Facilitator's Guide



WELLNESS PROGRAM FOR MENTAL HEALTH









This toolkit was developed by the North Carolina Evidence Based Practices Center





This toolkit was funded by the North Carolina Health & Wellness Trust Fund



All rights reserved. No part of this document may be reproduced unless permission of the North Carolina Health & Wellness Trust Fund is first obtained.

Todd B. Collier, MEd, CTTS
Nicole O. Collins, MA
Amy C. Schmelzer, MS, MPH, CTTS
Kristina Bridges, BA
Claire Vogeley, BA
John T. Bigger, MS

First Printing July 2010 Third Printing October 2011

A Special Thanks

The *Breathe Easy Live Well* project was made possible by the dedication and hard work of **North Carolina clubhouse staff and members**. The development of this toolkit was a direct result of your participation in the project. Thank you for everything you have accomplished and the work you continue to do.

Adventure House • Atlantic House • Club Horizon

Club Nova • Connections Clubhouse • Piedmont Pioneer House

Sanctuary House • Sixth Avenue West • Threshold

Thanks to the **North Carolina Health and Wellness Trust Fund** for taking the initiative to fund the Breathe Easy Live Well project. The project is providing a much needed service to those recovering from severe mental illness. Special recognition goes to Sterling Fulton-Smith.

Thanks to the *Tobacco Dependence Program* at **The University of Medicine & Dentistry of New Jersey** for their 5-day Certified Tobacco Treatment Specialist training, advanced 1-day trainings, endless collaboration and project assistance, and continued professional courtesy. Special recognition goes to Jill Williams, Michael Steinberg, Jonathan Foulds, Donna Richardson, Michelle Bover, Amy Schmelzer, and Claribel Beltrez.

Thanks to the **Tobacco Prevention and Evaluation Program** at the University of North Carolina School of Medicine for their evaluation of the Breathe Easy Live Well project and review of this toolkit. Special recognition goes to Joseph Lee, Anna McCullough, and Katie Patsakham.

Wellness Approach

The main focus of this toolkit addresses overall wellness among mental health consumers, while emphasizing tobacco use. Its contents are applicable to all persons with mental illness. Persons recovering from mental illness are vulnerable to cancers and cardiovascular diseases, not just due to tobacco use, but also because the symptoms of their illnesses and the metabolic side effects of many medications compound the health risks that tobacco use exacerbates. This toolkit includes aspects of hope, self-efficacy, and physical well-being as consumers progress towards personal recovery.

This toolkit emphasizes tobacco use among mental health consumers. Each consumer has the opportunity to choose any behavior he or she would like to see a positive change in, while having the chance to be part of a supportive group. Some common choices of behavior changes with non-smokers include dietary intake, activity levels, stress reduction, and support networks.

The wellness approach considers the integration among multiple areas of life. Making a major change in behavior can include modifications in mental health, physical well-being, spiritual awareness, stress management, support networks, motivation levels, daily living skills, and other important areas.

The Need for Service

Tobacco use is markedly increased among individuals recovering from mental illness. Mental health services have been slow to acknowledge and address the issues surrounding tobacco use. There is overwhelming evidence that mental health consumers use tobacco more than the average American. Tobacco use has a high health and economic cost for mental health consumers.

- Persons with a mental disorder consumed almost half (44%) of the cigarettes smoked in the United States. – Lasser, et al., 2000
- Data from several states found that people with severe mental illness die, on average,
 25 years earlier than the general population. Miller, et al., 2006
- 75% of persons with a mental illness and/or substance use disorder smoke vs. 20% of the general population.
 Centers for Disease Control and Prevention, 2009
- "It is difficult to identify any other condition that presents such a mix of lethality, prevalence, and neglect, despite effective and readily available interventions." - Fiore, et al., 2008

Increased rates of tobacco use among persons with mental illness are due to a combination of factors. Tobacco relieves boredom, increases social interaction, and serves as a negative coping skill. These individuals have higher rates of smoking, lower rates of successful abstinence, elevated levels of illness and early death, and a severe lack of resources to address such circumstances.

There are many barriers to addressing tobacco dependence in mental health. Providers need to take a long-term, outpatient perspective in dealing with this comorbid condition. It is important to use an integrative approach to treating tobacco dependence along with mental illness during the process of recovery. This toolkit was created to provide mental health consumers with an opportunity to address wellness issues and tobacco dependence within a group setting.

Treatment Settings

Mental health care providers need access to an adaptable curriculum to offer treatment for tobacco dependence to persons recovering from mental illness. This toolkit contains an easy-to-follow curriculum with weekly lessons and exercises for each weekly group process. With some fundamental training, mental health professionals will have the ability to implement this curriculum in a variety of treatment settings.

Treatment Settings, continued

Jill Williams, et al., developed a manual: *Learning About Healthy Living* for tobacco users in mental health settings. The manual is designed to increase motivational levels in tobacco users with a serious mental illness and move those consumers towards making a quit attempt. The *Learning About Healthy Living* manual has been implemented and utilized in a group format within North Carolina Clubhouses. The Clubhouses, also known as psychosocial rehabilitation centers, have demonstrated consumers' interest in tobacco dependence treatment and their ability to quit using tobacco.

This toolkit builds upon many of the ideas from the *Learning About Healthy Living* manual. Changes were based on input from Clubhouse members and staff participating in the Breathe Easy Live Well pilot project. Treatment providers can utilize this toolkit within psychosocial rehabilitation centers, outpatient mental health settings, inpatient treatment, psychiatric hospitals, self-help groups, etc. The format of this toolkit is readily adaptable for providers to implement in a current program or at the start of a new one.

Stages of Change

Behavior change is a process in which the pace of change is variable. The Stages of Change Model is useful in identifying a person's readiness to make a change. Following a stage-wise model enables providers to maintain a person-centered focus and connect the stage of change with the appropriate interventions. In dealing with any addiction, movement through the stages of change can be forward, backward, or cyclical.

The Stages of Change model can be applied to any type of chosen behavior to track the sequence of motivation behind the behavioral change. The following illustrates the Stages of Change model in regards to a person who smokes.

Stages of Change, continued

- 1. **Precontemplation** Not aware of a need to quit, or no desire to stop smoking.
- 2. Contemplation- Considering quitting smoking within the next six months.
- 3. Preparation- Interested in quitting smoking in the next thirty days.
- 4. **Action** Stopped smoking for less than six months.
- 5. Maintenance- No smoking for over six months.
- 6. **Relapse** Started smoking again.

Remember, a person will not necessarily go through the stages of change in order. The idea is to know what stage consumers are currently in so providers can maintain person-centered treatment with consumers in their present state. The stages of change can be utilized within the context of Motivational Interviewing.

Motivational Interviewing

Motivational Interviewing (MI) is a person-centered, goal-oriented method of communication for eliciting and strengthening intrinsic motivation for positive change. This person-centered approach to counseling explores consumers' beliefs and values regarding a negative behavior in an effort to support and strengthen ambivalence. Ambivalence, or mixed feelings, is a necessary state for change to occur. The goal is to support the consumers' reasons and needs to make a positive change and have them use their own words to commit to their intentions to take action to change.

Motivational Interviewing is based on four general principles: (1) express empathy, (2) develop discrepancy, (3) roll with resistance, and (4) support self-efficacy. These principles are used in a collaborative manner while respecting the consumer's autonomy to make a choice. Addressing the consumer's ambivalence is a good place to start while following these principles.

Motivational Interviewing, continued

Motivational Interviewing (MI) addresses stage-specific motivational conflicts that can prevent behavioral change progress. There is evidence that MI is effective in motivating smokers who are not currently willing to quit into making a quit attempt in the future. This occurs in the precontemplation and contemplation stages of change as consumers increase their motivational levels to make a positive change in their behavior.

Using Motivational Interviewing with persons recovering from schizophrenia has shown an increased participation in tobacco dependence treatment compared with those receiving psychoeducation. Motivational Interviewing may increase the involvement of consumers in treatment.

Engagement & Assessment

The process of engagement is a critical component in providing tobacco dependence treatment for individuals recovering from mental illness. A personcentered approach is taken as education and treatment are offered with no underlying expectations. It is important to use an empathetic view with mental health consumers in regards to their tobacco use, or other unhealthful behavior.

Assessment begins during the engagement process and is continuously updated. Providers need to develop a working relationship by learning what matters to the consumer while not offending him or her in their interactions. Length and scope of the assessment can vary according to the treatment setting and the consumers.

During engagement, Motivational Interviewing can be used to enhance intrinsic motivation to change by exploring and resolving ambivalence. A goal during engagement is to identify ambivalence, normalize it, and begin building upon it in hopes of increasing motivation to change.

Engagement & Assessment, continued

The assessment process evaluates the nature and extent of tobacco dependence, patterns of use, the context in which they occur, and the role that tobacco plays in consumers' lives. The co-occurring state of mental illness and tobacco dependence is addressed through the integration of comprehensive services based upon an accurate assessment process.

Ideally, assessments are completed prior to the consumer participating in group process. Consumers recovering from mental illness may need assistance completing the assessments in order to provide accurate information. Continue with the assessment process until it is completed, even if it requires multiple sessions.

Group Format

Group treatment is an effective and common format when working with consumers recovering from mental illness and addiction. A group structure provides additional support for the participants while offering both financial and time effectiveness for the provider. The group format allows opportunity for modeling behavior among consumers and providers such as successes, positive use of coping skills, and learning from others' experiences.

Group parameters are important to the success of its participants. Group norms should be established at the start of the group to maximize the group's time and reduce unnecessary distractions. The typical group using this toolkit will meet one time per week for fifteen consecutive weeks. A group process should meet on the same day and time each week and last 30-60 minutes. Group norms need to consist of a short list with the understanding that they can be added to or changed if necessary. The following is an example of a group norm list from a North Carolina Clubhouse:

Group Format, continued

- 1. Members will not interfere with the recovery of another member.
- 2. Members will treat one another with respect at all times.
- 3. Members will take turns speaking and not speak too long.
- 4. Disruptive behavior will not be tolerated and may result in suspension.
- 5. Anyone is welcome to the group as long as they follow the norms.

Group facilitation should be carried out by at least one staff and one lead consumer. The facilitator's role is extremely important to the success of the group. A facilitator needs to create an engaging environment that feels safe for the consumers. The group can be engaged by having the facilitator utilize exercises, examples, role-plays, and questions that make consumers active participants in the group process. A safe atmosphere can be created by showing each consumer unconditional positive regard and by respecting their ability to make a choice.

Ready to Quit Kit

The *Ready to Quit Kit* is provided for those consumers ready to quit at any time during the use of the toolkit and can be found in Appendix II (page 121). The *Quit Kit* contains four steps in the process of preparing and quitting tobacco use:

- 1. Deciding to Quit
- 2. Preparing to Quit
- 3. Using the Right Support
- 4. Celebrating

The *Quit Kit* is designed to provide a consumer with one step per week over the course of four weeks. The Quit Kit activity should be included during the group process to provide an opportunity to expose the group to a consumer going through the quitting process.

Ready to Quit Kit, continued

It is up to the group facilitator to decide how to integrate the consumer's *Quit Kit* lesson within the group process. A few minutes need to be dedicated during the group process to allow the consumer to share his or her experience utilizing the *Quit Kit*. The consumer should be encouraged to take a mentor-like role as he or she shares the experience of going through the quitting process.

Exercises

The toolkit has a set of exercises for each weekly topic. The exercises are meant to be utilized during each group process. They allow the facilitator to choose one or more appropriate exercises for their group to increase the activity level and collaboration among participants.

Facilitators can choose how to implement each exercise during group process. Each participant can be encouraged to answer on paper, verbally, in pairs, or as a small group. The exercises can be used in conjunction with games and contests to increase the activity level and participation during the group process.

The primary function of the exercises is to engage participants during the group process to increase the learning experience. The participants can learn by sharing personal experiences, modeling positive behaviors, and from the ideas brought out by group interactions (e.g., each participant can be given an opportunity to share how they worked toward a positive behavior change in the past week). Each group process should be an interactive experience providing comfort to the participants as they learn within the group setting.

Table of Contents: Breathe Easy Live Well Group

WEEK	TITLE	PAGE
1	Committing to Wellness for a Lifetime	10
2	Healthy Food Choices	17
3	The Power of Addiction	24
4	Dangers of Tobacco	32
5	Staying Active	39
6	The Cost of Unhealthy Behaviors	46
7	Managing Stress for Recovery	52
8	Healthy Body Awareness	59
9	The Value of Medications	66
10	Patterns and Triggers	75
11	Cravings	82
12	Support Network	89
13	Relapse Prevention	97
14	Higher Goals	104
15	Celebrating Success	111
Appendix	x	
	Stretching and Deep Breathing Exercises	119
II	Ready to Quit Kit	121
III	Pharmacotherapy Guide	134
IV	References	136

Start with a group stretch!



Week 1

Committing to Wellness for a Lifetime

Week 1: Committing to Wellness for a Lifetime



Choice is something we have the ability to control

Breathing wellness into your life is a choice you have every day. Improving your quality of life does not have to be a difficult task. Everybody has a lifestyle that is made up of many different things. What area(s) of your life would you consider choosing a positive change in?

☐ Physical activity	☐ Mental health	☐ Spirituality
☐ Nutrition/food choices	☐ Spending money	☐ Stress
□ Tobacco use	☐ Medical check-ups	☐ Sleep patterns
☐ Substance abuse	☐ Support network	☐ Caffeine intake
☐ Relationships	☐ Hobbies	☐ Other:

The main focus of this toolkit addresses overall wellness, while emphasizing tobacco use. If you are not a tobacco user, choose another behavior or area of your life you want to make a positive change in. The idea is to set goals in your journey to increase the wellness of your life. This toolkit is meant to educate and motivate consumers on how to create a healthier lifestyle.

Discussion Points

- This group is a wellness group. We are going to be focusing on new ways to improve your life through healthy living.
- Wellness has many components to it. Eating right, exercising, drinking water, and getting enough sleep are all ways to stay well.

Discussion Questions

- ✦ Why is it important to be healthy? (Guide discussion: Live a long life, feel good, have ability to be active)
- Sometimes it's difficult to stay healthy. Why do you think that is? (Guide discussion: There are challenges to keeping healthy, but it is still worth it)

Week 1: Committing to Wellness for a Lifetime

Smoking and mental illness



- Persons with a mental disorder consumed almost half (44%) of the cigarettes smoked in the United
 States. Lasser, et al., 2000
- Data from several states found that people with severe mental illness die, on average, 25 years earlier than the general population. - Miller, et al., 2006
- 75% of persons with a mental illness and/or substance use disorder smoke vs. 20% of the general population. —Centers for Disease Control and Prevention, 2009

Fight the myths about smoking and mental illness:

Myth: Persons with mental illness need cigarettes to control their symptoms.

Fact: Persons with mental illness who smoke have more psychiatric symptoms, increased hospitalizations, and require higher dosages of medications than those who don't smoke.

Myth: Smoking is just a habit.

Fact: Tobacco dependence is a deadly addiction.

Myth: People with mental illness can't quit smoking.

Fact: Those recovering from mental illness can and do quit with the right help.

Discussion Points

- People with a mental disorder smoke almost half the cigarettes in the United States. Quitting smoking is considered by doctors to be the single most important thing you can do to increase your health, so a big part of what we discuss will be the dangers of tobacco use.
- lack + Pick one healthy living activity you'd like to work on, and that will be your "wellness goal".
- We will not be forcing anyone in here to quit smoking. If you are not ready to quit or to reduce your smoking, please feel free to pick another wellness goal and stay in the group.



Week 1 Exercises

Committing to Wellness for a Lifetime

Week 1: Exercise #1- Funny Addiction Game

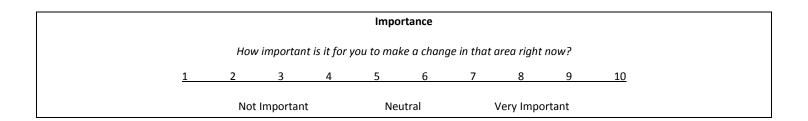
Laughing	Clapping Hands	Twisting Hair
Talking Very Softly	Constant Singing	Humming
Stomping Feet	Batting Eyelashes	Asking Questions
Spinning in Circles	Hopping on One Leg	Shaking Head No
Shaking Head Yes	Jogging in Place	Talking Too Loudly
Waving Hands in Air	Jumping Up and Down	Walking in Circles
Clearing Your Throat After Every Word	Constantly Making Faces	Not Making Eye Contact

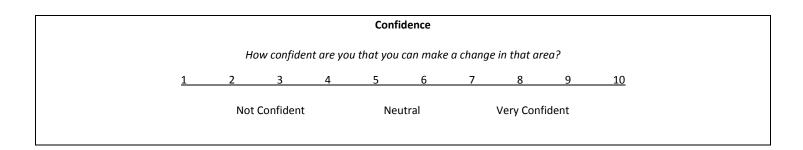
- lackdright Cut out addictions so there is one per slip of paper. Place addictions in a bowl or envelope.
- Have the group stand together and tell them you'd like them to take a few minutes to get to know each other. There is, however, one minor setback...each of them has a very rare and humorous addiction. Perhaps some of them have the "I-can-only-stand-on-one-foot-at-a-time" addiction, or maybe they are addicted to saying "ummmmm" in between each word, or worse yet, they might be addicted to spinning in circles whenever someone talks to them. Have each person choose a funny addiction from the bowl and then encourage them to find out the name, county, and favorite color of the other individuals in the group.
- ♣ After a few minutes of hilarity, discuss with the group how it felt to try to have an everyday interaction with someone who has an addiction. This can also be a good time to add that real addictions are far less humorous than those in the activity

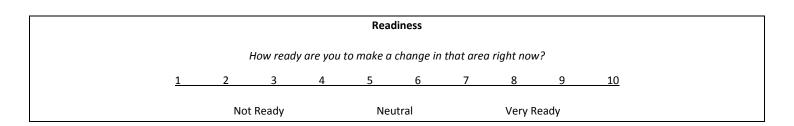
Week 1: Exercise #2- Committing to Wellness for a Lifetime

Name an area of your life you would like to make a positive change in.

