

CMATCH Telephone Support Scripts

To the Phone Coach:

Normally, to prepare for this role, a Training Session is required to review principles of Motivational Interviewing, Nola Pender's 5 Health Dimensions, Framing & Reframing techniques, Teach-Back, and Critical Thinking. Alternatively, in the absence of the Training Session workshop, the CMATCH Team Leader will orient you to this important role, using the **Mentoring Guide**. It is imperative that you study this Guide to prepare for coaching here. You will be sharing encouragement strategies and accountability checks with this Participant's Mentor.

Questionnaires implemented in this coaching tool are: TCAT, PAM, Confidence Scale, Beck Depression Tool, Perceived Stress Scale, Learning Style, and a Satisfaction Survey. Some are repeated for statistical purposes and to guide you in your role.

Because you will be asking and recording questions of the Participant on this tool in order to track and measure his/her behavior change compliance r/t nicotine addiction recovery, you will be expected to hold this information in confidence. This record should only record the ID code (upper right corner front page); however, you may conduct your conversations using actual names.

It is expected that Phone Coach(es) will attend the last Workshop session or the Graduation Celebration in order to be introduced and begin the relationship with the Participant in CMATCH. This individual has signed, or will sign a Consent Agreement Form then, to enter into this relationship. Refer to a copy of it on page 2. Should there be any problems or concerns in this coaching process, contact the CMATCH Team Leader about it. Be sure the Participant receives a signed copy of the Agreement Form before calls begin.

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PHONE COACHING CONSENT DOCUMENT

GREETINGS . . .

We are so happy that you have taken this step into restoration of your health! You will be ever thankful that you have courageously done so.

Before we begin, I want you to understand that your engagement with the CMATCH nicotine addiction recovery program and these support phone calls are held confidential and possible only with your consent. Please be assured that you have control over the information that goes into this record and, on the other hand, we are pledged to protect this record in its electronic form from prying eyes by identifying you by a 7-figure code of your making when you Registered for CMATCH.

Information about the calls is recorded for the purposes of:

- aiding you with encouragement and motivational strategies, as well as in tracking your progress,
- to register the effectiveness of this approach in helping individuals squelch nicotine addiction and the practice of using tobacco products.

Therefore, if you wish to proceed, I will read to you the Informed Consent statement and then ask you to respond with:

“Yes” or “No” when asked if you understand and agree with each of the Consent statements.

COACHING AGREEMENT . . .

AGREEMENT FOR TOBACCO CESSATION COACHING

The CMATCH Nicotine Addiction Recovery Program
FrameWork Health, Inc.
17045 Raders Church Rd., Timberville, VA 22853

This Agreement is entered into by and between:

Client: Full Name & ID Code _____

Address _____

And

Coach: Name _____ Address _____

whereby Coach agrees to provide Coaching Services for Client focusing on strategies to quit the practice of tobacco product use (smoking, vaping, chewing), which result in nicotine addiction.

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Description of Coaching: Coaching is a partnership (defined as an alliance, not a legal business partnership) between the Coach and the Client in a thought-provoking and creative process that inspires the client to maximize personal and professional potential. It is designed to facilitate the creation/development of personal goals and to develop and carry out a strategy/plan for achieving those goals.

1) Coach-Client Relationship

A. Coach agrees to maintain the ethics and standards of behavior established by the International Coach Federation “(ICF)” (*Coachfederation.org/ethics*).

B. Client is solely responsible for creating and implementing his/her own physical, mental and emotional well-being, decisions, choices, actions and results arising out of or resulting from the coaching relationship and his/her coaching calls and interactions with the Coach. As such, the Client agrees that the Coach is not and will not be liable or responsible for any actions or inaction, or for any direct or indirect result of any services provided by the Coach. Client understands coaching is not therapy and does not substitute for therapy if needed, and does not prevent, cure, or treat any mental disorder or medical disease.

C. Client further acknowledges that he/she may terminate or discontinue the coaching relationship at any time.

D. Client acknowledges that coaching is a comprehensive process that may involve different areas of his or her life, including work, finances, health, relationships, education and recreation. The Client agrees that deciding how to handle these issues, incorporate coaching principles into those areas and implementing choices is exclusively the Client’s responsibility.

E. Client acknowledges that coaching does not involve the diagnosis or treatment of mental disorders as defined by the American Psychiatric Association and that coaching is not to be used as a substitute for counseling, psychotherapy, psychoanalysis, mental health care, substance abuse treatment, or other professional advice by legal, medical or other qualified professionals and that it is the Client’s exclusive responsibility to seek such independent professional guidance as needed.

F. The Client understands that in order to enhance the coaching relationship, the Client agrees to communicate honestly, be open to feedback and assistance and to create the time and energy to participate fully in the program.

2) Services

The parties agree to engage in at most a free 12-month Coaching Program through the method(s) of internet and telephone meetings. Coach will be available to Client by e-mail and voicemail in between scheduled meetings as defined by the Coach for scheduling.

Client acknowledges that coaching does not involve the diagnosis or treatment of mental disorders as defined by the American Psychiatric Association and that coaching is not to be used as a substitute for counseling, psychotherapy, psychoanalysis, mental health care, substance abuse treatment, or other professional advice by legal, medical or other qualified professionals and that it is the Client’s exclusive responsibility to seek such independent professional guidance as needed.

3) Procedure

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The time of the coaching meetings and/or location will be determined by Coach and Client based on a mutually agreed upon time. The Coach will initiate all scheduled calls and will call the Client at the number arranged for all scheduled meetings.

