

Second-Wind, First Breath: Facilitator Guide

A Smoking Cessation Support Group Curriculum for Pregnant and Post-Partum American Indian Women



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National Partnership to Help Pregnant Smokers Quit**

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SESSION #1 – Facilitator

OBJECTIVE

Understand basic facts about tobacco and the effect it has on pregnant women, their babies and families.

Introduce the Second Wind First Breath Tobacco Cessation Curriculum and congratulate participants on their decision to quit. Share information about the tobacco cessation process.

AGENDA

Welcome

- Introduce yourself.
- Introduce the Participant Guide and the Second Wind First Breath Program.

Individual Attention

- Introduce facilitators and give contact information.
- Introduce individuals, ask participants about their pregnancy and due dates.

Strategies and Information

Goal: Understand basic tobacco facts.

Facilitator will describe:

- Concept of ambivalence
- Basic tobacco facts
 - Ingredients in tobacco
 - Smokeless (chewing, spit) tobacco
 - Prevalence rates – statistics
- Tobacco use issues during pregnancy.
- Benefits of quitting tobacco use during pregnancy
- Methods for stopping: gradual, cold turkey, pharmacotherapy, traditional options
- Quit methods appropriate during pregnancy

Discussion

- Briefly review the material described.
 - Ask for questions and encourage group discussion.
 - Discuss the expectations for the program, group norms, and have participants sign a Participant Agreement.

Assignments

- Ask participants to select a method for quitting.
- Ask participants to select a personal quit date.
- Encourage participants to call their facilitator, health care provider, facility, or other group members for support or concerns.
- Group will participate in a Talking Circle next session. Ask participants to bring sacred objects if desired (Eagle feathers, medicine bags, etc.)

Other Considerations

Depending on the needs of your community, you may wish to alter the consent/agreement form that is located at the end of the Facilitators Handbook. Create a contract that is appropriate for you and your group. Create a calendar with meeting dates and times and a phone tree for the members of your group. For pamphlets or more information on the harmful effects of tobacco use, you can obtain materials from your State health department, the American Cancer Society, or send a request to the Muscogee (Creek) Nation Tobacco Prevention Program.

Welcome

Welcome participants

Begin by welcoming participants to the Second Wind First Breath Program and congratulate them on their desire to stop smoking. Introduce yourself and describe your professional and personal experiences with smoking. Talk briefly about meeting the protocol established by your facility.

Introduce the Participant Guide and the Second Wind First Breath Program

Talk with participants about the structure of the Second Wind First Breath program. Highlight the fact that this program is for American Indian/Alaska Native pregnant adult smokers and anyone in their support system. By focusing on something that participants have in common, you are encouraging a sense of connectedness among group members.

Individual Attention

Ask each participant to share their name and something about themselves. You may want to do some sort of “ice-breaker” to make participants comfortable and familiar with one another, develop group trust and community respect. Discuss group norms – you may want to write them on poster paper and post them each week – rules may include keeping discussions upbeat, respecting one another’s beliefs and traditions, and keeping personal sharing confidential within the group. Also, stress the importance of attending all six of the group sessions. Encourage participants to ask questions before signing the participant agreement.

Strategies and Information

Goal: Understand basic tobacco facts.

Ambivalence About Stopping vs. Smoking

Reinforce the pregnant woman’s decision to quit smoking in a positive way. Shaming or judging the pregnant woman about her tobacco use is not beneficial. If she has a significant other, spouse, or other family member present, praise them for their participation and let them know they are an important part of the tobacco cessation process.

Participants may feel ambivalent about stopping their tobacco use. Let participants know that you are aware that their ambivalence is a part of the decision and commitment. On one hand, they want to stop, which is why they are attending the Second Wind First Breath Program. On the other hand, it is normal to want to continue smoking-they have not yet quit. Ask the group to discuss their ambivalent feelings about smoking. Point out that people may want to continue smoking for a variety of reasons. Explain that it is not necessary to get rid of the desire to smoke before stopping, that there are very few clear-cut choices in life, and that most decisions are based on weighing the pros and cons of choosing one option over another. The most important point to remember is that once you decide that you want to quit more than you want to smoke, you can change ambivalence into action by actually stopping smoking.

Basic Tobacco Facts

Ingredients

Cigarette smoke contains more than 4,000 chemicals. Two hundred of these chemicals are poisonous and over 40 are known to cause cancer. Share with the participants the contents of commercial tobacco products:

- Nicotine - is an insecticide that is so powerful, farmers aren't allowed to use it to kill insects. If all the nicotine in a single pack of cigarettes were ingested at once it would kill you. It's a poison that causes a rise in blood pressure and heart rate, narrows the blood vessels and is very addictive.
- Tar is found in ALL "additive-free" commercial tobacco products. It contains benzopyrene, one of the deadliest cancer causing agents known to man.
- Formaldehyde is used to preserve dead bodies.
- Hydrogen cyanide is used to kill people in the gas chamber.
- Carbon monoxide is gas emitted in car exhaust fumes. It causes shortness of breath and reduces the amount of oxygen carries in the blood.
- Arsenic is often used as a rat poison.
- Cadmium is used in car batteries.
- Acetone is found in fingernail polish remover.
- Methane is produced along with cow manure.