Readiness Ruler







- ♣ Go around the group and have everyone identify one domain they would like to improve (Examples: healthy eating, drinking water, reduce # of cigarettes). Write that area down on the top line of the page. Have them state on a scale of 1-10 how important that goal is to them, how confident that they can make a change, and how ready they feel to make the change.
- Go around the room and have each member explain their reason for choosing their wellness goal to the group. Encourage other members to offer support.
 - Remember, if a smoker chooses not to quit smoking at this time, then that is acceptable. Do not pressure anyone to quit smoking! This may cause them to leave the group and miss out on valuable health information.

Week 1: Exercise #3- Change Plan

Name:	Date:
1. The changes I want to make (or continue making) are:	
2. The reasons why I want to make these changes are:	
3. The ways other people can help me are:	
4. Three things that will support me in making a change are:	
5. If my plan isn't working, I will:	

- 🖶 Give the group 5-10 minutes (or more if necessary) to complete this activity independently. Ask each member to complete the sheet using the domain they identified in week one as a quide for the changes they want to make. Provide assistance and clarification when necessary.
- lacktriangle Go around the group and have everyone set one small behavior change for the week that will help them meet their wellness goal.
 - o Behavior change goals should be SMALL and ACHIEVABLE, especially in the first few weeks of the group. It is better for a participant to exceed their goal than for them not to meet it.
 - o Encourage members to modify their goals to be smaller, telling them that if they choose to do more than their goal then that is great. Example: Change "Go on one walk every day" to "Go on one walk this week".

Start with a group stretch!



Week 2

Healthy Food Choices

Week 2: Healthy Food Choices



Choosing to eat good foods is important for a healthy mind and body. You don't have to eat a perfect diet to be healthy. You can improve your health and increase your energy level by eating sensible portions from a variety of foods, and include physical activity in your daily lifestyle.

Name some foods you eat in each category:

Fruits- apple, banana, orange, peach, grapes, blueberries, etc.

<u>Vegetables</u>- broccoli, tomatoes, carrots, corn, celery, squash, etc.

Dairy- low fat milk, cheese, yogurt, etc.

<u>Grains</u>- whole-grain cereals, whole-wheat breads, pasta, oatmeal, etc.

Meat and Beans- chicken, fish, turkey, lean beef, beans, nuts, seeds, etc.

Healthy Fats (use in moderation)- olive oil, canola oil, light mayonnaise, etc.

Junk (try to avoid)- soda, candy, donuts, fast food, energy drinks, chips, etc.

Your body needs more than forty different nutrients to stay healthy. Eating a balanced variety of foods will allow you to get all those required nutrients. Healthy eating is about the quality of calories you put in your body. A proper diet can promote wellness and reduce risk for disease.

Discussion Points

- What makes a food nutritious? (Guide discussion: Foods that are good quality have mostly vitamins and nutrients in them. Foods that are poor quality have mostly sugars and fats in them)
- 🖊 It is important to eat a variety of foods so that your body gets all the necessary nutrients.
- lackleq The way that you prepare food can change it from a "high-quality food" to a "low-quality food".
- Small chanaes can make a bia impact on vour health over time.

Discussion Questions

Name one way that chicken can be prepared so that it is healthy, and one way that chicken can be prepared so that it is unhealthy (grilled, baked, roasted = healthy. Fried, breaded, cooked in oil = unhealthy). Other foods: potatoes (baked v. French fry), broccoli (boiled/steamed v. covered in cheese sauce), any others that group members can think of.

Week 2: Healthy Food Choices



Eating and Smoking:

Eating is a common trigger for tobacco users. The brain quickly links a finished meal with tobacco as a dessert. Tobacco users need a proper diet plan before quitting to prevent unwanted weight gain by using food as a coping skill.

Eating and Weight Management:

Stress can cause some people to use eating as a coping skill. Food is not a reliable coping skill since it can cause obesity and other health related problems.

Eating and Mental Illness:

Persons recovering from mental illness might be on medications that lead to weight gain. Weight control and activity levels are important in preventing additional illnesses such as diabetes.

Do you have any concerns with your diet? ☐ Yes ☐ No

What would you like to change about your eating behavior?

Discussion Questions

- Do you know anyone who smokes after meals? Do you?
- What does it mean to use food as a coping skill? When do you use food to cope? What emotions make you want to eat? What foods do you like to eat when you're upset?
- What do you know about the relationship between weight gain and diabetes? (An increase in weight can cause Type 2 Diabetes, and weight loss can alleviate some symptoms of Type 2 Diabetes)
- Have any of you had experiences with gaining weight due to taking a medication to manage your mental illness?
- Lo you have any concerns about your diet? What would you like to change about your eating?



Week 2 Exercises

Healthy Food Choices

Week 2: Exercise #1- Choose to Lose



The right foods will measure up

Measure the quality of foods you choose to eat instead of your waist. Quality foods are packed with nutrients, not calories, and still provide you with a sense of satisfaction. Combine high-fiber foods like fruits, vegetables, beans, and whole grains with lean meats such as chicken and turkey.

Circle the quality food from each row.				
bacon <u>oatmeal</u> biscuits & gravy				
<u>bagel</u> sausage		donut		
potato chips	<u>blueberries</u>	energy drink		
<u>salad</u>	cheeseburger	French fries		
grilled chicken	fried chicken	chicken wings		
soda	coffee	<u>water</u>		
frozen dinner	bologna	<u>turkey</u>		
cake	grapes	cookie		

- lacktriangle Answer key (underlined above): Oatmeal, bagel, blueberries, salad, grilled chicken, water, turkey, grapes.
- Are there any foods on this list that surprise you? Are there any foods that you thought were high-quality that actually are low-quality?
- How do you all think you're doing with healthy eating right now?

Week 2: Exercise #2- Balance Your Diet



Do you eat unhealthy food more often than nutritious food? It is okay to eat that cheeseburger every once in a while, but not every day. Balance out your eating by making healthy choices more often. List two healthy and one unhealthy choice for each meal below.

Breakfast			
Healthy:			
Healthy:			
Unhealthy:			
Lunch			
Healthy:			
Healthy:			
Unhealthy:			
Dinner			
Healthy:			
Healthy:			
Unhealthy:			

- Use a large sheet of paper and easel, a chalkboard, a whiteboard, or several sheets of paper taped to the wall. Ask the group to list healthy and unhealthy choices for each meal. Members can copy their own responses on their booklet.
- Liscuss favorite foods for each meal and ask how difficult members think it would be to switch to a healthy meal instead.
- Ask members to modify unhealthy choices to be healthier. Ex: Substitute turkey bacon or turkey sausage, eat whole wheat or whole grain bagels/pancakes, add vegetables to eggs, eat oatmeal with maple syrup instead of sugary cereals.
- Discuss the idea of eating unhealthy foods in moderation. Suggest that members try to eat at least two
 healthy meals per day, three when possible.

Week 2: Exercise #3- Goal-Setting



My Goal For This Week:		
•		

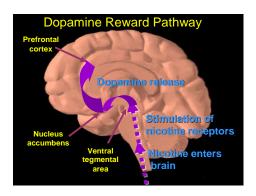
- ← Go around the group in a circle and ask each member to state the behavior change they identified in week one. If this is their first time attending group, briefly explain the purpose of the group and have new members identify a health behavior goal.
- Review goals set the previous week. If members have had setbacks that kept them from meeting their goals, identify what happened to keep the person from succeeding. Allow other group members to problem-solve how the member can avoid their obstacle the following week.
- If a group member did not meet their goal, ask them if they'd like to try that goal again or if they'd like to change it. They can change the goal completely or modify it to be smaller.
- Have each group member set a new small, measurable goal as a step towards their behavior change. Remember to keep goals small! It is important that members have success at meeting their goals. Examples of goals are "I will replace one unhealthy meal this week with a healthy meal", "I will find a recipe to bake chicken instead of fry it", "I will reduce my cigarette use by one cigarette per day", "I will buy a reusable water bottle", etc. Remember, group members have 15 weeks to reach their goals. Encourage them to start out with small changes. It is always ok to exceed a goal!
- Lencourage group members to congratulate each other on successes and remain supportive when a goal is not met. Create a compassionate environment and let all members know that everyone fails



Week 3

The Power of Addiction

Week 3: The Power of Addiction



Survival Pathway

- Your brain rewards you for survival behaviors such as eating or drinking
- Addiction uses the same pathway
- From the brain's viewpoint, addiction is tied to survival

Tobacco products contain the addictive chemical nicotine that affects the brain. Nicotine quickly enters the brain when a person is smoking and starts the Dopamine Reward Pathway. The release of dopamine in the brain leads to feelings of pleasure.

Addiction is the loss of control over a substance or behavior despite negative consequences. List some addictions other than tobacco:

1			_
2			
			<u> </u>
			_
Do you think yo	u have any addictions?	Yes	No
If yes, what?			

Discussion Points

- There's a scientific reason why people like smoking so much. Let's look at this map of the brain. On the bottom in blue, do you see where it says "Nicotine enters the brain"? Follow the arrow. When you inhale smoke, nicotine goes to your brain immediately. Next, your brain's nicotine receptors make your brain release dopamine. Dopamine is a feel-good chemical, it makes you happy. That's how smoking makes people feel good.
- When an activity like smoking makes you release dopamine, your brain wants that release again.
 That's how addiction is formed.
- ♣ Nicotine and other addictions capitalize on the reward pathway, which also rewards you for healthy behaviors like giving or receiving affection, eating, or exercising.

Week 3: The Power of Addiction

Every form of addiction is rewarded by your brain



Addiction can be seen as something beyond just a choice or habit. You can have an addictive response to substances like alcohol, nicotine, and cocaine, or to behaviors such as eating, gambling, and stealing. When you have an addiction, you must use the substance or do the activity on a regular basis to prevent withdrawal.

Withdrawal is physical or psychological symptoms you experience after stopping a substance or behavior. When reducing or quitting tobacco, what withdrawal symptoms have you or someone you know experienced?

☐ Depressed mood	☐ Irritability, frustration
☐ Insomnia	☐ Difficulty concentrating
☐ Anxiety	☐ Decreased heart rate
☐ Restlessness	☐ Increased appetite or weight gain

Quitting tobacco can cause withdrawal symptoms that may look like mental illness symptoms. A depressed effect can occur with nicotine withdrawal and quickly lead to a relapse. Be prepared to deal with withdrawal symptoms for several weeks after quitting. Talk to your doctor about possibly using medications to reduce or eliminate withdrawal symptoms.

Discussion Points

- ✦ Although there are many components to a cigarette, nicotine is the compound that causes addiction.
- Addiction is when you lose control of your behavior.

Discussion Questions

- ➡ What is the difference between a habit and an addiction?
- 4 Have any of you ever tried to quit smoking? Do you know someone who tried to quit smoking?
- Why is it important to know which withdrawal symptoms to expect when quitting an addictive substance?

Week 3: The Power of Addiction

Nonchemical Addictions

- Gambling
- Eating
- Sex
- Stealing
- Working
- Shopping
- Internet
- Fire Setting



Nonchemical addictions are sometimes called compulsive behaviors. You will do these things for the same reasons others use alcohol or drugs – for pleasure, to help cope, or to gain social acceptance. These behaviors activate the brain's reward system, giving you a sense of pleasure despite generally harming your own interests and those of other persons.

List three behaviors that give you pleasure.

<u> </u>	
2.	

Like using alcohol or drugs, when you are addicted to a behavior you fail to resist an impulse, or temptation to do the behavior. You will feel an increasing sense of tension or anticipation before committing the act and then experience pleasure or relief at the time of performing the behavior. Participating in support groups, learning new coping skills, and finding replacement methods and activities work for both chemical and nonchemical addictions.

Discussion Points

- Hany nonchemical addictions start out as healthy activities: eating, having sex, working, shopping, and using the Internet are all healthy activities when they are done appropriately and in moderation. We can get addicted to them because our reward systems tell us to keep doing things that are good for us.
- ➡ Sadly, this means that even healthy activities can become unhealthy activities when done excessively.

Discussion Questions

- Have any of you ever quit an addictive behavior? Did you have withdrawal symptoms? Did you have cravings?
- This book says that people use addictions "for pleasure, to help cope, or to gain social acceptance". How do you think addictions help in those situations? Can you think of an example of using an addiction for each reason?



Week 3 Exercises

The Power of Addiction

Week 3: Exercise #1- Fagerstrom Test

Q1. How many cigarettes per day do you usually smoke? (Write a number in the box and circle one response)	10 or less	0
(Write a number in the box and circle one response)	11 to 20	1
	21 to 30	2
	31 or more	3
	OT OT MICTO	
Q2. How soon after you wake up do you smoke your	Within 5 minutes	3
first cigarette? (Circle one response)	6-30 minutes	2
	31 or more	0
Q3. Do you find it difficult to stop smoking in	No	0
non-smoking areas? (Circle one response)	Yes	1
, , ,		
Q4. Which cigarette would you most hate to give up?	First of the morning	1
(Circle one response)	Other	0
(ende end respense)	0	
Q5. Do you smoke more frequently in the first hours after	No	0
waking than the rest of the day? (Circle one response)	Yes	1
waking than the rest of the day? (Onche one response)	103	
04.5		•
Q4. Do you smoke if you are so ill that you are in bed	No	0
most of the day? (Circle one response)	Yes	1

Nicotine Dependence Scale

0-2 very low dependence

3-4 low dependence

5 medium dependence

6-7 high dependence

8-10 very high dependence

Add above responses

Total		

Heatherton et al. Br J Addict 1991; 86: 1119-27

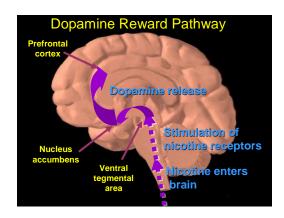
Group Activity

- If your group has several smokers attending, this activity can be used. If not, it is ok to skip this activity.

Discussion Points

- ➡ There is no safe dose of tobacco use. There has NEVER been a study that showed that smoking fewer cigarettes per day lowers your risk of health problems. Having a low level of dependence does NOT make you less likely to have a smoking-related health problem.
- Some people find it helpful to reduce their level of dependence by slowly reducing the number of cigarettes they smoke over time, before they quit.
- Knowing your level of nicotine dependence is helpful when trying to quit. It lets you and your doctor determine the proper combination of interventions to help manage your withdrawal symptoms.

Week 3: Exercise #2- Rewarding Addictions



Addictions are supported by the reward center in the brain and reinforced by specific behaviors. Your brain releases chemicals to make you feel good whenever you use tobacco or do another addicting/unhealthy behavior.

1. How does your unhealthy behavior give you pleasure?			
2. Why do you engage in your unhe	althy behavior around friends?		
3. When do you do your unhealthy	behavior the most?		

- The purpose of this activity is to allow members to acknowledge that their unhealthy behavior can sometimes be fun. If the behavior were all bad, then the person would not engage in it. A one-sided discussion about why the behavior is unhealthy does not help to motivate a member to change. By helping members acknowledge the function of their unhealthy behavior, you can have a balanced discussion with them about what triggers them to give in to their unhealthy behavior.
- Allow members to write down their responses if they would like to remember them for later. Pose these questions aloud to the group and encourage a discussion about 1) how the unhealthy behavior they have chosen to change is pleasurable, 2) how they do it socially, and 3) when they do it the most.

Week 3: Exercise #3- Goal-Setting



My Goal For This Week:	
•	

- Go around the group in a circle and ask each member to state the behavior change they identified in week two. If this is their first time attending group, briefly explain the purpose of the group and have new members identify a health behavior goal.
- Review goals set the previous week. If members have had setbacks that kept them from meeting their goals, identify what happened to keep the person from succeeding. Allow other group members to problem-solve how the member can avoid their obstacle the following week.
- If a group member did not meet their goal, ask them if they'd like to try that goal again or if they'd like to change it. They can change the goal completely or modify it to be smaller. If this is their second time consecutively failing to meet their goal, strongly encourage them to try a new goal and revisit the old goal in a few weeks.
- Have each group member set a new small, measurable goal as a step towards their behavior change. Remember to keep goals small! It is important that members have success at meeting their goals. Examples of goals are "I will replace one unhealthy meal this week with a healthy meal", "I will find a recipe to bake chicken instead of fry it", "I will reduce my cigarette use by one cigarette per day", "I will buy a reusable water bottle", etc. Remember, group members have 15 weeks to reach their goals. Encourage them to start out with small changes. It is always ok to exceed a goal!
- Lencourage group members to congratulate each other on successes and remain supportive when a goal is not met. Create a compassionate environment and let all members know that everyone fails sometimes and that setbacks are a normal part of behavior change. Remember- change isn't easy!

Start with a group stretch!



Week 4

Dangers of Tobacco

Week 4: Dangers of Tobacco



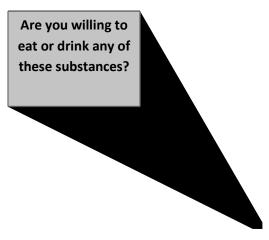
Tobacco is the number one avoidable cause of illness and death in the United States.

