

Week	Session Outline-Introduction Week	Video Topic	Points to Emphasize	Handouts/Supplies
Introduction	<ol style="list-style-type: none"> 1. Distribute/complete/collect registration information 2. Distribute name badges, if used (Instruct to leave them at the end of each session) 3. Distribute books “The Cooper/Clayton Method to Stop Smoking” – collect money if sold 4. Welcome & staff introductions *Discuss all agencies involved *Goal: Provide year round ongoing classes 5. What to expect for next 12 weeks 6. Show Videotape/DVD-Introductory Segment 7. Reiterate “Points to Emphasize” 8. Divide into 2 or more small support groups (if needed). 10-15 per group is ideal size 9. Administer Fagerstrom Test-Discuss results 10. Support group topic – “How long have you smoked? How many cigarettes a day do/did you smoke? Have you attempted to stop before? If so, what “method” did you choose and why?” 11. Hand out Cigarette Recording Form and Q&A Sheet 	<ul style="list-style-type: none"> • Introductory • Overview • How and why the Cooper Clayton Method was developed • Treat the addiction -retrain the brain 	<ol style="list-style-type: none"> 1. Continue to smoke as usual 2. Record number of cigarettes & time smoked for 1 week Be truthful-this information will be used to determine the appropriate nicotine replacement products for you to use 3. Next week we will assist you in selecting the appropriate NRT products 4. If you are pregnant or have health problems such as heart disease, diabetes, etc. or <18, you must have release from your physician about using NRT or other stop smoking methods 5. Remember: “Do what Dr. Cooper and Dr. Clayton say and you will succeed!” 	<ul style="list-style-type: none"> • Attendance sheet (s) • Registration (participant history) forms • VCR/TV or DVD/TV • Videotape or DVD 10:00 • Books • Name badges (optional) • <i>Cigarette Recording Sheet</i> • <i>Fagerstrom Test for Nicotine Dependence</i> • <i>Participant agreement</i> • <i>Liability Form</i> • <i>Questions & Answers about Smoking</i> • <i>VA or Health Insurance Verification (if needed)</i>