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Incorporating Tobacco Cessation with Health Promotion
Activities in a Psychosocial Rehabilitation Clubhouse

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Extent Of Tobacco Use Among Individuals Diagnosed With SMI
Many people with Severe Mental Illness (SMI) use smoking to manage symptoms, stress, or increase social contact, and consume nearly half of all tobacco sold in the US. Compared with the general population, individuals with SMI are at greater risk of co-morbid health problems and premature death.

Often individuals with SMI are unaware that services like Quitlines, Nicotine Anonymous (NIC-A) meetings, and CQRT exist. To compound matters, many states (e.g. Massachusetts) do not fund tobacco cessation funding, and few programs provide integrated approaches to tobacco cessation in mental health settings that include peer supports. The lack of services and large disparities in smoking rates and health outcomes in people with SMI have resulted in a national crisis.

There is a need to implement and evaluate cost-effective interventions that attempt to decrease morbidity and mortality associated with tobacco use among people with SMI. Our efforts engage this population in incorporating a manualized tobacco control intervention, “Learning About Healthy Living” (LAHL) and training in use of Breath Carbon Monoxide (CO Meters) to track the progress of tobacco use among members and staff in the Clubhouse Model. Our project joins experts in tobacco dependence treatment for adults with SMI from UMass with leaders in the Clubhouse Model from Genesis Club in Worcester, MA.

The Clubhouse Model
The club model of psychiatric rehabilitation originated at Fountain House in 1948. Today, over 328 clubhouses affiliated with the International Center for Clubhouse Development (ICCD) are located in 27 countries and 32 states. These clubhouses have programs serving approximately 55,000 individuals, over 26,000 in the United States alone.

Clubhouses are described as therapeutic communities composed of people diagnosed with Severe Mental Illness (SMI) and paid staff. Participants are called “members” rather than patients or clients, reflecting the origin of the model as a club with membership rights. Clubhouse staff and members work side-by-side with staff as peers in a rehabilitative environment, “the Work-ordered Day”. Members are encouraged to participate in all aspects of clubhouse operations, including decision making meetings, leadership efforts in the community.

Clubhouses offer a wide range of services including employment and vocational supports, education, housing, outreach, advocacy, health promotion activities, substance abuse services, and social supports. Clubhouses are typically open 365 days a year. Clubhouse participants are referred to as members and membership is available for life.

The clubhouse model has been the subject of an active, international dissemination effort, as well as substantial international efforts to standardize the model, including the development of standards, international training, fidelity assessments, and an international certification process.

Genesis Club
Genesis Club is a free-standing, ICCD certified clubhouse, and an ICCD training center. Genesis serves approximately 120 individuals (members) per day and has an active monthly membership of 300. Their program is 23% non-Caucasian, and an average age of 43 years. Approximately half of clubhouse members have a diagnosis of schizophrenia, and 13% have major depression or bipolar disorder. Many clubhouse members also struggle with substance misuse.

Recently 82% of Genesis members (n=114) said they would endorse smoking related behaviors. Many members (49%) want support with reducing tobacco use, and 38% want to quit, while others want support with relapse prevention.

Genesis has successfully incorporated activities including exercise, healthy eating, and recognizes the importance of addressing tobacco use. Genesis has begun to address tobacco use, implementing weekly LAHL meetings with personalized feedback using CO meters.

Learning About Healthy Living (LAHL)
Learning About Healthy Living (LAHL) was developed at the Massachusetts Mental Health Center under the leadership of Dr. Ziedonis and others at the University of Medicine & Dentistry, New Jersey, the Robert Wood Johnson Medical School, the Tobacco Dependence Program, and the School of Public Health and University Behavioral Healthcare.

LAHL was designed to work with smokers at any motivational level to quit. LAHL focuses on addressing tobacco use and tobacco cessation, incorporating aspects of healthy living. LAHL is designed for smokers and can be integrated into other approaches by a range of mental health providers to help consumers become tobacco free. LAHL is organized into two groups with regard to motivation for ending tobacco use - a lower motivated and a higher motivated group (Groups I & II). Participation in both groups is voluntary.

Learning About Healthy Living: Tobacco and You
Introduction to Learning About Healthy Living
General Structure of a Treatment Group
Tobacco Dependence Treatment Medications
Group I (Motivational Group)
Group II (Quit Group)
Facilitator’s Guides
Consumer’s Handouts
Appendix/Forms Resources and References

Learning About Healthy Living: Group I
Introduction to Healthy Living Group
General Healthy Living Education: Stress, Diet, Exercise, Budget
Tobacco and Smoking Education
Health Risks, Chemicals in Cigarettes/Smoke/Second Hand Smoke, Tobacco Addiction, Mental Illness & Medication Effects
Treatment Options
Making a Decision to Quit, Cold Turkey, Nicotine Replacement Therapy (NRT) & Other FDA Approved Medications
20 Weeks
Smoking within the context of Healthy Living: Exercise, stress, & diet
Could change the order of the sessions, some chapters may take longer than 1 session

Learning About Healthy Living Group I: Session Outline
Starting on the Road to Healthy Living
Why is Smoking Dangerous?
What’s in Cigarette Smoke?
Why Do So Many Consumers with Mental Illness Smoke?
What is Carbon Monoxide?
How Much Does Smoking Cost?
How Does Tobacco Advertising Affect Me?
What is Second Hand Smoke
How Are My Medications Affected by Smoking?
Why are Cigarettes Addictive?
What Are My Smoking Patterns?
How Can I Better Manage Stress?
How Much Physical Activity Do I Need?
How Can I Make Healthier Food Choices?
Why Should I Quit Smoking?
What If I’m Not Ready to Quit?
Is It Really Possible For Me to Quit Smoking?
What Happens when I Quit Smoking Without Help? "cold turkey"
How Do Medications Help me Quit Smoking?
Which Medications Should I Use?

Learning About Healthy Living Group I: Quit Smoking Group
Six session group treatment - recommend quitting between second & third session
Selection of appropriate NRT (e.g. Nicorette, gum, patches) for each participant
Six session group treatment - recommend quitting between second & third session
Selection of appropriate NRT (e.g. Nicorette, gum, patches) for each participant

Learning About Healthy Living Group II: Quit Smoking Group
Group I and II combination (6 sessions)
Selection of appropriate NRT (e.g. Nicorette, gum, patches) for each participant
Six session group treatment - recommend quitting between second & third session
Selection of appropriate NRT (e.g. Nicorette, gum, patches) for each participant

Next Steps
Begin a project funded by the American Legacy Foundation (http://americanlegacy.org) to:
Expand peer support / consumer involvement and develop clubhouse peer tobacco leaders. Adapt and integrate three key tobacco interventions for club settings:
Learning About Healthy Living (LAHL)
Addressing Tobacco Through Organizational Change (ATTOC)
Consumers Helping Others Improve Their Condition by Ending Smoking (CHOICES)
Create new materials based on these interventions (e.g. health promotion toolkit for clubhouse settings), and disseminate findings to help individuals with SMI quit tobacco use.