-Fiore, et al., 2008

Cigarette smoke contains around 4,000 chemicals. These chemicals can lead to many types of cancers all over the body as well as heart attacks, strokes, emphysema, and more. Cigarette smoking is the most common cause of cancer death in the world.

Here are a few of the chemicals found in cigarette smoke:

Product	Common Use
Ammonia	Toilet bowl cleaner
Arsenic	Ant poison
Carbon monoxide	Car exhaust
Formaldehyde	Embalming fluid
Hydrogen cyanide	Gas chamber
Lead	Batteries
Toluene	Paint stripper
Benzene	Pesticides & gasoline
Sulfur dioxide	Bleach agent
Napthelene	Mothballs



Discussion Points

- Today we will be talking about the dangers of common health behaviors that can harm you.

 Doctors say that the #1 thing that you can do to improve your health is to quit smoking. If you do not smoke, you can still enjoy today's group because there will be interesting information presented.
- lack + The list above first states the chemical found in cigarettes, then a common use
- Cigarette manufacturers use many chemicals to make their product more addictive. Some chemicals preserve the tobacco and keep it fresh, some help adhere the paper closed, some help tobacco and nicotine absorb into your bloodstream more quickly. Unfortunately, tobacco

Discussion Questions

- Did you know that all those chemicals can be from smoking a cigarette?
- ♣ How many of you would be willing to eat the inside of a battery? How about ant poison?
- Why do tobacco companies put chemicals in cigarettes?

Week 4: Dangers of Tobacco

Quick Facts About Tobacco:

- Leading preventable cause of disease, disability, and death
- 1200 deaths every day in United States
- Tobacco is the most deadly addiction
- Cigarette smoke, not nicotine, interferes with certain medications
- Harms innocent bystanders



Medication Alert! The tar from cigarette smoke increases the metabolism of certain medications and other substances like caffeine. Smokers need higher medication doses and more caffeine to get the same effects as a non-smoker. The higher doses increase the side effects caused by these medications. Many of the medications affected by smoking are used by mental health consumers. Talk to your doctor if you are considering cutting back or quitting smoking.

Second Hand Smoke (SHS), also known as environmental tobacco smoke, is a cause of disease and early death. Second hand smoke contains the same 4,000 chemicals the smoker is exposed to. Some of the dangers associated with **SHS** include lung cancer, nasal sinus cavity cancer, cervical cancer, bladder cancer, heart disease, osteoporosis, impotence, and more. **SHS** harms infants and children by causing low birth weight, sudden infant death syndrome, asthma, bronchitis, middle ear infection, and pneumonia.

Discussion Points

- → Discuss in detail the fact that tobacco use increases the amount of medication that is necessary to make some psychotropic medications work effectively. Discuss the fact that more medication means more side effects.
- Tobacco smoke changes your metabolism, which means that your body processes some medications and substances more quickly and it needs more of them to be effective.
- If a smoker makes the decision to quit, they should tell their psychiatrist or whoever manages their medications so that their dosage can be monitored and adjusted if necessary.
- lack Secondhand smoke is proven to be a risk factor for many health complications.

Discussion Questions

- Which of your medication side effects bothers you the most?
- lack + If you could take lower doses of your medication and reduce your side effects, would you?



Week 4 Exercises

Dangers of Tobacco

Week 4: Exercise #1- Numbers Perspective



Tobacco kills
more than
440,000 people
every year in the
United States

More than 440,000 people die each year in the United States due to tobacco related illnesses. How often do you see advertising, TV shows, or movies about the number one preventable killer in our country? How often do you see advertising, TV shows, or movies related to the tragedy of war?

Look at the following numbers to put things in perspective. Draw a line to the correct number of American deaths during each war.

World War I	36,574
World War II	382
Korean War	116,516
Vietnam War	405,399
Gulf War	58.209

Tobacco kills more people every year in the US than any war listed above!

- Answer Key: WW1 = 116,516 WW2 = 405,399 Korean War = 36,574 Vietnam War = 58,209Gulf War = 382
- WW2 had the most casualties of any war, of all time. It lasted 6 years (1939-1945) and the US lost 405,399 soldiers. Let's think about that. The US loses more Americans to smoking-related deaths PER YEAR than we have lost in the biggest war of all time.
- What do you think about these statistics?

Week 4: Exercise #2- Second Hand Toxins



to anyone unfortunate enough to breathe it in.

Second Hand Smoke, or environmental tobacco smoke, causes cancer and is in the same class as asbestos (Class 1A) according to the Environmental Protection Agency. Second hand smoke causes thousands of deaths each year in non-smokers. Research shows that 3,000 nonsmokers die every year from lung cancer and 46,000 deaths are due to heart disease.

- 1. Where have you been around second hand smoke?
- 2. How do you feel about being around second hand smoke?
- 3. What is wrong with smoking cigarettes in a car with children inside?
- 4. How can you prevent nonsmokers from having to breathe second hand smoke?

- Read the above introductory sentences. Point out again that secondhand smoke is proven to cause cancer. Lead a discussion using the questions above. Use the questions below to supplement the discussion.
- ♣ Are you exposed to secondhand smoke by anyone in your life? What about here, at this facility?
- lackdrel Is there anything you can do to reduce the amount of secondhand smoke you are exposed to?
- Discuss the smoking policies at your facility. Where are smokers allowed to smoke? Do smokers smoke in popular communal areas, like the front door, the porch, or picnic tables around the premises? Are the current policies that are in place fair to the nonsmokers who may want to avoid tobacco smoke?
- In light of the information given here about the dangers of secondhand smoke, are there any policy changes that should be made at your facility (i.e., "smokers cannot smoke on the front porch")?

Week 4: Exercise #3- Goal-Setting



My Goal For This Week:	
-	

- ← Go around the group in a circle and ask each member to state the behavior change they identified in week three. If this is their first time attending group, briefly explain the purpose of the group and have new members identify a health behavior goal.
- Review goals set the previous week. If members have had setbacks that kept them from meeting their goals, identify what happened to keep the person from succeeding. Allow other group members to problem-solve how the member can avoid their obstacle the following week.
- If a group member did not meet their goal, ask them if they'd like to try that goal again or if they'd like to change it. They can change the goal completely or modify it to be smaller. If this is their second time consecutively failing to meet their goal, strongly encourage them to try a new goal and revisit the old goal in a few weeks.
- Have each group member set a new small, measurable goal as a step towards their behavior change. Remember to keep goals small! It is important that members have success at meeting their goals. Examples of goals are "I will replace one unhealthy meal this week with a healthy meal", "I will find a recipe to bake chicken instead of fry it", "I will reduce my cigarette use by one cigarette per day", "I will buy a reusable water bottle", etc. If a member is feeling more confident and has had previous successes with behavior change by now, it is ok to allow a slightly more ambitious goal. But remember- it is always ok to exceed a goal!
- ♣ Encourage group members to congratulate each other on successes and remain supportive when a goal is not met. Create a compassionate environment and let all members know that everyone fails sometimes and that setbacks are a normal part of behavior change. Remember- change isn't easy!

Start with a group stretch!



Week 5

Staying Active

Week 5: Staying Active



Piedmont Pioneer House doing an aerobics class after their wellness group.

The human body has 206 bones and over 600 muscles! You are not made up of all that stuff in order to sit around and do nothing. Your body is built for movement and needs daily activity to maintain a healthy balance.

Name two activities you do every day:					
	_				

You do not have to join a gym and exercise five days a week to keep your body in shape. A combination of a quality diet, stress management, and daily physical activity will provide your body the healthy lifestyle it needs. Here are some benefits of daily physical activity:

- ✓ Weight control
- ✓ Manage stress
- ✓ Maintain bone and muscle strength
- ✓ Reduce risk of heart disease
- ✓ Prevent or manage high blood pressure
- ✓ Maintain energy levels

Discussion Points

- Staying active is not just for athletes! Everybody owes it to themselves to stay active, no matter what their ability level is.
- Your body is made to move. Some people have restrictions on how they can move, but everybody can do something!

Discussion Questions

- 🖶 Who here thinks that they exercise enough? Who thinks that they could get more exercise?
- 🖶 Have any of you ever taken an exercise class before? Did you like it?
- What types of exercise have you enjoyed in the past?

Week 5: Staying Active

Get up and move around!



Being active means you are moving your body in a variety of ways. It can be from exercising, walking, cleaning, dancing, working, playing, stretching, and any other positive activity that requires your body to move.

Think about this:

If you eat 100 more calories a day than you burn, you will gain about 1 pound in a month!

USDA Dietary Guidelines says your body needs at least 30 minutes of activity most days of the week to be healthy. It takes 60 minutes most days of the week to prevent weight gain. Your activity time can be broken down throughout the day, as long as it adds up to your total minutes needed.

Examples:

- A. 10 minutes walking, 15 minutes cleaning, 5 minutes stretching = 30 minutes
- B. 15 minutes walking, 20 minutes cleaning, 10 minutes of stretching, 15 minutes working outside = 60 minutes

Discussion Points

- It is very easy to gain weight. If you add 100 calories of food to your daily diet without increasing your exercise levels, you will gain one pound in a month. 100 calories- that's a small bag of pretzels, a can of cola, or two cookies... not very much at all!
- lacktriangledown Multiple short workouts add up over the course of the day.

Discussion Questions

- From the list of exercises above, are any of you getting exercise that you didn't realize that you were getting?
- Do you think that you should aim for 30 minutes of exercise per day, or 60? Is your goal to stay healthy, or to prevent weight gain?
- What can you do to increase the amount of exercise you get per day?



Week 5 Exercises

Staying Active

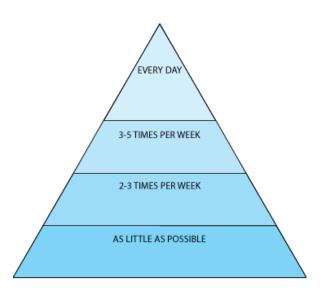
Week 5: Exercise #1- Stack up the Activities

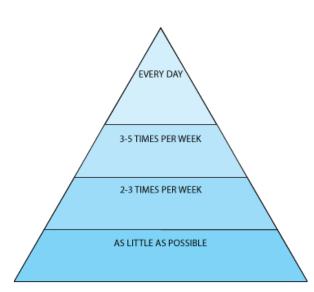
As little as possible

- •Watching TV, using computer, video games
- Sitting down for more than 30 minutes
- 2-3 times per week
- •Golf, bowling, gardening, mowing grass
- •Stretching, yoga, push-ups, weight lifting
- 3-5 times per week
- Swimming, fast walking, cycling
- •Football, tennis, martial arts, dancing

Every Day

- •Walking the dog, walking up stairs
- Park the car farther away





Currently, I do the following activities...

I'd LIKE to do the following activities...

- Consider each activity listed above. Lead a discussion: Which activities do you like to do every day?
 Which activities could you do more often?
- Have each group member fill in each triangle above. They do not need to list every activity listed above. Have group members focus on writing down which activities they want to do more of, and which activities they want to do less of.
- Lead a discussion: Which activities will be the hardest to increase? Which will be the hardest to decrease? Remind members of all the benefits of physical activity. Be sure to discuss the idea that change is not easy at first but that it is still worth doing.

Week 5: Exercise #2- Make Your Footprint



Walking is a great type of activity that can really get you places. Walking doesn't require any special equipment, specific location, or ideal weather. You have the ability to walk just about anywhere.

Reasons to walk:

Exercise, pleasure, reduce stress, weight management, to get somewhere, etc.

Where can you walk?

\square in the park	☐ inside your home	☐ on a track		
□ around neighborhood	\square in front of television	☐ on a treadmill		
□ in the mall	☐ around town	□ on a trail		
Who can walk with you?				
□ yourself	☐ friends	☐ family		
□ dog	☐ spouse	☐ boyfriend/girlfriend		

Group Activity



Walking is an easy activity that most people are capable of enjoying. Use the suggestions listed above to lead a discussion about how beneficial, convenient, and easy it is to walk for activity. For the wheelchair-bound, discuss alternate methods of exercise such as wheeling themselves in their chairs or lifting light weights.

Week 5: Exercise #3- Goal-Setting



My Goal For The Week:	
•	

- Go around the group in a circle and ask each member to state the behavior change they identified in week four. If this is their first time attending group, briefly explain the purpose of the group and have new members identify a health behavior goal.
- Review goals set the previous week. If members have had setbacks that kept them from meeting their goals, identify what happened to keep the person from succeeding. Allow other group members to problem-solve how the member can avoid their obstacle the following week.
- If a group member did not meet their goal, ask them if they'd like to try that goal again or if they'd like to change it. They can change the goal completely or modify it to be smaller. If this is their second time consecutively failing to meet their goal, strongly encourage them to try a new goal and revisit the old goal in a few weeks.
- Have each group member set a new small, measurable goal as a step towards their behavior change. Remember to keep goals small! It is important that members have success at meeting their goals. Examples of goals are "I will replace one unhealthy meal this week with a healthy meal", "I will find a recipe to bake chicken instead of fry it", "I will reduce my cigarette use by one cigarette per day", "I will buy a reusable water bottle", etc. If a member is feeling more confident and has had previous successes with behavior change by now, it is ok to allow a slightly more ambitious goal. But remember- it is always ok to exceed a goal!
- Lincourage group members to congratulate each other on successes and remain supportive when a goal is not met. Create a compassionate environment and let all members know that everyone fails sometimes and that setbacks are a normal part of behavior change. Remember- change isn't easy!

Start with a group stretch!



Week 6

The Cost of
Unhealthy Behavior

Week 6: The Cost of Unhealthy Behavior



How much are you \$pending?

You may not be aware of how much money you spend in certain areas of your life. You could look at tobacco, fast food, snacks, cell phones, games, music, and more. There might be more to consider other than the product itself.

1. What is the cost of using tobacco?

$\overline{}$	1 Tabaaaa	Duadinata	10:0000	-:		~ · · · · · · · · · · · · · · · · · · ·	، ، ، مام		-+-	١
ᆫ	ropacco	Products	(cigarettes.	cigars.	. bibes.	snun.	cnew.	. snus.	etc.	1

- ☐ Tobacco-related Products (lighters, cases, cutters, ashtrays, etc.)
- ☐ Medical Expenses (increased infections, doctor visits, medications, etc.)
- ☐ Employment Costs (missing work, smoke breaks, increased insurance, etc.)
- ☐ Social Limits (smoking areas, peer association, second-hand smoke, etc.)
- ☐ Time (amount of time invested in tobacco)
- ☐ Tobacco-related Illnesses (cancer, cardiovascular disease, COPD, etc.)
- 2. What substance or behavior are you spending too much money on?

Discussion Points

🖶 Tobacco addiction is a good example of a behavior that costs a lot.

Discussion Questions

Have you ever thought of the non-financial costs of your unhealthy behavior? How much time does your unhealthy behavior take? Are there any medical expenses today? What about in the future, if you continue living the way that you are?

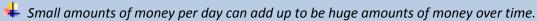
Week 6: The Cost of Unhealthy Behavior

Spending money on unnecessary behaviors can have a negative effect on your overall wellness. This can lead to less money for important items in your life such as healthy food choices, clothing, living environment, and support network.

Look at some daily costs that can add up:

Product	Cost Per Day	Cost Per Week	Cost Per Month	Cost Per Year
Fast Food				
Snacks				
Cell Phone				
Games				
Music				
Coffee				
Energy Drinks				
Lottery Tickets				
Smoking- See Chart				
Below				
Cigarettes Per Day	Cost Per Day	Cost Per Week	Cost Per Month	Cost Per Year
½ pack (10 cpd)	\$2.68	\$18.76	\$80.40	\$964.80
1 pack (20 cpd)	\$5.36	\$37.52	\$160.80	\$1929.60
1 ½ packs (30 cpd)	\$8.04	\$56.28	\$241.20	\$2894.40
2 packs (40 cpd)	\$10.72	\$75.04	\$321.60	\$3859.20
2 ½ packs (50 cpd)	\$13.40	\$93.80	\$402.00	\$4824.00
3 packs (60 cpd)	\$16.08	\$112.56	\$482.40	\$5788.80

Discussion Points



lack + Sometimes we do not realize what we are really spending on our unhealthy behaviors.

lacksquare Calculate as many of the indulgences listed above as desired.

Discussion Questions

- Ask each person how much they spend per day/week/month on their unhealthy behavior. Be creative when factoring in costs.
- Are you surprised by how much you spend?
- Are there ever things that you want to buy or pay for, but you cannot afford to? What kinds of things could you do if you saved the money you spend on your unhealthy behavior?
- For those of you who are having trouble financing your behavior change, are there any ways to change your budget? Looking at this chart, is there anything you can cut in order to buy what you want, such as fresh



Week 6 Exercises

The Cost of
Unhealthy Behavior

Week 6: Exercise #1- The Reward Plan

You will have more money to spend after stopping your addiction or other costly behavior. What will you do with more money after your basic needs are taken care of? You can sit down and figure out how much more money you will have and develop a plan on what to do with it.

Start your plan by choosing things you want to buy and do for yourself:

What can you do?
☐ Watch a movie
☐ Eat at a restaurant
☐ Attend a sporting event
☐ Go bowling
☐ Fishing
☐ Join a gym
☐ Have a pizza party
☐ Go to a concert
☐ Go on a trip
☐ Visit a museum
☐ Go to an amusement park
☐ Guitar lessons
☐ Start a hobby
☐ Dance lessons

Plan out what you want to do with your money and how often you can make purchases. Continue to update your list as you buy and do things for yourself. Be sure to reward yourself for your hard-earned achievements.

