice and light and airy, ye know, and that. She said, aye, I might give it a bash, I’ll see. I said, it’ll be easier if ye do.’

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The views expressed in this report are those of the project/research team and do not necessarily reflect the views of the funding body.

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We would like to formally acknowledge the pioneering work of Terry McEleny who has developed the innovative approach to smoking cessation, by adapting the theory and practice of narrative therapy to smoking cessation in a low income area. We would also like to state our appreciation of the group members in the smoking cessation groups for agreeing to participate in the research, as well as Terry who was unstinting in his co-operation and willingness to allow us to observe his work.

CONFLICT OF INTEREST

It is important to note that there maybe a conflict of interest as the group facilitator who developed the 'Smokey Joe's smoking cessation group method does work as a freelance consultant in private practice.

1. INTRODUCTION

'Smokey Joe' is one of 11 local pilot projects funded through Partnership Action on Tobacco and Health, part of ASH Scotland to reduce either the number of pregnant women or people faced with health inequalities who smoke. The main objective of which is to support smokers throughout Scotland who want to stop smoking; to improve health professionals understanding of how different types of people can be supported during a quit attempt and to identify evidence of good practice in tobacco work. This project focuses on those people who may experience inequalities in health.

An innovative, narrative therapy based rolling programme for smoking cessation ('Smokey Joe') had evolved in a West of Scotland Health Centre to meet the demand of local people for a flexible service. The attendance rates of the group sessions and the word of mouth nature of referrals within the community appeared to demonstrate the acceptability of the programme for the group participants and the health professionals who referred them. In 2002 the smoking cessation co-ordinator for NHS Argyll and Clyde sought to evaluate the process and impact of the new smoking cessation service, and in particular wanted a micro analysis of the actual process to make explicit the assumptions and processes shaping the innovative smoking cessation work.

In this study we have examined the narratives of smoking and quitting as they have occurred in the smoking cessation groups and have explored how these narratives might be used as a resource for giving up smoking. The group observations provided an opportunity to explore the multiple voices in the shared smoking story. The key findings suggest that an approach that uses stories that are sensitive to local culture, particularly in terms of the language that is used and the references made to the local smoking culture can help to facilitate a culturally attuned form of smoking cessation. Moreover, stories allow practitioners to engage with smokers' in a non-threatening way, because stories are ideally suited to confront the realities of smoking without creating unnecessary barriers and resistance. Clients rate the flexibility and open-ended nature of the 'Smokey Joe' service very highly. In addition the service claims to include people who would normally be excluded from more intensive support as suggested by smoking cessation guidelines (ASH Scotland &

NHS Health Scotland 2004) because of their perceived lack of motivation, and this was evidenced by our group observations. The flexible nature of the service enables people who want to quit smoking to receive support throughout the duration of their quit attempt and allows for any instability in people's intentions to quit to be accommodated.

This final report explores the actual practice and the key characteristics of an innovative smoking cessation service ('Smokey Joe') in a mixed income community in the West of Scotland. The final report summarises the key findings of stage one of the project and captured at a micro level the dominant smoking stories of the participants and the range of interventions used by the Group Facilitator. It also includes stage three of the project and is based on the analysis of data gathered in debriefing interviews with the newly trained group facilitators and paired interviews with clients of the new 'Smokey Joe' style cessation groups in Paisley and Dumbarton. As such it assesses acceptability of the new smoking cessation methods after the group facilitators had received the 'Smokey Joe' training. The 'Smokey Joe' training was based on the micro – analysis of the observations of the 'Smokey Joe' groups at stage one.

Previous reports outline the actual practice of the 'Smokey Joe' method and the training programme (Ritchie et al 2004, Bryce 2005)

STUDY BACKGROUND

1.1 Approaches to Smoking Cessation

The development of smoking cessation as an area of specialist health promotion practice has grown exponentially in recent years as a direct result of the introduction in 1998 of the UK's first White Paper on Tobacco, "Smoking Kills" (Department of Health, 1998). The White paper acknowledged the need for services in the community to support people who require help to give up smoking and set targets for a reduction in smoking prevalence.

Current updated smoking cessation guidelines in Scotland advises 'both a structured face to face behavioural support and nicotine replacement therapy offered by specially trained staff (ASH Scotland & NHS Health Scotland 2004). The support can

be offered in 'groups or individually' (West, McNeill and Raw 2004: 16). These models are influenced by the 'stages of change' model (Prochaska and DiClemente, 1983). Whilst there has been a robust critique of these transtheoretical models in terms of their limitations in contextualising local cultures (Whitelaw, Baldwin, Bunton and Flynn, 2000; West 2005), they continue to be the dominant approach, along with pharmacological treatment in Smoking Cessation Guidelines for health professionals (West, McNeill and Raw 2004, ASH Scotland & HEBS 2000; 2004; Raw, McNeill and West, 1998).

There is an accepted evidence of the effectiveness of these approaches (ASH Scotland & NHS Health Scotland 2004). A treatment package which combines intensive support with NRT can increase long-term abstinence rates to 16% (8% intensive support + 8% NRT) over controls for at least six months (Raw et al, 1998; Silagy, 2000). However the current smoking cessation guidelines influenced by these models tend to be standardized in structured protocols and are not fully adapted to meet the needs of different target groups or cultures. Indeed the evidence for effective approaches for lower income smokers remains weak and is largely based on descriptive studies or pilot studies (West, McNeill and Raw 2004). Work from projects in England suggests that services need to provide intensive support and offer flexible delivery and accessibility (Chesterman, Judge, Bauld & Ferguson 2003). At the same time rates of smoking for lower income smoking remains high (Scottish Executive 2000).

1.2 Narrative Therapy

The 'Smokey Joe' intervention has adopted some elements from narrative therapy for smoking cessation group work. Narrative therapy is a therapeutic process whereby people are invited to tell their own 'self' story. Narrative therapy acknowledges that our stories are influenced by what we select as important, as well as the stories we value. Our 'self' stories are situated within a particular social and political context. This means that the stories we tell are constructed and contingent upon these contexts.

The notion of the 'dominant story' is an important one in narrative therapy. Narrative therapists argue that each of us has dominant 'self' stories, i.e. we draw on specific

recurring discursive repertoires to present ourselves to others. For example, when smokers talk about their smoking they tend to draw on discursive repertoires of established stories and metaphors. At times, our dominant 'self' stories can be limiting or damaging to us, for example if we develop self-stories in which we are powerless or lacking resources and strength. However, all dominant self-stories contain some elements that can be used to construct alternative, more positive and empowering versions of our self-story.

Whilst pharmacological aids to quitting are an important aspect of the 'Smokey Joe' smoking cessation service the actual process of the group is the key agent to bring about change. Thus, engaging group members in each other's stories about smoking and quitting, as well as the group facilitator's telling of smoking and quitting stories, are an essential part of the change process.

Stories in the 'Smokey Joe' smoking cessation group are **both client and group facilitator** generated. The use of stories in the group is twofold: firstly, the facilitation style of the group provides an opportunity for the clients to tell their stories (client generated metaphor) about their smoking and quitting and to support others in their quit attempt. Secondly, the group facilitator uses stories to provide a non-threatening way of confronting the realities of smoking without creating unnecessary barriers and resistance. In this respect, stories become particularly effective where providing factual information may create resistance and non-engagement with the process. The effectiveness of stories is largely due to their sensitivity to the local culture, particularly in terms of the language that is used and the references made to the local smoking culture, i.e. the group facilitator attunes his stories and metaphors to the language used and the local norms and beliefs about smoking, in order to engage people in the process. In addition the stories told reflect the current and actual reality of people's lives.

1.3 Significance of Community Norms in Smoking

Studies have demonstrated the importance of the context of people's smoking behaviour. These studies have demonstrated that the daily contexts of people's lives and strong community norms towards smoking can facilitate a positive smoking culture, that can in turn constrain and undermine cessation interventions (Wiltshire et

al 2003). In this report we argue that an understanding of the local culture and the community smoking norms should shape cessation interventions. By offering stories that are situated and contingent upon the local culture the medium of the story can facilitate a more culturally attuned approach to smoking cessation, in contrast to traditional approaches to smoking cessation which do not focus explicitly on culture and context

2 STUDY DESIGN

The aims of the 'Smokey Joe' project were to capture the perceptions of the participants and the group facilitator on the effectiveness of the group method to support change, to develop and implement a training programme on the use of this intervention and to evaluate the implementation of the training programme. The project commenced in September 2003 and terminated in June 2005 – it was delivered in three stages.

2.1 Stage 1: October 2003 – May 2004

The aim of this stage was to capture through a process evaluation the experience of the new way of working and to conduct an impact evaluation to capture the perceptions of the participants and the group facilitator regarding the effectiveness of the group methods in creating and supporting change. Data were collected in the form of:

- 11 observations of one hour smoking cessation groups over a course of six weeks
- five taped debriefing interviews with the group facilitator after selected group sessions
- 10 in-depth interviews with potential clients of the service ('pre-group' stage)
- 11 in-depth interviews with clients who have attended at least three group sessions between June and December 2003 ('post-group' stage)

Stage 2: June 2004 – August 2004

Stage 2 saw the development and implementation of a pilot training programme to instruct other smoking cessation facilitators in the interventions used in the 'Smokey

Joe' methods. The training programme was developed, by the group facilitator and smoking cessation coordinator, as part of the Stage 2 objectives, reflecting on the process, perception and experiences of the group participants and group facilitator and the microanalysis in stage 1. This stage was funded by NHS Argyll and Clyde is summarised in a separate report.

Stage 3: September 2004 – February 2005

The aim of this stage was to evaluate the implementation of the training programme taking into account the experiences of the newly trained smoking cessation advisors and their clients. Data were collected by:

- in-depth debriefing interviews with the 5 new group facilitator who have set-up 'Smokey Joe' style smoking cessation groups
- two paired interviews with clients who have attended the new smoking cessation services set-up by 2 of the new group facilitators.

2.2 Data Collection and Analysis

Ethical approval was sought and was given by the local NHS ethics committee, as the participants were patients of existing services. Consent was obtained from all smoking cessation group members, as the group was observed by the researcher. To ensure confidentiality, participants' names have been replaced with pseudonyms.

The analysis represents a holistic-content perspective as outlined for narrative analysis by Lieblich (1998). In this case it involved considering the entire story of the group and focuses on its thematic content and this method is often used to analyse a single case study (Lieblich 1998). It enables the meaning of the content to be viewed within the context of the whole group narrative.

All individual interviews and group sessions were transcribed and converted to a format suitable for analysis using the software package *QSR N6*. A detailed coding scheme was developed for a thematic analysis of the data. Thematic analysis was used to identify the types of narratives held by the participants in the smoking cessation group, as well as the types of therapeutic narrative based interventions

used by the group facilitator. A number of broad narratives were identified in relation to decision making, barriers to quitting, the process of quitting, smoking patterns, nicotine replacement patches and expectations, temptations and relapse, these were then subjected to more focused coding to identify sub narratives within each broad typology. The field notes of the group observations were used to add to the quality of the analysis.

2.3 Demographic Overview of Research Sample One

Twelve smoking cessations groups were observed over a six-week period. On average these groups consisted of 11 attendees, with the largest group comprising 19 and the smallest 2 people. Over the six-week period 67 different attendees have made use of the smoking cessation groups, 49 of whom were female and 18 male. The daytime groups were particularly female dominated and on one occasion there was an all-female group. Table 1 shows that attendees' age ranged between 20 and 77 years.

Table 1: Split of Attendees into Age Groups

Age Group	Number of Attendees
Under 20 years	0
20-29 years	5
30-39 years	12
40-49 years	13
50-59 years	12
60-69 years	14
Over 70 years	4
Total Number of Attendees included	60
Total Number of Attendees during Observation Cycle	67
Missing Data	7

Cross-referencing the available postcode information on group attendees with data from the 'Scottish Indices of Deprivation 2003' (Scottish Executive Central Statistics Unit) data zones, we can see that the group attendees come from data zones that fall into the Scottish Index of Multiple Deprivation (SIMD) deciles 2-10. Splitting the

deciles into the five most deprived (decile 1-5) and most advantaged ones (decile 6-10) respectively suggests that our sample is fairly evenly distributed between the more deprived and more advantaged zones. As Table 2 shows we find 31 attendees living within SIMD decile 1-5, while 29 reside in SIMD deciles 6-10. However the two lowest deciles account for more than twice as many attendees than the two highest, i.e. 16 compared to 7. (See appendix A for an account of data zones)

Table 2: Split of Group Attendees According to SIMD Decile

SIMD Decile	Number of Attendees per SIMD Decile
Most deprived decile SIMD 1	0
SIMD 2	16
SIMD 3	6
SIMD 4	4
SIMD 5	5
SIMD 6	12
SIMD 7	6
SIMD 8	4
SIMD 9	0
Least deprived decile SIMD 10	7
Total Number of Attendees Included	60
Missing Data	7

2.4 Characteristics of Group Attendance

As Table 3 shows, there is a group of people who have only made use of the smoking cessation service once or twice during the six-week observation period. Table 3 indicates the split of clients according to group attendance and SIMD decile. We see that clients from deciles 6-10 seem to make use of the service less frequently.

Table 3: Clients' Attendance Pattern According to SIMD Decile

Number of Classes Attended	Clients from SIMD Deciles	
	1-5	6-10
1-2	19	21
3-4	10	8
5-6	2	0

However, once these numbers are further broken down into the length of clients' attendance we can see that there are differences between clients relating to their SIMD decile. For example, the group of clients who have only made use of the service once or twice during the observation period can be broken down into long-term and short-term clients. Long-term attendees may, for example, 'drop-in' once in a while to get a motivational boost or to get help in times of a (near) crisis, while new attendees often oscillate between attending only once or twice and then dropping out or attending often and regularly for the first few weeks. The number of short-term and self-referral attendees that only attend once or twice suggest that many of the newcomers fail to become long-term attendees. Table 4 shows the split of clients in terms of the duration of their attendance and their SIMD deciles.

Table 4: Long-Term & Short-Term Attendance in Relation to SIMD Decile

SIMD Decile	Long-Term Attendees	Short-Term Attendees	Self Referrals	Attendees per Decile
Most deprived 2	1	12	3	16
3	1	3	2	6
4	2	2	0	4
5	2	1	2	5
6	4	5	3	12
7	2	3	1	6
8	1	2	1	4
Most affluent 10	3	3	1	7
Clients per Attendance Pattern	16	31	13	

Comparing the number of long-term (i.e. clients that have been referred to the service more than three months before the commencement of observation cycle) and short-term attendees (i.e. attendees referred one month prior to or during the commencement of the observation cycle), we can see that almost twice as many people during the observation cycle were short-term attendees. If we split the groups of long-term and short-term attendees according to SIMD decile into those in the lower 5 deciles (i.e. 1-5) and those in the higher deciles (6-10) we can see that the research sample is split into 6 and 10 people respectively, i.e. 19.4% of attendees from the lower 5 deciles and 34.5% of attendees from the higher deciles have been making use of the service long-term. This interpretation is reinforced by the fact that 18 people, or 58.1% of attendees, from SIMD 1-5 attended the service short-term compared to 13 short-term users (44.8%) from higher SIMDs.

The breakdown of clients' attendance pattern suggests that it is people from the more privileged SIMD deciles who make use of the service long-term, while people from more deprived SIMD deciles seem to use the service intensely for a shorter period of time. However the numbers and time frames are small for conclusive patterns to be determined about attendance. While the data does not support claims that clients from lower SIMD deciles make use of the service for longer than traditional smoking cessation services would allow them to do, it does suggest that the flexibility of the 'Smokey Joe' service allows clients from all backgrounds to get the kind of support that suits their individual needs - be this long or short term support.

3 FINDINGS

3.1 Key features of the Smokey Joe Service

These key features were developed from the interviews with the group facilitator, the post group interviews and the group observations.

- An assessment of clients as highly motivated to stop is not a pre-requisite for group attendance. Clients who are ambivalent, who do not think quitting is important or who lack confidence in their own ability to stop are welcome to join the group. Thus the group includes people who are still smoking.

- People are referred by a health professional or self refer through word of mouth contact.
- Three groups of people are excluded from attendance: (a) pregnant women (excluded because the group facilitator considered that their condition might constrain his challenging approach), (b) people who have difficulties coping with or making progress in the group, as well as (c) overtly disruptive people. These people are offered the chance to come to one-to-one meetings with the group facilitator.
- The groups operate on a 'drop-in' basis, which means that anyone who wants to can come along to the groups.
- There is no set order of the change process. While change in belief and attitude are seen as important aspects of the change process this change is not thought to be linear.
- There is no set beginning or end to the programme. The stop smoking group is an ongoing service provided through the health centre. Clients can opt in and opt out of the group as and when they see fit.
- It is the clients who decide how long and how often they want to attend the service. Attendance is not limited to a specific length of time or level of success.
- Clients who lapse or relapse can return to the group at any time.
- While pharmacological aids to quitting are an important aspect of the therapy the process of the group is the key change agent. Engagement with other group members is paramount.
- Stories and metaphors are a vehicle for change. Engaging group members in each other's smoking and quitting stories is an important part of the change process and provides alternative stories to enable a quit attempt.
- The facilitation style of the group provides an opportunity for the clients to tell their stories (client generated metaphor) about smoking and quitting and to support others in their quit attempt. In addition group facilitator generated metaphors are used to challenge the dominant disempowering stories.
- The medium of the story is used to provide a culturally attuned therapy. Interventions are delivered in a language that is sensitive to the local (smoking) culture. This allows the group facilitator to confront the realities of smoking in a

non-threatening way thus avoiding the creation of unnecessary barriers and resistance.

- Humour and jokes are used to develop and expand stories in the group as well as to diffuse tension.
- The group facilitator often draws on his own cultural background and experiences of smoking to engage people in the process.
- The agenda for each group session is determined by the client's stories.
- Nicotine replacement therapies are prescribed.

3.2 The Group 'Atmosphere'

All post-group interviews commented on the friendly and supportive atmosphere in the group that not only helps new clients to feel comfortable and relaxed, but also seems to be responsible for clients' sustained enthusiasm for going to the group.

Extract 1:

Anne: I just find the atmosphere of it all really good and people urging you on, and Terry urging you on and come on, you can do it and blah, blah, blah, and see you next week and be positive and think positive, and I just think the, just the whole atmosphere, and everybody just rooting for everybody else definitely, definitely I think is a wonderful, I think it's just a great thing. ... I'm really, I would recommend the class to anyone, and it's like anything else. You just feel well I'm not on my own. There's a lot, and the class is well attended so you did, I never ever felt that there was any sort of a stigma attached to it if you know what I mean. And I just, I thoroughly enjoyed the classes. I really, really did. And I'll pop in every so often. [...] the first time that I went into the class ... you come down and you come in early. Sat down and Terry wasn't in but you know, there was quite a few there. And everybody but everybody spoke to you. You weren't left like a lemon sitting, you know, on your own. It was pull your chair over here and sit down and it was just, I just thought it was excellent, you know? You weren't left on your own but no-one was, you know, pushy either, do you know what I mean? I just found it very, very, very good.

Extract 2:

Margaret: I think everybody's very supportive. You know? I really do. I think the class, that's one of the things I think is great about the class. [...] Everybody gets on well don't they? That's what I found. It helps,

you got that you were looking forward to coming. To meet everybody and see how they were doing.