4) Confidentiality

This coaching relationship, as well as all information (documented or verbal) that the Client shares with the Coach as part of this relationship, is bound by the principles of confidentiality set forth in the ICF Code of Ethics. However, please be aware that the Coach-Client relationship is not considered a legally confidential relationship (like the medical and legal professions) and thus communications are not subject to the protection of any legally recognized privilege. The Coach agrees not to disclose any information pertaining to the Client without the Client's written consent. The Coach will not disclose the Client's name as a reference without the Client's consent.

According to the ethics of our profession, topics may be anonymously and hypothetically shared with other coaching professionals for training, supervision, mentoring, evaluation, and for coach professional development and/or consultation purposes.

Confidential Information does not include information that: (a) was in the Coach's possession prior to its being furnished by the Client; (b) is generally known to the public; (c) is obtained by the Coach from a third party, without breach of any obligation to the Client; (d) is independently developed by the Coach without use of or reference to the Client's confidential information; or (e) the Coach is required by statute, lawfully issued subpoena, or by court order to disclose; (f) is disclosed to the Coach and as a result of such disclosure the Coach reasonably believes there to be an imminent or likely risk of danger or harm to the Client or others; and (g) involves illegal activity. The Client also acknowledges his or her continuing obligation to raise any confidentiality questions or concerns with the Coach in a timely manner.

5) Cancellation Policy

Client agrees that it is the Client's responsibility to notify the Coach 24 hours in advance of the scheduled calls/meetings. Coach will attempt in good faith to reschedule the missed meeting.

6) Record Retention Policy (Optional, if the Coach as adopted such a policy)

The Client acknowledges that the Coach has disclosed his/her record retention policy with respect to documents, information and data acquired or shared during the term of the Coach-Client relationship. Such records will be maintained by the Coach, and thus the sponsoring organization, in a format of the Coach's choice (print or digital/electronic) for a period of not less than 2 years.

7) Termination

Either the Client or the Coach may terminate this Agreement at any time with 2 weeks' notice.

8) Limited Liability

Except as expressly provided in this Agreement, the Coach makes no guarantees, representations or warranties of any kind or nature, express or implied with respect to the coaching services negotiated, agreed upon and rendered.

9) Entire Agreement

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This document reflects the entire agreement between the Coach and the Client and reflects a complete understanding of the parties with respect to the subject matter. The Agreement may not be amended, altered or supplemented except in writing signed by both the Coach and the Client.

10) Dispute Resolution

If a dispute arises out of this Agreement that cannot be resolved by mutual consent, the Client and Coach agree to attempt to mediate in good faith for up to 30 days after notice given. If the dispute is not so resolved, and in the event of legal action, the prevailing party shall be entitled to recover attorney's fees and court costs from the other party.

11) Waiver

The failure of either party to enforce any provision of this Agreement shall not be construed as a waiver or limitation of that party's right to subsequently enforce and compel strict compliance with every provision of this Agreement.

12) Applicable Law

This Agreement shall be governed and construed in accordance with the laws of the State of Virginia, without giving effect to any conflicts of laws or provisions.

Please sign both copies and return one copy of this Client Agreement to your Coach, who in turn will submit it to the Leader of the Sponsoring organization, prior to the first scheduled coaching meeting.

CLIENT:

Client Name & ID _____

Signature: _____ Date: _____

Coach: _____

Signature: _____

First Call __ After TC Date:

FOLLOW-UP – PHONE VISIT #1

2 Weeks After TC Graduation

ID Code: N28G8E3

FIRST CONTACT with PARTICIPANT for COACHING CALLS 1 WEEK AFTER WORKSHOP ATTENDANCE WITH Taking Control.

This contact with the CMATCH Participant is made by the Coach within 14 days after the Let's Begin to Quit workshop ends.

GREETINGS . . .

We are so happy that you have taken this step into restoration of your health! You will be ever thankful that you have courageously done so.

Before we begin, I want you to understand that these calls, as well as your engagement with the CMATCH nicotine addiction recovery program are held confidential and possible only with your consent. Please be assured that you have control over the information that goes into this record and, on the other hand, we are pledged to protect this record in its electronic form from prying eyes by identifying you by a code.

The calls are recorded for the purposes of:

- aiding you with encouragement and motivational strategies, as well as in tracking your progress,
- to register the effectiveness of this approach in helping individuals squelch nicotine addiction and the practice of using tobacco products.

Therefore, if you wish to proceed, I will read to you the Informed Consent statement and then ask you to respond with:

“Yes” or “No” when asked if you understand and agree with the Consent statements

“I agree to communicate with a coach of CMATCH”.

[Determine if the Consent procedure has already been done and if Participant has their copy.]

The time we spend together now is intended to lay a solid foundation for the pattern of this coaching program, which is meant to be suited to your needs physically and emotionally.

Now the Coaching team will guide and encourage you with scheduled phone calls over the next year.

The coaches of the CMATCH program are caring individuals who have been trained for this role. Any medical or self-care advice you desire should be obtained from your personal physician or nurse practitioner.

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However, we want to keep your primary healthcare provider informed of your progress so that they can also support you. Therefore, we are happy to provide you with a report when you wish to submit one to your provider.