- Note: Because this week's education section is discussion-based, there are only two activities provided for this week.
- Lead a discussion with the group about what they would like to do with the money they could save by changing their unhealthy behavior.
- If the group does not create a discussion, go around in a circle and ask each member to choose one thing that they would buy with the money they save and one thing they would do with the money they save.
- Lincourage members to talk in detail about the things they would do with the money. Help them visualize the outcome of having more spending money. Ex: After someone gives a general answer such as "buy more DVD's", ask them if there are any DVD's in particular that they want to buy.
- → Allow members to dream big! They can save for months or years if they so choose.

Week 6: Exercise #2- Goal-Setting



My Goal For The Week:	
-	

- Go around the group in a circle and ask each member to state the behavior change they identified in week five. If this is their first time attending group, briefly explain the purpose of the group and have new members identify a health behavior goal.
- Review goals set the previous week. If members have had setbacks that kept them from meeting their goals, identify what happened to keep the person from succeeding. Allow other group members to problem-solve how the member can avoid their obstacle the following week.
- If a group member did not meet their goal, ask them if they'd like to try that goal again or if they'd like to change it. They can change the goal completely or modify it to be smaller. If this is their second time consecutively failing to meet their goal, strongly encourage them to try a new goal and revisit the old goal in a few weeks.
- Have each group member set a new small, measurable goal as a step towards their behavior change. Remember to keep goals small! It is important that members have success at meeting their goals. Examples of goals are "I will replace one unhealthy meal this week with a healthy meal", "I will find a recipe to bake chicken instead of fry it", "I will reduce my cigarette use by one cigarette per day", "I will buy a reusable water bottle", etc. If a member is feeling more confident and has had previous successes with behavior change by now, it is ok to allow a slightly more ambitious goal. But remember- it is always ok to exceed a goal!
- Lincourage group members to congratulate each other on successes and remain supportive when a goal is not met. Create a compassionate environment and let all members know that everyone fails sometimes and that setbacks are a normal part of behavior change. Remember- change isn't easy!

Start with a group stretch!



Week 7

Managing Stress for Recovery

Week 7: Managing Stress for Recovery

Stress can happen when you forget there is a choice to respond differently.



Stress is a common part of life. Your ability to choose how to deal with that stress is important for recovery. You might choose to smoke cigarettes, drink alcohol, or gamble your money away. Some healthier choices might include learning to relax, thinking sensibly about events, and finding effective stress management methods.

Underline any techniques you have used to reduce stress and circle three you might be willing to try.

Imagery	Meditation	Music	Yoga	Diet
Get a pet	Take a walk	Burn candles	Read	Pray
Warm bath/shower	Deep breathing	Spiritual faith	Journal	Special Place
Seek support	Take a break	Call someone	Nap	Set Limits
Watch a comedy	Learn a skill	Daydream	Stretching	Say "No"
Martial Arts	Decrease caffeine	Sports	Games	Talking
Muscle relaxation	Volunteer work	Organize	Hobby	Sex
Decrease Sugar	Drink water	Self talk	Laughter	Family Time
Stop Complaining	Don't be hard on yourself	Therapy	Activities	Cleaning

Discussion Points



→ Different problems sometimes require different coping methods. Taking a bath may help after a long day, but calling a friend might be a better option if you need to make a difficult decision. Try out several methods of coping when you are stressed. Remember that you need many coping skills in your "toolbelt" in order to be effective.

Discussion Questions

lacktriangle What is imagery? (Imagery is visualizing something or someone which soothes you, such as a beach scene)

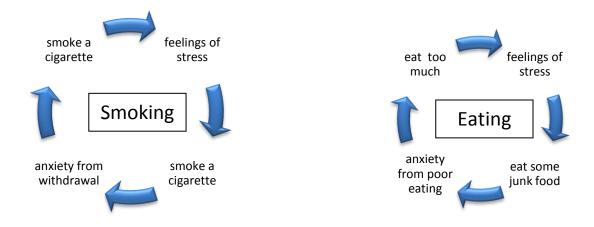
lack + Have you ever had a time when your favorite coping skill did not work? What did you do then?

Week 7: Managing Stress for Recovery



Don't allow the difficulties of life to stress you out

Your addiction will usually cause more anxiety and stress to your life. Persons with a mental illness who smoke believe they will relieve feelings of anxiety by smoking a cigarette. Anxiety and irritability are withdrawal symptoms from nicotine. This can create a never-ending cycle with any negative behavior.



Smoking and eating are not healthy coping skills for stress. Break the negative cycle by choosing healthy alternatives.

Discussion Points

- It is easy to get into a cycle of negative behavior. When we engage in an unhealthy behavior such as smoking or overeating, it often creates feelings of guilt because we know that the behavior is unhealthy. When we feel guilt about the unhealthy behavior, we need to do something to cope with that feeling. And if our unhealthy behavior is how we cope with feeling bad, then the cycle starts all over again.
- Other examples of unhealthy behavior that can cause cyclical negative behavior are drinking alcohol, excessive sleening, abusing prescription medication. Can you think of others?

Discussion Questions

Lo you have any unhealthy coping skills? Are you willing to try replacing your unhealthy coping skill with a healthy coping skill?



Week 7 Exercises

Managing Stress for Recovery

Week 7: Exercise #1- Coping with Stress





Jim and Claire are friends and they have decided to go to the mall to shop and get lunch. They agree to meet at 2:00 PM, but at 1:55 Jim calls Claire to say that he won't be there to pick her up until 2:30 because he is running late. Claire tells Jim that she is upset by that because she is all ready to go, but she says ok. She gets off the phone and lights a cigarette to calm herself down. Jim hangs up and gets into the car to go get her. His check engine light is on in the car, but he ignores the light and hopes that it will just go away. Jim picks up Claire at her house and they go to the mall. At the mall, Claire tries to buy a shirt that she likes but her credit card is declined because she has been shopping too much lately. She is very embarrassed, so she says to Jim, "Let's go eat some lunch instead". Jim agrees. Jim is worried about his car and Claire is upset about her credit card, so they both decide to order some comfort food to cheer themselves up. Jim orders fried chicken, mashed potatoes with butter and salt, sweet tea, and a brownie with ice cream. Claire orders three slices of pepperoni pizza, a cola, and she buys a bag of Skittles from a stand near the food court. They both enjoy their food, but after they are done eating they feel bloated and tired and they don't have any more energy to shop. They get into Jim's car to go home, but the car won't start. They are stranded at the mall. Jim turns to Claire and says "I need a drink". Claire agrees and they both cross the mall parking lot to visit the sports bar.

- **\[Read the scenario above out loud. Ask the group the following questions:**
 - O What are some of the stressors in this situation?
 - o How do Jim and/or Claire cope with each stressor?
 - o Name one healthy coping technique that Jim or Claire can use for each stressor.
- Lo you, or does anyone you know, react to stressful situations as Jim or Claire do? What is wrong with reacting that way? Are Jim's and Claire's problems made better by the way they cope, or do they get worse?
- Does anyone here think that they can describe the way that one negative coping strategy leads to more negative coping?

Week 7: Exercise #2- Deep Breathing

Breathe in new life.



Deep Breathing Exercise:

- 1. Make sure you are seated upright, arms at sides, feet flat and uncrossed. (Say this once)
- 2. Concentrate on the air coming in your nose and going out of your mouth. (Wait four breaths)
- 3. Take a slow, deep breath through your nose as your stomach and chest rises. Hold the air in for three seconds. (*Pause, mentally count to three*) Blow the air out through your mouth listening to the sound of air leaving your body. Continue to take slow, deep breaths in through your nose, hold for three seconds, and out through the mouth. (*Wait four breaths*)
- 4. As you breathe in, say something calming to yourself. "I'm here right now." (Wait four breaths)
- 5. As you breathe out, say something positive to yourself. "I have a choice." (Wait four breaths)
- 6. Say your calming phrase as you inhale and a positive phrase as your exhale. (Repeat starting at #2 if desired)

- Use a soft, soothing voice when guiding the deep breathing exercise. Speak the words slowly, allowing group members to hear the words, process their meaning, tune into their bodies, and feel what you are describing, before moving on to the next step. A good guideline is to allow yourself to breathe in and out four times before moving from one sensation to the next.
- → Tell members that you will all be focusing on your breathing for 3-5 minutes. Tell them that you will give them guidelines of what to focus on, but that for some of the time you will be quiet in order to allow them to focus on breathing independently.
- Let members know that while they are focusing on their breathing, thoughts may pop into their minds.

 This is normal. Advise them to gently let the thought go and refocus attention on breathing.
- Facilitator instructions are highlighted in green above. Follow the script and repeat beginning at number two if desired in order to allow the exercise to continue for as long as you like.
- Some people really enjoy deep breathing. If your group reacts positively to this exercise, consider either replacing the group stretch at the beginning of some sessions with deep breathing, or ending each aroup with a deep breathing exercise. This exercise is reprinted on page 120 for your convenience.

Week 7: Exercise #3- Goal-Setting



My Goal For The Week:	
-	

- Go around the group in a circle and ask each member to state the behavior change they identified in week six. If this is their first time attending group, briefly explain the purpose of the group and have new members identify a health behavior goal.
- Review goals set the previous week. If members have had setbacks that kept them from meeting their goals, identify what happened to keep the person from succeeding. Allow other group members to problem-solve how the member can avoid their obstacle the following week.
- If a group member did not meet their goal, ask them if they'd like to try that goal again or if they'd like to change it. They can change the goal completely or modify it to be smaller. If this is their second time consecutively failing to meet their goal, strongly encourage them to try a new goal and revisit the old goal in a few weeks.
- Have each group member set a new small, measurable goal as a step towards their behavior change. Remember to keep goals small! It is important that members have success at meeting their goals. Examples of goals are "I will replace one unhealthy meal this week with a healthy meal", "I will find a recipe to bake chicken instead of fry it", "I will reduce my cigarette use by one cigarette per day", "I will buy a reusable water bottle", etc. If a member is feeling more confident and has had previous successes with behavior change by now, it is ok to allow a slightly more ambitious goal. But remember- it is always ok to exceed a goal!
- ♣ Encourage group members to congratulate each other on successes and remain supportive when a goal is not met. Create a compassionate environment and let all members know that everyone fails sometimes and that setbacks are a normal part of behavior change. Remember- change isn't easy!

Start with a group stretch or deep breathing exercise!



Week 8

Healthy Body Awareness

Week 8: Healthy Body Awareness

Keep your body checked out by health care professionals



Being aware of your body's health is important in fighting against diseases and living longer. Be sure to get regular physical check-ups and appropriate exams. Developing healthy body awareness involves taking care of your entire body.

How often do you see each health care professional?

L.	Primary Care Physician:	
2.	Psychiatrist:	
3.	Optometrist:	
4.	Dentist:	
5	Other·	

It is necessary to address health and wellness to increase the quality of your life during recovery from any addiction. Health care professionals are trained to prevent, diagnose, and treat illnesses. Take care of your body with regular check-ups, a balanced diet, daily activity, addressing addictive behaviors, and coping with stress.

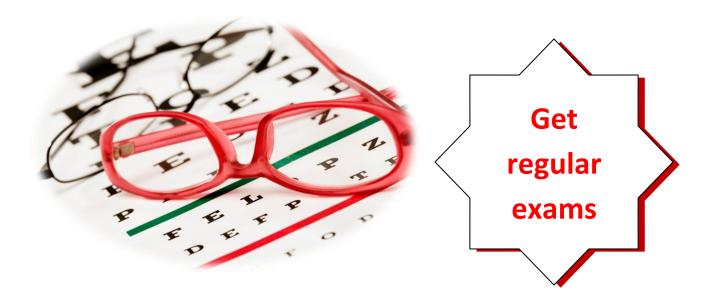
Discussion Points

Remind group members of earlier statistics related to mental illness and wellness, specifically that people who have mental illness die on average 25 years earlier than people without mental illness.

Discussion Questions

- Why is it important to go to all of your doctors? Talk about the idea that many diseases are more easily treated when caught early.

Week 8: Healthy Body Awareness



Having your eyes and teeth checked on a regular basis are part of increasing your healthy body awareness. Don't wait until there is a problem with your body to have it checked out. The purpose of regular exams is to prevent illness or manage current conditions.

Some common medical problems in persons recovering from mental illness are coronary heart disease, stroke, high blood pressure, high cholesterol, obesity, diabetes, and other metabolic disorders.

Are you suffering from any of these medical problems? ☐ Yes ☐ No

Many factors make you more likely to develop medical problems:

- ✓ Side effects of medication
- ✓ Tobacco use
- ✓ Lack of physical activity
- ✓ Poor diet
- ✓ Not getting regular check-ups by a doctor

Discussion Points

Remind members that it is important to tell their doctors if they reduce or eliminate tobacco use, or if they gain or lose a significant amount of weight, because that can cause changes to their metabolism which alter the amount of medication they need.



Week 8 Exercises

Healthy Body Awareness

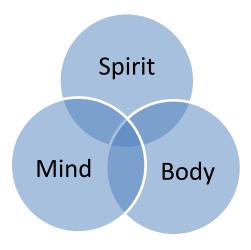
Week 8: Exercise #1- Make an Appointment



1. When was the last time you saw your primary care physician?	
2. When is your next appointment?	
3. When was the last time you saw a psychiatrist?	
4. When is your next appointment?	
5. When was the last time you had your eyes checked?	
6. When was the last time you went to the dentist?	
7. Do you have an eye exam or dentist visit scheduled?	Yes □ No

- ← Guide members in remembering when their last appointment with each doctor occurred. Determine with each member when their next appointment should be scheduled. Primary care appointments and vision appointments should be made annually unless the member has a health concern. Dental cleanings should be scheduled every six months. Psychiatrist's appointments are typically held once per month, but that varies by person.
- If a member cannot remember when their last visit occurred, problem-solve with the member to determine how they can obtain that information (i.e., call a family member, consult with their caseworker).

Week 8: Exercise #2- Overall Awareness



A healthy body includes your mind and spirit

2. List three things you can do for a healthy mind.	
2. List three things you can do for a healthy mind.	
2. List three things you can do for a healthy mind.	
3. List three things you can do for a healthy body.	

- Use a chalkboard, whiteboard, paper and easel, or several sheets of paper taped to a wall. Ask group members to brainstorm things you can do for a healthy spirit, a healthy mind, and a healthy body.
- Healthy spirit activities: Attend religious service and/or pray, volunteer for the community, be kind to others, donate unused items to charity, use affirmations
- Healthy mind activities: Deep breathing, use effective coping skills (See Week 7), attend therapy, listen to music, Sudoku/crossword puzzles
- Healthy body activities: Walk, exercise, drink water, eat vegetables
- ullet Good for all three: Voaa-meditation-walk in nature-nlav with/aroom a net

Week 8: Exercise #3- Goal-Setting



My Goal For The Week:	
-	

- Go around the group in a circle and ask each member to state the behavior change they identified in week seven. If this is their first time attending group, briefly explain the purpose of the group and have new members identify a health behavior goal.
- Review goals set the previous week. If members have had setbacks that kept them from meeting their goals, identify what happened to keep the person from succeeding. Allow other group members to problem-solve how the member can avoid their obstacle the following week.
- If a group member did not meet their goal, ask them if they'd like to try that goal again or if they'd like to change it. They can change the goal completely or modify it to be smaller. If this is their second time consecutively failing to meet their goal, strongly encourage them to try a new goal and revisit the old goal in a few weeks.
- Have each group member set a new small, measurable goal as a step towards their behavior change. Remember to keep goals small! It is important that members have success at meeting their goals. Examples of goals are "I will replace one unhealthy meal this week with a healthy meal", "I will find a recipe to bake chicken instead of fry it", "I will reduce my cigarette use by one cigarette per day", "I will buy a reusable water bottle", etc. If a member is feeling more confident and has had previous successes with behavior change by now, it is ok to allow a slightly more ambitious goal. But remember- it is always ok to exceed a goal!
- Lincourage group members to congratulate each other on successes and remain supportive when a goal is not met. Create a compassionate environment and let all members know that everyone fails sometimes and that setbacks are a normal part of behavior change. Remember- change isn't easy!

Start with a group stretch or deep breathing exercise!



Week 9

The Value of Medications

Week 9: The Value of Medications

Talk to your doctor about the benefits of medications



You can talk to your doctor about the benefits of tobacco dependence medications. Medications can provide a safe and effective way to help you stop using tobacco. Discuss your medication options with your doctor and find out what is right for you. Your doctor can monitor any current medications that could be affected by changing your tobacco use.

Reasons to choose an FDA-approved tobacco dependence medication:

- ✓ Double your chances of successfully quitting
- ✓ Reduce or eliminate withdrawal symptoms
- ✓ Reduce the severity of cravings
- ✓ Allow time to unlearn smoking behaviors
- ✓ Reduce reinforcing effects of tobacco-delivered nicotine
- ✓ Provide alternative coping strategy
- ✓ Reduce risk of being depressed after quitting smoking.
- ✓ Gain less weight while quitting smoking
- ✓ Medications can be covered by Medicaid

Discussion Points

- People often try to quit "cold turkey", without any help from medications. But quitting tobacco is difficult because nicotine is highly addictive. It's ok to use help!
- You can reduce the amount of tobacco-delivered nicotine that your body craves by using tobacco dependence medications. Tobacco dependence medications reduce withdrawal symptoms and makes quitting significantly easier.
- All smokers trying to quit should be offered medication, except where contraindicated or for specific populations for which there is insufficient evidence for effectiveness (i.e., pregnant women,

makalace tabassa usare light emplore and adalaceants

Week 9: The Value of Medications

Talk to your doctor for complete instructions before taking any medications.

Nicotine Replacement Therapy (NRT)

1. Nicotine Patch (Available over-the-counter)

 The nicotine patch is placed on the skin and gives a small and steady amount of nicotine to the body. Nicotine patches contain different amounts of nicotine (21 mg, 14 mg, and 7 mg) so the user can reduce the dose over time.