The positive and friendly atmosphere in the group is also encouraged by the 'tone' in which interventions are delivered. Although serious issues are being discussed and important and often 'scary' messages conveyed, this is not done heavy-handed, but in a fairly light-hearted manner. Indeed, data gathered in interviews with clients at the 'post-group' stage show that it is the mixture of friendly banter and hard-hitting messages which attendees appreciate.

Extract 3:

Tania: It's a good group as well, ye know. Ye get a lot of fun at it as well, do ye know what I mean. It's really quite funny. It was funny last week (LAUGHTER). Really good. [...] I said to this girl yesterday ... ye should come to the group, it's really good and ye have fun at it, ye get to know people, ye can encourage each other and the bloke who runs it is really, really good at giving ye the facts but also keeping it nice and light and airy, ye know, and that. She said, aye, I might give it a bash, I'll see. I said, it'll be easier if ye do. ... So ... I think it's good anyway. I think it's great, ye know. I'm quite looking forward to it, to be quite honest with ye.

Extract 4:

Gill: ... It's not too doom and gloom. I feel as if ye get the serious bit first, especially when new people are in. Ye get the serious stuff (LAUGHTER). Ye think, oh my God. And then he does lighten it up. He lightens the atmosphere up, which is quite good ... I think ye need to lighten it up or else people would just ... I know I would come out thinking ... oh my God, I'm no going back there, that's just doom and gloom in that place. Yeah. Ye definitely need that bit of humour there to lighten the atmosphere a bit, cos ye know it's a serious subject. Ye do know. That's why we're all there. ... I think people wouldn't talk as much if it was that all the time, if it was too serious. It feels as if ye can open up a wee bit more with humour as well I think.

Interviewees also commented favourably on the open, trusting and supportive group atmosphere in which people feel neither judged nor chastised for their smoking and that allows them to discuss serious private issues, successes and setbacks. That clients place a high value on the open, trusting and non-judgmental atmosphere in the groups can be seen in the following extracts:

Extract 5:

Melanie: Mm hmm. Uh huh. And I think that's why I didn't come to the group the first time because I probably never gave it enough time I think. I came once or twice, tried the patches, had a cigarette and then assumed I couldn't come back, right? And then when my mum came last year and she said no, no, even if you have a cigarette you just tell them and talk it through and blah, blah, so yeah, I think being honest about it helps. Because I found in the past if you do do that, when you have a sneaky one, I would never have admitted that. Where when I said right, I, you know, first couple of weeks when I stopped I did say to the group and to Terry, well I've got this thing where I need to have this one in the morning and I'm skulking about still having this sneaky cigarette ... I think you can be honest and if you do have a blip you're not going to get, you know? Marched out the door and told not to come back. And I think that helps. I think the fact that you can be really honest about it and say right; I had a cigarette at the weekend, and get a bit of support from everybody. I think that helps. Mm hmm. Because the danger is if you didn't do that then you would just say ah well, I'd be as well smoking twenty. You know? And that would be you away again, back to square one so I think the fact that you can be honest and say right, I did have a cigarette at the weekend helps. ... Because if you don't people will either lie won't they? They'll come along and they won't admit that they've had a few so therefore they're not really tackling the problem properly. You know? So, in a way the fact people are being honest about it, they're tackling it and acknowledging that they are having a wee blip here and there, where if you can come along and I suppose you could lie and say no I never. I haven't smoked but who are you kidding on then? You're just pretend, you're just kidding yourself on aren't you? And then so you're therefore not, the group wouldn't work then. Because you would be just sitting there and everybody would just talk a lot of rubbish.

Extract 6:

Gill: ... my husband, he doesnae know [that I still smoke a few cigarettes a day] and I think, oh I'm lying to him but I go into the group and I tell exactly how many I've smoked and no judgement. That's what it is. Ye don't get judged in there. I find that helpful. ... Because you would lie to your doctor. Ye have to lie to your doctor (LAUGHTER) about how many you smoke. But no, ye definitely go in there and ye just say exactly how many because ye don't get judged. ... I find myself really comfortable, I relax I think that's a good aspect of the group. Nobody's sitting judging ye or anything like that. I would say to anybody, if ye're going to stop smoking, go to yer doctor and go and get referred to a group. Ye'll find it a lot easier.

Extract 7:

Dan: Openness is very much encouraged and I don't see the point in not telling the truth when you're at the meeting because even if you do

fall by the wayside and smoke then the people that are within the group would give you the encouragement to say right, stop again and start again.

Not only did clients emphasise the open, trusting and non-judgemental atmosphere in the groups, but also the lack of pressure to stop smoking. Although the group facilitator emphasises the importance to stop smoking and urges clients to make quitting important in their lives, this is done without pressure.

Extract 8:

Margaret: ... Terry is good, you know, he doesn't kind of, he's not too strict. At first I thought maybe he should be a wee bit stricter with you, you know? I thought that at first but then I thought no, if he was people would just say I'm no coming back. So I feel that he was quite good, you know, I think he just let you do it in your own time. That's what I felt was quite good. No pressure. That's what I felt. That's what I felt. Uh huh. I think if you get pressure sometimes it makes you worse. You want to just, you know? I think even with family even when they say don't do this and don't do that, it's when you just carry on, whereas if they leave you to do it on your own, you know? I think that anyway. [...] I think all the things he tells you are really good, and as I say I don't think he puts a lot of pressure on which I think is good. I think if he did that maybe people would, wouldn't come back. They would just say oh, you know? I think he just does it in a subtle way. That he gets round you. You know? ... At first I thought oh, what's this going to be like? Coming to a meeting you know? I just thought oh, I just don't think I'll like this. Somebody telling me, you know? But the minute I came in I thought oh. ??? so nice and so relaxed and he makes you feel, you know, you just talk away to him ... I think he is good. [LAUGHS] I must say, you know?

The group itself is made a central focus for each individual, it is their group and their programme and it is this process that enables the group members to support each other through the struggles of the everyday decision making to stay stopped. The group also gives people the inspiration to keep on trying, the example of other people's success is highly valued, especially if they have shared their own struggles and failures.¹ The fact that unlike traditional smoking cessation classes people can

¹ Note: the two groups that were observed over a six-week period were quite different. One group had far more regular, long-term attendees and subsequently this group felt much closer, than the other more fluid group. However, both groups were characterised by their open, welcoming, supportive and non-judgemental nature.

come and go as they please seems an important aspect of this method, because this set-up allows clients to come back if they feel 'wobbly' and might relapse.

Extract 9:

Margaret: ... I will go down because I think people want to hear. Hear how you're doing and you want to hear how everybody else is doing. You want to do your nosies and see how everybody's getting on. ... I think you quite look forward to coming down and hearing all the stories and listening to Terry and getting encouragement. The first few weeks I felt, you know you go maybe every two weeks, or maybe three weeks, and by the time you were ready to come to see Terry you were kind of ready to kind of say ach, I think I'll go back take a cigarette and then you would just come to the meeting and that was you away again. I felt that just, it just helped you. That other few weeks, you know? I really do think that. I definitely do. Because I said that to my, I think it was my daughters or somebody and I said you just feel you're just ready to go back to get that wee talk again and it helps you, you know? I definitely think that definitely helps, you know?

3.3 Visual and Non-Verbal Direction

The group facilitator uses verbal and visual techniques to enable the group process and establish trust and rapport. Eye contact, for example, is used to 'draw' attendees into the group, to maintain their attention, to assess their sense of comfort with the group and to communicate with attendees throughout the group session. The group facilitator also uses hand gestures to let people know that he is still paying them attention and they are still included even if he is not talking with them directly.

3.4 Key Stories and Interventions

Group members' narratives about quitting and smoking reflect seven broad themes:

- 'Decision Stories'
- 'Stories about Barriers to Quitting'
- 'Stories about Smoking Patterns'
- 'Patch Stories'
- 'Stories about the Process of Quitting'
- 'Temptation Stories'
- 'Stories of Relapse'

Each of the seven broad themes has a number of **sub-narratives**. '*Stories about Barriers to Quitting*', for example, has the following sub-narratives:

- The belief that quitting is difficult
- Stories that portray quitting as negative experience
- Stories about quitting and the fear of gaining weight
- Quitting and the fear of illness and death
- Attendees' positive portrayal of smoking and cigarettes

In the following pages, some of the key stories and interventions are summarised. For a full account of the micro-analysis refer to Ritchie & Schulz, 2004.

3.4.1 The Decision to Quit

Finding out attendees' reasons for wanting to give up smoking is a crucial step towards helping them on their way to become smoke-free. The data show that people identify two main reasons why they want to stop smoking, namely money and health related issues. While monetary reasons for quitting are fairly straightforward, health related reasons are often more complex and touch on more sensitive issues. Health as a motivator for quitting can be subdivided into different motivational factors, depending on whether smokers have contracted smoking related illnesses, have experienced 'health scares' or want to give up cigarettes to preserve their own health and/or that of significant others.

The data show that clients were at different stages within their decision making process about quitting. Attendees use of language when talking about their decision to quit is an important indicator as to which stage in their decision-making process they are. For example, the certainty in attendees' language is largely linked to their belief that they can control their habit. This belief, however, does not develop overnight and although the group sessions can help smokers in reaching their decision to quit, the decision making process can be a lengthy one. The data show that smokers who have been thinking about giving up smoking for some period of time prior to attending the group have better defined reasons for wanting to quit and seem further along the decision making process, than those people whose wish to give up smoking is more recent. Giving that 'making up one's mind' is a crucial step towards

quitting it is not surprising to find that smokers who have been thinking about stopping for some time stand a better chance of succeeding and are able to make a quicker transition from smoker to ex-smoker than people who are undecided or unclear about whether or not to give up smoking when they start coming to the group.

3.4.2 Interventions

Since attendees do not only have different reasons for stopping, but are also at different stages within their decision making process of becoming smoke-free, an important first step in the intervention process is to test people's conviction to stop both in terms of (a) their reasons for wanting to stop and (b) clients' actual motivation for stopping: are they merely 'testing the water' or is giving up smoking a priority in their life? To this end, the group facilitator seeks to clarify clients' reasons for wanting to give up smoking. This can sometimes take on the form of 'head-on' challenges, where the group facilitator pushes attendees to examine their reasons for wanting to give up beyond the point of the superficial.

Head-on challenges are not so much about giving information and adding to people's knowledge of the dangers of smoking, but rather about driving this knowledge home, i.e. making it personal and relevant to the experience of the attendee, and subsequently breaking attendees' critical factor. Thus, an important function of head-on challenges is to penetrate the 'critical factor', i.e. the denial part that cuts in to block out the dangerous and damaging aspects of smoking and hence allows smokers to continue with their habit.

While head-on challenges are useful means in confronting clients' unique critical factors, it is important that the group facilitator also challenges smokers' shared assumptions of how smoking affects their health, because these generalised beliefs feed and reinforce attendees' more personal critical factors.

Smokers not only tend to push the likelihood of becoming ill and/or dying to the back of their minds, but they sometimes outright deny their ability to influence their own well-being through their choice of lifestyle. However, only if the fundamental belief that one can influence one's life is there can people (learn to) take charge of their

own health. Since externalisation is a way of coping with dangerous behaviour by pushing the responsibility to some outside force, the group facilitator seeks to send a clear message that it is important for people to take responsibility for their own actions and health, i.e. to internalise. It is the group facilitators' contention that once people accept that their behaviour and lifestyle affects their health they are also more likely to accept that they will contract a smoking related disease and that there is a real possibility that smoking will kill them.

To drive home the point that smoking kills, the group facilitator establishes a 'production line' of illness starting with those ailments that commonly affect attendees, such as asthma and bronchitis, and leading to severe and/or deadly diseases. By establishing such a connection the group facilitator seeks to challenge the element of uncertainty that smokers often associate with the likelihood of getting a smoking related disease. However, the message the group facilitator sends is not only one about the inevitability of getting ill and dying from smoking, but also one of choice, i.e. of stopping while one is still healthy or, at least, at the early stages in the 'production line'.

Another strategy the group facilitator applies to help smokers make the decision to quit is by drawing on group members' experiences of the benefits of quitting. These positive messages from the group can be further strengthened by the group facilitator's own accounts of people who have improved their standard of life by giving up smoking. Often, the group facilitator draws on his own 'decision to stop' and 'benefits of quitting' stories.

3.5.1 Barriers to Quitting (I)

The data suggest that there are a number of obstacles and hindrances, which act as 'barriers to quitting' that people have to negotiate before and during their cessation attempt. Some of these barriers, for example, revolve around expectations and assumptions that quitting is difficult. The assumption that giving up smoking is difficult is a commonly held belief among smokers. This belief is fed by smokers' own previously unsuccessful quit attempts, the stories they hear from other smokers and ex-smokers as well as some anti-smoking campaigns that emphasise the highly

addictive nature of tobacco², thus leaving little scope for smokers' to imagine themselves as non-smoker. Not surprisingly, the combination of these stories often result in smokers' belief that giving up smoking is (a) very difficult and (b) that it requires a lot of strength/willpower. As a result many smokers may recoil from trying to give up smoking altogether and even those people who do come to the smoking cessation group may carry the 'baggage' of these beliefs with them.

Another commonly held barrier is based around the notion of 'willpower'. Many clients feel that in order to negotiate the hurdles of giving up smoking they need to be equipped with certain strength of character, i.e. willpower, which allows them to combat their habit. Similarly, clients often say that once they 'run out of willpower' they will succumb to smoking.

The clash between attendees' expectations and the realities of giving up smoking are well documented in the data. The group facilitator often asks attendees to assess the degree of difficulty of quitting on a one (easy) to ten (very difficult) scale. All the respondents that have been asked to provide this assessment have answered that abstaining from smoking was not that difficult and in any case easier than they had expected.³ The data suggest that hearing their peers' success stories helps clients to dismantle their own hurdles that keep them from stopping.

3.5.2 Group Facilitator's Interventions

The data suggest that some of the key challenges for smoking cessation facilitators consists in helping clients to overcome their negative expectations of what quitting will be like and to confront general expectations that giving up smoking is difficult and requires a lot of strength. To this end the group facilitator seeks to (re-) instate a belief in clients that giving up smoking is both do-able and easier to achieve than they expect and, moreover, that it can be achieved in a relaxed manner. Subsequently, the argument that giving up smoking does *not* require willpower is

² A report published by the Tobacco Advisory Group of the Royal College of Physicians (2000), for example, states that tobacco is as addictive as drugs such as heroin or cocaine. This statement is frequently quoted by anti-smoking campaigners. See for example: www.ash.org.uk/html/factsheets/html/fact09.html, www.whyquit.com/whyquit/LinksAAddiction.html.

³ The researchers do not know whether the group facilitator only asks people to evaluate the degree of difficulty whom he expects to say that quitting is relatively easy.

central to the group facilitator's endeavour to contest attendees' negative expectations of the quitting process.

Having rejected 'willpower' as a necessary prerequisite for giving up smoking, the group facilitator introduces the alternative concepts of importance, belief and confidence and the role they play in attendees' journey towards becoming smoke-free. In addition the group facilitator also introduces the additional notions of 'lying with integrity' and 'self-talk'. The notions of 'lying with integrity' and 'self-talk' are closely related. While the former is used to describe a positive variety of self-talk, namely those instances in which people seek to convince themselves of their ability to succeed even if, deep down, they have their doubts; self-talk is a more generic term which refers to all kinds of communication 'from oneself to oneself'. These concepts are primarily used by the group facilitator to help clients build up their belief that they can successfully quit smoking.

Although it is undoubtedly important to counter clients' belief that giving up smoking is difficult, the 'post-group' interview data suggest that attendees do not buy into the idea that they do not require any willpower. This may be caused by the fact that, despite the popularity of the concept, at no point during the six week-long group observation does the group facilitator seek to establish what attendees mean by this abstract notion. It can thus be speculated that one of the reasons why attendees find it difficult to discard the concept of willpower may stem from their own uncertainty what this construct actually means to them. What we can see here is an example of how certain stories are perceived by the group facilitator as 'un-narratable' or as 'bad' narratives and consequently get 'blown off' and dismissed. Whilst it is an accepted practice within narrative therapy to replace damaging or limiting stories with other, more positive ones, it may be useful to allow attendees to define and explore what they mean by 'willpower' before dismissing the concept.

3.6.1 Barriers to Quitting (II)

Although group attendees see benefits in giving up smoking, in terms of improving their health and quality of life as well as their financial situation, their expectations of the actual process of quitting are almost always negative. Like the belief that 'quitting is difficult', the negative expectations of the quitting experience are fed by smokers'

own past quit attempts, the stories told by other smokers and ex-smokers as well as the depiction of smoking in health promotion campaigns, which often portray cigarettes as highly addictive and the habit of smoking as one that is difficult to break. This amalgam of (mis-)information, myths and own experience manifests itself not only in the belief that giving up smoking is an almost insurmountable hurdle, but also that the way to a smoke-free life is lined with misery and unhappiness. As we have already seen in our discussion of attendees' assumptions regarding the degree of difficulty involved in quitting, expectations and actualities do not always correspond: the data suggest that clients' actual experiences of quitting were altogether more positive than their prior assumptions of what giving up smoking will be like. So once again we can find a clash of expectations and realities when it comes to attendees' assumptions of how they will feel during their quit attempt.

The pessimistic outlook on quitting and one's emotional state during the process is reinforced by the fact that (at least novice) attendees still have positive associations with cigarettes and the act of smoking, which they connect with pleasurable social activities like meeting their friends, going out for a drink, clubbing, partying and simply having fun. Thus, attendees often associate the act of smoking with pleasure and joy and the process of quitting and their lives as non-smokers as lacking these positive attributes. There are many examples in the data of attendees' positive associations with cigarettes and the act of smoking. We find examples of 'smoking to make one feel better', 'smoking as enjoyment' and 'smoking as a treat' in attendees' stories.

In addition to portraying smoking as an integral part of their social lives, clients also often referred to cigarettes as having 'quasi medicinal' properties, i.e. as being calming or relaxing. Clients also often portrayed smoking as a way of 'marking time out' for themselves, when they can withdraw from the stresses of their daily lives to relax and/or reflect on the day or the tasks that lie ahead of them.

Not only were clients referring to cigarettes as a remedy for psychological strains, but also as a means to keep control over their bodies. Thus many clients saw cigarettes as an appetite repressor and consequently these clients feared weight gain as a consequence of giving up smoking. Especially for those people for whom

weight is an important issue in their life and who may be using cigarettes as a form of weight control, the fear of putting on extra pounds when quitting may act as a strong deterrent to giving up smoking or may jeopardise their quit attempt.

Another barrier that transpired in clients' stories was their belief that giving up smoking will make them ill or even cause their death. One client, for instance, turned the commonly held association of illness and smoking around, by claiming that she, who smokes 15-20 cigarettes a day, is 'a lot healthier' than her (presumably non-smoking) friends, while another described smoking as 'putting a film' over any illnesses and argued that this 'protective layer' becomes removed once the person gives up smoking, which means that previously latent illnesses come to the fore.