Staying on Course:

If you just attended a “Let’s Begin to Quit” workshop series presented by a CMATCH team in your area, then you are receiving encouragement and enjoying fellowship. Your telephone coach will be your guide also. But, if you have a friend or family member who is sensitive to the challenges of your journey to quit tobacco use, you will be blessed 3-fold. Let’s consider these questions—ask yourself and share with me as you will:

Social Support

[Determine, first, if the Participant has completed the “Reflection on Social Support” questionnaire found in the Day 2 Taking Control session on the website.]

To lend me emotional support I have:

- a. more than one other significant person interested in my efforts
- b. at least one significant other to help me -- This person is a non-tobacco user:
 Yes No
- c. no one

1. Whom can you really count on to help you out of a crisis situation, even though he/she would have to go out of their way to do so?

First Name/Relationship to You _____

2. Whom can you talk with frankly without being careful about what you say?

Name/Relationship to You _____

3. With whom can you be totally yourself?

Name/Relationship to You _____

4. Whom can you count on to listen openly and uncritically to your innermost feelings?

Name/Relationship to You _____

5. Whom can you really count on to tell you, in a thoughtful manner, when you need to improve in some way?

Name/Relationship to You _____

6. If you have identified someone, or more than one, like this, is this person:

- _____ available to you
- _____ spouse
- _____ other
- _____ non-smoker

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7. Would you be willing to enter into a “contractual” relationship with this person(s) for support to maintain your quit state re tobacco use?

Yes No

Now, I will give you an overview of your experience with us for the next 12 months.

Telephone-based: The phone calls you receive from your coach are specifically scheduled in our program. We call out to you; you do not call in episodically for help. Coaching calls are made on:

Days 14 and 28; 6 weeks from Quit Day, 2 months, 4 months, 6 months, 8 months, 10 months, and 12 months.

At the end of each call, your coach/I will arrange with you the time for the next call. It is extremely important that you keep those appointments. If you must make a change, send your coach/me a message at least 1 day before the appointment time and offer an alternative time.

Encourage Discussion

Are there any questions or concerns today?

How may I help you?

.....

Closure

So, to optimize our time together at each session, I suggest that you have at hand, so that you can refer to them, the following:

1. A summary of your assessments with the identified needs for changes for improvement.
2. Your Wellness Plan and Contract
3. Your question list

I am excited for you today! I have immense hope for your success.

Next phone call appt. _____

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Call #2 - 4 Weeks post TC

N = Write in Notes

The Coach will notice that the tone of these calls is patterned on 5 terms:

Affect=the tone quality of speech and word formations that conveys caring and nurture.

Attitude=Conveying positive expectations of the Coachee and interest in his/her struggles and victories

Aspiration=Bringing hope and establishing confidence

Activity

Accomplishments

GREETING

This is _____ from _____, calling to assist you in your program to quit smoking. This is the first of a series of strategically-scheduled phone conversations we will have. I'll tell you a little bit about myself . . . (**Affect**)

Affect: How is your state of mind or mood?

Attitudes:

Periodically we will ask you questions through the months we work together as a way to measure your progress.

Aspiration:

Well, I am pledged to help you reach success. And, as experience has borne out, when making a major change in your life, it is wise to measure progress along the way. We will be doing that in these phone calls.

N

Activity: Seeking Freedom

The focus of activity in this CMATCH system is *power*. Our goal is to aid you in obtaining power to step out in a new direction, free of nicotine addiction. So, we will examine your sense of power with this little questionnaire. Then, we will look at your perception of stress in your life. Over the time we are together on these calls we will periodically repeat these questions to measure your progress. So here we go . . .

Concept of Power

1. My desire to use tobacco comes from seeing others smoke, the ads in the media, memories associated with a pleasant tobacco-related event or when I am under stress.4 3 2 1
2. My desire to use tobacco comes from a need deep inside,

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when I begin to feel out of control.

4 3 2 1
Subtotal _____ Score lower an 3 = High Risk

Perceived Stress

In the last month, how often have you . . .

	Always	Freq.	Seldom	Never
1. Felt that you were unable to control important things in your life? 1	4	3	2	1
2. Questioned your ability to handle personal problems? 1	4	3	2	1
3. Felt that things were not going your way? 1	4	3	2	1
4. Been unable to control irritations in your life? 1	4	3	2	1
5. Felt difficulties were piling up so high you couldn't overcome them? 1	4	3	2	1

Subtotal

Low risk = 1-10 points; Moderate Risk = 11-15 points; High Risk = 16-20 points Website version is based on 5pts d/t Survey Monkey limitations.

Learning Style

The design of this program assumes that you have been learning new patterns of living—free of addiction to nicotine. It will be helpful to both of us to understand by what methods you retain information best. So, I will ask you some questions about that next. The four terms that will inform us are: Concrete and Abstract; Sequential and Random.

You may answer “Yes” or “No”.