2. Nicotine Gum (Available over-the-counter)

 Nicotine gum is chewed and parked (placed between the cheek and gum) to release nicotine that is absorbed in your mouth. The user chews the gum until it produces a taste or tingling feeling, then places (parks) it between the cheek and gum. Avoid eating or drinking for 15 minutes before and during use. Nicotine gums come in 2 mg and 4 mg doses to allow users to reduce the amount of nicotine used.

3. Nicotine Lozenge (Available over-the-counter)

 Nicotine lozenges look like hard candy and are placed between the cheek and gum (parked) to dissolve slowly. Avoid eating or drinking for 15 minutes before and during use. The nicotine lozenges come in 2 mg and 4 mg doses to allow users to reduce the amount of nicotine.

4. Nicotine Nasal Spray (Prescription only)

- Nicotine nasal spray is a pump bottle containing nicotine, which is inserted into the nose and sprayed. Nicotine is absorbed in the nasal passages. Nicotine nasal spray can be used for fast craving control.

5. Nicotine Oral Inhaler (Prescription only)

 A nicotine inhaler is a cartridge attached to a mouthpiece. Light puffing on the inhaler delivers a specific amount of nicotine in the mouth of the user. Avoid eating or drinking for 15 minutes before and during use.

Discussion Points

- The average smoker gets about 1-4 mg of nicotine per cigarette, with the average one-pack-per-day smoker getting 40 mg of nicotine per day. There is no difference between "light" and "regular" cigarette smokers in their amount of nicotine ingested. When determining how much NRT someone should use, a symptom-based approach is recommended under a physician's supervision. Research shows certain combinations of NRT are more effective and something you should speak to your doctor about.
- Let Studies show that the nasal spray delivers nicotine into the bloodstream the most quickly out of all types of NRT. Studies also show that the nasal spray is most effective with tobacco users with serious mental illness.
- Combining different types of NRT can often be effective. For example, a 21 mg patch + gum can be effective.

Week 9: The Value of Medications

Non-nicotine Medication

1. Bupropion (Zyban/Wellbutrin) (Prescription only)

 Bupropion, also known as Zyban® and Wellbutrin®, is a pill that helps to reduce nicotine withdrawal symptoms and the urge to smoke. Bupropion can be used safely with nicotine replacement products.

*STOP taking Bupropion and contact a healthcare provider immediately if you experience agitation, hostility, depressed mood, changes in thoughts or behavior that are not typical for you, thinking about or attempting suicide, allergic or skin reactions including swelling, rash, redness, or peeling of the skin.

2. Varenicline (Chantix) (Prescription only)

- Varenicline, also known as Chantix®, is a pill that eases nicotine withdrawal symptoms and blocks the effects of nicotine from cigarettes.

*STOP taking Varenicline and contact a healthcare provider immediately if you experience agitation, hostility, depressed mood, changes in thoughts or behavior that are not typical for you, thinking about or attempting suicide, allergic or skin reactions including swelling, rash, redness, or peeling of the skin.

Talk to your doctor for more information before taking any medications.

Discussion Points

- Because Chantix (varenicline) blocks the effects of nicotine, it is not recommended that it is used with any other type of NRT. Tobacco users who want to use other types of NRT such as the gum should take Bupropion instead.
- Psychiatrists may not want to introduce Bupropion or Varenicline to someone's medication regimen if they are stabilized. This is up to your psychiatrist's judgment. Do not get a prescription for Bupropion or Varenicline from a primary care provider if you are under a psychiatrist's care without discussing it with your psychiatrist first. All your medications should be managed together!
- The patch, Bupropion, and Varenicline are considered "long-acting" medications, while the gum, the lozenge, the nasal spray, and the inhaler are "short-acting" medications. Research has shown effectiveness of combining a long-acting plus a short-acting medication for increased abstinence rates. For heavy smokers (2 packs/day or those who have tried to quit unsuccessfully multiple times before), Bupropion might be added to the patch and a short-acting medication.

Week 9: The Value of Medications



Persons suffering from mental illness and/or addiction are commonly prescribed medications. Medications are an important part of recovery and should be routinely discussed with your doctor. Medications must be taken as prescribed and may need to be changed during the course of treatment.

There are many categories and types of medications out there. You need to take responsibility for your recovery by learning about your medications. Here are a few things you should know:

Name of medication: Know the name of each medication you take (e.g., Prozac).

What it is for: Know why you are prescribed the medication (e.g., for depression).

<u>Possible side effects</u>: Know common side effects in case you start to experience them (e.g., insomnia, loss of appetite).

Potential interactions: Know if the medication is effected by other substances (e.g., alcohol, smoking, etc.).

It is important to know what all of your medications are prescribed for and who to contact if you experience any abnormal or unusual side effects.

Discussion Points

- If you are under a psychiatrist's care, he or she needs to manage all of your medications, even if you are taking over-the-counter meds.
- You should always let your doctor know when you are experiencing something different with your medications

Discussion Questions

- How many of you know what medications you take and what they are prescribed for?
- How do you know a medication is or is not working for you?



Week 9 Exercises

The Value of Medications

Week 9: Exercise #1- Combo Therapy

There are seven FDA-approved medications for tobacco dependence treatment. The 2008 Clinical Practice Guidelines recommend medication combinations for effective tobacco dependence treatments.

Example: Richard smokes 1 pack of cigarettes each day. You can get 1 mg to 4 mg of nicotine per cigarette. Richard is a heavy smoker so lets assume he gets around 40 mg of nicotine each day from smoking 1 pack.

1. Will a 7mg nicotine patch likely be enough for Richard?
2. What about the nicotine patch and nicotine nasal spray?
3. What combinations might Richard's doctor prescribe for him?
□ Nicotine patch + nicotine gum
☐ Nicotine patch + nicotine nasal spray
☐ Nicotine patch + nicotine inhaler
□ Nicotine patch + bupropion SR
☐ Nicotine patch + nicotine inhaler + bupropion SR
4. What combinations might Richard's doctor prescribe if he is unable to use the patch?
☐ Bupropion SR + nicotine gum
□ Bupropion SR + nicotine lozenge
☐ Bupropion SR + nicotine nasal spray
☐ Bupropion SR + nicotine inhaler
5. Is Chantix (varenicline) normally prescribed as part of a combination?

Group Activity- Answer Key

4 1. Probably not. Richard is likely to suffer from withdrawal and would need a symptom-based approach.

4 2. The nicotine patch + nicotine nasal spray is an effective combination.

lacktriangle 3. All combinations are potentially useful for Richard and should be discussed with his doctor.

lack 4 . All combinations are potentially useful for Richard and should be discussed with his doctor.

lacktriangledown 5. No. Varenicline works by blocking the effects of nicotine, so other medications are not helpful.

Week 9: Exercise #2- Medication Facts

There are seven FDA-approved medications for treating tobacco dependence: nicotine gum, nicotine inhaler, nicotine lozenge, nicotine nasal spray, nicotine patch, bupropion SR, and varenicline.

Get the Facts:

- Higher doses of nicotine gum, patch, and lozenge are effective in highly dependent smokers
- Medication combination therapy is effective in reducing withdrawal symptoms
- NRT, especially the patch, is safe for cardiovascular patients
- No health risks for using the medications long-term (e.g., up to 6 months)
- Combining certain medications increases long-term abstinence rates
- Nicotine replacement medications don't interfere with other medications
- Medication can double your chances of successfully quitting
- Medications can be covered by Medicaid

Answer the following question	าร:
-------------------------------	-----

1. Nicotine causes cancer. □ True □ False
2. The nicotine patch is a safer alternative to smoking. ☐ True ☐ False
3. You can start taking Varenicline before you quit smoking. ☐ True ☐ False
4. Some medications help prevent or delay weight gain. ☐ True ☐ False
5. Medicaid never covers over-the-counter NRT. □ True □ False

Group Activity- Answer Key

- 4 1. False- The toxins in tobacco products cause cancer.
- 4 2. True- Smoking cigarettes is extremely harmful to your health, and nicotine is not known to cause any major health problems.
- 4 3.True- Varenicline is prescribed to start taking before you quit smoking.
- lacktriangle 4.True- Bupropion, nicotine gum, and nicotine lozenge delay and may help prevent weight gain.
- lackdright 5. False- Medicaid will cover a doctor's prescription for over-the-counter NRT in North Carolina.

Week 9: Exercise #3- Goal-Setting



My Goal For The Week:	
•	

- Go around the group in a circle and ask each member to state the behavior change they identified in week eight. If this is their first time attending group, briefly explain the purpose of the group and have new members identify a health behavior goal.
- Review goals set the previous week. If members have had setbacks that kept them from meeting their goals, identify what happened to keep the person from succeeding. Allow other group members to problem-solve how the member can avoid their obstacle the following week.
- If a group member did not meet their goal, ask them if they'd like to try that goal again or if they'd like to change it. They can change the goal completely or modify it to be smaller. If this is their second time consecutively failing to meet their goal, strongly encourage them to try a new goal and revisit the old goal in a few weeks.
- Have each group member set a new small, measurable goal as a step towards their behavior change. Remember to keep goals small! It is important that members have success at meeting their goals. Examples of goals are "I will replace one unhealthy meal this week with a healthy meal", "I will find a recipe to bake chicken instead of fry it", "I will reduce my cigarette use by one cigarette per day", "I will buy a reusable water bottle", etc. If a member is feeling more confident and has had previous successes with behavior change by now, it is ok to allow a slightly more ambitious goal. But remember- it is always ok to exceed a goal!
- Lincourage group members to congratulate each other on successes and remain supportive when a goal is not met. Create a compassionate environment and let all members know that everyone fails sometimes and that setbacks are a normal part of behavior change. Remember- change isn't easy!

Start with a group stretch or deep breathing exercise!



Week 10

Patterns and Triggers

Week 10: Patterns and Triggers

Wake Up Cup of Coffee Smoke

Your daily routine consists of patterns where you organize the day around situations, times, and behaviors. Daily routines make life easier as you do not have to think or plan certain activities that occur every day. Things tend to happen in order with no thought involved. Being able to understand "when" and "why" you smoke or do other unhealthy behaviors can help you change or avoid specific negative patterns.

Check any patterns that are like yours.

- \square Wake up \rightarrow use the restroom \rightarrow make coffee \rightarrow smoke a cigarette
- \square Take a shower \rightarrow shave \rightarrow brush your teeth \rightarrow fix your hair
- \square Dust the shelves \rightarrow wipe off the pictures \rightarrow vacuum the floor
- \square Get in car \rightarrow put seatbelt on \rightarrow put keys in ignition \rightarrow start car
- \square Eat lunch \rightarrow walk outside \rightarrow smoke a cigarette \rightarrow talk to others
- \square Turn on television \rightarrow sit in favorite chair \rightarrow eat unhealthy food
- \square Walk to bus stop \rightarrow talk to others \rightarrow smoke a cigarette \rightarrow get on bus
- \square Feeling stressed \rightarrow go to liquor store \rightarrow buy alcohol \rightarrow go home and drink

Discussion Points

₩ We make many daily decisions on "autopilot", without evaluating whether or not they are good choices.

Behavior change is hard at first. If you change your daily routine, eventually your positive behavior changes will become habit and won't require too much thought.

Discussion Questions

How much of your daily life is based around a routine?

Why is it helpful to know your patterns and triggers?

Week 10: Patterns and Triggers

Understanding your routine can help change negative behavior patterns.



Your daily routines keep things familiar and involve a variety of internal and external signals. These signals cause your brain to connect what behavior comes next. The smell of that morning cup of coffee can bring on the urge to have a cigarette. Knowing when and where your signals pop up will give you the ability to cope with people, places, and situations.

Immediate Action Plan- This is a plan to replace addictive patterns with something positive. Here are some example coping skills to use in a plan:

- A. Distraction- Doing a specific activity of your choice such as cleaning.
- B. Correct Unclear Thinking- Remind yourself of having a choice.
- C. Avoid Trigger Zones- Go to places that have few or no triggers.
- D. Contact Help- Use your support network to help you with hard times.

Discussion Points

Learning your triggers makes it easy to anticipate how your trigger will make you feel and what it will make you want to do. You can cope with triggers by creating a plan in advance so that you do not give in to temptation.

Discussion Questions

- What are some of your triggers?
- How do you cope with your triggers right now?



Week 10 Exercises

Patterns and Triggers

Week 10: Exercise #1- Know Your Limits



- A.C.



Where are you at risk of using tobacco or doing another unhealthy behavior?

List four places you consider Danger Zones:	
1	
2	
3	
4	
What areas do you not use tobacco or do another unhealthy be	havior in?
List four places you consider Safe Zones:	
1	
2	
3	

- 🖶 Have each member write down their Danger Zones and Safe Zones for their personal knowledge.

Week 10: Exercise #2- Dealing with Danger Zones



Negative patterns or triggers turn on the harmful cravings you have built up over the years to create a powerful urge to smoke or do another unhealthy behavior. Recovery from addiction involves identifying known triggers, or Danger Zones, and developing strategies to maintain abstinence. You can learn what to watch out for and how to deal with triggers we can't avoid.

1. List your top two Danger Zones.	
2. Which Danger Zones can you avoid?	
3. Which Danger Zones are you not able to avoid?	
4. How can you cope with Danger Zones you can't avoid?	

- Lead a discussion about how to maximize members' time in their Safe Zones and minimize their time in their Danger Zones. Discuss with members:
- lack + How do you avoid Danger Zones? How can you get what you need from those places in other ways?
- ₩ What can you say to someone who wants you to go to a Danger Zone?
- It's probably going to be difficult to avoid Danger Zones forever. How will you know when you're ready to try to visit a Danger Zone again? What do you do if you slip up? Can you enlist support before going to a Danger Zone by telling a trusted friend or family member what you are trying to avoid and asking for help?

Week 10: Exercise #3- Goal-Setting



My Goal For The Week:	
-	

- Go around the group in a circle and ask each member to state the behavior change they identified in week nine. If this is their first time attending group, briefly explain the purpose of the group and have new members identify a health behavior goal.
- Review goals set the previous week. If members have had setbacks that kept them from meeting their goals, identify what happened to keep the person from succeeding. Allow other group members to problem-solve how the member can avoid their obstacle the following week.
- If a group member did not meet their goal, ask them if they'd like to try that goal again or if they'd like to change it. They can change the goal completely or modify it to be smaller. If this is their second time consecutively failing to meet their goal, strongly encourage them to try a new goal and revisit the old goal in a few weeks.
- Have each group member set a new small, measurable goal as a step towards their behavior change. Remember to keep goals small! It is important that members have success at meeting their goals. Examples of goals are "I will replace one unhealthy meal this week with a healthy meal", "I will find a recipe to bake chicken instead of fry it", "I will reduce my cigarette use by one cigarette per day", "I will buy a reusable water bottle", etc. If a member is feeling more confident and has had previous successes with behavior change by now, it is ok to allow a slightly more ambitious goal. But remember- it is always ok to exceed a goal!
- Lincourage group members to congratulate each other on successes and remain supportive when a goal is not met. Create a compassionate environment and let all members know that everyone fails sometimes and that setbacks are a normal part of behavior change. Remember- change isn't easy!

Start with a group stretch or deep breathing exercise!



Week 11

Cravings

Week 11: Cravings

Gotta have it!



Cravings are a natural part of reducing or quitting tobacco use and other unhealthy behaviors. Cravings are the result of tobacco's effect on your brain and can continue long after use has stopped. Cravings can be triggered by people, places, things, feelings, situations or anything else that has been connected with tobacco use in the past. Understanding cravings can help you beat them.



A craving is like an ocean wave. The wave starts off small and builds up to its highest point, then it breaks and flows into shore. A craving acts similarly as it starts off small and builds up to a point before eventually breaking and disappearing. The entire process usually lasts 5-10 minutes.

Discussion Points

- ← A craving is like an itch. When you have an itch, it can feel like the only way that the itch will disappear is if you scratch it. But itches do fade on their own.
- Cravings are like emotions, too. When we are happy it feels like that feeling will never go away. When we are sad or angry, that too can feel overwhelming.
- For those who are reducing tobacco use, this week's topic will be very relevant. For those who have other health behavior change goals, discuss what they have been craving, whether it's a forbidden food, couch time, or something else they want that goes against their behavior change goals.

Discussion Questions

Have you ever experienced a craving?

₩ When you have a craving, do you always indulge in it? If not, how do you get through it?

Week 11: Cravings





Cravings lose their power the longer you go without using tobacco or whatever negative behavior you quit doing. Even if you do the behavior once in a while, you will still keep those cravings alive. Cravings are like a stray cat—if you keep feeding them, they will come back.

Cravings are strongest in the early parts of quitting or cutting down, but you may continue to experience cravings for the first few months and sometimes even years after quitting a negative behavior.

What substance or behavior have you experienced cravings for?

Develop a plan to manage your cravings. Using a combination of tobacco dependence medications and behavioral strategies can double your chances of successfully quitting tobacco use. Medications can help reduce the severity of cravings and behavioral techniques can be used to delay or distract a craving. Developing and choosing positive behaviors is important in dealing with your cravings.

Name one positive behavior you can do to get through a craving.

Discussion Points

- Your cravings will get better eventually. They will reduce in intensity and frequency over time. The important thing is to avoid giving in to them.
- If you do give in to a craving, don't beat yourself up about it. These things happen and it's a normal part of recovery from an addiction or a bad habit. Think of it as a "slip" instead of a "relapse" and immediately return to not using the substance. Do not use a slip as a way to justify resuming the negative behavior!