Despite numerous examples of clients' (underlying) positive associations with smoking in the data, there are also several examples where attendees display their ambivalence to smoking. As we have seen in our discussion of attendees' reasons for wanting to give up smoking, group members are at different stages within their decision making process and similarly attendees' attitudes towards smoking are complex and often contradictory. Thus, attendees often talk about the feelings of guilt they experience after they have had a cigarette. Whilst their urge to smoke seems to enable them to push aside any negative associations with smoking, it is after they have had a cigarette that the guilty feelings resurface. In addition to feeling guilty about smoking, attendees often talked about feeling disgusted with themselves, for continuing to smoke despite wanting to give up.

3.6.2 Interventions

Given the significance of positive associations with smoking (pleasure) in preventing people from stopping, the group facilitator seeks to breakdown and challenge these beliefs and eventually replace them with negative associations (pain). For example, instead of thinking that one cannot enjoy oneself without smoking, the group facilitator asks attendees to consider how they can justify engaging in such health threatening behaviour as smoking, if they really want to enjoy themselves. Thus, similar to the group facilitator's approach in head-on challenges, he seeks to drive the message home that smoking – not giving up smoking - causes a lot of unhappiness, illness and death.

The actual method used by the group facilitator in his attempt to change attendees' 'mind sets' can perhaps best be described as a combination of making them aware of their underlying (positive) associations with smoking, the positive function they see cigarettes fulfilling in their lives and confronting them with 'horror' stories of the long- and short-term effects smoking has on their bodies. There are also a great number of examples in the data where the group facilitator uses this strategy of explicitly talking about the effects of smoking on the human body to dispute and disrepute attendees' beliefs that smoking has 'quasi medicinal' i.e. calming and relaxing, effects on their bodies. In a similar vein, the group facilitator tackles attendees' beliefs that giving up smoking, not smoking itself, will make them ill or even cause their death.

The data suggest that attendees often only have a rudimentary understanding of what smoking does to their bodies and that this lack of understanding may contribute to the positive myths about what smoking does to one's body. While most smokers in (Western societies) today do know that smoking is bad for their health, they may not be aware how breathing in smoke affects parts of their body other than their respiratory system. For examples, many attendees did not seem to have a good understanding of the impact smoking has on their blood circulation. This would suggest that it is important for the group facilitator to have a good understanding of the biomedical effects of smoking and an ability to convey this information in an accessible format to the group.

In addition to the direct messages about smoking related illnesses and death, the group facilitator also uses a number of more indirect approaches to highlight the dangers of smoking and to challenge attendees' positive attitudes towards it. The group facilitator, for example, asks attendees to assess their reasons for engaging in one form of health threatening behaviour, i.e. smoking, although they would not think about endangering themselves by performing other risky forms of behaviours such as touching bare electrical wires.

Besides challenging attendees underlying positive associations with cigarettes and reinforcing the dangers of smoking through a variety of strategies, the group facilitator also has to address the reasons why attendees will often feel saddened

and unhappy when they are giving up smoking. Although some of this unhappiness may stem from clients' pessimistic self-talk and their negative expectation of what giving up will be like, the group facilitator suggests that the experiences of quitting can be compared to a bereavement process. This experience is particularly pronounced when people see smoking as an integral part of their identity, i.e. as how they think and feel about themselves as a person. Indeed, some attendees talk about their 'smoking parts' and/or as smoking as an aspect of their lives which they really enjoy(ed) and subsequently these people may find it difficult to let go.

Given this strong personal stake it is not surprising that some attendees talk about their experiences of crying and their feelings of sadness during the cessation process. Especially people who have been smoking for many years and/or from a very early age may find it difficult to 'let go' and to imagine themselves as non-smokers. Thus, for some smokers giving up smoking involves more than a change of habit – it is more akin to a change in how they see and feel about themselves as a person. For these people, quitting becomes a process of deconstructing their identity and building a new self-image.

3.7.1 Smoking Patterns

When describing their smoking patterns clients drew on two 'grand narratives', namely 'smoking at the weekend' and 'smoking as part of one's daily routine'. Stories about weekend smoking are intrinsically related to the discussion of the pain/pleasure principle. Given the associations of smoking as a form of reward and an activity one engages in to mark time/events as special, it is not surprising that for many people weekends and social activities at other times, have strongly become associated with smoking. It is not uncommon to find that many people who are trying to give up smoking go through a longish phase of stopping and starting, i.e. not smoking during the week and relapsing at the weekend. Indeed, many clients' positive associations with smoking are still fairly strong when they first start coming to the group and while they can cope with not smoking during the week, many have a clear intention to smoke again at the weekend. However, this pattern of weekday stopping/weekend smoking can be rather problematic for clients who have already invested a lot of time and effort in becoming completely smoke-free, as their regular weekend relapses may cause them much frustration and anguish. Another reason

why weekend smoking can have a detrimental effect on attendees' quit attempt relates to their worries that their weekend relapses may throw doubt upon their seriousness of wanting to stop in their own and others' eyes.

In contrast to attendees who struggle to control their weekend smoking, attendees who talk about their smoking as part of their daily routine face another set of problems. This type of story often tells of attendees' struggle to resist smoking the first cigarette of the day. Looking at the differences in attendees' smoking behaviour suggests that it is important to help attendees identify their individual smoking patterns. Due to its routine character, their smoking patterns may sometimes be 'invisible' to clients - although they obviously know they are smoking, smoking has become such an intrinsic part of their lives that it is useful to draw their attention to the 'whens' and, if possible, 'whys' of their smoking.

As smoking becomes increasingly unacceptable in many public settings and in the eyes of many non-smokers, it is worthwhile looking at how attendees' portray their behaviour in such 'no-smoking' situations in their stories. Firstly, there are situations where smoking is banned. There are several examples in the data in which clients talk about how they can control their cravings in situations where the choice to smoke has been taken away from them, for examples on planes, buses or their workplaces. This suggests that no matter how strong the cravings for cigarettes may be, smokers can abstain from smoking if the alternative (i.e. fines, inability to use certain services, inconvenience factor, etc.) carries negative consequences that outweigh their desire to smoke. Indeed, most of the interviewees stated that they welcome the introduction of smoking bans, because it takes away their choice, i.e. they seem to find it easier not to smoke when the decision has already been made for them.

That smoking and non-smoking involves a decision-making process, i.e. that there is an element of choice, also becomes apparent when clients talk about the differences in their smoking behaviour when they are in the company of smokers and non-smokers. While aspiring non-smokers are faced with the constant decision of whether or not to smoke when they are in the company of smokers, the urge to smoke when with non-smokers retreats to the background and attendees who are

striving to achieve a non-smoking status themselves have argued that they find it easier to abstain from smoking when they are with non-smokers.

3.7.2 Group Facilitator's Interventions

From the above discussion of attendees' smoking patterns one can see that one of the key questions the group facilitator needs to address in order to help attendees overcome their limiting behavioural patterns, relates to the 'whens' and 'whys' of clients' smoking. Once attendees start to think about their smoking, i.e. identify and make visible their individual smoking patterns, the group facilitator can begin to offer ways of breaking these patterns.

The main explanatory concept used by the group facilitator in relation to smoking patterns is that of cue condition cravings, which is not only a useful concept when it comes to explaining the existence and persistence of smoking patterns, but also when the group facilitator provides attendees with information on NRT. In order to clarify the notion of 'cue condition cravings' the group facilitator explains the difference between physiological and psychological cravings. Although the group facilitator portrays nicotine replacement therapy as useful, he seeks to prepare (new) attendees for the struggles they may have in overcoming the psychological elements of their smoking habit that cannot be reached through NRT products - no matter how many patches they are putting on. The group facilitator explains cue condition cravings as a form of 'stimulus and response' and argues that smokers have to break the stimulus/response pattern by 'unlearning' it, i.e. by replacing the old response 'cigarette' with the new one 'patch'. The underlying argument for this intervention is that engaging in certain forms of behaviour produces a particular outcome – henceforth if one wants to achieve a different outcome, one has to change one's behavioural pattern. For example, if the new outcome is to not smoke, clients have to make changes to those limiting behaviour patterns (i.e. their cue condition cravings) which are normally associated with smoking.

There are numerous examples in the data that suggest that changing their routine helps many clients break their smoking patterns. But this breaking of one's routine can take many different forms and there are even examples in the data where attendees sought to break their pattern, not by actually changing their behaviour or

the sequence of their routines, but by moving the cigarettes to another location in the house. Some respondents even changed the way they are smoking, i.e. they stopped inhaling, smoked cigarettes they do not particularly like or switch to smoking cigars or pipe in an effort to break their habit. However, there are also examples of clients in the data for whom the urge to smoke seems to be so great that changing their routine is not enough to keep them from smoking.

3.8.1 Patch Stories

Clients identified a number of difficult experiences in using nicotine replacement products as an aid to giving up smoking. Most people in the group were using nicotine patches and some clients had very high expectations of the patch seeing them almost as a magical solution, which would make stopping effortless for them.

The experience of using the patches was problematic for many clients who reported troublesome side effects, such as headaches and nightmares. Others lost the patches mostly whilst asleep and then found they were unable to stop the cravings. Moreover, a number of people decided to smoke and use the patches at the same time, because the desire to smoke was too great.

3.8.2 Group Facilitator's Interventions

The group facilitator adopted a number of strategies to counter clients' negative experiences of using NRT products. These were mostly in the form of providing information about the scope of the patches and the appropriate dosage levels. The group facilitator also emphasised the importance of regarding the patch as only one aid in the repertoire of strategies and maintained that people still needed to learn how to deal with their psychological cravings. The group facilitator consistently challenges the belief that using patches is the only strategy available to clients and uses opportunities in the group to introduce psychological strategies in partnership with the patch as an aid to cessation.

3.9.1 The Process of Quitting

The data suggest that there is no one method of quitting that suits all smokers. Often attendees try out different methods before they find the one that is most suitable for them. For example, some attendees choose to quit smoking by setting themselves a

quit date, i.e. a time and day from which they will no longer smoke, that best suits their weekly routine or may have some significance for them, such as the first day of a month. Within this group of 'abrupt' quitters, there are people who need to hold on to some 'security' cigarettes and others who have to get rid of all their cigarettes before stopping.

Other clients preferred to cut down their consumption levels gradually. Although this, in most cases, still implies daily smoking and would traditionally be regarded as a failure to quit, the level of reduction some attendees achieve were nonetheless remarkable and the benefits this may have on their health ought not to be forgotten. However, clients who gradually cut down often get stuck on smoking 1 or 2 cigarettes a day for many weeks. Although these smokers seemingly have control over the 'lingering' one or two cigarettes their smoking can quite easily creep back to their original consumption levels or even beyond. Not only do many attendees who are using the cutting down method experience fluctuations in their consumption levels, but the often drawn out process of cutting down may cause some attendees to feel frustrated due to their apparent lack of progress. However, what is remarkable is that many clients are persevering in their attempt to stop smoking and continue to come to the group despite any real breakthroughs. This suggests once again that giving up smoking can be a lengthy process for some smokers and may therefore require a kind of cessation service that supports smokers during the slow and at times frustrating journey of quitting.

Neither the gradual reduction in consumption method nor abrupt quitting follows one set pattern, but instead differs between individuals. Indeed, attendees often make reference to their individuality by making such statements as 'everybody is different'. This could be seen as a rejection of traditional cessation literature which often advocates one path to becoming smoke-free. The variety of approaches used by clients clearly puts into question the accuracy of prescribing one exclusive method. It may be more fruitful to emphasise that for many smokers, giving up smoking is a journey which may consist of many stops and starts and in which smokers have to explore a number of methods to achieve their goal.

3.9.2 Group Facilitator's Interventions

All in all there are three main types of interventions used by the group facilitator to encourage attendees' process of quitting: (i) praise and success stories, (ii) positive re-framing of 'rest consumption'⁴ and (iii) encouragement to let go of the last 'lingering' cigarettes.

The function of praise and success stories is twofold: firstly, they are a direct form of encouragement for non-smoking attendees' who are still coming to the group and secondly, they provide real-life 'templates' for clients who are still smoking. Indeed, the motivational boost struggling clients can get from listening to their peers' success stories cannot be underestimated.

Another commonly used intervention to boost attendees' confidence and motivation is the positive re-framing of 'rest' consumption. This form of intervention takes into consideration that the often-lengthy process of cutting down can be frustrating, because attendees' may feel that they are not making any real progress and are stuck at a certain level. In addition to 'reminding' attendees of their original consumption level, the group facilitator also quite often re-frames 'rest' consumption by expressing attendees' current level of consumption as a percentage of their original consumption. Thus, rather than focusing on the number of cigarettes a person still smokes attention is drawn to their success rate. Lastly, the group facilitator encourages clients who are stuck with smoking 1 or 2 cigarettes a day to let go of these last lingering cigarettes.

3.10.1 Temptation Stories

Smoking cessation services have to acknowledge that people who are thinking of giving up smoking do not live in a vacuum, but are often surrounded by smokers and may often find themselves in situations where smoking is fairly common (pubs, clubs, work breaks). The recollection of these types of situations in the group often gives rise to 'temptation stories' in which clients talk about their relationships with 'smoking others' as well as their strategies for dealing with tempting situations and smoking others. These stories represent the continuous battleground of staying

⁴ The expression 'rest consumption' refers to the number of cigarettes still smoked by clients.

stopped and give insights into the continuous decision-making process clients are engaged in.

3.10.2 Group Facilitator's Interventions

The group facilitator's response to clients' temptation stories is mostly rooted in narratives around the decision making process involved in quitting. For example the group facilitator talks about the struggle and the impact other people can have on clients who are attempting to stop using strong imagery and language to illustrate the potential difficulties clients face when trying to escape the smoking trap. The group members also use examples to support people to deal with the real world temptations, as well as incorporate a new view of the world, where they see other smokers as killing themselves.

The concept of 'lying with integrity' is applied to unpack the ambivalence people have about stopping smoking or continuing smoking. In addition, the group facilitator stresses the importance of seeing quitting as an active process and urges attendees not to behave like 'stunned rabbits in the headlights'. Whilst he is quite confronting of the passivity of group members in the interventions, he does at the same time give clients the opportunity to practise saying 'no' in the group, both as a rehearsal and also as a challenge to their negative voices, within the security of the group context.

3.11.1 Stories of Relapse⁵

As we have seen, for many attendees becoming smoke-free involves a lengthy journey during which they have to 'unlearn' their smoking patterns, negotiate their way around various temptations and generally have to restructure their sense of self to exclude those components previously associated with their smoking-selves. It is perhaps not surprising that attendees' quitting stories often include many ups and downs, i.e. times when they have stopped or reduced their consumption levels, as well as times when they relapse and their smoking reverts back to their original consumption level.

⁵ Note: Relapse is defined as reverting back to smoking for a minimum period of a one week. Rather than using the term 'relapse' attendees often talk of having 'fallen by the wayside' or 'a wee fall back'. This is contrasted with the expression 'back on track' to denote that they are once again smoke-free.

The common thread in clients' relapse stories is that 'relapsing is easy': there is no time limit after which attendees are completely safe from relapse – although instances of cravings and temptation are likely to become less frequent over time – however, this may lead to a certain complacency that can lead to relapses.

We can identify many different scenarios why attendees have relapsed. For example, running out of patches or forgetting to put them on can prompt clients, even those who have found not smoking fairly easy, to relapse. There a number of examples in the group observation as well as the pre- and post-group interviews when attendees complained about the difficulties they experienced in obtaining patches and/or obtaining the right level of dose of nicotine patch. While it makes good sense to limit the prescription of nicotine replacements to people who are attending the group, it seems difficult for some attendees to go through the fortnightly procedure of obtaining a new prescription, because they not only have to find the time to go to the group but have to return to the health centre to pick it up.⁶ Thus, some of the relapses may be avoided if other prescription arrangements can be found for people who have shown their commitment to becoming smoke free, but who may not be able to attend regularly.

A perhaps more common cluster of relapse stories is attendees' reversion to their 'old' smoking patterns, i.e. relapses in situations that have been identified as being particularly problematic for attendees. Thus, a number of attendees talk about relapsing when they are socialising, whereas others recount past relapses during stressful times in their lives. The fact that the rationalisations or explanations attendees use to account for their relapses do not significantly differ between pre-group and post-group accounts, i.e. relapses that occurred before coming to the group versus relapses during/after group attendance, gives some indication how deeply attendees' smoking patterns and smoking related belief systems are rooted. Another group of relapse stories tells of how attendees, who have not smoked for many months, are so confident they have their smoking under control that they feel they can have a cigarette or two. Relapse in these stories is not triggered by dramatic or fairly exceptional events, but rather out of a sense of complacency:

⁶ Especially clients in full-time employment, shift workers, people with children and other dependents or ill/infirm people reported these difficulties.

clients have managed to stay off cigarettes for so long without much effort that they seem to feel they can allow themselves this 'treat' or lapse of guard.

Given that quitting involves some efforts and perhaps emotional strain, it is not surprising that many attendees seem disappointed or annoyed with themselves that they have relapsed. Indeed, for many clients a relapse means 'being back to square one', i.e. discounting the time they have previously been smoke free. This attitude is not only challenged by the group facilitator, but also by other group members. There are many examples in the data where clients have pointed out that their peers have stayed off cigarettes for much longer than they give themselves credit for and urge them not to let their 'wee fall back' cloud their perception of their previous successes.

3.11.2 Group Facilitator's Interventions

After a relapse, it is important for attendees to not let their disappointment or disillusionment deter them from having another go at stopping. It is thus essential that the group facilitator provides encouragement and motivation for those relapsed group members who continue coming to the group. Time and time again, we find that the group facilitator emphasises the importance of 'coming back', i.e. of continuing their journey of quitting despite setbacks. The group facilitator also seeks to encourage and motivate attendees who have relapsed or are struggling to reduce their smoking, by pointing out that their efforts are just as valuable and important as the successes of attendees who manage to stop immediately upon joining the group and who have not had any relapses. Once again, the group is reminded that quitting does not necessarily involve one straight course from first quit attempt to staying stopped for life. For many attendees becoming smoke-free is more akin to a journey with many stops and starts, which means that if they relapse they have to pick themselves up again and continue trying.

The journey-like character of quitting is a strong testimony to the importance of providing a type of cessation service that can cater for clients' long-term need for support. Not only do the attendance patterns indicate that attendees often make (albeit irregular) use of the service over many months, some clients have explicitly expressed their need for long-term support both during the group observation as well as in the post-group interviews.

4. POST-GROUP ANALYSIS: GROUP MEMBERS' PERCEPTIONS OF THE SERVICE

Initially, the study was designed to 'follow' participants before their attendance at the smoking cessation group and to interview them again at the post-group stage. However, the actualities of peoples' attendance patterns at the smoking cessation service and the poor data from pre group interviewees necessitated changes to the research design. The post group interviewees were selected out of a group of clients who had made use of the service at least three times within six consecutive months, namely between June and December 2003.