1. CS1. I am a practical person. I like structure: steady, organized, predictable, efficient, reliable structure. Y/N
(CS = concrete sequential thinker/learner)
2. I learn best by listening and reading out loud Y/N
3. AS2. I am a reflective thinker: studious idea maker; I learn through observing Y/N
(AS = abstract sequential thinker/learner)
4. AR3. I am emotional, people-oriented, love the humanities, love a comfortable environment I "go with the flow", am sensitive Y/N
(AR = abstract random thinker/learner)
5. CR4. I love to explore, love change, a creative problem-solver a risk-taker, inventor, prefer to know only what's necessary Y/N
(CR = concrete random thinker/learner)
6. I learn best by visual illustrations Y/N
7. I learn best by hands-on doing Y/N
8. I prefer to receive feedback on my progress:

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__frequently __soon __occasionally __seldom __never

N

For more clear definitions

1. The abstract sequential learner. This individual is easily able to decode written, verbal, and image symbols. Symbols and pictures are important to this learner, as are presentations that are rational, substantive, and well-organized.
2. The abstract random learner. This person is skilled in sensing and interpreting atmosphere and mood. For this learner, the medium is associated with the message, and a speaker's manner, delivery, and personality are as important as what is spoken. Information is gathered in an unstructured manner, reflected upon, and then organized into a pattern that makes sense to the learner.
3. The concrete sequential learner. This learner prefers hands-on experiences that use all five senses and step-by-step directions and well-ordered presentations and will defer to authority and guidance in the learning environment.
4. The concrete random learner. This person likes to experiment, comes to the crux of the matter quickly and uses intuition in drawing conclusions. This learner prefers a trial-and error approach to gathering information and does not welcome teacher intervention.

[Coach: make note of the best approach to support this individual's learning style to facilitate understanding of instructions, etc.]

Who are you going to call on for encouragement and help? _____

Focus on your Goal. . . . the Benefits to you/your family . . . your Commitment

- Imagine the new pathway of neurons being laid down in your brain.
- Conjure up a positive, pleasant attitude. Wear a smile.
- Plan and do a good deed for someone in need of you.

- What time do you want me to call you 2 weeks from now?

Be near the phone.

I'll talk to you then,

Bye.

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Call #3 - 6 Wks post TC

GREETING

This is _____ from _____, calling to give you encouragement as we arranged.

How are you today? **Affect**

If I could be a little spider on your wall today, what would I see? Tell me how things are going...**Attitude**

Since I talked with you last, have you had an urge to smoke/vape/chew?

Yes No

How many urges? (constant or triggered by cues)

Have you had even one puff/taste of a tobacco-delivering device? Yes No

How are others around you reacting to your efforts to change your health behavior?
What do they say?

Are you experiencing any discouragement from anyone?

(If Yes) Would you like to talk about it?

Now tell me about 2 positive/encouraging events that have happened today

Did you prepare for today by engaging in the information and activities described in the self-help program **Taking Control**? **N**

Are you using a pharmaceutical aid? If so, describe it and how you are using it? **N**

Remember, it is normal to:

- desire that lethal little package of weeds
- focus your thoughts on what you think you are missing

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- feel short-tempered and nervous, anxious, frustrated, a little unfocused, impatient
- feel disgusted about your behavior
- be distracted and unable to concentrate

But these negative experiences are temporary . . . as long as you do not slip when tempted to use that lethal _____

Remember the Goal of your heart**Aspiration**

Confidence Level

	Disagree	Strongly Not Sure	Agree
1. I feel sure that I am able to quit tobacco product use	1	2	3
1.Looking back on other attempts I've made to change my life, I feel certain I can carefully follow a program that is designed for me to quit	1	2	3
3. If I know I'm not in this alone, I feel certain I can quit.	1	2	3
Subtotal _____			

If 3 or less: "What can we do to raise the score?"

Let's review again your major strategies for today **Activity**

Food and Fluid intake

Physical activity

Environmental protection

Social cautions

Acceptance of help/encouragement

Optional Pharmaceutical aids

Mindset

Social support resources

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Introduce Spiritual Component

1. Do you have a spiritual belief system that frames your life?

Discuss what it is . . .

If not, ask: Do you believe there is an all-powerful God in heaven?

If not, ask: Would you like to learn about Him?

If “Yes,” state: God, who created this earth and everything on it, is interested in you. In fact, He is able to help you gain victory over nicotine addiction.

If “No” Drop the subject, but leave the door open for a future desire to do so.

Would you like to learn more about the Creator God? (Send _____, or direct to www.amazingfacts.org or www.iiv.org . (Or link to local participating SDA church)

If “yes” to a spiritual belief system, ask:

1. What word or image best describes God to you?
2. Do you have a relationship with God? Yes No

If “Yes”, ask: Has your relationship with God been helpful to you in the past when you have gone through difficult times? Usually Somewhat Never

3. How do you presently feel about your relationship with God?

Good Somewhat feel good Not pleased with it Seldom think about it

4. Would you like to know Him better? Yes No

We coaches like to pray with our clients for their success over nicotine addiction. Would you like me to pray with you at the close of each call?

Yes No

[If they indicate an interest/need to talk with a spiritual counselor, in any of the following conversations offer that referral.]

Closure

- Focus on your Goal. . . . the Benefits to you/your family . . . your Commitment
- Imagine the new pathway of neurons being laid down in your brain.
- Conjure up a positive, pleasant attitude. Wear a smile.
- Plan and do a good deed for someone in need of you.

Any questions? When would you like for me to call you 4 weeks from now?

Prayer: Until then . . .

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Call 4: 8 Wks post TC

GREETING . . .

This is _____ from _____ calling to encourage you as we arranged last month.

How is your courage today? Tell me how the day has been going . . .

Since I talked with you last, have you had an urge to smoke/vape/chew?

___ Yes ___ No

How many urges? (constant or triggered by cues)

Have you had even one puff/taste of a tobacco-delivering device? ___ Yes ___ No

How are others around you reacting to your efforts to change your health behavior?
What do they say?

Are you experiencing any discouragement from anyone?
(If Yes) Would you like to talk about it?