Discussion Questions

- What kinds of cravings have you experienced lately? Have you had any cravings as a result of your behavior change goals?
- If you are quitting tobacco use, have you considered using tobacco dependence medications to ease your cravings?



Week 11 Exercises

Cravings

Week 11: Exercise #1- Don't Trade Cravings



Trading cigarettes for food can cause unwanted weight gain

Cravings are those strong urges to give your brain something it is used to having. A common way of beating cravings is through replacement behaviors. The idea is to have some positive behaviors you can do in place of the negative craving your brain wants. Choose behaviors that are healthy and will not create additional stress to your life.

Positive Replacement Behavior

Cigarette	Eat sunflower seeds/take a walk
Chocolate	Weigh yourself/drink water
Alcohol	Grab the white chip/call support
List three behaviors you can trade for you	r craving.
1	
2	
3	

Group Activity

Craving

lacktriangle Lead a discussion generating alternate behaviors that members can do when facing a craving. Examples include taking a walk, calling a friend, practicing deep breathing, listening to music, or cleaning. Think of behaviors that keep you from being able to do the negative behavior. For example, cleaning is a good replacement behavior for smoking a cigarette because it keeps your hands busy. Going for a walk is a good replacement behavior for eating sweets because it gets you out of the house and away from the kitchen.

Week 11: Exercise #2- Retrain the Brain



How come if alcohol kills millions of brain cells, it never kills the ones that make you want to drink?

Cravings are those strong urges coming from the brain causing you to feel the need for that negative behavior. Create a plan to handle your cravings and retrain your brain with positive choices.

- 1. How do you know you are having a craving?
- 2. What thoughts do you have?
- 3. What is your immediate response?
- 4. Write two positive thoughts you could say to yourself.

- Use the questions above to lead a group discussion on the topic of cravings. Help group members identify how they know they are having a craving. Then, help them identify the thoughts and feelings that go along with that craving. Discuss members' immediate responses to their cravings.
- Lead the group in generating positive thoughts that they can say to themselves, such as "I am strong enough to not use _____", or "I am proud of myself for quitting that behavior and I'm not going back".

Week 11: Exercise #3- Goal-Setting



- Go around the group in a circle and ask each member to state the behavior change they identified in week ten. If this is their first time attending group, briefly explain the purpose of the group and have new members identify a health behavior goal.
- Review goals set the previous week. If members have had setbacks that kept them from meeting their goals, identify what happened to keep the person from succeeding. Allow other group members to problem-solve how the member can avoid their obstacle the following week.
- If a group member did not meet their goal, ask them if they'd like to try that goal again or if they'd like to change it. They can change the goal completely or modify it to be smaller. If this is their second time consecutively failing to meet their goal, strongly encourage them to try a new goal and revisit the old goal in a few weeks.
- Have each group member set a new small, measurable goal as a step towards their behavior change.

 Remember to keep goals small! It is important that members have success at meeting their goals. Examples of goals are "I will replace one unhealthy meal this week with a healthy meal", "I will find a recipe to bake chicken instead of fry it", "I will reduce my cigarette use by one cigarette per day", "I will buy a reusable water bottle", etc. If a member is feeling more confident and has had previous successes with behavior change by now, it is ok to allow a slightly more ambitious goal. But remember- it is always ok to exceed a
- ♣ Encourage group members to congratulate each other on successes and remain supportive when a goal is not met. Create a compassionate environment and let all members know that everyone fails sometimes and that setbacks are a normal part of behavior change. Remember- change isn't easy!
- If a group member cannot think of a goal or has met all their goals, ask if it is ok to open it up to the group to make behavior change goal recommendations. If the group member has truly done all they can do toward a goal, that member can set a new goal completely or choose to maintain their gains without setting a new

Start with a group stretch or deep breathing exercise!



Week 12

Support Network

Week 12: Support Network



Stable and healthy relationships are important in the development of your support network. Your relationships can help with your recovery or make your negative pattern of addictive behavior worse. One of the most valuable sources of support for recovery is a positive relationship, whereas one of the most common triggers for relapse is stress due to relationship problems.

List 3 sources of support.	
	_
Learning how to build healthy relathe qualities for each type of relat	tionships will have a positive impact on your road to recovery. List some of ionship.
Healthy Relationship	Unhealthy Relationship
	<u> </u>
	<u> </u>

Discussion Points

Healthy relationships can enhance your chances for success when making behavior changes. Likewise, unhealthy relationships can keep you from succeeding. That's because overcoming an addiction is difficult, and having support can make behavior change feel easier. A lack of support can make it feel more difficult.

Discussion Questions

- How are unhealthy relationships related to your behavior change goals? (Hint: Who do you smoke with? Who do you go to fast food restaurants with?)
- Are your family and friends supportive of your behavior change goals? Do your family or friends ever pressure you to go back to your unhealthy behavior?

Week 12: Support Network

Healthy relationships involve acceptance of individual differences.



The healthy relationships in your support network are based on honesty, trust, respect, and acceptance. Healthy partners don't try to control each other, just as they don't want to be controlled. Learn to be yourself around people so they can accept you as you really are.

Name someone in each category who is a positive relationship.

Family Member	
Friend	_
Mental Health Professional	
Medical Professional	
Support Group Member	
Other:	

Your support network creates a safety net that covers multiple areas of your life. The number of people in your support network is not as important as the quality of relationships you have with those providing you support.

Discussion Points

lacksquare Your support network can be large or small, as long as you have support when you need it.

Discussion Questions

- When do you need your support network?
- How does the Breathe Easy, Live Well group provide you support?

Week 12: Support Network

Expand your network with free Internet resources.

American Cancer Society: http://www.cancer.org

American Lung Association: http://www.lungusa.org

Aspire (University of Texas MD Anderson Cancer Center): http://www.mdanderson.org

Become An Ex: http://www.becomeanex.org

Breathe Easy Live Well: http://sites.google.com/site/ncclubhouse

Bupropion (Wellbutrin, Zyban): http://www.quitsmoking.com/zyban/index.htm

Campaign for Tobacco-Free Kids: http://www.tobaccofreekids.org

Centers for Disease Control and Prevention: http://www.cdc.gov

Clinical Practice Guidelines: http://www.surgeongeneral.gov/tobacco

Commit lozenge: http://www.commitlozenge.com

Eat Smart, Move More NC: http://www.myeatsmartmovemore.com

Legacy Tobacco Documents Archive: http://legacy.library.ucsf.edu

National Institutes of Health: http://www.nih.gov

National Institute on Drug Abuse: http://www.nida.nih.gov

NC Health Info: http://www.nchealthinfo.org

Nicoderm CQ patch: http://www.nicoderm.com

Nicorette gum: http://www.nicorette.com

Nicotrol nasal spray and inhaler: http://www.nicotrol.com

North Carolina Health & Wellness Trust Fund: http://www.healthwellnc.com

Office of the Surgeon General: http://www.surgeongeneral.com

QuitlineNC: http://www.quitlinenc.com

QuitNet: http://www.quitnet.com

Smoking Cessation Leadership Center - UCSF: http://smokingcessationleadership.ucsf.edu

Tobacco Reality Unfiltered: http://www.realityunfiltered.com

Treatobacco: http://www.treatobacco.net

TRU Toolkit: http://www.trutoolkit.com

Varenicline (Chantix): http://www.chantix.com



Week 12 Exercises

Support Network

Week 12: Exercise #1- Relationship Types

List a personal relationship in your life for each category.

	<u>Healthy</u>	<u>Unhealthy</u>		
Family Member				
Friend				
Mental Health Professional				
Medical Professional				
Support Group Member				
Other:				
1. How would you describe your healthy relationships?				
2. How would you describe your unhealthy relationships?				
3. Do you have positive relationships that can help you? ☐Yes ☐No				
4. List two things others can do to help support you.				

Group Activity

Assist group members in completing this form. Lead informal discussions about how to differentiate between healthy relationships and unhealthy relationships, focusing on the idea that healthy relationships make you feel aood about yourself and help you make aood decisions.

Week 12: Exercise #2- Relationship Skills

Relationship skills are a necessary part of building and maintaining your support network. Spend the time and energy to communicate with other people. Check whether you **Do** or **Don't** do the things listed in these common categories of relationship skills.

cation	Skills
Don't	
	Listen well to others
	Express thoughts and feelings
	Show empathy
igeme	nt Skills
Don't	
	Set personal goals
	Control your emotions and behaviors
	Stand up for yourself
Solving	g Skills
Don't	
	Commit to working on a problem
	Look at all your options
	Find and use a solution
n Skills	5
Don't	
	Recognize the warning signs of stress
	Decrease tension in tough situations
	Use different methods to calm self
relation asier to p	ullet point and ask the group if they practice each relationship skill. Lead a discussion: What askips skills you are good at? Which relationship skills do you need practice with? Are some practice with particular people? Are some skills more difficult with certain people? mprove your relationship skills?
	Don't geme Don't bolving Don't colving Don't colving Don't colving Don't colving

Week 12: Exercise #3- Goal-Setting



My Goal For The Week:	
-	

- Go around the group in a circle and ask each member to state the behavior change they identified in week eleven. If this is their first time attending group, briefly explain the purpose of the group and have new members identify a health behavior goal.
- Review goals set the previous week. If members have had setbacks that kept them from meeting their goals, identify what happened to keep the person from succeeding. Allow other group members to problem-solve how the member can avoid their obstacle the following week.
- If a group member did not meet their goal, ask them if they'd like to try that goal again or if they'd like to change it. They can change the goal completely or modify it to be smaller. If this is their second time consecutively failing to meet their goal, strongly encourage them to try a new goal and revisit the old goal in a few weeks.
- Have each group member set a new small, measurable goal as a step towards their behavior change.

 Remember to keep goals small! It is important that members have success at meeting their goals. Examples of goals are "I will replace one unhealthy meal this week with a healthy meal", "I will find a recipe to bake chicken instead of fry it", "I will reduce my cigarette use by one cigarette per day", "I will buy a reusable water bottle", etc. If a member is feeling more confident and has had previous successes with behavior change by now, it is ok to allow a slightly more ambitious goal. But remember- it is always ok to exceed a goal!
- Encourage group members to congratulate each other on successes and remain supportive when a goal is not met. Create a compassionate environment and let all members know that everyone fails sometimes and that setbacks are a normal part of behavior change. Remember- change isn't easy!
- If a group member cannot think of a goal or has met all their goals, ask if it is ok to open it up to the group to make behavior change goal recommendations. If the group member has truly done all they can do toward a goal, that member can set a new goal completely or choose to maintain their gains without setting a new goal for a few weeks

Start with a group stretch or deep breathing exercise!



Week 13

Relapse Prevention

Week 13: Relapse Prevention



It's important to prevent relapse as you are working through the stages of change to beat an addiction and achieve stable recovery. Relapse prevention encourages recovery in other areas of life. You can get a job, commit as a volunteer, improve your social relationships, be more involved in positive recreational activities, and continue to develop personal skill sets.

Relapse Prevention Interventions:

- Relapse prevention plan
- Plan for overcoming slips
- Continue skill building
 - Social skills and support network development
 - Leisure skills and recreational activities
 - Work skills and volunteer work
 - Self help groups
- Improve lifestyle and follow interests

Discussion Points

lack + Positive behavior changes give you the freedom to live a healthier life overall.

Relapse prevention interventions are ways that you can try to keep from relapsing into your unwanted health behaviors.

Discussion Questions

Are you scared that you might relapse?

4 How has your behavior change made your life better? What would you lose if you relapsed?

Week 13: Relapse Prevention

Prevent yourself from sinking back into your addiction



There are many things you can do to prevent a *slip* or *relapse*. A slip is a single incident or short-term setback. A relapse is a complete return to the substance or behavior. If you have a slip or relapse, don't give up. Use it as a learning opportunity to prepare for future situations.

Dealing with slips and relapses:

- Respond quickly to a slip to prevent a full-blown relapse
- Get back on track as soon as possible
- Contact your support network for help
- Identify things that led to the slip or relapse
- Maintain a goal of gaining health
- Take things one step at a time

If a slip or relapse occurs, it can be viewed as a plan change. Remember your successes and every positive gain you have achieved along your journey. Use hopeful expectations during this opportunity of learning and be more prepared for your next guit attempt.

Discussion Points

- ➡ Tobacco cessation is very difficult to achieve, and the long-term use of medications can help you succeed.
- 🖶 There is a difference between having a slip and having a relapse.

Discussion Questions

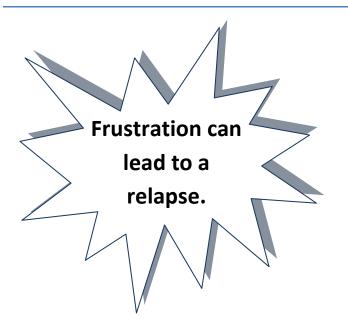
- lacktriangle What is the difference between a slip and a relapse?
- 🖶 If you have a slip, does it mean that you have to relapse?
- ₩ What can you do if you have a slip to prevent it from becoming a relapse? Who can you tell about the slip?



Week 13 Exercises

Relapse Prevention

Week 13: Exercise #1- Relapse Triggers





Many things can lead to a slip or relapse during the course of recovery. You can reduce a possible relapse by understanding certain areas of your life. What can you do to manage the following?

1. Depression:		
2. Frustration:		
3. Relationship strain:		
4. Anxiety:		
5. Lack of support:		

- Lead a discussion about the idea that it is important to take care of yourself while making difficult behavior changes like quitting smoking or changing a diet or exercise routine. Emotional turmoil makes it easy to give in to old behaviors. If things are going smoothly, it is easier to make a significant behavior change.
- What do people in the group do to manage the difficulties listed above? Lead a discussion about ways to minimize depression, frustration, relationship strain, anxiety, and lack of support. Discuss the relationship between stress and negative health behaviors.

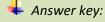
Week 13: Exercise #2- Drink More Water



Water does the body good!

Drinking water is a simple way to take care of yourself when times are tough. When you feel like you can't handle a big health behavior change, focus on drinking more water. Water regulates daily maintenance of your body such as metabolism and controlling body temperature. It also plays a key role in the prevention of disease.

1. Water m	nakes up about 70% of the human body by mass.	☐ True	□ False
2. You sho	uld drink at least eight ounce glasses of	water ev	ery day.
a.	4		
b.	8		
C.	12		
3. List two	things in the body that are partly made up of water.		
4. Name tv	vo things water does for the human body.		



- o 1. True
- 2. B- Eight eight-ounce glasses
- o 3. Brain- 90% water, Blood- 83% water, Muscle- 75% water
- 4. Transports nutrients and oxygen into cells, moisturizes air in lungs, takes toxins out of organs and blood (detoxifies), regulates body temperature (perspiration)



My Goal For The Week:	

- Go around the group in a circle and ask each member to state the behavior change they identified in week twelve. If this is their first time attending group, briefly explain the purpose of the group and have new members identify a health behavior goal.
- Review goals set the previous week. If members have had setbacks that kept them from meeting their goals, identify what happened to keep the person from succeeding. Allow other group members to problem-solve how the member can avoid their obstacle the following week.
- If a group member did not meet their goal, ask them if they'd like to try that goal again or if they'd like to change it. They can change the goal completely or modify it to be smaller. If this is their second time consecutively failing to meet their goal, strongly encourage them to try a new goal and revisit the old goal in a few weeks.
- Have each group member set a new small, measurable goal as a step towards their behavior change.

 Remember to keep goals small! It is important that members have success at meeting their goals. Examples of goals are "I will replace one unhealthy meal this week with a healthy meal", "I will find a recipe to bake chicken instead of fry it", "I will reduce my cigarette use by one cigarette per day", "I will buy a reusable water bottle", etc. If a member is feeling more confident and has had previous successes with behavior change by now, it is ok to allow a slightly more ambitious goal. But remember- it is always ok to exceed a goal!
- Lincourage group members to congratulate each other on successes and remain supportive when a goal is not met. Create a compassionate environment and let all members know that everyone fails sometimes and that setbacks are a normal part of behavior change. Remember- change isn't easy!
- If a group member cannot think of a goal or has met all their goals, ask if it is ok to open it up to the group to make behavior change goal recommendations. If the group member has truly done all they can do toward a goal, that member can set a new goal completely or choose to maintain their gains without setting a new

Start with a group stretch or deep breathing exercise!



Week 14

Higher Goals

Week 14: Higher Goals



Part of being successful with recovery involves setting higher goals and accomplishing things of value. Focus on what positive things you want to achieve. Your goals can be for personal accomplishments, helping other people, or doing something good for your community.

Some things to consider when setting your goals:

- Desire for things to be different
- Personal hope for how things should be
- Values that matter to you
- Things that add happiness to your life
- Going in the direction of positive changes
- Decrease the chance of failure

Your goals need to be important to you, not what someone else thinks should be important for you. Using your own values in developing goals that are important to you will give you a sense of commitment and responsibility. The goals you work toward should add to your overall happiness and quality of life.

Discussion Points

lacktriangle We have been focusing on small health behavior changes. Today we're going to look at the big picture.

Discussion Questions

- 🖶 What do "higher goals" mean to you?
- How do your higher goals relate to your smaller behavior change goals?
- ₩ Why did you choose the behavior change domain (general area, i.e. "nutrition") that you chose?

Week 14: Higher Goals



Don't go through life without planning positive goals

The real test of change comes from your ability to set meaningful goals. Your daily emotions, attitudes, and actions will help you achieve higher goals and maintain recovery. Having a plan to achieve your goals will help you achieve long-term success and a greater quality of life.

What areas in your life do you want to make higher goals in?