4.1 Demographic Profile of Post-Group Interviewees

Interviewees were between 36 and 68 years of age, with an average age of 53, and consisted of 9 women and 2 men. Looking at interviewees' SIMD deciles the sample can be divided as follows:

Table 5: Split of Post-Group Sample According to SIMD Decile

SIMD DECILE	Number of Attendees per SIMD Decile
Most deprived decile SIMD 1	2
SIMD 2	2
SIMD 3	1
SIMD 4	2
SIMD 5	1
SIMD 6	0
SIMD 7	0
SIMD 8	0
SIMD 9	0
Least deprived decile SIMD 10	3
Total Number of Attendees Included	11
Missing Data	0

At the time of the interview only two interviewees were smoking, one smoked 2 cigarettes and the other between 10-20 cigarettes a day. Six of the other interviewees had brief relapses over Christmas and/or New Year, which means that

at the time of the interview they had stopped smoking for between 5 and 7 weeks. The remaining three interviewees had not smoked for 9, 7 and 4 months respectively⁷. Clients' original and current smoking behaviour has been summarised in Table 6 below:

Table 6: Interviewees' Original and Current Level of Consumption (all clients used NRT)

Synonym	SIMD Decile	Original Consumption Level	Current Consumption Level	Number of Times Attended in 6 Months	Group Attendance
Gill	1	10-15 a day	2 a day	3	Yes
Melanie	2	20 a day	None, quit 5 weeks ago	5	Yes
Dan	2	12 cigars a day	None, quit 5 weeks ago	3	Yes
Margaret	3	11-13 a day	None, quit 7 weeks ago	8	Yes
Fiona	4	20 a day	None, quit 6 weeks ago	4	Yes
Annabelle	4	30 a day	10-20 a day	4	No
Peter	5	30 a day	None, quit 4 months ago	3	Yes
Anne	10	30-40 a day	None, quit 7 Months ago	9	Yes
Rhona	10	20 a day	None, quit 7 weeks ago	4	Yes
Tania	10	40 a day	None, quit 5 weeks ago	3	Yes

4.2 Clients' Experience of Attending the Group

As we have seen in the section about 'group atmosphere' all clients commented very favourable on the experience of going to the smoking cessation group. Clients

⁷ The researchers were able to conduct follow-up telephone interviews only with the respondents who were not smoking for 4 and 7 months respectively. The person who had not smoked for 4 months was still not smoking at the time of the follow-up, which means that they had not smoked for well over a year, while the other person had relapsed after not having smoked for almost nine months and was smoking between 10-15 cigarettes a day at the time of the follow-up interview.

valued the friendly, non-judgmental atmosphere and emphasised that this created an open and trusting environment in which they feel comfortable discussing their successes as well as their setbacks. This trusting, open and non-judgmental approach to smoking cessation allows clients to make their own decision when to stop. There is no time scale in which they have to achieve a non-smoking status, nor is there a time limit for group membership. Clients also value the flexibility of the service which allows them to make use of it when they can and when they most feel they need it. Not surprisingly perhaps, the open-ended nature of this service invites clients to regard stopping as a long-term commitment, which may require long-term support.

Extract 10:

Peter: I said to him [the group facilitator] ... I said, when do I get thrown out? I feel a wee bit embarrassed. Maybe I shouldn't feel embarrassed. I don't know. But they all say, that's four weeks and three weeks or two weeks or two days or a day and I go ... seventeen weeks. ... I said, when do I get thrown out? Terry said, ye never get thrown out of here, ye can come back and forward as ye like, ye know. So I felt quite happy at that, ye know. He said, you just keep coming son, you just keep coming.

The needs of clients' for long-term support can also be seen in the extracts below in which interviewees talk about how they intend to make use of the service in the future.

Extract 11:

Dan: ... I don't think I'll be one of these people that maybe come for three months. And then say I don't need to go there any more. I see this as a long-term thing. And I will continue coming for as long as possible.

Extract 12:

Rhona: ... probably at this stage I could probably not bother going to the class because, you know, I feel as though I have kinda cracked it. But I keep coming to the class cos I think ... I do like to still come cos I think I like to be reminded of these wee ... things that he comes out with every so often. I think it's good to keep that in your head, you know. So that's why I've been trying to come even just every few weeks if I can manage

Researcher: So do you actually see this as a long term process ...?

Rhona: I would think so. Mm hmm. Yeah. Cos you could go back to smoking like that. Any day. Do you know what I mean? You could. Cos I mean, I stopped for 3 years and went back to it ... so ... it would be very easy to go back at any time. I don't want to and I hope I don't, so I just think I'll just keep coming to the class a bit longer (LAUGHTER) ... just to make sure, you know. But I mean, Terry's said if you go away, you can come back in six month's time if you feel you're struggling or whatever. So obviously I would keep that in mind but, no, I do want ... I will keep coming just to ... so I can be reminded of why I'm doing it in the first place, you know, cos you could forget that (LAUGHTER) ...

It is interesting to note the language used by clients when they are talking about what they are getting out of coming to the group. The data suggest those clients' main reasons for attending the group is to get a motivational boost and to be reminded why they want to give up smoking. Clients' descriptions of this process portray their motivation and resolve to quit as qualities that drain away over the course of time and that need to be replenished or recharged every so often before it reaches a 'dangerously low level', i.e. a level at which they may relapse easily. The following extracts are good examples of these kinds of descriptions:

Extract 13:

Fiona: I would say that the first week, I found very difficult and then I went back to the group and every time I went back to the group, by the end of the week, I really could have gone a cigarette and then I would go and listen and it gave me a boost just talking and listening. That did ... I found that ... it really helped. That's why I went every week. Em, I can now miss a week occasionally (LAUGHTER) ... and not be ... oh, you know ... I need help. But, em, it certainly did give me the help that I needed.

Researcher: Mm hmm. Do you think that you'll continue going to the group for quite some time?

Fiona: Yes. Mm hmm.

Researcher: So it's really like a long-term thing?

Fiona: Oh I think so. Yes. Yes. Because it does ... it does help me and it gives me a wee bit more strength every time I go, ye know. It recharges the batteries sort of thing, ye know. It's like a torch bulb

(LAUGHTER) ... and I get weaker and weaker and when I start to get weaker, I go and that's me recharged. So it does ... yes, it does help.

Extract 14:

Melanie: I think the classes keep you motivated. Or sometimes I feel if you're getting a bit low at the end of the week you kind of start to forget the reasons why you want to stop, and your resolve is weakening, so if you come back to the class it reminds you and kind of keeps you on track to keep going. So ... I try and come every week but I definitely come every fortnight just to keep the motivation going.

Researcher: Do you think that's what you're getting out of the groups? Motivation?

Melanie: Yeah. Uh huh. Uh huh. Definitely. Just going in, it's just reminding me why I want to stop, because I think in your head you could forget quite easy and go back into that och, I'll do it later thing of och, I'll just smoke the now but I'll stop later. So I think that keeps you going. And I think it's also just other people that keep you going too, just hearing how they're getting on and they're struggling as well and you think, och well. And that I know how you're feeling, so that, I think, is why it works. [...] I think just the constant going and getting it reinforced on a weekly basis or a fortnightly, and hearing other people. I think that was my motivation. [...] I don't think I could have done it without the classes. I could have maybe done it without the patches. But I don't think I could have done it without the classes. ... I can see myself still coming to the classes for a good wee while. ... Another few months. Uh huh. I think I need the motivation thing. You know, I think it keeps me focused on why I want to do it, so it's maybe I'm just going to use it as a kind of security thing. But as long as nobody minds I'll still be coming, you know?

4.3 The Role of Other Group Members

An important reason why the group seems to work so well as a source of support for clients lies in the fact that the groups are mixed, i.e. that long-term attendees and newcomers as well as people who are still smoking and those who have stopped are all in the same group. Interviewees described people who have given up smoking, yet continue coming to the group, as providing them with motivation to stop, or as a kind of 'positive' template that they were aiming to emulate when they first started going to the group. This can be seen in the following extracts:

Extract 15:

Tania: I know that Peter that comes to the group, he's the longest off it and Peter smoked really, really bad, ye know. And I thought, if he could do it, anybody could do it, do ye know what I mean. And he's what? He must be 15 weeks now off it. I think he's about the longest out of everybody, ye know. So, aye, I think it's a great encouragement ... I noticed that last week. People were saying, that's great, you're a real encouragement and if you can do it ... they were saying, we can't do it. And Peter would say, but I did it so you can do it. And I think that helps people, ye know, it does. A few people said that we need that encouragement, ye know, and ye do, ye know. [...]Ye get ... ye get ... ye get the support from everybody round the room, ye know, the ones that are doing ... there's some that's still smoking, still on the odd cigarette and all that. Ye've got the support of the ones that have been saying, ye can do it, if I can do it, then you can do it. ... the people that are there that are doing it, well, it's great to look at them and think, ye know, if they can do it, I can do it, ye know. They've smoked ... smoked a lot longer than I did, ye know.

Extract 16:

Rhona: I think it's quite good that the group's quite varied. ... I think it's quite good for new people to see people that have been doing it for ... because when I started, there was a family there ... em, mother in law, son in law ... and ... they were at the stage that I'm at now when I started. So it's quite good to see people that were succeeding and that kind of thing. Yeah, so it's probably quite good to have the mix. I don't think it would be very good if everybody was ... if it was a sort of ... these classes start this date and end that date. I don't think that would be very good. I think the fact that they are kinda mixed up and ongoing is better. Aye. You know. But if you said, oh you have to go to the anti-smoking class this week and it lasts for 6 weeks and everybody was at the same stage, I don't think it'd be the same. No, I don't think so. I think it's quite good to see people at all different kinda stages.

Extract 17:

Researcher: Do you find it useful... that ... [the group is] mixed?

Muriel: Yeah, because you can see where you're aiming for. And you can say well she's done it. I can do it. You know? And especially if there's somebody who's been smoking for a, you know, like fifty years, and started smoking when they were about seven or eight or whatever. And they've stopped and you say my God. They can stop, I can stop.

Only one post-group interviewee made negative comments regarding the continued use of the groups by long-term clients and the sense of discontinuity that a frequently changing pool of group members can bring about.

Extract 18:

Gill: It is ... sometimes, like, people that have stopped for 6 months, I found that quite difficult. The ones that were in the group that had stopped for 6 months, cos they were a wee bit ... it felt as if ... oh, look at me, I've stopped for 6 months. And I thought ... hmm, well, if ye've stopped for 6 months, why are ye still coming every week? I found that strange why they were still going after 6 months and maybe they needed that. I mean, on the other hand, maybe they needed to go to the group. [...] sometimes it's off putting if somebody in the group will say, oh I've stopped for 6 months but I've started again and now I'm back here and I think, oh my God. So it's no ... but then on the other hand, ye think ... right, it's a life change thing. It's no just ... ye find it quite difficult when people do say in the group they've stopped for like 3 months and, oh, I've started again. They might only be smoking a couple but ... it's no really failure. Ye're no saying it's failure. It's kind of ... oh my goodness, is that going to happen to me? It's hard to imagine if ye've stopped for 6 months or 3 months and ye're going to start again. That's hard to imagine. Ye think ... why? ... sometimes that's a bad aspect of it. [...] Sometimes the groups are really large. Yeah. Ye think, oh maybe a smaller group might be more helpful. I'm no saying the ones that have stopped for 6 months should get chucked out (LAUGHTER) ... go away (LAUGHTER). You've stopped, go. But something like that. ... it would be good if ye got the same ones [attendees] every week because there are different ones there. Ye feel as if ye're starting over again and it's good to hear like the two ladies ... two sisters ... it's good to see them and ye think, oh they're going through what I'm going through at the same kind of time and all that. But then on the other hand, I mean, I suppose me saying things about what's happened to me over the weeks helps new ones. I suppose that could go as well.

What is implicit in these extracts is the reciprocal nature of support that is offered in the group: clients attend groups to receive and to give support to others who are 'not as far down they line' as they are. Thus, fellow clients play an important role in the group process – they are perceived as a source of support by new or struggling clients, while clients who are more advanced in their quitting process believe that their personal success offers support to others. There are numerous examples in the data to support this interpretation and extract 19 can be seen as good representations of this dualistic nature of group support.

Extract 19:

Researcher: Did you find it useful to hear from people who've been maybe a bit further down the line – who might have given up like two months ago and they're still stopped.

Melanie: Definitely, yeah, mm hmm. I think that motivates you to think well, they can do it, you can do it. You know? Because I think people have got this thing in their head that stopping smoking's going to be difficult, the hardest thing they've ever done. And it is hard. I'm not saying it's not hard. But it's not as hard as you think, you know? Do you know what I mean? It's not as difficult as what you think it will be. [...] I think it [the group] works well because there's a mix of people. I don't think it would be good to suddenly split the group into two for instance, and say right, we've a group for all the people that have stopped for a while, and a group of other people that have just recently, or are thinking about it, because I think the mix motivates the newer people in the group. And the fact that you can, or you're sitting wi' somebody that's maybe a couple of months further down the line than you helps. And then if there's people there for instance that have just stopped, I could maybe say to them, oh right, but wait till I tell you what I did because I went through that a couple of months ago. So I think keeping it mixed helps people at all different stages ...

There are many examples in the data in which interviewees relate direct examples of the type of support given/received by other group members. The following extracts provide a good insight into the kind of encouragement that is offered by other group members:

Extract 20:

Anne: ... this is like the support that I'm talking about. John was quite and is still quite quiet but he'll open up now and he'll have a bit of a laugh now you see? And he said one of the weeks ... we're all sitting there ... and he said oh well, that's so many weeks that I'm off smoking and we're all like that, oh yes John, yes, really? Oh! Great, great. And you do get chuffed wi' yourself you know? I was saying well-done John and he said well, he says, the only thing is, he says, sometimes you just want to test yourself don't you and just have the one? And we're going no John! Don't test yourself! Don't do that! And he's going no, I'm OK. Maybe I'd better not, you know? And it's just everybody's just pitching in for you. Do you know what I mean? And you're saying right OK, and then it's like, you know, maybe another woman would come and she'd say oh I hate to tell you, she says, I had a cigarette and I really feel bad about at and ??? Don't beat yourself up about it, you know? Come on, you know? Just like forget it and just start again. I just found the whole thing really, really brilliant. I definitely do.

Extract 21:

Fiona: ... I find the classes are excellent. If it hadn't been for the classes, I would not be here today. I would have been back on the cigarettes. Seriously. ... everybody else is trying as well and if ye don't ... if ye have a bad week and ye don't have a cigarette, nobody condemns ye, ye know, it's not a case of ... oh don't do that. It's ... well, that's only one and ye were 20 a day and that's one a week, ye know. That's ... it's encouraging and it does encourage and ye meet people that's ... ye meet the group outside and ... how are ye getting on and, ye know, we have a wee chat. So, yes, I feel the group's excellent. I really do.

In addition to offering support and encouragement to struggling group members, the group also has the effect of making clients feel that they are 'not on their own'. By coming to the group clients get a sense that their very personal endeavour of giving up smoking is shared by many others who, because they find themselves in similar positions and situations, can understand what they are going through much better than their spouses, family or friends.

Extract 22:

Gill: ... I do like going to the group because ye hear other people's stories. Ye think, oh right, that's happened to me, it's no just me this is happening to and I think because my husband's never smoked as well. He finds it strange how ye cannae just give up. He does find that strange. [...] it's great to hear other people's stories. It is good if ye know somebody else is going through that because sometimes ye think ... it must be me that's only ... because I had trouble to begin with. I was crying all the time and all that and ye think ... well, other people do do that, it's no ... ye think ye're going crazy (LAUGHTER) ... which is very strange. Especially when ye've no got any other smokers about ye. None of my family smoke and all that, so it is good to talk to smokers.

Extract 23:

Margaret: I think the classes, I don't think I could have done it without the classes. I really don't. I think the classes, when you go you hear everybody else and you realise it's a struggle. Everybody's having the same struggle, you know? And I think everybody else encourages you. You know?

Although the group atmosphere is such that clients are confident to divulge their setbacks, and a client who relapsed would neither be condemned by the group

facilitator nor other group members, the fact that clients share each others' struggles may create a sense of 'not wanting to let others down'. This attitude towards other group members can be seen in the following extracts:

Extract 24:

Researcher: So what do you find particularly useful about the group?

Dan: It's the fact that you're with people. A group of people and every one has the same goal at the end of the day, and I find as if it gives me more encouragement. And more willpower. I've got this wee message in the back of my head that says if I were to go to the next class and to tell everybody I started smoking again I feel as if I would be letting them down as well as letting myself down. ... If you were to do it on your own, stop smoking, then you wouldn't have the same camaraderie [as] with a group of people ... a lot of them are strangers. I don't know them. And they give you more encouragement.

Extract 25:

Researcher: So what is it about the group that you like?

Muriel: It's just the fact if somebody else is in the same position. ... coming to a group you've got a bit of backup, you've got a bit of encouragement as well. And then you come and say well I haven't had a cigarette and everybody's like that, oh that's great. Whereas if you were on your own doing it you wouldn't feel encouraged or backed up or there's well done, they'll give you a clap, you know? So that kind of keeps you going and you think, I'll be letting down myself and I'll be letting down the group if I stopped, you know?

In addition to support, encouragement and a notion of 'not being on one's own', interviewees also talked about learning from other people's experiences of quitting and their practical hints and tips of overcoming cravings. Although these tips were originally introduced by the group facilitator, the fact that other people in the group used them successfully in their endeavour to stop smoking may have lent greater weight to them.

Extract 26:

Melanie: ... people saying, and Terry and other people saying, well change when you have it. So that actually helped ... The hints helped ... there are people in the group who are still maybe smoking at the weekend. When they're out drinking. And other people are saying how

they've managed to stop doing that. It's all these things have helped, yeah.

Extract 27:

Anne: How different people get over maybe their yearning for a cigarette, like I went for a walk or I drank plenty water and, och I just ended up, you know, I bought these sweets and just started sucking away at the sweets and blah, blah, blah, and just different things, and don't sit in the same chair that you normally sit in. Change your chair. Everything like this, you know? Change your routine so it did help you to learn all these different things. OK, I'll try that. Oh yeah that's a good idea. I'll try that. And that, it definitely gets you over a hurdle and then you get to another certain point and then you've to get over another hurdle. And so it goes on, and I think it's just until you reach the finishing post, and I just think, I think it's a great thing. It's helped me, and I know it's helped several other ??? people as well. I mean I'm saying several other, many other people.

At other times, interviewees perceived their peers' stories and experiences as deterrents, which strengthen their own determination to abstain.

Extract 28:

Peter: Other people's stories are always of interest. ... there will always be somebody worse off than yourself and it's listening to their stories and I've heard a few horrific stories about what people have done [...] some things stick in your mind more than others. ... one that stuck in my mind that I'll never ever forget as long as I live was the guy who was going in for the heart bypass. ... He was going in for a heart bypass I think within the next ... when he was there, it was in the next couple of days and he said all his veins in his legs were shot and all the veins in his heart were shot and this vein in his neck and it was really ... for him to even come there, it must have been some effort he made. ... It's guys like that ... instances like that, that stick in yer mind and ye say, well, do ye want to be like that? Do ye really want ... 43 too. 43. And his wife was ... unless he'd had something fairly quickly and unless the medical help that he had to hand was prepared to do it, he was finished at 43, ye know. It really sticks. I mean, that guy stuck in my mind. Just looking ... healthy and, ye know, fit looking and he begins to tell us ... what was coming out his mouth wasn't what yer eyes were seeing, ye know, but he told his story and it stuck with me all that time. [...] I think one of the things that helped ... I hate to say this but ... not helped me but brought it home to me was ... the night the guy came in and he was to go into the REH the next day for a heart bypass and he was to get a leg bypass and the vein in his neck was needing to be bypassed or he would lose the sight of his eyes. And he was a fine looking man and he was a healthy looking man. I thought he was a

farmer. He sat there with a t-shirt and a short sleeved shirt and his colour was great, ye know, and he told his story and I just shivered that time. That's probably helped me more, seeing that man who looks fit as well, but what was inside him, ye know. I never ... These stories help people as far as I'm concerned.