For LAPSE – 1

N

For “lapsers”

That is not unusual; you have not relapsed. In fact, you will not “relapse” until you smoke regularly again. This may be a pattern of your previous quit attempts, but you can learn something from this event and that is why I am calling you often to support your quitting efforts.

Were you overly optimistic? Were you over-confident?

What happened before you lit up that cigarette/dragged on that vapor?

Was it an event . . . a certain smell . . . an emotion . . . a feeling of hopelessness . . .
a moment of celebration?

Have you thought why you weakened your resolve?

Remember *dopamine*? Perhaps you will want to call him “dope of mine” in this case (!) He only needs a change in his work design and you need to help him do it. In fact, you are the only one who can!

Next time you recognize that he has “spilled the beans”—alerted your brain to expect another dose of nicotine, hold off for 5 minutes. Instead during that 5 minutes do something nice for

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yourself. Go for a walk, make a smoothie, call a friend. When dopamine realizes the expected nicotine is not forthcoming, the level will drop and your brain cells will scramble to calculate the error—what went wrong. Then they will create an alternate pattern. The old pattern will be archived. But don't allow dopamine to send for it again! You will win the victory!

When in your lifetime before have you made up your mind to do something and actually did it?

Has there been another habit that you quit?

Has there been a change in a job or relationship?

What did you do that worked?

What did you do to prepare for that change?

Tell me a little about how you succeeded in making that change . . . Obstacles that you overcame.

What did that mean to you about your ability?

Now, if you continue to have the desire to quit you had 2 days ago, we can go on with your program by taking inventory and revising your day-to-day strategies. Do you want to spend some time in doing that? (If so, invite them to repeat **Taking Control**.)

Good, then let's continue. . .

(Review leading events toward lapse; lead client to alter countering strategies; avoid cues; bolster with proper use of pharmaceutical aid or social support, discuss prayer and meditation.)

How are others around you reacting to your abstinence from tobacco? What do they say?

Are you experiencing any discouragement from anyone? (If Yes) Would you like to talk about it?

ASSESSMENT FOR SABOTAGE

1. If you feel someone close to you is hindering your quitting efforts, in what way is this happening?
2. Is this individual (or those individuals) also using tobacco products?
3. Have you discussed your quitting program with them? (If "No": May I suggest how to do that?)
4. If a tobacco product user, is he/she thinking about quitting? (If "Yes") Would this individual be willing to join us for (a) education about the program, (b) help in quitting also? May I send information about CMATCH to that individual? Or, would you direct them to the website to learn about it?
5. (If the individual is resistant to change and uncooperative in the participant's quitting efforts, advise regarding coping, building personal strengths, avoidance strategies; re-frame goals and objectives.)

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As you are learning having the support of a friend or family member for a partner is very important to your success.

Getting your co-workers on your side is too.

It is a public commitment on your part that should strengthen your resolve.

I will call you tomorrow/next week (an extra call). What time? _____ Offer prayer . . .Until then

For compliant participants (No lapse)

You have done well! Congratulations! **Affect**

Reward yourself tonight with a simple thing.

What do you have planned as a reward for the end of this week? **Aspiration**

Hold that thought.

Continue with your strategic plan. **Activity**

Would you like to join me in a prayer of thanksgiving? **Attitude**

It is a public commitment on your part that should strengthen your resolve.

Confidence Level

	Disagree	Not Sure	Strongly Agree
1. I feel sure that I am able to quit tobacco product use	1	2	3
2. Looking back on other attempts I've made to change my life, I feel certain I can carefully follow a program that is designed for me to quit	1	2	3
3. If I know I'm not in this alone, I feel certain I can quit.	1	2	3
Subtotal	_____		

Biotest

The day (or two) before our next scheduled phone appointment, please go to your healthcare provider's office to do another breathing test (*spirometry for CO analysis*) or *cotinine* test and report your results to me at _____. Thank you.

I will call you in 2 months. What day & time? _____ Offer prayer . . .Until then

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Call 5: 4 Months post TC

GREETING . . .

This is _____ from _____ calling to encourage you as we arranged last month.

How is your courage today? Tell me how the day has been going . . .

Since I talked with you last, have you had an urge to smoke? ___ Yes ___ No

How many urges? (constant or triggered by cues)

Have you had even one puff/taste of a tobacco-delivering device? ___ Yes ___ No

How are others around you reacting to your efforts to change your health behavior?
What do they say?

Are you experiencing any discouragement from anyone?
(If Yes) Would you like to talk about it?

For LAPSE – 1

N

For “lapsers”

That is not unusual; you have not relapsed. In fact, you will not “relapse” until you smoke regularly again. This may be a pattern of your previous quit attempts, but you can learn something from this event and that is why I am calling you often to support your quitting efforts.

Were you overly optimistic? Were you over-confident?

What happened before you lit up that cigarette/dragged on that vapor?

Was it an event . . . a certain smell . . . an emotion . . . a feeling of hopelessness . . .
a moment of celebration?

Have you thought why you weakened your resolve?

Remember *dopamine*? Perhaps you will want to call him “dope of mine” in this case (!) He only needs a change in his work design and you need to help him do it. In fact, you are the only one who can!

Next time you recognize that he has “spilled the beans”—alerted your brain to expect another dose of nicotine, hold off for 5 minutes. Instead during that 5 minutes do something nice for yourself. Go for a walk, make a smoothie, call a friend. When dopamine realizes the expected

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nicotine is not forthcoming, the level will drop and your brain cells will scramble to calculate the error—what went wrong. Then they will create an alternate pattern. The old pattern will be archived. But don't allow dopamine to send for it again! You will win the victory!