☐ Recovery from mental illness and/or substance abuse	
☐ Relationships and support network	
☐ Eating more healthy	
☐ Losing weight	
☐ Being more active	
☐ Volunteering/Working	

Make a plan for setting higher goals for yourself:

- ✓ Write out your goal
- ✓ How will you achieve your goal
- ✓ Possible problems you might face
- ✓ When do you want to complete your goal

Discussion Points

lackdright You've made a lot of behavior changes over the past few weeks. Let's review how we set goals.

Goals are easier to achieve when they are meaningful to you.

Discussion Questions

lacktriangle How has having a plan and a goal helped you achieve your behavior changes?

lack + What is the easiest part of goal-setting? What is the hardest part of goal-setting?



Week 14 Exercises

Higher Goals

Week 14: Exercise #1- Pursue Your Goals

Goals give your life direction



Setting personal goals can make you a better person by improving the quality of your life. Your goals create a positive environment to build the resources that work against addiction. Surround yourself with a supportive environment by following your higher goals.

areas do you have personal goals in?
□ Work/volunteer
□ Mental/Physical Health
□ Family
□ Spiritual
□ Relationships
ree goals from the areas you checked. Circle the simplest goal to achieve.
e steps that it will take to achieve the goal you chose.
thr

- # "You've learned a lot about how to set a large goal. Let's review the process so that when you want to set a goal independently, you can do that". Lead group members in the following activity:
- lacksquare 1) Choose a domain (or area) that you would like to improve.
- igsplace 2) Think of three smaller things that you want to improve within that domain.
- 4 3) Choose the smaller goal that is the easiest to complete. Write down the small steps that it will take to achieve that smaller goal, in the order that you will complete them.
- 4) When the easiest goal is completed, move on to the next easiest goal. When you lose motivation, remind vourself of vour past successes achieving goals.

Week 14: Exercise #2- Get Busy Moving

Members and staff of Atlantic House are going for a walk in front of their clubhouse.



Choose satisfying ways to meet your higher goals. You don't have to be doing formal exercise to maintain a healthy body and prevent illness. The USDA Dietary Guidelines recommend 30 minutes of **activity** most days of the week. You probably can think of things you do everyday that you never thought of as exercise before.

List three activities you could do from each category:

1. Exercise			
2. Hobby			
3. Daily Living			

- Use a chalkboard, whiteboard, paper and easel, or several sheets of paper taped to a wall. Ask the group to list physical activities that can be done from each category: Exercise, Hobby, Daily Living
- Examples of Exercise to get the group started: Push-ups, sit-ups, weight lifting, walking, jogging, riding a bicycle, yoga, fitness machines
- Examples of Hobbies: gardening, martial arts, interactive video games, hiking, bowling, squash, racquetball
- Examples of Daily Living: Cleaning, housework, taking out the garbage, walking up stairs, doing laundry, walking the dog, mowing the lawn, raking leaves

Week 14: Exercise #3- Goal-Setting



My Goal For The Week:	
-	

- Go around the group in a circle and ask each member to state the behavior change they identified in week thirteen. If this is their first time attending group, briefly explain the purpose of the group and have new members identify a health behavior goal.
- Review goals set the previous week. If members have had setbacks that kept them from meeting their goals, identify what happened to keep the person from succeeding. Allow other group members to problem-solve how the member can avoid their obstacle the following week.
- If a group member did not meet their goal, ask them if they'd like to try that goal again or if they'd like to change it. They can change the goal completely or modify it to be smaller. If this is their second time consecutively failing to meet their goal, strongly encourage them to try a new goal and revisit the old goal in a few weeks.
- Have each group member set a new small, measurable goal as a step towards their behavior change.

 Remember to keep goals small! It is important that members have success at meeting their goals. Examples of goals are "I will replace one unhealthy meal this week with a healthy meal", "I will find a recipe to bake chicken instead of fry it", "I will reduce my cigarette use by one cigarette per day", "I will buy a reusable water bottle", etc. If a member is feeling more confident and has had previous successes with behavior change by now, it is ok to allow a slightly more ambitious goal. But remember- it is always ok to exceed a goal!
- Encourage group members to congratulate each other on successes and remain supportive when a goal is not met. Create a compassionate environment and let all members know that everyone fails sometimes and that setbacks are a normal part of behavior change. Remember- change isn't easy!
- If a group member cannot think of a goal or has met all their goals, ask if it is ok to open it up to the group to make behavior change goal recommendations. If the group member has truly done all they can do toward a goal, that member can set a new goal completely or choose to maintain their gains without setting a new goal for a few weeks.

Start with a group stretch or deep breathing exercise!



Week 15

Celebrating Success

Week 15: Celebrating Success



Adventure House staff and members are celebrating the completion of the *Learning* About Healthy Living toolkit.

The main focus of this toolkit was on wellness with an emphasis on tobacco use. If you were not a tobacco user, it was suggested that you chose a behavior or area of your life you wanted to see a positive change in. No matter what level of change you were able to achieve, or none at all, you still deserve to celebrate!

Find something to celebrate. Did you quit smoking? Reduce your cigarettes per day? Lose weight? Increase your awareness of healthy habits? Attend group? Help someone? You have a reason to celebrate life as long as there is life left in you.

What are your top three reasons to celebrate?

1.		
2.		
٠		



Continue to celebrate your life through positive thinking, focusing on your goals, and rewarding yourself for being successful. Keep in mind all the great things you have achieved in your life at this point.

Discussion Points

🖶 We did it! Every one of you has done something worth celebrating. Even if all you did was attend group and think about how your health could be better, you should be proud of yourself.

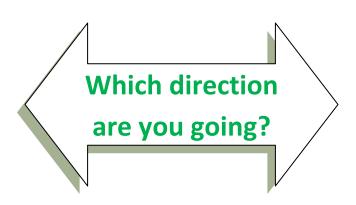
Discussion Questions



What changes have you made that you are most proud of?

Which changes were the easiest to make? Which were the most difficult?

Week 15: Celebrating Success





Maintaining your path of change requires a commitment to your new lifestyle. Making it through future challenges takes effort and focus on certain areas of your life:

1. Positive frame of mind

- Remind yourself of your successes
- Think of the consequences of your choices
- Remember positive statements to say to yourself

2. Continue working on goals

- Stay on track of the goals you wish to achieve
- Update your goals as needed
- Set new goals as you complete others

3. Rewarding yourself and celebrating

- Focus daily on your reasons to celebrate
- Give yourself positive rewards
- Recognize and celebrate your supports

Celebrate the life you have and your ability to make positive changes!

Discussion Points

Making your health behavior change was the first challenge. Your new challenge is to maintain that change.

Discussion Questions

- What does it mean to have a positive frame of mind?
- What do you have to do to continue working on your goals?
- Is it possible to reward yourself in a healthy way? Do you usually reward yourself in healthy ways, or in unhealthy ways? (Listing healthy rewards is a group activity, so do not discuss this in detail yet.)



Week 15 Exercises

Celebrating Success

Week 15: Exercise #1- Celebrate Life



Atlantic House staff and members preparing their celebration of completing the toolkit *Learning*About Healthy Living.

Finding something to celebrate can be as easy as taking your next breath. Look back at Week 7 at some examples of techniques for managing stress:

Imagery	Meditation	Music	Social Activities	Yoga
Get a pet	Take a walk	Burn candles	Read	Hobby
Warm bath/shower	Deep breathing	Spiritual faith	Journal	Special Place
Martial Arts	Take a break	Call someone	Nap	Games
Watch a comedy	Learn a skill	Daydream	Family Time	Sports

These techniques might give you some ideas on simple ways to reward yourself and reduce stress levels at the same time.

List three things you can do to reward yourself for choosing a healthier life:

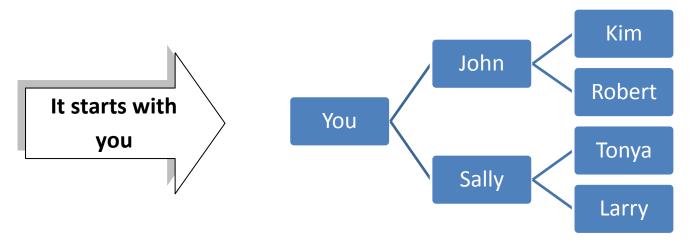
1			
2			
2			

Group Activity

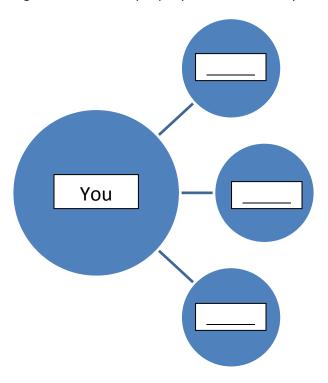
Celebrate success! Plan a party for group members for the fifteenth (or sixteenth) week.

Lead a discussion: Are any of the stress reduction techniques listed above also rewards? What are some healthy ways to reward yourself for your behavior change achievements?

Week 15: Exercise #2- Pay It Forward



The only thing better than overcoming a negative behavior is the chance to help others do the same. Share your success by helping others achieve their goals. Name three people you feel could use your help to pay it forward:



If you are able to help three people, how many do you think they can help? _____

Group Activity



Lead a discussion using the following questions:

- O What does it mean to "pay it forward"?
- o Helping others can keep us on track with our behavior change goals. Why do you think that is?
- Who do you know who is struggling with a behavior change goal? How can you help them?
- Does anyone in this group think that they could use some help with their behavior change goal? Do vou want to ask for that help now?

Week 15: Exercise #3- Future Goals



My Goal For The Future:

- If the Breathe Easy, Live Well group is finished indefinitely and does not plan to resume with Week 1 in the next few weeks, then lead a discussion with members about what behavior change goals they would like to accomplish in the future. Discuss members' progress toward their behavior change goals over the course of the group. Review what members' largest obstacles and setbacks were. Congratulate members on successfully completing the group!
- If your facility plans to offer this group continuously by starting again next week at Week One, inform members of that plan.
 - Go around the group in a circle and ask each member to state the behavior change they
 identified in week fourteen. If this is their first time attending group, briefly explain the
 purpose of the group. Encourage new members to think about a health behavior goal to
 begin when the group resumes at Week One.
 - Lead a discussion with group members about their progress toward their health behavior goals over the past 15 weeks. Review what members' largest obstacles and setbacks were.
 - Encourage members to maintain their previous gains until group resumes. Do not encourage members to set a new goal for now.
 - Encourage members to consider their health behavior goals for the future. When Breathe Easy, Live well resumes, would they like to continue working on the same health behavior domain? Would they like to choose a new domain?
 - Congratulate members on successfully completing the group!

Appendix

Sectio	n Title	Page
- 1	Stretching and Deep Breathing Exercises	119
Ш	Ready to Quit Kit	121
- II	Pharmacotherapy	134
Ш	References	136

Appendix I- Stand and Stretch



Stretching exercise:

- 1. Stand with your feet shoulder-width apart and arms down at your sides. If you are unable to stand, sit with your legs uncrossed, knees and feet shoulder-width apart.
- Slowly raise your arms out bringing them straight above your head as you inhale. Slowly lower your arms to your sides as you exhale.
- 2. Stand up straight. If you are unable to stand, sit with your legs uncrossed, knees and feet shoulder-width apart. Raise your arms straight out from your shoulders. Turn slowly to your left as far as you can and hold it for three seconds. Turn slowly to your right as far as you can and hold it for three seconds.
- 3. Still standing or seated, slowly bend forward at the hips taking your hands toward the ground as you exhale.
- Slowly straighten your body back up as you inhale.

^{*}Repeat each stretching exercise three times.

^{*}Move slowly through each exercise while concentrating on your breathing.

Appendix I- Deep Breathing

Breathe in new life.



Deep Breathing Exercise:

- 1. Make sure you are seated upright, arms at sides, feet flat and uncrossed. (Say this once)
- 2. Concentrate on the air coming in your nose and going out of your mouth. (Wait four breaths)
- 3. Take a slow, deep breath through your nose as your stomach and chest rises. Hold the air in for three seconds. (*Pause, mentally count to three*) Blow the air out through your mouth listening to the sound of air leaving your body. Continue to take slow, deep breaths in through your nose, hold for three seconds, and out through the mouth. (*Wait four breaths*)
- 4. As you breathe in, say something calming to yourself. "I'm here right now." (Wait four breaths)
- 5. As you breathe out, say something positive to yourself. "I have a choice." (Wait four breaths)
- 6. Say your calming phrase as you inhale and a positive phrase as your exhale. (Repeat starting at #2 if desired)

- Use a soft, soothing voice when guiding the deep breathing exercise. Speak the words slowly, allowing group members to hear the words, process their meaning, tune into their bodies, and feel what you are describing, before moving on to the next step. A good guideline is to allow yourself to breathe in and out four times before moving from one sensation to the next.
- → Tell members that you will all be focusing on your breathing for 3-5 minutes. Tell them that you will give them guidelines of what to focus on, but that for some of the time you will be quiet in order to allow them to focus on breathing independently.
- Let members know that while they are focusing on their breathing, thoughts may pop into their minds.

 This is normal. Advise them to gently let the thought go and refocus attention on breathing.
- Facilitator instructions are highlighted in green above. Follow the script and repeat beginning at number two if desired in order to allow the exercise to continue for as long as you like.
- Some people really enjoy deep breathing. If your group reacts positively to this exercise, consider either replacing the group stretch at the beginning of some sessions with deep breathing, or ending each aroup with a quick deep breathing exercise.

II. Ready to Quit Kit

STEP	TITLE	PAGE
1	Deciding to Quit	122
2	Preparing to Quit	125
3	Using the Right Support	128
4	Celebrating	131



Step 1

Deciding to Quit

Step 1: Deciding to Quit

Congratulations on making the right decision!



Deciding to quit tobacco, or another unhealthy behavior, is a smart but difficult choice. The decision to quit must come from you and be important enough to keep you motivated. It begins with you making a promise to yourself and committing to a plan. A well-developed plan can guide you to success.

A plan starts with you choosing a quit date. You can choose a date with a special meaning or simply one that will allow you enough time to prepare for the change. This first step allows you to prepare yourself and your surroundings to succeed in quitting tobacco, or other unhealthy behavior.

Be sure to speak with your doctor and a mental health professional before you quit smoking. Consider the use of tobacco dependence medications and discuss their use with your doctor. It is important for your doctor to monitor your current medications as you quit smoking.

Time to develop your plan for success!

Step 1: Deciding to Quit

My Quit Plan

Name Date
I choose to quit using tobacco (or other behavior) on this date:
I will commit to the following as part of my plan: (check all that apply)
☐ Write a list of all the reasons quitting is important to me
☐ Identify a support person:
☐ Tell my doctor about my decision to quit and consider medications
☐ If choosing to use medications, get medications to help me quit
☐ Set a quit date
☐ Start building support by telling others my decision to quit
☐ Participate in group sessions
☐ Stop buying tobacco
☐ Get rid of all matches, lighters, and ashtrays
☐ Avoid usual smoking areas
☐ Ask former smokers for help
☐ Reward myself with the money I save from not using tobacco
Other things I commit to doing as part of my plan:



Step 2

Preparing to Quit

Step 2: Preparing to Quit

✓ Check off your preparations as you get ready to quit. ✓



Setting a quit date and having a plan will start the basic preparations to successfully quitting. Making these preparations can increase your chances of reaching your goal while reducing some difficulties of quitting tobacco, or other unhealthy behavior.

When is your quit date?	
•	

Do you have a written Quit Plan? ☐ YES ☐ NO

Making preparations for quitting tobacco use:

- 1. Tell your doctor about quitting and discuss the use of tobacco dependence medications and possible effects on your current medications
- 2. Stop buying tobacco products so you can run out by your quit date.
- 3. Get rid of all tobacco related items such as lighters, ashtrays, etc.
- 4. Clean the car, home, clothes and anything else that smells like smoke.
- 5. Build your support network by telling others about your goal to quit.
- 6. Avoid usual smoking areas, smokers, and situations that cause you to smoke.

Step 2: Preparing to Quit

Preparation Schedule

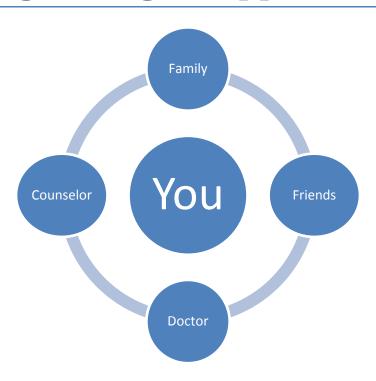
Two weeks before your quit date:
☐ Tell friends, family, and mental health professionals about your quit date
☐ Tell your doctor and decide if you will take tobacco dependence medications
☐ Write a list of activities to stay busy on your quit date
☐ Change your eating behaviors to avoid unwanted weight gain
One week before your quit date:
☐ Continue building your support network
☐ Stop buying tobacco products so you will run out by your quit date
☐ Add more things to do on your list of activities to stay busy
☐ Begin using tobacco dependence medications if it's part of your plan
Night before your quit date:
☐ Get rid of all tobacco related items such as lighters, ashtrays, etc.
☐ Clean the car, home, clothes and anything else that smells like smoke
☐ Do not smoke in the car, house, or anywhere else indoors
☐ Smoke your last cigarette by midnight and say goodbye to tobacco
On and after your quit date:
□ No tobacco use
☐ Avoid smoking areas, smokers, and situations that might cause you to smoke
☐ Schedule some activities to keep yourself busy
☐ Drink plenty of water and eat healthy snacks to help with cravings
☐ Use your tobacco dependence medications if they are part of your plan
Additional ways you can prepare for your quit date:



Step 3

Using the Right Support

Step 3: Using the Right Support



Building your support network will give you a better chance of successfully quitting and maintaining your positive lifestyle change.