Extract 29:

Tania: There was a lad walked into the group last week. I say lad, a man maybe say in his early 40s. I see him about the town. Very, very bad with emphysema but a young man. And he came into the group and he could hardly speak. He couldn't get a breath and he had heart disease and he had emphysema and all that and ye looked at him and ye'd think, oh my goodness, I feel ... I'd like to breathe for that man. I was quite fraught looking at him trying to breathe and I thought, that's what cigarettes do to you. Do ye know what I mean? So I think that's good. Yeah, definitely. It makes ye realise. Cos ye always think, oh, it'll never happen to me. It can, ye know. ... So ... yeah. It's a good group and it makes ye think ...

4.4 Clients' Perceptions of the Facilitation Style and Methods

Interviewees commented favourably on the group facilitator's style of intervention. Several interviewees emphasised the group facilitator's own smoking history as a positive factor. Being an ex-smoker, interviewees argued that the group facilitator can understand what they are going through and that the group facilitator's experience of smoking and quitting lends more credibility to his advice than if it were to be given by a non-smoker.

Extract 30:

Fiona: ... what I find with Terry is ... em, he's an ex smoker, he knows what ye're going through and he knows how ye're feeling and for somebody to know just exactly how ye're feeling, it does help. I mean, if it was a wee girl just out of university telling ye, oh don't do this, don't do that ... I would have said, oh away ye go, behave yerself, ye know (LAUGHTER), ye don't know what ye're talking about (LAUGHTER). It's alright on paper but when it comes to the practical (LAUGHTER), ye know. But I think that helps, ye know. [...] I think he [the group facilitator] does boost yer confidence and, em, he's ... he's very good. I don't know how he goes about it. I think he's a bit of a witch (LAUGHTER) ... or a wizard (LAUGHTER). No. He's very good and he's a good listener. He doesn't criticise and that's a big help. It's when ye get somebody saying, oh ye shouldn't do that ... that's when ye go, oh should I not? ... I find myself saying, well, Terry said this and I can

do it. So, yes, it does help. I've got a wee Terry sitting here saying, don't ... ye know, whispering in my ear (LAUGHTER) ... don't do it.

The non-judgmental approach in the group facilitator's interventions allows clients to openly discuss their setbacks without fear that their honesty may have negative consequences. Indeed, the group facilitator's ability to give encouragement and to create a relaxing and safe atmosphere is commented on by most post-group interviewees.

Extract 31:

Dan: I mean that's one thing he [the group facilitator] said right from the very start, that you don't have to be a non-smoker to attend this class. I mean if you do smoke then still come to the class. As long as your goal is to try and stop smoking, and he doesn't beat anyone up shall we say if they come in and say they had a cigarette. But he just gives them the encouragement to say well, OK, you've had a cigarette. Put that behind you and just start again and keep going. He does give a lot of encouragement.

Extract 32:

Tania: I did have a couple at Christmas and New Year. But Terry keeps ... I said to Terry, I've let myself down. He said, but from 40 a day to 6 in a six day period, is still good. I said, but it's ... ye need to do it completely. Ye know what I mean. Just stop it absolutely, ye know. ... [but] that's what I like about him. He doesn't slate ye for doing it. ... with Terry, ye don't need to lie about it. Ye can go in and say, I've smoked, do ye know what I mean. ... That's what I like about him, ye know, and I keep coming, ye know. So ... aye, he's good. He's really, really good, ye know. He's nice and friendly and everything and it's really good. Yeah. Smashing. Yeah. I like it. It's a good group. Uh huh.

Although Tania (in extract 33) clearly states that she likes the group and the group facilitator earlier on in the interview she talked about her first impressions of the facilitation style:

Extract 33:

Tania: ... the first night I went, I thought, I wasnae all that impressed by it to start with, ye know. At first, I wasn't too sure of him [...]

Researcher: So what was it you didn't quite like about the group when you were coming at first?

Tania: When I came at first, I was like ... I don't know ... ye just don't know the people and ye're just sitting there. Ye feel kinda odd because ye're sitting there, ye know. And I imagined somebody ... I imagined Terry would sit down and give ye all the facts and all that and it was very sort of ... as I thought it ... quite flippant about it. And I thought, he's just so ... isn't he? He's just so ordinary and kinda flippant about it and making jokes and all that. But ... and that ... that kinda ... I thought, och, I don't know if I'll go back. But anyway, I did go back and then I found out that was all part of what Terry was about and how he would then ... he'd make jokes and then he would get on to the seriousness of it. But he kept it really light-hearted as well so that, ye know, ye could have some fun as well and that's ... I remember [my friend] saying that. What do you think of Terry? When she started coming a couple of weeks ago. And I said, funny, I wasnae that sure about him at first but after a couple of weeks I thought, he's a really nice guy, he really cares that I stop smoking. She said, I find him a wee bit flippant. I said, so did I, but he's no really. That's just the way he is and ye really get to ... to know him, he's lovely and he really cares, ye know, that ye stop smoking.

The above extract suggests that the unstructured nature of the cessation sessions as well as the light-heartedness of it may stand in contrast to clients' expectations of what smoking cessation groups ought/will be like. This may be even more so when clients have experienced other, more structured forms of smoking cessation. However, as the extract also suggests, once clients open-up to this kind of approach they may well find that it can offer them the kind of support that they feel comfortable with.

In terms of the actual methods used by the group facilitator the data suggest that it is not so much the newness of the information, but the way in which this information is delivered that is significant.

Extract 34:

Rhona: I think ... the classes arenae really even telling you anything much that you don't know already, are they? You know. Em ... you know smoking's bad for you and all the things it can do to you. Terry maybe gives you a lot more detail about all these additives and things like that, which does hit home a wee bit better I think but it's like anything ... it's like losing weight and all these slimming clubs and everything. We all know how to lose weight. You just don't eat so much. Do you know what I mean? It's ... it's no ... it's no big secrets. Do you know what I mean? (LAUGHTER) I just think the class is just ... it just brings ... just emphasises what we already know and, you know ...

and keeps reminding us of what we already know, so that we can't just put it to the back of our mind because when you're a smoker, you can put all the horrible things to the back of your mind quite easily and not think about it [...] I think it's actually somebody sitting there and telling you and talking to you that makes the difference, no look at things and read books, read magazines, pick up leaflets ... and you can ignore them just as easily as ... as anything. It's somebody sitting there talking to you that does make a difference.

Extract 35:

Dan: I do think everybody knows the damage that smoking can do to your health. When Terry talks about it he puts it across in a different way ... the messages get sent home to you. Rather than reading an advert in the paper or looking at a packet of cigarettes which says smoking kills, when you're actually in the class, in the group [...] he'll tell you a story about someone that has got ill health through smoking. And it does put you off, and it does send home a message that I don't want to be that person. I don't want to be a case history for someone telling a story in a class, that I knew this guy that smoked and this is what happened to him. But it makes it more realistic. It brings home the message a lot sharper.

Of course, the extent of clients' background knowledge differs. For example, one interviewee remarked that he did not know about the large number of chemicals in tobacco and argues that if he had known about this and the damage that these chemicals do to the body he might have stopped much earlier. However, as we can see in the following extract for other clients, who already possess a large breadth of knowledge regarding the effects of smoking on the body, additional factual information – even when delivered in the form of 'shock tactics' – does not work.

Extract 36:

Annabelle: I think because I have tried to stop and I've got all the information myself before ... a friend ... a lot of friends who are nurses, so ... I had quite a bit of information flung at me over the years. ... Listen, I've even seen a post mortem. I did a stint as a student ... and I went to a post mortem and I seen a set of lungs, so if that didn't convince me enough, nothing else was very likely to. What I found ... I suppose having it reinforced doesn't do any harm either and the humour in the group helped. But certainly ... no, not ... none of the shock tactics did any good for me.

Researcher: So it sounds almost as though you got more out from the group members than maybe from stuff like the more factual information?

Annabelle: I think probably because I was starting from the point where I had a lot ... already had a lot of the factual information, certainly all the factual information was given and in great detail (LAUGHS) ... sometimes as a sort of shock tactic and sometimes given with humour. I'd say he's very good at doing that. And for people who were coming in cold and didn't have any of that information, yeah, and it certainly was put in a way which everyone could understand and he had literature as well if people wanted it. But I was probably starting from a different point where I'd been through the process so many times and had joined all these quit lines and read a lot of stuff on it, got a lot of information and from that, this friend of mine who actually is a nurse, she runs a clinic herself but it's out in North Lanarkshire unfortunately.

Whether or not certain interventions work not only depends on clients' background knowledge, but also on their personal preferences. While Annabelle in the above extract clearly rejects 'shock tactics' as having any influence on her smoking behaviour, for other clients it is the 'fear factor' and 'horror stories' that stick in their minds.

Extract 37:

Melanie: The scare tactics thing work on me because I've got the kind of fear factor about it all anyway. [...] he [the group facilitator] knows I work with the fear factor thing, that's my kind of motivation right? And I think he's very good at gauging where everybody's at with that or what kind of motivates them to stop, and I think he knew I was struggling so he went back over all the stuff, so he kind of instinctively knew who was struggling and what kind of part of it to talk about last night. And I think that was a wee bit for my benefit.

Extract 38:

Rhona: I think that ... the fear factor's quite And you can look at a packet and it can say ... this contains bla bla bla ... and you just turn it round the other way or put it under your magazine. You don't have to read it, you don't have to look at it. But when he's sitting telling you all that kinda thing ... aye, it does get through and ... I think it depends what kinda person you are whether that works or not. The kinda fear factor works on me, I would say (LAUGHTER). Em, but I think some people, it wouldn't work on. ... I think he does quite a good

mix really. I think if he did all of that and he just scared you too much, he could scare you right out the door but he ... he does quite a good mix I think (LAUGHTER). [...] I think the horror stories about all the additives and all that kinda thing definitely got through to me.

One important form of intervention frequently used by the group facilitator is that of 'head-on-challenges', where the group facilitator singles out a client and subjects them to in-depth questioning. This form of intervention is used by the facilitator to challenge clients' beliefs about smoking and quitting and to push at the barriers that keep them from stopping. Although these questions can seem intense and may make some clients feel uncomfortable when we asked interviewees who have experienced this kind of intervention first hand, their comments were very positive. In fact, the clients in question argued that it was this kind of challenge that helped them to quit smoking (at least temporarily).

Extract 39:

Researcher: [Sometimes the group facilitator] ... concentrates on one person ... you know, did that happen to you as well?

Rhona: Uh huh. Uh huh. He does, yes. (LAUGHTER)

Researcher: So how was that for you?

Rhona: Och, I didn't mind. It was OK but maybe some people wouldn't like it. I don't know. But maybe he can figure out who would ... who could take it and who couldnae kinda thing. I'd imagine somebody that does the kinda job he does can probably choose who he's picking on. You would think. But I didn't really mind. Em, it was just ... it was just a bit of a joke, you know, and I just took it in the way it was intended. But I think he ... he picked on me because I was maybe the kinda person that would actually come right out and say the stupid thing I was thinking. ...

Researcher: Do you think that was useful to you thought? Getting these ... more intense questions?

Rhona: Aye, it was quite good actually. Maybe ... if he hadn't picked on me so much, I ... I wouldn't have got so much out of it. I don't know. Hard to say. ... Maybe if Terry hadn't picked on me, I would be a failure. I don't know (LAUGHTER). I really don't know (LAUGHTER). But he definitely ... he does seem to focus in but I think it's just he maybe picks on somebody and then everybody else can kinda relate to them or something. I don't know why he does it but ... no. It was OK. I didn't mind (LAUGHTER). I can take it.

Extract 40:

Gill: It was ... Terry had said to me ... what about your kids at your funeral? And that got me, the thought of my kids seeing me in my coffin and all because I smoked and that's what made me decide ... I just stopped [for two weeks]. I thought, no. ... that image has stuck with me, I must admit. It's definitely stuck with me. I feel quite good that he said that [...] I think he judges when people are kinda ready. he'll focus in on one person a certain week and then the next week ye come back and that person's no smoking ... he's making a judgement of ... oh, I think they're ready, definitely, to give up and to stop altogether. I think that's what he's doing. He seems to focus in on one person and find the thing that's going to click to say, right, they're going to ... I definitely think that's what he's doing.

Researcher: And that was useful?

Gill: Yeah. Definitely. Uh huh. At first, ye feel, ye know, why are ye picking on me? (LAUGHTER) ... but then ... ye do. I mean, that's definitely the reason why I stopped for those two weeks, cos definitely because he said to me about the kids and all that. He's just trying to find ... I think he's trying to find the trigger that's going to get to ye really, cos everybody's different. Everybody will have a different trigger.

4.5 Clients' Criticisms of the Service and Suggestions for Improvements

Overall the eleven clients interviewed at the post-group stage only identified three areas that they think could be improved, all of which are to do with organisational procedures, rather than the content or style of the interventions.

Firstly, and most frequently, clients commented on the size of the groups. Although a set-up where clients can attend ad hoc has many advantages, the one disadvantage with this system is that the size (and the composition) of the group can vary significantly often resulting in groups that are too small or too large. While small groups may put too much pressure on clients to participate, large groups may not give them enough 'talk time' and may run for too long.

Extract 41:

Margaret: I think he's got quite a lot of people at the one time sometimes hasn't he? But that's just, he's, it's quite hard going I suppose for him, all they people in at the one time. But no, I think the group, I think it's very good really. ... I suppose sometimes you feel like that if it's awful busy. But most times I think you can get, you can get a say in if you want. I think everybody gets a wee turn of saying something if they want.

Extract 42:

Gill: Hmm. Sometimes the groups are really large. Yeah. Ye think, oh maybe a smaller group might be more helpful. I'm no saying the ones that have stopped for 6 months should get chucked out (LAUGHTER) ... go away (LAUGHTER). You've stopped, go. But something like that. [...] Ye feel as if ye've no really got much time to talk. I mean, ye get a wee bit but then everybody's kind of ... I would say 10 to 12's quite a nice size. Any more than 12's quite ... and you don't want ... you don't want just like 5 or 6. That doesnae seem to be enough. ... I would say no too small a group but no too large a group. It does ... I feel kinda ... mmm ... don't feel as good when I come out when it's a large group. I don't feel as good because ye've no really had time to say the things that ye wanted to say because usually ye've got in yer mind, oh I'm going to ask about this or ... or ask about that. But if there's really a large group, ye don't really get time. Yeah. I would say that's the only thing that I don't really like.

Extract 43:

Melanie: ... by the time Terry now gets round everybody and sees where they're at, you know, it's less time for people to chat. ... I don't think there's anything I would change just the, maybe, the numbers to give maybe people more opportunity to have an input themselves.

In addition to the size of the group and the related issue of not getting enough time to talk, some interviewees have also identified other clients as potential sources for problems. Interviewees argued that clients who have 'strong personalities', 'who talk too much' and 'hog the limelight' need to be held in check by the facilitator so that others, who are quieter, get the opportunity to talk about their experiences. In addition, interviewees argued that group facilitator needs to keep the discussion 'on track' and ensure that what is said is relevant the rest of the group.

Extract 44:

Annabelle: I think it depends very much on the different personalities in the group on any given day. Sometimes there are a couple of very strong personalities there who kind of hog it and quieter people sort of get left just sitting there. I never say anything unless I've got something to say and I wouldn't take up too much time but a couple of people do, so I would shut them up (LAUGHTER) ... in a nice way. I know Terry's only ... he's not there to chair the group. He's only there to facilitate but I think sometimes it's just too big and it gets out of hand.

Extract 45:

Tania: ... sometimes ye go round the room ... people talking too much. ... Sometimes people take up too much time going into all the stuff... I think people shouldnae go into great big rigmaroles about ... ye know. ... halfway through that conversation, I tend to say to myself, OK, ye've smoked a cigarette, let's get round the room and see how everybody's doing. ... So I think if ye get people that don't ... says me blethering here all the time (LAUGHTER) Do ye know what I mean? If people just keep it simple and tell what it's like. ... there are some people that just hog the limelight.

Besides the size and composition of the group, interviewees also remarked on the timing of the groups. Although it is impossible to find a time that will suit all clients, comments made during the group observation and at the post-group stage suggest that the timing of the groups maybe particularly difficult for shift workers and for those clients who work until 5pm.

Extract 46:

Annabelle: ... I work shifts normally and it didn't fit in with my shift pattern very often. It always seemed to be that I was on a back shift if it was the evening class or on an early shift if it was the morning. So in terms of that, I found the time of the classes ... obviously, I can't expect them to work round someone's shift rota but I didn't find them too good.

It may be possible to solve both the problems associated with large groups and that of timing by introducing more groups at a greater variety of times. Although the drop in nature of the service is certainly one of its strengths, it may be possible to 'allocate' clients to one group, thus spreading out the numbers more evenly between groups, while leaving open the option to turn up at one of the alternative groups if need be. This would perhaps allow for a slightly more regulated attendance pattern, without removing the flexibility and the advantages of the current set-up.

The last area of criticism that could be identified from the post-group interviews with clients concerns the current NRT prescription process, which clients regard as not being very user friendly, especially for clients whose restrictions on time make it difficult for them to fit in a number of trips to the surgery and/or chemist.

Extract 47:

Annabelle: One criticism I would have is that I know other groups where they actually have the nicotine replacement therapy there and there's none of this process of prescriptions. I think that would actually make it a lot easier because sometimes if you're ... it happened to me on a couple of occasions where, through no fault of Terry's because he always does all the wee slips, puts them through ... it's this lot at reception here (LAUGHS) can cock it up at some point and you go to pick up a prescription and it's not ready for you and there's not a doctor there and you're gonna have to wait. So unless you're prepared to actually go out and buy ... which I did do ... a supply yourself, I know a couple of people who actually went and bought ... they were so pissed off with that lot out there, they went and bought a packet of fags (LAUGHS).

Extract 48:

Rhona: ... also the ... the chemist is a pain in the neck. They'll only give you one box. Do you know what I mean? You take your prescription ... you have to come here on a Thursday, collect your prescription, you take it to the chemist, they give you one box, then you have to go back the next week to get the other box. ... whereas if you could maybe get your patches a wee bit longer but this having to trail up and down to the chemist once a week. I feel that's just an irritation but I think if they're so keen on me ... helping people to stop smoking, well, they could make it easy (LAUGHTER). Not make it awkward. Do you know what I mean? (LAUGHTER) I don't have an abundance of time [...] why can't they just give you the two boxes at the one time? ... What do these doctors think we're going to do with them? ... Sell them at the Barras or something? I just find that an irritation.

Although restricting clients' NRT allowance and linking the prescription of NRT products to clients' attendance of the smoking cessation group seems cost efficient, allowing clients to pick up NRT supply for only one week at a time may overcomplicate the process of getting patches for some clients. Perhaps this policy should be reviewed and a more user-friendly approach be adopted.