When in your lifetime before have you made up your mind to do something and actually did it?

Has there been another habit that you quit?

Has there been a change in a job or relationship?

What did you do that worked?

What did you do to prepare for that change?

Tell me a little about how you succeeded in making that change . . . Obstacles that you overcame.

What did that mean to you about your ability?

Now, if you continue to have the desire to quit you had 2 days ago, we can go on with your program by taking inventory and revising your day-to-day strategies. Do you want to spend some time in doing that? [*Advise to repeat Taking Control/ Schedule for enrollment in another series of Workshops.*]

Good, then let's continue. . .

(Review leading events toward lapse; lead client to alter countering strategies; avoid cues; bolster with proper use of pharmaceutical aid or social support, discuss prayer and meditation.)

How are others around you reacting to your abstinence from tobacco? What do they say?

Are you experiencing any discouragement from anyone? (If Yes) Would you like to talk about it?

ASSESSMENT FOR SABOTAGE

1. If you feel someone close to you is hindering your quitting efforts, in what way is this happening?
6. Is this individual (or those individuals) also using tobacco products?
7. Have you discussed your quitting program with them? (If "No": May I suggest how to do that?)
8. If a tobacco product user, is he/she thinking about quitting? (If "Yes") Would this individual be willing to join us for (a) education about the program, (b) help in quitting also? May I send information about CMATCH to that individual? Or, would you direct them to the website to learn about it?
9. (If the individual is resistant to change and uncooperative in the participant's quitting efforts, advise regarding coping, building personal strengths, avoidance strategies; re-frame goals and objectives.)

CMATCH Telephone Support Scripts

As you are learning having the support of a friend or family member for a partner is very important to your success.

Getting your co-workers on your side is too.

It is a public commitment on your part that should strengthen your resolve.

I will call you tomorrow/next week (an extra call). What time? _____ Offer prayer . . .Until then

For compliant participants (No lapse)

You have done well! Congratulations! **Affect**

Reward yourself tonight with a simple thing.

What do you have planned as a reward for the end of this week? **Aspiration**

Hold that thought.

Continue with your strategic plan. **Activity**

Would you like to join me in a prayer of thanksgiving? **Attitude**

It is a public commitment on your part that should strengthen your resolve.

Confidence Level

	Disagree	Strongly Not Sure	Agree
1. I feel sure that I am able to quit tobacco product use	1	2	3
3. Looking back on other attempts I've made to change my life, I feel certain I can carefully follow a program that is designed for me to quit	1	2	3
3. If I know I'm not in this alone, I feel certain I can quit.	1	2	3
Subtotal _____			

Biotest

The day (or two) before our next scheduled phone appointment, please go to your healthcare provider's office to do another breathing test (*spirometry for CO analysis*) or *cotinine* test and report your results to me at _____. Thank you.

I will call you in 2 months. What day & time? _____ Offer prayer . . .Until then

CMATCH Telephone Support Scripts

Call 6 – 6 months post TC

GREETING

This is _____ from _____ with your encouraging support call.

How are you day? If I could be that spider on the wall today, what would I see there?

Since I talked with you last, have you had an urge to smoke? ___ Yes ___ No

How many urges? (constant or triggered by cues) _____

Have you had even one puff/taste of a tobacco-delivering device? ___ Yes ___ No

For LAPSE – 2

For “lapsers”

As I mentioned before, this may be a pattern of your previous quit attempts, but you can learn something from this event and that is why I am calling you often to support your quitting efforts.

Now, if you continue to have the desire to quit you had recently, we can go on with your program by taking inventory and revising your day-to-day strategies. Do you want to spend some time in doing that?

Good, then let's continue.

(Review leading events toward lapse; lead client to alter countering strategies; avoid cues; bolster with proper use of pharmaceutical aid or social support, discuss prayer and meditation.)

In order to give you the best advantage in coaching, if you lapse before the next call, we will require you to return to the status of Quit Day, essentially starting over.

Let's Review your Reasons to Quit (get out your Taking Control Workbook) . . .

Let's also review the Benefits you have marked that you desire . . .

Biotest

The day (or two) before our next scheduled phone appointment, please go to your healthcare provider's office to do another breathing test (*spirometry for CO analysis*) or *cotinine* test and report your results to me at _____. Thank you.

CMATCH Telephone Support Scripts

Depression Assessment (Beck Depression Tool) -- For All

I am going to ask you some questions related to your mood. We will circle all “true” responses. I will ask them again in 6 weeks, and periodically after that until coaching stops. If we, together, are doing the job right, we should see improvements in the future.