<u>**Doctor**</u>- Your doctor can make sure your current medications are monitored appropriately and prescribe you a tobacco dependence medication.

<u>Friends</u>- They understand and encourage you to succeed with your goals.

Family- You trust in them and feel comfortable asking them for help.

<u>Mental Health Professional</u>- A counselor can support your emotional needs.

Group- Attending a group is a great source of support with others like you.

<u>Internet</u>- Many internet resources are listed in Week 12 (page 104), such as QuitlineNC <u>www.quitlinenc.com</u>.

<u>Telephone</u>- QuitlineNC has a free telephone service at 1-800-784-8669. Trained tobacco cessation coaches can answer your questions, set you up on a calling program, send you materials, and refer you to local resources.

Step 3: Using the Right Support

Support Network

<u>Doctor</u> : (name)	(phone number)
Friends:	
Family:	
Mental Health Professional:	
<u>Group</u> :	
<u>Internet</u> :	
Quitline NC	<u>www.quitlinenc.com</u>
<u>Telephone</u> :	
Quitline NC	1-800-784-8669



Step 4

Celebrating

Step 4: Celebrating



Atlantic House celebrating the completion of using the *Learning About Healthy Living* toolkit.

Choosing to quit tobacco or another unhealthy behavior is something to celebrate. Pat yourself on the back for beating a difficult addiction. Millions of people try to quit smoking every year without success. Congratulations! You did it!

When was your quit date?	

Remember that date, as it is one of the most important days of your life. It marks the day of a remarkable accomplishment. Remind yourself every day of reaching such an important goal and all the personal reasons you had for quitting.

What were your top three reasons for quitting?

1			
2			
3.			

You can reward yourself every day for quitting by maintaining a positive attitude and being proud of completing your goal. Celebrate every chance you can by giving yourself rewards. Give yourself a small gift, enjoy the freedom of listening to music, or help someone who is trying to quit.

Step 4: Celebrating

Adventure House members celebrating the completion of using the Learning About Healthy Living toolkit.



List three ways you can celebrate quitting:

Celebrate your positive lifestyle change while understanding the importance of rewarding yourself for staying quit. Remember your reasons for quitting and focus on your future goals. List three future goals you want to accomplish:	D
List three future goals you want to accomplish:	rewarding yourself for staying quit. Remember your reasons for quitting and focus
	ist three future goals you want to accomplish:

Remind yourself of what it took to quit tobacco, or another negative behavior, and maintain a current relapse prevention plan. Congratulations on a job well-done!

III. Pharmacotherapy

The Clinical Practice Guidelines update in 2008 states, "All smokers trying to quit should be offered medication, except when contraindicated or for specific populations for which there is insufficient evidence of effectiveness." The medications approved by the FDA for treating tobacco dependence are nicotine gum, nicotine inhaler, nicotine lozenge, nicotine nasal spray, nicotine patch, bupropion SR (Wellbutrin, Zyban), and varenicline (Chantix).

The FDA-approved medications provide a safe and effective way to help quit tobacco. Some of the reasons to consider taking medications for tobacco dependence:

- Can double your chances of successfully quitting
- Reduce or eliminate withdrawal symptoms
- Provide time to unlearn smoking behaviors
- Reduce the severity of cravings
- Delay or reduce weight gain while quitting tobacco
- Reduce reinforcing effects of tobacco-delivered nicotine
- Medications can be covered by Medicaid

Research shows that tobacco dependence medications are a safe alternative to cigarettes. Higher doses of nicotine gum, patch, and lozenge have shown to be effective in highly dependent smokers. Combinations of specific medications are effective in reducing withdrawal symptoms. Specific combinations of the nicotine patch and other forms of NRT, and/or bupropion SR increase long-term abstinence rates. The longer use (up to 6 months) of these medications does not present health risks. The FDA has approved the use of bupropion, varenicline, and some NRT medications for 6-month use.

Learning about the medications and discussing available options with a physician is important for consumers to prepare to quit effectively and safely. Your physician should monitor your current medications while quitting smoking, and supervise any use of tobacco dependence medications. North Carolina Medicaid currently covers all seven FDA-approved medications for tobacco dependence. The consumer's physician must write a prescription for over-the-counter nicotine products in order for them to be covered by Medicaid.

Pharmacotherapy Reference Guide for Tobacco Dependence

Product	Use	Advantages	Disadvantages	Precautions	Side Effects
			ng Medications		
Nicotine	Apply daily to clean,	Place and forget;	Passive- no direct	Caution with recent	Skin reaction
Patch	dry, hairless skin;	consistent nicotine	action during a	heart attack; not	(50% of patients,
1 aten	start with 21 mg if	levels; can decrease	craving	recommended to use	usually mild);
	>10cpd for 4-6	morning cravings;	craving	while smoking	rotate sites, treat
	weeks; 14mg/day for	OTC		wille smoking	with
	2 wks; 7mg/day for 2	ore			hydrocortisone
	wks if no cravings				cream; vivid
	was ii no ciavings				dreams or sleep
					disturbances
Bupropion	Begin 1 week before	Can be used with	Side effects are	Do not use with seizure	Insomnia (40%),
(Zyban)	quitting; 150 mg each	NRT; less weight	common; seizure	disorders, current	dry mouth,
(Wellbutrin)	morning for 3-7 days,	gain; safe to smoke	risk is increased;	MAOI use, electrolyte	anxiety, rash,
(wenoutin)	then 300 mg/day;	while taking	passive; requires	abnormality or eating	constipation
	take second pill in	winic taking	prescription	disorders	constipution
	early evening to		prescription	disorders	
	reduce insomnia				
STOP taking Bupi		re provider immediately if y	you experience agitation, hos	stility, depressed mood, changes	in thoughts or
behavior that are	not typical for you, thinking a	bout or attempting suicide,	allergic or skin reactions in	cluding swelling, rash, redness,	or peeling of the skin.
Varenicline	Begin 1 week before	Reduces	Passive; requires	Severe kidney	Nausea (30%),
(Chantix)	quitting; 0.5 mg once	withdrawal;	prescription	impairment; evaluate	sleep disturbances,
	daily for 1-3 days;	convenient dosing;		mental illness; not	vivid dreams,
	0.5 mg twice daily	may prevent relapse		recommended with	constipation, gas,
	for days 4-7, then			other tobacco treatment	vomiting
	1 mg twice daily			medications	
				ostility, depressed mood, change cluding swelling, rash, redness, o	
benavior that are r	iot typical for you, tilliming a		ng Medications	eraming sweming, rushi, realiess,	or peening or the same
Nicotine	Chew every 1-2	Able to use as	Need to use proper	Caution with recent	Jaw soreness,
Gum	hours as needed;	needed; can self	chewing techniques	heart attack; avoid food	upset stomach if
3	chew and park; 2 & 4	dose; might satisfy	to minimize side	and acidic drinks 15	swallowing saliva
	mg strength; 4 mg if	oral cravings; OTC	effects	minutes before and	
	around 1 pack per	<i>5</i> /		while using (decreases	
	day			absorption)	
Nicotine	Puff as needed; 6-16	Use as needed;	Requires	Caution with recent	Mouth or throat
Inhaler	cartridges/day; less	mimics hand to	prescription; initial	heart attack; avoid food	irritation (40%),
	needed if using	mouth ritual	throat and mouth	and acidic drinks 15	cough
	combination therapy;		irritation	minutes before and	
	oral absorption—do			while using (decreases	
	not inhale deeply			absorption)	
Nicotine	1-2 doses/hour; 8-40	Use as needed; rapid	Requires	Caution with recent	Nasal irritation
Nasal Spray	doses/day; do not	relief of symptoms	prescription; nasal	heart attack; asthma,	(80-90%), runny
	sniff or inhale; tilt	, ,	and throat irritation	rhinitis, sinusitis, nasal	nose, tearing,
	head back and spray			polyps	sneezing
Nicotine	2 and 4 mg (4 mg if	Able to use as	Nausea and other GI	Caution with recent	Nausea, hiccups,
Lozenge	smoke within 30 min	needed; flexible	side effects	heart attack; avoid food	cough, heartburn
	of waking); 20/day	dosing; might		and acidic drinks 15	
	max; dissolve in	satisfy oral cravings;		minutes before and	
	mouth; do not chew	OTC		while using (decreases	
				absorption)	

^{1.} Dr. Michael B. Steinberg, MD, MPH; UMDNJ Tobacco Dependence Clinic 2. American Academy of Physicians: Strong Medicine for America 3. U.S. Department of Health and Human Services 4. Todd B. Collier, M.Ed., CTTS; NC Evidence Based Practices Center

IV. References

American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision. Washington, DC, American Psychiatric Association, 2000.

Bohadana, A., Nilsson, F., Rasmussen, T., et al. (2000). Nicotine inhaler and nicotine patch as a combination therapy for smoking cessation: A randomized, double-blind, placebo-controlled trial. *Archives of Internal Medicine*, 160, 3128-3134.

Campaign for Tobacco-Free Kids, October 12, 2009; www.tobaccofreekids.org

Centers for Disease Control and Prevention. (2007). Cigarette smoking among adults – United States, 2006. *Morbidity and Mortality Weekly Report*, 56(44),1157-1161.

Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and health Promotion. U.S. Department of Health and Human Services. (1982). The health consequences of smoking: Cancer. A report of the Surgeon General. *Public Health Service, Office on Smoking and Health*, 82-50179.

Centers for Disease Control and Prevention. (2008). Smoking and tobacco use. From http://www.cdc.gov/tobacco

Centers for Disease Control and Prevention. (2009). U.S. Adult Smoking Rates Remain Stalled. From http://www.cdc.gov/media/pressrel2009/r091112.htm

Center for Substance Abuse Treatment. Enhancing Motivation for Change in Substance Abuse Treatment. Treatment Improvement Protocol (TIP) Series 35. DHHS Publication No. (SMA) 07-4212. Rockville, MD: Substance Abuse and Mental Health Services Administration, 1999.

Center for Substance Abuse Treatment. Substance Abuse Treatment for Persons With Co-Occurring Disorders. Treatment Improvement Protocol (TIP) Series 42. DHHS Publication No. (SMA) 08-3992. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2005.

Environmental Protection Agency. Health Effects of Second-Hand Smoke. http://www.epa.gov/smokefree/healtheffects.html

Finly, J.R. & Lenz, B.S. (2006). Addiction Treatment: Homework planner (3rd ed.) New Jersey: John Wiley & Sons, Inc.

Fiore, M.C., Jaen, C.R., Baker, T.B., et al. Treating Tobacco Use and Dependence: Clinical Practice Guideline 2008 Update. Rockville, MD: U.S. Department of Health and Human Services. Public Health Service. 2008.

Foulds, J., Schmelzer, A.C., Steinberg, M.B. (2009). Treating tobacco dependence as a chronic illness and a key modifiable predictor of disease. *The International Journal of Clinical Practice*, 1742-1241.

Haller, E., McNiel, D.E., Binder, R.L. (1996). Impact of a smoking ban on a locked psychiatric unit. *Journal of Clinical Psychiatry*, 57(8),329-32.

Harvard School of Public Health. The Healthy Eating Pyramid. http://www.hsph.harvard.edu/nutritionsource/pyramids.html

Heatheron, T.F., Kozlowski, L.T., Frecker, R.C., Fagerstrom, K.O. (1991). The Fagerstrom test for nicotine dependence: A revision of the Fagerstrom Tolerance Questionnaire. *The British Journal of Addiction*, 86(9): 1119-27.

Johnson, S.L. (2004). Therapist's Guide to Clinical Intervention: The 1-2-3's of treatment planning (2nd ed). California: Academic Press.

Lasser, K., Boyd, J.W., Woolhandler, S., Himmelstein, D.U., McCormick, D. Bor, D.H. (2000). Smoking and mental illness: A population-based prevalence study. *Journal of the American Medical Association*, 284,2606-2610.

Miller, B.J., Paschall, C.B. 3rd & Svendsen, D.P.(2006). Mortality and medical comorbidity among patients with serious mental illness. *Psychiatric Services*, 57(10):1482-7.

Miller, W.R. & Rollnick, S. (2002). Motivational Interviewing: Preparing people for change (2nd ed.). New York: Guilford Press.

Miller, W.R. & Rollnick, S. (1991). Motivational Interviewing: Preparing people to change addictive behavior. New York: Guilford Press.

Morbidity and Mortality Weekly Report. Annual Deaths Due to Tobacco Related Illness – United States. May 23, 1997; 46(20); 444-451.

Morbidity and Mortality Weekly Report. State Medicaid Coverage for Tobacco-Dependence Treatments – United States. February 8, 2008; 57(05);117-122 from http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5843a1.htm

Morris, C.D., Giese, A.A., Turnbull, J.J., Dickinson, M. & Johnson-Nagel, N. (2006). Predictors of tobacco use among persons with mental illness in a statewide population. *Psychiatric Services*, 57(7),1035-1038.

Morris, C.D., Waxmonsky, J.A., May, M.G., Giese, A.A. (2009). What do persons with mental illnesses need to quit smoking? Mental health consumer and provider perspectives. *Psychiatric Rehabilitation Journal*, 32(4), 276-284.

Mueser, K.T., et.al. (2003). Integrated Treatment for Dual Disorders: A guide to effective practice. New York: Guilford Press.

National Association of State Mental Health Program Directors. (2006). Morbidity and mortality in people with serious mental illness. NASMHPD Research Institute, Inc., from http://www.nasmhpd.org/publications.cfm

National Institute on Drug Abuse: http://www.drugabuse.gov/nidamed/

Patten, C.A., Bruce, B.K., Hurt, R.D., Offord, K.P., Richardson, J.W., Clemensen, L.R. & Persons, S.M.(1995). Effects of a smoke-free policy on an inpatient psychiatric unit. *Tobacco Control*, 4, 372-379.

Peele, S. (2004). 7 Tools to Beat Addiction. New York: Three Rivers Press.

Prescription Weight Loss Drugs. Retrieved from http://www.webmd.com/diet/guide/weight-loss-prescription-weight-loss-medicine?

Prochaska, J.O. & DiClemente, C.C. (1983). Stages and processes of self-change in smoking: Toward an integrative model of change. *Journal of Clinical Psychology*, 5, 161-173.

Silagy, C., Lancaster, T., Stead, L., Mant, D. & Fowler, G. (2004). Nicotine replacement therapy for smoking cessation. *Cochrane Database System Review* (3), CD000146.

Smokefree.gov Medication Guide: http://www.smokefree.gov/medication-guide

Steinberg, M.B., Greenhaus, S., Schmelzer, A.C., Bover, M.T., Foulds, J., Hoover, D.R., Carson, J.L. (2009). Triple combination pharmacotherapy for medically ill smokers: A randomized trial. *Annals of Internal Medicine*, 150(7), 447-454.

Steinberg, M.B., Schmelzer, A.C., Richardson, D.L., Foulds, J. The case for treating tobacco dependence as a chronic disease. *Annals of Internal Medicine* 2008; 148:554-6.

Steinberg, M.L., Hall, S.M., Rustin, T. (2003). Psychosocial therapies for tobacco dependence in mental health and other substance use populations. *Psychiatric Annals*, 33(7), 469-478.

Steinberg, M.L., Williams, J.M. & Ziedonis, D.M. (2004). Financial implications of cigarette smoking among individuals with schizophrenia. *Tobacco Control*, 13(2),206.

Steinberg, M.L., Ziedonis, D.M., Kreji, J.A. & Brandon, T.H. (2004). Motivational interviewing with personalized feedback: A brief intervention for motivating smokers with schizophrenia to seek treatment for tobacco dependence. *Journal of Consulting and Clinical Psychology*, 72(4), 723-738.

Top 11 Benefits of Drinking Water. Retrieved from http://www.mangosteen-natural-remedies.com/benefits-of-drinking-water.html#Functions

U.S. Department of Agriculture, Center for Nutrition Policy and Promotion. (1995). The Healthy Eating Index.

U.S. Department of Health and Human Services (2004). The health consequences of smoking: A report of the Surgeon General. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental health Services Administration.

Williams, J.M. (2008). Eliminating tobacco use in mental health facilities: Patients' rights, public health, and policy issues. *The Journal of American medical Association*, 299(5), 571-573.

Williams, J.M., Foulds, J. (2007). Successful tobacco dependence treatment in schizophrenia. *American Journal of Psychiatry*, 164(2), 222-227.

Williams, J.M., Cain, B.W., Fredericks, T., O'Shaughnessy, M. (2006). A tobacco treatment model for persons with serious mental illness. *Psychiatric Services*, 57(8), 1210.

Williams, J.M., Hughes, J.R. (2003). Pharmacotherapy: Treatments for tobacco dependence among smokers with mental illness or addiction. *Psychiatric Annals*, 33(7), 457-466.

Williams, J.M., Ziedonis, D.M. (2004). Addressing tobacco among individuals with a mental illness or an addiction. *Addictive Behaviors*, 29: 1067-1083.

Williams, J.M., Ziedonis, D.M. (2006). Snuffing out tobacco dependence: Ten reasons behavioral health providers need to be involved. *Behavioral Healthcare*, May 2006: 27-31.

Williams, J.M., Ziedonis, D.M., Vreeland, B., Speelman-Edwards, N., et al. (2005). A Wellness Approach to Addressing Tobacco in Mental Health Settings: Learning About Healthy Living. *American Journal of Psychiatric Rehabilitation*.

Ziedonis, D.M., Guydish, J. Williams, J.M., Steinberg, M.L., Foulds, J. (2006). Barriers and solutions to addressing tobacco dependence in addiction treatment programs. *Alcohol Research & Health*, 29(3): 228-235.