In addition to these mild criticisms and suggestions regarding the group size, timing and the prescription process, the clients interviewed at the post-group stage were generally very happy about the service they received and only suggested minor alternations. For example, some interviewees suggested that the group facilitator tests clients' carbon monoxide levels and their lung capacity on a voluntary basis.

Extract 49:

Annabelle: When I was at college, I joined a group there and ... we had to blow into a thing which showed carbon monoxide ... Is it monoxide levels? ... I think that's more of an incentive to not smoke. ... each person had a sheet ... a record, so we could see how we were doing each week. Like if you had even ... even had ... I had ... an exam one day and during the break, I had one cigarette and it was the first one in about four weeks at that point. And I went at lunchtime to the class and it amazed me how much it had gone up with that ... I didn't even have a whole cigarette, but half. So I think that's something quite tangible that people can see the actual effect that it's having ... physical effect that it's having. Whether that would work in all groups or not, I don't know.

Extract 50:

Gill: ... see if we had tests ... what is it? Yer lung capacity? ... See maybe if he brought that in and seen how we all do and things like that. And say, well, ye're meant to be such and such but you're ... I would like that as well. I suppose yer doctor could do that but that might be quite interesting on the Monday as well. And say ... right, if ye've stopped smoking, ye could maybe see an improvement of what yer lung capacity is. That might be good. I never thought about saying this to him right enough but (LAUGHTER) ... something like that. Something that ye can actually see yer progress.

In both cases, the rationale behind clients' suggestion to have carbon monoxide or lung capacity tests seems to be a desire to get a kind of visual proof that quitting improves one's health which can also act as a motivational boost for continuing one's effort. One client suggested being given leaflets and additional literature that clients could take home and peruse whenever they feel a craving for a cigarette.⁸

Extract 51:

Dan: Maybe a bit more literature. Could maybe get leaflets on how to stop smoking and things to do and maybe practical things that you can do to take your mind off it. Maybe if there was a wee bit more literature handed out. ... It's quite good when you just come in and talk but maybe if there was, maybe every two or three weeks there's a wee pamphlet or a wee leaflet on certain aspects of smoking so that rather than having to rely on listening all the time you actually got the literature and you could take it home with you and you could sit and you could read it and every time you maybe felt the craving you could maybe just go and pick up this wee leaflet and sit and read it and it

⁸ However, it is interesting to note that the same client has stated earlier on in the interview that 'reading an advert in the paper or looking at a packet of cigarettes which says smoking kills' has no effect on him as he can easily ignore these messages.

would maybe encourage you a wee bit more. I think maybe that's one of the things.

5 SUMMARY STAGE ONE

We have examined the narratives of smoking and quitting as they have occurred in the smoking cessation groups and have explored how these narratives might be used as a resource for giving up smoking. The group observations provided an opportunity to explore the multiple voices in the shared smoking story.

The key findings suggest that an approach that uses stories that are sensitive to local culture, particularly in terms of the language that is used and the references made to the local smoking culture can help to facilitate a culturally attuned form of smoking cessation. Moreover, stories allow practitioners to engage with smokers' in a non-threatening way, because stories are ideally suited to confront the realities of smoking without creating unnecessary barriers and resistance. Clients rate the flexibility and open-ended nature of the Smokey Joe service very highly and in particular the interventions that are rooted in their own current experiences. Groups that are mixed with people in the different phases of their quit attempts are valued, as is the mutual reciprocity experienced in these processes. In this way the successes and failures can be shared and there is the freedom to return to the groups after or during relapse, without 'going back to square one'.

In addition the service claims to include people who would normally be excluded for the more intensive support suggested by the current guidelines (ASH Scotland & NHS Health Scotland 2004) because of their perceived lack of motivation, and this was evidenced in the group observations.

Finally, the flexible nature of the service enables people who want to quit smoking and those still deciding to quit to access intensive support throughout their quit attempt and allows for any instability in people's intentions to quit to be accommodated.

The report of stage one and the accompanying handbook of the detailed narratives of both the group facilitator and the group members provides a rich and illuminating resource for smoking cessation training. It also provides a privileged access into the processes and narratives of smoking cessation groups.

6. FINDINGS: stage three

This stage of the report is based on the analysis of data gathered in debriefing interviews with the newly trained group facilitators and paired interviews with clients of the new 'Smokey Joe' style cessation groups in Paisley and Dumbarton. As such it assesses acceptability of the new smoking cessation methods after the group facilitators had received the 'Smokey Joe' training.

6.1 The New Group Facilitators

Debriefing interviews with five group facilitators, who had been trained in the 'Smokey Joe' method, were conducted in March 2005. In the debriefing interviews, the group facilitators were asked about the training they had received and their experiences of implementing smoking cessation groups using this new method. Table 7 below summarises the group facilitators' smoking cessation background.

Table 7: Summary Information on New Group Facilitators

Group Facilitator' Name	Number of Years working in Smoking Cessation	Previous Smoking Cessation Model Used	Run Groups Before	Currently Using 'Smokey Joe' Approach
Doreen	14 years	Maudsley/stages of change	Yes	Yes
Martha	3 years	Maudsley/stages of change	Yes	Yes
Fran	1.5 years	Maudsley/stages of change	Yes	Yes
Maya	8 months	Maudsley/stages of change	No	Yes
Kirsten	7 months	None	No	Yes

As Table 7 indicates, four of the five new group facilitators had been trained in the stages of change model and three of these women were used to running smoking cessation groups based on this standard model of smoking cessation. It is interesting to note that these three group facilitators, who also have the most experience of working in smoking cessation, have stated that their professional expertise led them to adapt the stages of change model they were using in their groups, in such a way

that it shared many of the characteristics found in the 'Smokey Joe' approach. The features they added or adapted to the stages of change model made it more flexible and user-friendly in a similar way advocated by the 'Smokey Joe' approach. The following extracts describe their own experience of smoking cessation and how they had already considered adapting the approach.

Extract 52:

Fran: Well I've been in this post since October 2003. Eh before that I was working as a health visitor in Glasgow and I was trained using the Maudsley approach. And I helped run something like 3 or 4 Maudsley type groups in Glasgow and I also eh did some community based smoking cessation support using group work using a fairly similar approach to the 'Smokey Joe' approach um because we found that the Maudsley approach didn't work with the group of smokers we were working with. On one occasion they weren't ready to quit at the appropriate times that Maudsley taught so we sort of transformed the group into a sort of self help smoking group which was a much sort of looser structure and it went on for longer than a normal group would have gone. So I was almost ready for the Smokey Joe approach and just waiting for something like this to come up.

Extract 53:

Martha: The training I did was kind of based on the Maudsley model ... myself and a colleague ... we kind of just naturally evolved into more of the kind of story telling, well getting more people to participate rather than having a smoking class and originally when we started it off as I say it was a 6 week course people joined at the beginning either in the first 2 weeks but what we found was that like people that were then coming along to us and wanted to stop smoking were having to say you will have to wait 4 or 5 weeks till the class starts and they weren't coming back to us so we thought we would just capture people when they were keen to stop so we people at all different stages. It kind of got away from the class and we got more interest in the group.

Researcher: Was it on a drop in basis?

Martha: Uh hum yes ... they could just come along.

Extract 54:

Doreen: I feel [the 'Smokey Joe' training has] added extra quality to what I'm doing and some of the 'Smokey Joe' work I was already using and not realising and I suppose I've developed that myself but now being on the 'Smokey Joe' course has given me the confidence to do that really knowing it works. [...] The way I'm working generally is I'm supporting people for a year. And again its because I've been doing the

job for so long that I've realised that people do need the support for that length of time. And a know that it gives you results

6.2 The Experience of Setting-up 'Smokey Joe' Style Groups

The only barriers to setting up groups encountered by the group facilitators were practical, i.e. related to referrals or finding suitable premises for the group meetings. There was no resistance from the GPs in terms of the actual style and format of the interventions. Similarly, the group facilitators did not report any opposition from the clients regarding the new types of interventions. However, several group facilitators did mention that the group format of the intervention was met with objection from clients who prefer one-to-one interventions. One of the group facilitators still finds it difficult to find enough clients for her groups. Although she is 'rushed off her feet' with doing one-to-ones, she only runs one small group, although she has got the time and facilities available to set up 2 or 3 more groups. An explanation why group facilitators in smaller communities may encounter difficulties in setting up groups is offered in the following extract:

Extract 55:

Martha: ... this is a very defined area here and most of the people that come to this group know each other. Either they know each other or they know somebody's brother. It's like a wee village really this area here ... they all know each other's social background as well. ... And that can be a bad thing as well as a good thing, cause obviously sometimes people don't want to discuss things among people whose neighbours they are or who know their family. I suppose for some people there's issues of confidentiality there.⁹

The above extract suggests that the refusal to attend groups may not only be due to clients being shy or uncomfortable in a group setting, but also for fear of divulging information that they regard too private to share in a small community.

⁹ Indeed, a similar issue was raised by one of the post-group interviewees who argued that she would sometimes prefer a one-to-one session, because she wants to avoid gossip.

Gill: There is things that I would like ... sometimes, there's things that I would like to say but I don't really cos Barrhead's terrible for gossip. I think, I don't want that ??? (LAUGHTER). Barrhead's a bad place for gossip. There are things that ye think I would like to say this but ye don't want to say because ye're thinking ... who's sitting there. I mean, I'm no from Barrhead but everybody knows everybody here.

6.3 The Group Atmosphere

The descriptions of the atmosphere in the new groups resemble those of the original 'Smokey Joe' group closely in most respects. For example the group facilitators remarked on the friendly, relaxed and supportive atmosphere in the groups which, as Doreen states, is different to the atmosphere in the more traditional smoking cessation groups she was used to running before.

Extract 56:

Doreen: They love it. The humour that comes out. There's a lot of humour going on and the cleaners are cleaning outside and they know when my groups on cause they can hear the laughing that goes on so they thoroughly enjoy it. Its like a light entertainment for them. Its brilliant which I wouldn't say happened before.

Extract 57:

Fran: ... it is very much a mixed group in the since people come when they're ready to come and the come as long as they want to in and out. ... it's a really good dynamic and there's a very strong feeling that its going to be a long term process and everybody's supporting everybody else and their seeing each other on a daily basis. There's a lot of reinforcement going on. [...] I would say it's very related, very informal. People come in and they're smiling, they're relaxed, sometimes they bring a cup of tea with them ... It's a conformable relaxed feeling. People come and go as they need to as the staff are coming in and out and changing over. There's a tremendous informality about it you know. It's very very nice. ... It's just a really lovely, positive, healthy atmosphere and dynamic going on.

Extract 58:

Maya: Yeah we have humour and then we have them share there dreams. They have all these mad dreams with the 24-hour patches. That's quite funny as well and they kinda tell funny stories back which adds a bit of humour as well. [...] if people are testing or phoning me I update the group as well to let everyone know how other people are getting on. And they tend to kind of ask if they don't see a face. At the end they'll say have you heard from such and such? [...] I think the group like to hear how other people get on and they ask so if someone been in touch I let them know. ... They have really bonded even to the extent they'll encourage each other if they see each other out and about. They do support each other in the group and outside.

In the above extract Maya describes the atmosphere in the group as light hearted and relaxed as well as emphasising the caring and supported nature of the group

As we have seen, another important characteristic of the 'Smokey Joe' groups is that they comprise a mixture of smoking and non-smoking clients. This format has been followed in the new smoking cessation groups and is seen as a strength by the group facilitators in that the success stories of clients who have stopped smoking can provide an important source of motivation for those who are struggling or who have only recently joined the group.

Extract 59:

Stories of personal success are very helpful in inspiring attendees. The attendee coming in for the first time when some of the group are already on their fourth week can find it amazing that the others have got so far. *(Extract taken from Group Facilitators' discussion, 25.01.2005)*

Extract 60:

Martha: Yes. That's another thing I do like about it because in other groups if you're smoking you don't come along to the group. Yet people continue to come. Even if they only smoke a couple of cigarettes you find that the other members of the group will kinda support them and sort of say you've done really well. You know there are people that have come along and maybe its week 4 or 5 and they're still smoking but they're smoking less whereas you get people that have come along and they've stopped altogether so it's great you know. Whereas with the other methods they would have had to have left the group.

Extract 61:

Maya: I think it's a benefit because the people are coming along and there still smoking. Their being encouraged by the other people in the group em and the fact that if they come along and still smoking their not being viewed as being a failure. I think that does help their confidence and sometimes as well its just really coming along to the group that increases their confidence to even set a quit date rather than having to come in and set a quit date and only come along if they don't smoke. I definitely think it's beneficial

Similar to the attendance pattern in the Barrhead service, there is evidence that clients, of the new 'Smokey Joe' style services, who have stopped smoking, make use of the groups long-term.

Extract 62:

Maya: There probably about 20-25 people that are 5-6 months down the line now since the groups started and they're coming along to the group to encourage others.

Extract 63:

Doreen: I think they've enjoyed it and I really feel the benefit. Its boosts the egos of the ones that have stopped. There is one group where a man has stopped for 6 months and he enjoys coming to my group and he really enjoys giving his stories about how he's stopped and how his life it different. I've got another guy whose stopped for 3 months and he is there obviously and his ego's boosted [...] I would not have done that before. I used to – when I used the Maudsley model before – I used to say to people who'd stopped for a substantial amount of time would they like to come and do a talk at my groups but I don't do that now. These people just enjoy coming and its obviously it must be helping them if they want to spend an hour at the group.

6.4 Perceived Advantages of the 'Smokey Joe' Approach

Generally, the comments about running 'Smokey Joe' style groups were very favourable. Group facilitators seemed to enjoy the greater freedom and flexibility that this kind of group set-up offers both to the clients and the facilitator. This is reflected in the following extracts:

Extract 64:

Martha: I think its more effective because I do think people are much more supportive of each other in the group the old method was coming up with ideas for themselves or me giving information and talking about subjects like how to deal with cravings and it was very kind of focused on themselves whereas this method is more supportive of each other in the group and getting each others help and advice and its em. I would say you cover a much greater variety of themes in one session. In one night you could cover lots and lots of different things or you could just cover wee things just depending on what people wanted to talk about. I think people are very much more supportive of each other with this method. [...] Uhuh I much preferred it to the [Maudsley] class. Much prefer it. And it's because you can be so much more flexible in the fact that you can bring people in at different levels and you can talk about what the people in the group want to talk about on the night. They're setting the agenda rather than you and I think that's much better. [...] I think its kind of much less judgemental you know. People are kind of doing it at their own pace and they're setting their agendas. I mean obviously if someone's smoking your helping them to explore why their

smoking, other people in the group are giving suggestions for guidance, people feel I think much more in control with this method ...

Extract 65:

Fran: ... its much more client focused, client centred. Whatever the people who come to the group bring to the group is used as the material of the discussion its not ... the Maudsley approach everything's planned in advance and you have a week where everybody prepares for quitting, a week where they quit, a week where you're talking about relapse, a week where your talking about diets and so on and so forth. It's very sort of regimented but in this approach its more whatever people come with you work with that. So if somebody's struggling with craving then that's something you'll be talking about in the group and getting the participants to talk about. I think that's another aspect of it that's different. It's not just about ... it's not like a taught course. A lot of the information is coming from other group participants so it's much more of a self-help approach. Support or peer help approach as they're helping each other. That's the most important part of the group dynamic I feel is that most are talking about there experiences with other smokers and it rings true because other people in the group are closer to giving up smoking than the facilitator is. [...] [Using this method was] very easy. It came very naturally to me I think because I've worked a lot with community groups in the past. ... In fact I would say this came much easier to me than the Maudsley model did. Uhuh. Because I'm much more used to an open and to an informal way of working with people rather than the teaching method.

Even facilitators who are relatively new to working in smoking cessation and who have not run groups before can enjoy the flexibility and spontaneity of this approach:

Extract 66:

Researcher: Do you find it difficult that there are certain elements of unpredictability because you don't really know what sort of themes are coming up in the group?

Kirsten: No not at all. No. Because I know what I'm talking about it doesn't make any difference really moving from topic to topic. If I didn't know then that would be a problem. If there's things that I don't know I do say and that I'll get back to them.

Extract 67:

Maya: I've really enjoyed it I'm quite enthusiastic and I love working with people and I like the fact that you don't know what each weeks

going to bring you know what's gonna be raised and who's gonna turn up.

In addition to the positive features of the approach for those who are facilitating the groups, the smoking cessation advisors have also identified a number of characteristics of the 'Smokey Joe' approach that they regarded as advantageous from a client point of view. The following features were identified as positive in the debriefing interviews:

- Drop-in nature of service, which poses no restrictions regarding clients' duration of attendance
- Clients who are smoking can attend the service, clients are not pressurised to set a quit date
- The agenda is set by the clients' stories and the service thus can be seen as client-centred
- The approach is non-threatening and the atmosphere in the groups is informal and friendly
- Clients are encouraged to support each other in their attempt to stop smoking
- By centring on the individual the approach helps people to build up their self-esteem and confidence, which can have a positive impact on other areas of people's lives

In terms of the disadvantages of the approach, one facilitator argued that it is very time consuming in that there is no end to the groups. However the facilitator appreciated the advantages of having open-ended groups, but they were concerned that managers maybe reluctant to support an approach that would commit a facilitator *'down to a particular time of the week for a extended period of time and I suppose the other side of it there's going to be times when I'm on holiday or training and I won't be there and what happens then?'* (Fran). What is the impact on services, capacity? are there any cost implications or does this run at cost similar to traditional methods?

However, the main reservation voiced by the group facilitators concerned the feasibility of applying this approach to all kinds of groups. Group facilitators argued that when their groups were very small, or comprised of a large number of new clients, they found it a lot more difficult to get people to speak or to tell their stories, than in larger, more established groups. The following two extracts illustrate this point:

Extract 68:

Kirsten: ... sometimes when there's hardly any of us. ... I know your not meant to do that much talking, but if there's only 2 or 3 there it's very hard to sit back. So that's the only thing I'd say if there's not a lot of people there you really need to go back to the old way of doing it.

Extract 69:

Martha: Well I still think you need a bit of backup in case it doesn't work you need to have something and be able to give information just in case for some reason in case things are not going very well ... its just recently that I noticed that and I think it was because lots of new people were coming like after new years resolutions and it was taking quite a wee while for the group to bond really. I found that a wee bit difficult. I felt quite pressurised so it was quite useful then to be able to chat about a subject for a wee while take the focus off the person. If you ask some people to tell their story about smoking, i.e. how did you start smoking, some people will give you a big long story about it but other people will just say 2 words or a sentence and that's it. [...] that's why you have to have a bit of background, a bit of information you can give people if things are not flowing. Because if things are not flowing it just puts the group under stress as well. So you take the focus of the individual for a short while [...] if you've got a good group that's quite cohesive that's quite easy but if you've got a group and there's quite a lot of new people I find that quite hard. It just very much depends on the dynamics within the group. ... It might only be the first week or two when you've got a lot of new people. Your trying to get people to tell they're own story but sometime is can be like drawing teeth but then sometimes it can be very easy and you can just sit back and they all talk. [...] when it's working it's great. Sometimes it doesn't work and you've got to draw in other things but ... as long as you can be flexible with it ...