- | | |
|----------------------------------------------------------------------------------|--------|
| 1. I am not particularly discouraged about the future. | 1 pt. |
| I feel discouraged about the future. | 2 pts. |
| I feel I have nothing to look forward to. | 3 pts. |
| I feel the future is hopeless and things cannot improve. | 4 pts. |
| 2. I do not feel like a failure. | 1 pt. |
| I feel I have failed more than the average person. | 2 pts. |
| As I look back on my life, all I can see are failures. | 3 pts. |
| I feel I am a complete failure as a person. | 4 pts. |
| 3. I don't feel I am worse than anybody else. | 1 pts. |
| I am critical of myself for my weaknesses and mistakes. | 2 pts. |
| I blame myself all the time for my faults. | 3 pts. |
| I blame myself for everything bad that happens. | 4 pts. |
| 4. I don't cry any more than usual. | 1 pts. |
| I cry more now than I should. | 2 pts. |
| I cry all the time now. | 3 pts. |
| I used to cry, but now I can't cry even though I want to. | 4 pts. |
| 5. I am no more irritated now than I ever was. | 1 pt. |
| I get annoyed or irritate more easily than I used to. | 2 pts. |
| I feel irritated all the time. | 3 pts. |
| I don't get irritated at all by things that used to upset me. | 4 pts. |
| 6. I can work without difficulty. | 1 pt. |
| It takes an extra effort to get started at doing something. | 2 pts. |
| I have to push myself very hard to do anything. | 3 pts. |
| I can't do any work at all. | 4 pts. |
| 7. I can sleep as well as usual. | 1 pt. |
| I don't sleep as well as I used to. | 2 pts. |
| I wake up 1 or 2 hours earlier than usual and find it hard to get back to sleep. | 3 pts. |

CMATCH Telephone Support Scripts

- I wake up several hours earlier than I used to and cannot get back to sleep. 4 pts.
8. I do not feel sad. 1 pt.
- I feel sad. 2 pts.
- I am sad all the time, and I can't snap out of it. 3 pts.
- I am so sad or unhappy, I can't stand it. 4 pts.

Total Points

Scoring:

8 = No depression present

16 = Mild depression, able to function; will lift in a few weeks. Encourage healthy lifestyle. Review in near future.

24 = Moderate depression, able to function with difficulty; help from professional highly recommended

32 = Severe depression, must have professional help.

There often is a close link between mood and nicotine addiction. The principles taught and the activities encouraged in this program, particularly in **Taking Control**, are natural methods to restore health and vitality to your body and mind.

Are you using a pharmaceutical aid? ___ Yes ___ No If so, describe it and how you are using it? **N**

Did you prepare for today by engaging in the information and activities described in the self-help program **Taking Control**? ___ Yes ___ No

Let's review again your major strategies for today

Food and Fluid intake

Acceptance of help/encouragement

Physical activity

Optional Pharmaceutical aids

Environmental protection

Mindset

Social cautions

Spiritual resources (Discuss if possible)

CMATCH Telephone Support Scripts

Focus on your Goals . . . the Benefits to you/your family . . . your Commitment

Are you carrying your Commitment Card? ___ Yes ___ No

Confidence Level

	Disagree	Not Sure	Strongly Agree
1. I feel sure that I am able to quit tobacco product use	1	2	3
4. Looking back on other attempts I've made to change my life, I feel certain I can carefully follow a program that is designed for me to quit	1	2	3
3. If I know I'm not in this alone, I feel certain I can quit.	1	2	3

Subtotal _____

Biotest

The day (or two) before our next scheduled phone appointment, please go to your healthcare provider's office to do another breathing test (*spirometry for CO analysis*) or *cotinine* test and report your results to me at _____. Thank you.

Affirm.

Prayer. (If desires)

If this person needs more support earlier than 2 months from now, schedule a more immediate call.

Otherwise, schedule for 2 months away.

Day _____ time _____

Until then,

Bye

CMATCH Telephone Support Scripts

Call 7 – 8 months from TC

GREETING

This is _____ calling from _____ with your support call again.

How are you enjoying your New You?

How are others around you reacting to your abstinence from tobacco? What do they say?

Are you experiencing any discouragement from anyone? (If Yes) Would you like to talk about it?

(If Yes, [continue with introduction to Couple-Focus Dimension](#) with . . .

ASSESSMENT FOR SABOTAGE

1. If you feel someone close to you is hindering your quitting efforts, in what way is this happening?
2. Is this individual (or those individuals) also a smoker?
3. Have you discussed your quitting program with them? (If No) May I suggest how to do that?
4. If a smoker, is he/she) thinking about quitting? (If Yes) Would this individual be willing to join us for (a) education about the program, (b) help in quitting also? May I send information about CMATCH to that individual? Would you direct them to the website to learn about it?
5. (If has discussed) Will you invite him/her to a conference call with us?
6. (If individual is resistant to change and uncooperative in participants quitting efforts, advise regarding coping, building personal strengths, avoidance strategies; re-frame goals and objectives.)

Confidence Scale

1. I feel sure that I am able to quit tobacco use as planned.
DisagreeSI. Disagree Not Sure SI. Agree Agree
1 2 3 4 5

If 3 or less, "What can we do to raise it?"

Any changes in your strategies? Any changes in your routine? Contingencies?

Since I talked with you, have you had an urge to smoke? ___ Yes ___ No

How many urges? (constant or triggered by cues)

CMATCH Telephone Support Scripts

Have you had even one puff of a tobacco-delivering device? ___ Yes ___ No

Biotest

The day (or two) before our next scheduled phone appointment, please go to your healthcare provider's office to do another breathing test (*spirometry for CO analysis*) or *cotinine* test and report your results to your support coach at _____. Thank you.

For Compliant Participants

Did you prepare for today by engaging in the information and activities described in the self-help program **Taking Control**? ___ Yes ___ No

Are you using a pharmaceutical aid? ___ Yes ___ No If so, describe it and how you are using it?