6.5 Putting it into Practice

Group Facilitators were asked to describe how they had applied the new methods, i.e. which elements they are using in their own work and how they have adapted the approach to make it their own. As we have already seen, the new group facilitators have kept to the general format of the group and the atmosphere in the groups is very similar to that in Barrhead. Furthermore, the new group facilitators use a similar 'opening sequence', i.e. they tend to go around the group to collect clients' names and initial stories, the latter of which serves as a kind of 'skeleton agenda' for the session. However it is only when one looks at the actual interventions used by the new group facilitators and how they are delivered that the differences in application become obvious.

Two of the new facilitators commented that they have not got the same type of personality as the original 'Smokey Joe' facilitator and that they have adapted the approach in such a way that it becomes their own and they feel comfortable using it. This process can be seen in the following extracts:

Extract 70:

Martha: ... Terry's got the right type of personality [for this approach] and I don't think anyone could really follow him. ... Terry has the kind of personality that's very good at that kind of thing [but] you shouldn't try to emulate him. [You have to] be yourself you know. [...] I think probably everyone does refine it to suit their personality. I think that's ok

Extract 71:

Doreen: I suppose the way that Terry uses his story telling I feel that I've tried to do some of the things that he does but I feel ... I've not got the same sort of personality that he has so I use probably more stories from working with clients through the years and I'll repeat their experiences in stopping smoking or not stopping smoking. ... the way I do it is more in a positive way, positive stories. Sometimes I've found his stories shocking, I know shock tactics make people think but I've used that a couple of times and been horrified that I've actually said that. Things like the patient with an amputated limb I just can't do that. That's going too far for me. ... A couple of cases where I have used that sort of thing one of the ladies said to me that is just awful which made me feel awful but its probably the way he says it but I can't say it that way. [...] I don't use the hard-hitting stories. I use positive ones. One of the things that I use a lot because I'm a nurse as well is lung function tests on people and there's a woman who stopped smoking a year ago whose lung capacity was 50% down a year ago and she's stopped smoking and now she's up to 98%. You know I use the positive things of stopping smoking. 'I did visit a house bound lady whose 83 and after stopping smoking for about 6 months she now is no longer house bound. She can get to the shops and do a little bit of shopping.' So I use stories like that rather than somebody imagining that they had died and their children are crying over them at their funeral. I can't do that, it's not me. So I use stories in a different way.

Martha also finds some stories 'unnarratable', because of the kind of emotional reactions they may create in some of her clients. She argues that some stories can be very powerful, but that one has to be careful of telling certain stories in case someone in the group is suffering from that particular complaint, and making their illness the focal point of a story would merely add to the stress these people are

already experiencing. In addition they argue that it is better if the clients themselves tell their own story, rather than the facilitator. The new facilitators also differentiate between stories in which the protagonists have the potential for improving their condition by quitting (for example people with artery problems) and stories where the potential for (positive) change is absent or very limited (i.e. stories of lung cancer).

Extract 72:

Martha: I think the story telling is quite good but you've got to watch. One of the things that you have to be wary about is the kind of story you tell ... you kind of really don't know everyone's situation. It's easier to tell your own stories than someone else's. So if I'm talking about somebody I know that had lung cancer and this person says to me well I've got lung cancer and all the group sit shocked you know I think that's quite bad. If you don't know the stories of the people in the group beforehand I think you've gotta really watch. ... it's alright talking about someone else perhaps if you go on smoking it could happen to you but if they're in that circumstance already you know. ... you really need to be very careful because people in that situation are already under so much stress you would really have to watch you're not adding to that. You hear stories about people getting limbs amputated and we get people in the group that have come along because their consultant are saying and there is a potential for them to loose a limb. And I think you got to be really careful in telling that type of story. It can be very powerful, but you need to use it with caution. ... I'm not gonna say to somebody this ladies got lung cancer would you like to tell your story? You know its not appropriate at all is it? Again it depends on the condition obviously there's something like artery problems if someone had a heart attack they are usually quite happy to talk about that. 'I know ma heart attack was caused by my smoking' and they're quite happy for people to know and if they don't stop smoking I know I'm gonna loose my leg. But sometimes if you get people who've had lung cancer it's totally different from that. People with other conditions know if they stop smoking its gonna improve or there's a good chance they're not gonna loose their leg if they stop smoking. Or if they stop smoking it's gonna improve their health. As I say somebody's that's already very fragile you've got to watch. So that's the only thing I mostly have reservations about.

While Doreen and Martha changed the slant of the stories they tell to suit their own facilitation style, two of the new facilitators said that they found story telling in general difficult.

Extract73:

Researcher: Is there any element that you aren't comfortable using?

Maya: Its not that I'm not comfortable using it but it's the story telling. I do incorporate it into my groups but not to the same extent erm again it just depends on how the group's kinda going. I incorporate it some weeks and other just not as much. I think that's probably one of the main things. ...

Researcher: How do you not use story telling some weeks?

Maya: ... obviously the technique that the Smokey Joe method uses you know that if a situation comes up then a story can build around that. But sometimes I think it's just the way the group flows it's not always incorporated. But a lot of the stories are coming from the group so it's hard.

Extract 74:

Kirsten: There are bits of it that I don't do. Em like I'm not great at telling stories, cause I've not done groups before so its hard to bring it in. So just now I don't but I will in the future.

Unfortunately, we were unable to obtain recordings of these group facilitators' sessions to see what impact the 'not telling of stories' has on the overall style of the interventions that are used. However, stories can also be client generated, as both Maya (in extract 24) and Doreen in the following extract point out:

Extract 75:

Doreen: Initially I struggled with it because I didn't understand it as well as I do now. I think it's because I thought I had to be making the stories all the time but realising that it can be the group that does it themselves...

Moreover, it ought to be pointed out that facilitator generated stories probably do not account for more than 50% of the interventions used in the original 'Smokey Joe' and that story telling is only one of many different techniques used by the facilitator. Quite often inventions take on the form of straightforward information giving. Yet, what transpired in the debriefing interviews with the new group facilitators is that information giving is not a technique they associate with the 'Smokey Joe' approach.

Extract 76:

Maya: ... the model I'm kinda working to is probably 70% 'Smokey Joe' and 30% Maudsley, but every week's kinda different as well depending on what people are bringing to the group ...

Researcher: What kind of elements are using from the Maudsley training?

Maya: The main one being kinda talking about the nicotine replacement and giving some information out about that cause some people coming to the group have never used the patches and things like that. That's probably the main thing from the Maudsley. ... from the groups that I've been running, that's the type of information that people have been asking about. ... I definitely incorporate it and it wasn't part of the 'Smokey Joe'.

Another kind of intervention that is central to the 'Smokey Joe' approach is that of the head-on-challenge. Just as the new group facilitators had different opinions about using stories and/or used stories differently into their work, they also had different attitudes regarding the use of head-on-challenges. As the following extract shows Martha, for example, was not very comfortable about using head-on-challenges although she does see some merit in doing it:

Extract 77:

Martha: You have to do what works for you. You have to be yourself if you think you wouldn't be comfortable using something in a group then don't go with it cause it's not gonna work.

Researcher: Was there anything you weren't comfortable with?

Martha: Em well one of the things Terry uses a lot of humour and probably that's something I'm not really good at you know as I say he's very good at that. One other thing actually is challenging people. That's very different, that's very different from what I was taught in other groups. I've always been taught not to challenge people. ... In this training it is very much challenging when people say things like 'smoking's my best friend' it's actually quite confrontational. And that was quite difficult you know. Quite hard to do just because I'm not used to that.

Researcher: And how was that working for you? When you started challenging people?

Martha: At first I found it quite difficult. In some ways its liberating right enough ... the fact that you are able to do that and you know there's a

lot of em I suppose misconceptions about smoking and why people smoke and people em really the excuses they give for not stopping smoking and as I say challenging them can be quite liberating. But it's not easy just because I've not been trained to do that. [...] I don't really know what the kind of research and that is if it [challenging people] actually works or not ... in other training I've done it's like if you can get the person themselves to say something it's much more powerful if they're almost kinda challenging themselves. I really am not sure how well researched this is whether it works. [...] Its not just a case of somebody's said something so I'm going to challenge them on it you've really got to assess and measure the person as well as the group to see whether that's gonna work and if its appropriate at that time.

Fran, on the other hand, has no objections about using head-on-challenges in her work, but emphasises that she uses them in a light-hearted and funny way without being aggressive. For her this kind of intervention is useful in that it allows her to unpack her clients' objections to certain interventions or aids (such as NRT products) through further questioning and by offering (alternative) explanations.

Extract 78:

Researcher: ... Terry uses a lot of head-on-challenges. Do you use this technique as well?

Fran: Yes I do. Uh yeah I do not in perhaps an aggressive way and I don't think Terry does either. In a teasing way, funny way but yeah I do use challenges.

Researcher: And do you find that useful?

Fran: Yeah very useful it's very useful. Its one of the things Terry uses it's a moment when you see someone changing their attitudes and mind. It is very useful in that one of the classic ones is people saying to you oh the patches didn't work and you say well what was it that wasn't working lets look at what it was that wasn't working were you really trying to stop. Do you understand how the patches stop their not a magic bullet there only there's to help you deal with the cravings, there not gonna make you stop. This sort of thing I use to change ... to help people to change their mind set to look at the situation in different ways.

Researcher: Do you think people respond positively to this?

Fran: Yeah they do. They argue and discuss it with you and they get into it which to me is positive but I definitely do not have problems with it.

In addition to changing the interventions advocated in the Smokey Joe approach to suit their own specific facilitation style, two of the group facilitators have added new elements to it, namely carbon monoxide and lung capacity testing. Although for Doreen carbon monoxide testing offers a way of knowing whether or not her clients are truthful in their claims to have stopped stopping, both facilitators use a carbon monoxide test first and foremost as a motivational tool. Thus, far from forcing these tests on to their clients they argue that 'clients love it' and that it has been developed 'with them'.

Extract 79:

Doreen: I actually use the carbon monoxide meter [and lung function tests] which Terry doesn't do and that takes time. And I do find that extremely beneficial. ... The clients love it. They love to use it and show the rest of the group by blowing into it and people have stopped smoking purely because of their levels of carbon monoxide. They've been so horrified and nobody refuses to do it they all want to do it. I find it's very very beneficial to my work. And I like it as well as I'm the prescriber and I like to know that they have stopped and not telling me lies.

Extract 80:

Fran: One of the differences is I've been using the carbon monoxide monitor that's been a bit of a difference to Terry's approach and that's been working very well. ... I use that as a motivational tool with the group and that's something I've developed with them but I wouldn't say that would necessarily work with everybody but that's one thing I've done that's a bit different.

6.6 Acceptability of the 'Smokey Joe' Approach

From the data collected in the debriefing interviews and the group facilitators' discussion group it clearly transpires that the new group facilitators overall enjoyed using the 'Smokey Joe' approach once they have made it their own. This generally very positive evaluation of the 'Smokey Joe' approach by the new group facilitators is also reflected in their opinions regarding the effectiveness of the approach. Whilst the Group facilitators valued the approach and expressed a strong belief that the method is effective, it must be noted with caution, as this can only reflect their expressed opinions, rather than a direct linear relationship between the application of the method and increased successful quit attempts.

Extract 81:

Doreen: I think it's brilliant. Because my success rate I think has gone up. I haven't looked at it properly [but] I'm quite sure that my statistics have gone up so I feel the way I'm working, because of that training, has improved what I'm doing. I really do feel very positive about that.

Indeed, it is not simply the quit rates achieved by a service that can act as an indicator of its success, but also the number of clients who have cut down their consumption of cigarettes. On another level, and more difficult to measure, lie the related issues of clients' confidence and self-esteem. As we have seen, one of the key interventions of the 'Smokey Joe' approach seeks to raise clients' level of confidence that they can give up smoking. Arguably raising smokers' confidence, not merely in relation to giving up smoking but also in other areas of their lives, is an important (first) step on the path to changing one's damaging and unhealthy lifestyle choices. This is recognised by Fran who, although only one or two of her clients have given up smoking so far, clearly sees the group as a big success.

Extract 82:

Fran: I think it's very effective. I haven't actually worked out how many people have...what's happened in the group in terms of quitting. It think there's probably only 1 or 2 quitters but most people have cut down on their level of smoking and are moving towards not smoking. [...] [if one were to do] some psychological questionnaires about moods, self esteem depression and self concept ... I'm convinced there are huge movements in these directions with these groups. Some of the people are very depressed when they come to the groups and over the weeks you see them coming to the groups and looking more positive, being more open, talking in the groups and making friends in the group. I don't think those aspects of the group should be neglected cause at the end of the day those are the things that are going to make the most difference in their lives and probably help them to give up smoking, cause if they feel bad about themselves then its very easy to keep on with the bad habits cause you don't feel like your life's worth saving you know, so I think that those sort of aspects would be really useful to look at ...

6.7 Group Facilitators' Impressions of the 'Smokey Joe' Training

Group facilitators' were also asked to comment on the 'Smokey Joe' training they had received in August 2004. Those facilitators who have not run groups before emphasised the more practical components of the training, i.e. in terms of how the training has prepared them to facilitate groups.

Extract 83:

Maya: I say very useful especially as I didn't have the experience of running groups before and it basically took you back to the very very beginning and took you through the whole process and the resources we got were great and its good for referring to. You probably don't look at the whole thing but you can look in and out at different times depending on the situation that your not 100% sure about or a new situation that comes up you can refer to it. The amount of information I got was fantastic.

Extract 84:

Kirsten: I really enjoy doing my classes which I wouldn't do if I didn't now what I was doing. And I've got all that from the course so I feel it's really beneficial to go on a course like that. ... I've never worked in a community so I'm not used to doing groups or communicating quite a bit with people ... So I've really benefited from it. I don't know if everyone felt like that but feel as if I have. It was like a new journey for me to do doing groups. [...] To be honest I don't know any other way of doing groups. So if I hadn't been on the training I probably wouldn't be able to do what I'm doing. So I really like it. Is given me the confidence to do groups. And I am speaking to bigger groups now as well.

On the other hand Fran, a slightly more experienced smoking cessation advisor, particularly enjoyed the theoretical component of the training, but also appreciated the alternative style of group facilitation advocated in the training.

Extract 85:

Fran: Very very useful it gave me some new insights one of the insights was about transactional analysis. And that has been really useful in its changed my way of talking to people who are smokers. I'm much more conscious know of when the dynamics shift from being two equals talking to a sort of parent child dynamic. That's been really useful. There's lots of other things that have been useful to ... its great to actually know that you can bring in humour, anecdotes, its really loosed up my whole style of group work I feel. I think that's been very good. There's a lot of laughter its quite a light hearted group yet there's a lot of real work going on and I'm looking at what's happening within the group on a different way having done the training. Its not just case of stopping smoking on its own there are other things that are going on in the group. Your looking for people supporting each other, for people making other changes in their lives ... There are a lot of skills in the training about group dynamics and bringing people in who are shy and ... all this has been very useful.

However, Fran's enthusiasm for theory was not shared by one of the other facilitators who found the practical elements of the training more useful.

Extract 86:

Martha: I think probably the kind of practical stuff was the best. The kind of role-play and hearing things from Terry's group was really useful. Some of the stuff on sorry can't remember what it's called ... I didn't think was terribly useful. The kind of theory stuff I didn't think was very useful, but the practical stuff was.

There were only a few minor criticisms one relating to the length of the training, which was felt to be a bit too short, and its division into two sets (i.e. 3+1 days), and the other concerning the quality of the teaching material (i.e. the tape recording of the Barrhead sessions were said to be of poor quality and hence difficult to understand).

In terms of suggestions for improvements to the training, the group facilitators stressed the need for ongoing support and training.

Extract 87:

Fran: It's difficult to say really. I suppose really what I felt was at the end of the training I could have done with somebody coming to my group, seeing what I was doing and giving me some feedback. I think that would have been the thing I would have really appreciated and I think it's just been a real time constraint that there just hasn't been the time to do that. So that would have been excellent to have some feedback. [...] I think we're lucky as a team of smoking cessationers that we have opportunities for ongoing training and there's been quite a lot. ... if I wasn't part of a group like that and I was doing the Smokey Joe training I would want to see a sort of ongoing rolling training programme going along side it ... smoking cessation advisors get a chance to meet up with each other share experiences and develop these skills and learn more. There is a sort of need for it's almost like a tutorial group you almost need that because you can become stale very quickly ...

Extract 88:

Doreen: I think my main criticism was the tapes and that I couldn't follow them at all. And actually go to ... Terry's sessions ... [go to] a couple more sessions, but again its geography and the time.

6.8 Clients' perceptions in Paisley and Dumbarton

In terms of clients' smoking history, the questionnaires show that most clients have made several attempts at quitting prior to coming to the new smoking cessation services in Paisley or Dumbarton, with the average number of quit attempts being 4. All clients were medium to heavy smokers, some smoking between 10 – 15 cigarettes a day with the majority smoking 30 – 40. Despite the mostly high consumption level, of the 12 clients who have been to the service more than once 11 reported that they had given up smoking, while the only person still smoking had managed to cut down their consumption from 10 – 15 cigarettes a day to only one.

Two paired interviews with clients of the Paisley and Dumbarton 'Smokey Joe' groups were attempted in February 2005. However, recruiting people for the focus groups proved to be problematic and consequently the groups only consisted of two people each and resembled a paired interview.

Members of the Paisley interview group (FG1) were two women in their late thirties and early forties who had smoked 30 and 30-40 cigarettes a day respectively before starting the group. Both women gave up smoking on the day they first started going to the group (September '04). Both women had attended 'Maudsley' based smoking cessation groups on previous occasions, but did not succeed in giving up smoking until now – this was their fourth attempt at quitting. Both of these women stopped smoking on the day they first started going to the 'Smokey Joe' style group and they have been attending the group regularly for 12 weeks there after. Although they are planning to drop by the group sometime in the future, the fact that they no longer need prescriptions for NRT products, made them stop going to the group.

The interview group members in Dumbarton (FG2) first attended the group in November. One of the interviewees, who had been smoking 40 cigarettes a day, stopped in November, while the other has cut her consumption level from 8-10 cigarettes a day to one cigarette a day at the time of the interview. Although both women have tried to give up smoking once before, none of them has got any experience of other smoking cessation services. Both interviewees were still regularly attending the group sessions at the time of the paired interviews.

The age range in Paisley and Dumbarton was from 34 to 76 years of age, with client numbers being fairly evenly distributed. The group facilitators reported that, unlike the original 'Smokey Joe', the gender differences in attendees was in favour of men. This is supported by evidence from the questionnaire, which were filled in by 9 men

and 7 women. Unlike the fairly mixed demographic profile of the original ‘Smokey Joe’ sample, clients in Paisley and Dumbarton are almost exclusively from lower income groups. Table 8 shows that of the 16 clients who have filled in the questionnaire, 6 reside in SIMD decile 1 and a further 6 in SIMD decile 2.

Table 8: Breakdown of attendees according to SMID decile

SIMD Decile	Number of Attendees per SIMD Decile
Most deprived decile SIMD 1	6
SIMD 2	6
SIMD 3	1
SIMD 4	0
SIMD 5	2
SIMD 6	1
SIMD 7	0
SIMD 8	0
SIMD 9	0
Least deprived decile SIMD 10	0
Total Number of Attendees	16

In terms of clients’ smoking history, the questionnaires show that most clients have made several attempts at quitting prior to coming to the new smoking cessation services in Paisley or Dumbarton, with the average number of quit attempts being 4. All clients were medium to heavy smokers, some smoking between 10 – 15 cigarettes a day with the majority smoking 30 – 40. Despite the mostly high consumption level, of the 12 clients who have been to the service more than once, 11 reported that they had given up smoking, while the only person still smoking had managed to cut down their consumption from 10 – 15 cigarettes a day to only one.

6.9 Perceived Positive Aspects of the ‘Smoky Joe’ Style Groups

Besides the timing, none of the interview group attendees identified any negative aspects regarding the new smoking cessation groups. The positive traits of the groups that were emphasised in the interview groups closely resemble those identified in post-group interviewees with original ‘Smokey Joe’ clients. Amongst the positive features identified in the interview groups were:

- friendly, humorous, non-judgmental atmosphere in the groups ('not getting a lecture', 'not being talked down to')
- social dimensions of the group ('it gets you out', 'you meet new people')
- support given by other clients and the facilitator
- increase in confidence and motivation to stop
- practical advice from the facilitator and other clients
- sharing and listening to other people's experiences/stories ('not being alone')
- mixed groups (i.e. smokers and non-smokers together)
- no pressure in attending – one can come back at any time
- 'although it was about smoking it was more about your life'

The members of the Paisley interview groups made frequent references to their past experience of attending ('Maudsley'-based) smoking cessation groups. Their main criticism of traditional smoking cessation groups is that the structured nature of this approach means that the information they were given was not always relevant to their own experiences. For example, they were told that certain days and weeks will be particularly difficult because clients will experience strong cravings. The interview members were arguing that this kind of information was counterproductive in that it made them almost wait for new hurdles to come up, and perhaps reinforced some issues and made them more difficult to manage, simply because they had been sensitised towards them.

Extract 89:

FG1: I think I was expecting it to be bad before it was bad. It's different going in and saying yesterday I had a bad without being told you're going to have a bad day. How many times do people try and stop smoking and how many times do they succeed. I didn't really need to know that cause I'm there for me. I don't need to know one out of 4 is going to stop smoking and the rest fail. [...] I suppose the reason their telling you that is don't feel bad if you don't succeed because it will happen again and you will succeed. But you think it's the time for you otherwise you wouldn't be doing it. Sometimes there were 4 in the group and you were left wondering is it going to be me that fail? Or will get it right this time I hope! ... To hear it when you're actually at the beginning stage didn't help. I don't think it does you good to know that. Cause you end up thinking it will take you 4 times. [...] [this time] you weren't actually getting told your going to have a bad day. You're going to have a hellish day next Thursday! The last time when it came to week 3 we were told it was going to be a terrible week so it was a terrible week. This time we went in and we say if we'd had a hard week and she would say that's to be expected, so completely the other way about. I think that's what made the difference this time. I wasn't sitting

expecting it. [...] You were expecting it and knew what to expect but it made me feel like you were having it whether you really were or not. Things like this are the third day and I should be having a cigarette so I should be having a bad day.

Thus, what the interview group members particularly liked about the 'Smokey Joe' style group was that only those issues that were relevant to them at the time were discussed.

Extract 90:

FG1: This time there's just talking about how you're dealing with it whereas before it went into a lot of medical things like withdrawals and what you'd be feeling before you felt it. ... It was just talking about how you feel and how everyone dealt with it that week. ... everyone just spoke through their good and bad days you weren't sitting there waiting on it. [...] I think the group gives you everything if you really want to stop smoking and I think the group is really there to help you. I think it's a lot better. You don't need to know what's coming out your system and this group only told you the stuff you really wanted to know.

Another aspect that the Paisley interview group members found positive in the 'Smokey Joe' style group was that by sharing their stories with their peers, multiple and sometimes contradictory, experiences were voiced. Thus, there was no longer one authorised version, i.e. the one presented by the group facilitator, but a multitude of alternative experiences and stories all of which carrying the same weight and being equally valid.

Extract 91:

FG1: It was good that other people were there to say that they were experiencing the same thing so I wasn't alone. [...] it was all different because people came in at all different weeks. ... people heard lots of different stories so other people were hearing oh she's had a bad week but she hasn't. It made you realise it doesn't have to be for everybody they can see these two are at the same stage but experience different things like I had nightmares with the patches but [my sister] didn't. That was a big thing for me because I realised that other people were having such a bad time as me because it sounded like I was the only one in the group. The previous ones everyone was basically at the same stage. I think it was much better having everyone at different stages because as I said before the days that [my sister] had a bad day and I didn't, shows that everyone's different and you can deal with it different.

The four women in the interview groups clearly enjoyed going to the new service, they found it useful and relevant to their experiences and were happy to recommend it to others.

Extract 92:

FG1: But I definitely don't think I could have done it without the group because as I said it did motivate you. Sometimes on the Monday you couldn't wait to get down and you walked out pleased with yourself. A wee pat on the back for yourself.

Extract 93:

FG2: If you come to the group you'll get confidence and it helps you, cause if I never came here I'd still be smoking 40 cigarettes a day, you know what I mean?

7 SUMMARY OF STAGE THREE

In summary, the following advantages and disadvantages of Smokey Joe style groups have been identified:

Advantages of the Smokey Joe Approach

- The method combines information giving and storytelling
- The content of the discussion is client led. 'Every story gets told that needs to get told no agenda is rigidly adhered to.'
- As a facilitator you can be yourself. You do not have to follow a prescriptive pattern
- Running the groups builds your confidence
- It is possible to challenge people. This can be really useful in moving people on with their quit attempts
- The method is flexible and allows for spontaneity
- The style of the groups creates a supportive and caring atmosphere
- The stories that are told in the group are relevant to clients' experience

Disadvantages of the Smokey Joe Approach

- Smoking cessation groups may not be acceptable to all clients or in all settings. Depending on the group dynamics, an unstructured, client-led approach may not work
- The open-ended nature of this approach makes it time consuming and may pose difficulties from an administrative point of view

- Some group facilitators were uncomfortable with the head on challenges and preferred solely client generated stories and more positive stories

It would appear that a number of improvements could be made to the 'Smokey Joe' training, and in particular more emphasis could be placed upon the micro analysis of the 'Smokey Joe' methods (Ritchie et al 2004). Given some of the difficulties faced in setting up the groups it would seem appropriate to offer on going support in the early stages of using the new methods.

In addition the experience of the new group facilitators suggests that more emphasis should be placed on clients' generating their own 'new story', as well providing opportunities for the clients to accept or reject the proposed new narratives offered by the group facilitator. This may lead to a more empowered process and reflect more closely the 'traditional' narrative therapy approaches (White & Epston 1990). We would suggest that it is this aspect that needs to be more fully developed, with more formal training in these methods for the trainers. However there are consistent criticisms of the standard 'one size fits all' approaches to smoking cessation, with clients valuing methods that reflect their actual current experience.

Although the findings so far are encouraging and suggest that both clients and new group facilitators are satisfied with the new method, the small sample does limit the robustness of the findings at stage 3. More research is needed to assess the effectiveness of this method in helping clients to stop smoking.

8 CONCLUSION

The 'Smokey Joe' project has indicated some early success in relation to quit rates, as well as accommodating those clients who would normally be rejected for intensive support by services. The process evaluation has captured a rich in-depth account of the processes involved in smoking cessation group work and reflects both the group facilitator and group members' accounts of their shared smoking stories. The range of interventions used by the group facilitator offer a useful insight into the therapeutic processes involved in smoking cessation. The microanalysis is a useful handbook for the training process of smoking cessation facilitators, and indeed offers in-depth guidance on how to approach the difficult and challenging aspects of the decision to quit, the near 'crisis and relapses and maintenance of non smoking. It gives us a

privileged insight into the language and narratives of smoking in one community (Ritchie & Schulz 2004).

Furthermore the study provides some useful early evaluation of the effectiveness and acceptability of the new smoking cessation method by the GSR (2004) survey and the qualitative evaluation by GSR and the 'Smokey Joe' evaluation (stage1&3)

However, this is a small scale case study whose prime aim was to capture and articulate the processes involved in these new groups upon which to base the training programme, and as such the findings of effectiveness should be interpreted with caution. Nevertheless, our opinion would be that the study has demonstrated that clients are responsive and value the new method and that the quit rates are equivalent to other services. Moreover, the service caters for clients who would normally be excluded from more intensive support, because they have not made a definite decision to quit smoking. These clients were positive about the experience of being in groups that included: those who are still deciding to quit and still smoking; those people who are cutting down consumption; those people who have had a relapse and are seeking support to quit again; those people who are struggling but staying quit; and those people who have stopped smoking over a significant period of time and come to the group for a 'top' up. Moreover it allows for the group 'agenda' to be tailored to meet the clients' current needs in their quit attempts and reflects the realities of their lives.

Further research is required to further demonstrate the utility and effectiveness of this approach in other communities, and in particular a cost benefit analysis is required as a rolling programme of more intensive support may not be cost effective.

Summary of Key Findings

Key Characteristics of the Service

- High motivation to stop is not a prerequisite for attendance.
- The groups operate on a 'drop-in' basis.
- There is no set order of the change process.
- There is no set beginning or end to the programme.
- Clients' decide how long and how often they want to attend the service.
- Clients who lapse or relapses can return to the group at any time.
- Groups are mixed and represent those still deciding to quit; those who have quit; those who have had a relapse; and those who have maintained a quit attempt but need a 'top up' support session.
- Success can be viewed as 'cutting down consumption as well as quitting. Each quit attempt is also viewed as success.
- The medium of the story is used to provide a culturally attuned therapy, as well as alternative stories to enable a quit attempt.
- Humour and jokes are used to develop and expand stories and to diffuse tension.
- The agenda for each group session is determined by the client's stories
- Nicotine replacement therapies are prescribed.

Recommendations

We outline a number of recommendations for both smoking cessation policy and practice based on the findings of stage one and three of the 'Smokey Joe' evaluation, as well as the George Street Research Survey (2004).

Implications for Policy:

- The 'Smokey Joe' evaluation has shown early positive results of the approach and would benefit from further refining and replication in other communities.
- 'The Smokey Joe' approach suggests that greater flexibility is a valued alternative by both practitioners and smokers in approaches to smoking cessation.
- The findings from the 'Smokey Joe' approach suggest that programmes may benefit from being tailored to address the needs of different types of communities, cultures and individuals. Thus reflecting smokers' actual experiences and providing interventions that are relevant for their own personal quit attempt.
- Smokers who reduce the number of cigarettes smoked per day can be considered to be successful. Success needs to be expanded to reflect the reality of peoples' lives.
- Smoking cessation groups can accommodate people at different stages in the change process, including people who are: thinking about stopping and continuing to smoke whilst attending the group; attempting to quit; quit and relapse on a regular basis; are in a relapse crisis have quit and are in need of continued support and people who are cutting down. Smokers find learning from others' experience helpful.
- The 'Smokey Joe' training programme needs to be further refined and more firmly rooted in the 'Smokey Joe' handbook. Trainees need to receive on going support during the early stages of implementing the method.

Implications for Practice

- Flexible delivery in terms of attendance and access to the group is supportive at all stages of the stopping smoking process. Both long- and short-term support is valued.
- Groups consisting of people who are considering quitting; those who are attempting to quit; those who have relapsed and those who have quit are valued by the participants. A realistic sharing of the successes and failures in the quitting process, as well as the sharing of the strategies and stories, are considered to be useful and supportive by the participants.
- A range of referral mechanisms are appropriate, including self-referral.
- Interventions need to be attuned to local smoking cultures. Narrative-based interventions are valued and participants benefit from sensitivity to the local smoking culture and context.
- The group is a support mechanism and allows for a shared production of new-smoking stories. This process enables the smoker to change their smoking identity through the changed smoking stories.
- A theoretical approach that adapts narrative therapy and uses an understanding of group processes has shown to be valued by both smokers and smoking cessation advisors. Positive stories and client-generated stories were preferred by the newly trained smoking cessation facilitators. This would suggest that there should be more emphasis on the clients' generating their own 'new story', or having the opportunity to accept or reject the proposed narrative offered by the group facilitator. This may then lead to a more empowering process and would be more in line with 'traditional' narrative therapy (White and Epston 1990).
- Relapse requires support. The quitting process is a journey of many stops and starts. Many smokers liked the flexibility of the long-term support that reflected and responded to their difficulties. Although they did not necessarily use the service for longer than those in traditional smoking cessation services.
- Smokers use a range of strategies to aid the process of quitting, including setting quit dates; abrupt stopping; gradually cutting down and most of the smokers used the NRT that was prescribed by the group facilitator.

APPENDIX A: Data Zones

Data zones represent the smallest geographic units available at the time – the median size of a data zone is 750 people. First used in the ‘Scottish Indices of 2003’, data zones are assessed according to five domains (i.e. income deprivation; employment deprivation; health deprivation and disability; education, skills and training deprivation; and geographical access to services), which are weighted to give a SIMD (Scottish Index of Multiple Deprivation) for each zone. For the ‘Scottish Index of Multiple 2004’ (Scottish Executive) report a sixth domain, housing, has been included. The six domains are weighted in a ratio of 6 : 6 : 3 : 3 : 2 : 1 to convert the individual measures for each domain into an overall SIMD score. Scotland has been divided into a total of 6505 data zones: the highest-ranking data zone, i.e. 6505 is the least deprived one, while 1 indicates the data zone with the highest level of deprivation.

In addition to ranking data zones from 1 to 6505, the level of deprivation of a data zone can also be assessed by dividing them into deciles. Thus, a decile of 1 suggests that a data zone belongs to the 10% of the most deprived zones, while 10 would suggest that a data zone is part of the most privileged 10% of data zones.

APPENDIX B

Effectiveness of the Service-George Street Research

In 2003 George Street Research (GSR) was commissioned by the NHS Argyll and Clyde to conduct an independent evaluation to analyse and appraise the effectiveness of the 'Smokey Joe' smoking cessation service. GSR was provided with a database by NHS Argyll and Clyde containing the names of 126 clients who had attended the Barrhead smoking cessation service during January – April 2003, and were followed up in June 2004, and had given consent for a follow-up on their progress. The details of 12 individuals (who had said they did not want their details passed on) were removed from the sample, giving an overall sample of 114 potential respondents. After several follow-ups, GSR obtained 45 completed questionnaires, a response rate of 39%. At the time of filling in the questionnaires at least 15 months had passed since these clients had first attended the 'Smokey Joe' smoking cessation service. In addition to the data gained from the questionnaires, GSR conducted two focus groups with 17 of the respondents. The aims of the research were:

- to track the smoking behaviour of clients of the 'Smokey Joe' smoking cessation service;
- measure the number of clients' quit attempts;
- measure clients' relative success of quit attempts;
- ascertain clients' reasons for attending the service and their attendance pattern;
- examine clients' perceptions of the strengths and weaknesses of the service;
- assess the impact of the service.

From the analysis of the GSR (2004) data of clients' quit rates of a final sample of 45 clients we can see that the performance of the 'Smokey Joe' service (quit rate of 16%) falls within the parameters of success of smoking cessation services using 'stages of change' approaches. Quit rates were defined as not having smoked for 12 months and this represents the 16% quit rate (table 7). These quit rates compare favourable with quit rates from other smoking cessation services where a

combination of intensive treatment with NRT also achieved a 16% abstinence rate (Raw et al., 1998).

Table 7: Breakdown of Non-Smokers in Relation to Length of Abstinence (n=45)

Length of Abstinence	Number of Clients	Percentage of Total Sample
12 months or more	7	16%
9 months or more	3	7%
6 months or more	1	2%
3 months or more	2	4%
Less than 3 months	1	2%
Lengths not known	2	4%
Total Number of Non-Smoking Clients-point prevalence at 15 months	16	36%

- Comparing clients' attendance patterns and their success rate does not appear to provide a strong argument for the greater effectiveness of long-term cessation services. However, the qualitative data that has been gathered by GSR (2004) and Ritchie & Schulz (2004) shows that clients rate the flexibility and open-ended nature of the Smokey Joe service very highly.
- The GSR (2004) data suggest that although only about half of the clients make use of the service more frequently than traditional services would allow them, the 'Smokey Joe' service gives them the freedom to choose when to make use of the service, how often they use it and how much time elapses between their visits – a set-up that clients greatly appreciate.

- Providing an open-ended rolling program accommodates some clients who in this study find making the decision to stop smoking a lengthy process. And indeed these clients seek the support of the smoking cessation groups to make the decision to stop smoking.
- Evidence from the GSR (2004) data and the Ritchie & Schulz (2004) group observations indicates that long-term, intensive support is appreciated by smokers across all ten SIMD deciles and not bounded to lower income groups. The choice to make use of smoking cessation services long-term may be linked to personal preferences rather than socio economic circumstances.

OUTPUT: papers and presentations

Papers:

Ritchie, D.; Bryce, A (2005) 'The Smokey Joe Story: Investigation into a Narrative Based Therapeutic Intervention for Smoking Cessation' (*Work in progress*)

Ritchie, Schulz and Bryce (2005) 'Particularly in the West of Scotland, we don't like to tell people we're going to do something lest we should fail'- Using Stories for Smoking Cessation, (*Work in progress*)

Schulz, Ritchie and Bryce (2005) 'I know it's going to get harder': An Exploration of Smokers' Barriers to Quitting (*Work in progress*)

Published Expert Reports:

Ritchie; Schulz & Bryce, A. (2004a) 'The Smokey Joe Story: Investigation into a Narrative Based Therapeutic Intervention for Smoking Cessation', *Report for NHS Argyll & Clyde*

Ritchie; Schulz & Bryce, A. (2004b) 'The Smokey Joe Story handbook: A Micro Analysis of the 'Smokey Joe' smoking cessation, *Report for NHS Argyll & Clyde unpublished (available ASH Scotland website)*

Ritchie; Schulz & Bryce, A. (2004c) '*The Smokey Joe Story*' *Explorations of an innovative approach in smoking cessation –stage one evaluation* Report for NHS Argyll & Clyde (available ASH Scotland website)

Bryce, A. (2005) '*The Smokey Joe Story*' *Explorations of an innovative approach in smoking cessation. 'Smokey Joe' training course-stage two evaluation*

Ritchie; Schulz & Bryce, A. (2005) '*The Smokey Joe Story*' *Explorations of an innovative approach in smoking cessation –stage three evaluation* Report for NHS Argyll & Clyde (available ASH Scotland website)

Presentations:

Schulz, S. and Ritchie, D. 'Using Narrative Therapy in Smoking Cessation: An Evaluation', *UK National Smoking Cessation Conference, 1st Annual Conference, London, June 2005*

Ritchie, D.; Schulz, S.; Bryce, A 'Smokey Joe Stories: Smoking Cessation Group Attendees relate their Experiences of Quitting', *13th Annual Public Health Forum, Gateshead, April 2005*

Schulz, S. and Ritchie, D. 'Quitting Stories: Experiences of Using a Narrative Based Intervention for Smoking Cessation', *Scottish Tobacco Control Alliance (STCA) Researcher Group, Glasgow, December 2004*

Ritchie, D.; Schulz, S.; Bryce, A 'The Smokey Joe Story: Investigation into a Narrative based Therapeutic Intervention for Smoking Cessation', *NHS Argyll and Clyde, June 2004*

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