Let's review again your major strategies for today

Food and Fluid intake

Acceptance of help/encouragement

Physical activity

Optional Pharmaceutical aids

Environmental protection

Mindset

Social cautions

Spiritual resources (Discuss if possible)

Are there any special concerns today? This is your time to express your feelings about this process or to seek more information.

I will close and call you again in 2 months. Is this a good time for then?

Would you like for us to pray?

Affirm Bye.

CMATCH Telephone Support Scripts

Call 8 – 10 months post TC

GREETING

This is _____ calling from _____ with your support call again.

How are you today?

Since I talked with you, have you had an urge to smoke? ___ Yes ___ No

How many urges? _____ (constant or triggered by cues)

Have you had even one puff of a tobacco-delivering device? ___ Yes ___ No

Confidence Scale

1. I feel sure that I am able to stay quit as planned.

Disagree	Sl. Disagree	Not Sure	Sl. Agree	Agree
1	2	3	4	5

If 3 or less -- "What can we do to raise it?"

Any changes in your strategies? Any changes in your routine? Contingencies?

Any special concerns? This is your time to express your feelings about this process or to seek more info.

Biotest

The day (or two) before our next scheduled phone appointment, please go to your healthcare provider's office again to do another breathing test (*spirometry for CO analysis*) or *cotinine* test and report your results at the next call from your support coach. Thank you.

Our next call will be in 2 months . . . What day and time? _____

Would you like to pray?

Affirm.

Bye

CMATCH Telephone Support Scripts

Call #9-- 12 months post TC

GREETING

This is _____ calling from _____ with your support call again.

How are you today?

If you have been following the Taking Control 14-day schedule, this should be GRADUATION DAY!

What do you think of that?

Confidence Scale

1. I feel sure that I am able to stay quit as planned.

Disagree Sl. Disagree Not Sure Sl. Agree Agree

1 2 3 4 5

If 3 or less, "What can we do to raise it?"

What have you discovered about yourself over the past two weeks?

How do you feel physically and mentally now?

Do you have the result of your breathing test? _____ (Record)

Tell me about the changes you have been able to make in your lifestyle: Nutrition Exercise

Coping with Stress

Rest/Relaxation

Meditation/Prayer

Human Relationships

CMATCH Telephone Support Scripts

Perceived Stress Scale (modified)

In the last week, how often have you . . .	Always	Freq.	Seldom	Never
1. Felt that you were unable to control important things in your life	4	3	2	1
2. Questioned your ability to handle personal problems?	4	3	2	1
3. Felt that things were not going your way?	4	3	2	1
4. Been unable to control irritations in your life?	4	3	2	1
5. Felt difficulties were piling up so high you couldn't overcome them?	4	3	2	1
Subtotal	_____			

Low risk = 1-10 points; Moderate Risk = 11-15 points; High Risk = 16-20 points. . .

It is reward time; what do you have planned today?

Are there any others in your household gaining encouragement from your success now? Tell me about it.

The PAM

1. Taking an active role in my own lifestyle is the most important factor in determining my health and ability to function well. Y/N

2. How confident are you that you can figure out solutions when unexpected situations or problems arise with your health?

1) Not at all 2) Somewhat 3) Not sure 4) Confident 5) Very confident

3. How confident are you that you can identify when it is necessary to get medical care vs. when you can't handle the problem yourself?

1) Not at all 2) Somewhat 3) Not sure 4) Confident 5) Very confident

4. Do you have a chronic condition of ill health (heart disease, diabetes, breathing difficulty, high blood pressure, etc.)? Y/N

5. If "Yes" to the above question, how much do you know about caring for it?

6. If "Yes" to #4, how confident are you that you can take actions that will help prevent or minimize some symptoms or problems associated with your condition?

1) Not at all 2) Somewhat 3) Not sure 4) Confident 5) Very confident

1) Not at all 2) Somewhat 3) Not sure 4) Confident 5) Very confident

7. How confident are you that you can find trustworthy sources of information when you have questions about your lifestyle and your health choices?

1) Not at all 2) Somewhat 3) Not sure 4) Confident 5) Very confident

CMATCH Telephone Support Scripts

8. If I make changes in my diet, establish an exercise regimen, quit tobacco use as recommended for my health improvement, which of the following is/are true? . . .

- a) It won't make any difference,
- b) Any improvement made will not be enough to turn my life around; it's too hard
- c) I want to believe this program will help me gain health
- d) I am looking forward to feeling good like I can't remember
- e) I am going to feel so good, I'll want to tell the world

Discuss Results. Direct to Health Care Provider if there are low scores on #2-4.

What have you been doing in/for your community?

Discussion . . .

I wish to emphasize the importance of those lifestyle practices that relate to good nutrition and water intake, daily exercise, stress reduction strategies, avoidance of mind-altering substances, and building good relationships. Add to those some complimentary techniques for comfort such as dietary supplements, aromatherapy, massage, and meditation.

POST ASSESSMENT & SATISFACTION SURVEY

Remember the questionnaire you completed when you began the video course Taking Control on <https://livingsmart.live/taking-control> ? Please return to that webpage and take it again, using your personal ID Code. Then complete the Satisfaction Survey on that webpage. Thank you very much.

We have really enjoyed helping you in your efforts to start living without tobacco! We would like to keep in touch, and we encourage you to visit our website periodically to participate in discussions there among others who are/or have been addicted to tobacco. This is one way you, as a graduate, can help others.

This ends our supportive relationship with you. Congratulations on your successful journey!

[We wish you God's continued rich blessing on your life and your health.\]](#)