Smokeless Tobacco (SLT) Facts

- **Two main types**
 - Chewing tobacco – comes in the form of loose leaf, plug, or twist
 - Snuff – finely ground tobacco that is dry, moist, or in sachets; can be inhaled or put between the gum and cheek
- **Health Effects**
 - SLT use can lead to nicotine addiction and dependence
 - SLT contains 28 cancer-causing agents
 - SLT use increases the risk of developing cancer of the oral cavity
 - SLT use increases the risk of gum recession and tooth loss
 - Adolescents who use SLT are more likely to become cigarette smokers
- **Prevalence of SLT Use**
 - In the US, 9% of American Indian/Alaska Natives are current SLT users
 - SLT use among American Indian/Alaska Native women can vary widely
For example in North Carolina:
 - 23% of Lumbee women report currently using SLT
 - 35% of them began using SLT before age six
 - 8% of Eastern Band of Cherokee women report currently using SLT

- Smokeless Tobacco Fact Sheet. Tobacco Information and Prevention Source. National Center for Health Promotion and Disease Prevention. Centers for Disease Control and Prevention. December 2006.

<http://www.cdc.gov/tobacco/factsheets/smokelesstobacco.htm>

- [Smokeless Tobacco Use Among American Indian Women -- Southeastern North Carolina](#). *MMWR*. Feb 17, 1995. 44(06):113-117.

- Spangler JG, Dignan MB, Michielutte R. *Correlates of tobacco use among Native American women in western North Carolina*. *American Journal of Public Health*. Jan 1997; 87: 108-11.

Prevalence Rates- Statistics

Cigarette Related Mortality

Cigarette smoking is the single most preventable cause of premature death in the United States.

Although many tribes consider tobacco a sacred gift and use it during religious ceremonies as a traditional medicine, tobacco-related health problems are caused by chronic cigarette smoking and spit tobacco use. Because of the cultural and geographic diversity of American Indians and Alaska Natives, tobacco use often varies widely by region or subgroup.

Health Effects

Nationally, lung cancer is the leading cause of cancer death among American Indians and Alaska Natives.

Cardiovascular disease is the leading cause of death among American Indians and Alaska Natives, and tobacco use is an important risk factor for this disease.

Cigarette smoking prevalence data shows that among the five major racial and ethnic populations, adult smoking prevalence was highest among American Indians and Alaska Natives – 26.8% of American Indian/Alaska Native women and 37.5% of American Indian/Alaska Native men

Source: Centers for Disease Control and Prevention. "Tobacco use among adults – United States, 2005." *Morbidity and Mortality Weekly Report*. 55(42), Oct 27, 2006.

Women who smoke increase their risk of dying from lung cancer by nearly 12 times and the risk of dying from bronchitis and emphysema by more than 10 times. Smoking triples the risk of dying from heart disease among middle-aged men and women.

Source: http://www.cdc.gov/tobacco/research_data/health_consequences/mortality.htm

The Surgeon General reports that there is no safe exposure to second hand smoke. Second hand smoke causes coronary heart disease and lung cancer. Children exposed to second hand smoke have a higher risk of suffering from Sudden Infant Death Syndrome (SIDS), asthma, respiratory infections, and ear problems. Smoking by parents causes respiratory symptoms and slows lung growth in their children.

Source: *The health consequences of involuntary exposure to tobacco smoke : a report of the Surgeon General*. Atlanta, GA: U.S. Dept. of Health and Human Services, Centers for Disease Control and Prevention, Coordinating Center for Health Promotion, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2006.

Benefits of Quitting Tobacco Use During Pregnancy

Quitting smoking during pregnancy is one of the most important things you can do for you and your baby. Benefits of quitting smoking during your pregnancy:

For your baby:

- Increases the amount of oxygen your baby will get.
- Increases the chances your baby's lungs will work well.
- Lowers the risk that your baby will be born too early.
- Increases your chances of having a normal-weight, healthy baby.
- Increases the chances your baby will come home from the hospital with you.

For you:

- Gives you more energy and helps you breathe easier.
- Saves you money that you can spend on other things.
- Makes your clothes, hair, and home smell better.
- Makes your food taste better.
- Lets you feel good about what you've done for yourself and your baby.

Facts about Quitting During Pregnancy:

- Many pregnant women are tempted to cut down the number of cigarettes they smoke instead of quitting. Cutting down to less than 5 cigarettes a day can reduce risk, but quitting is the best thing you can do for you and your baby.
- It's never too late to quit smoking during your pregnancy.
- After just one day of not smoking, your baby will get more oxygen. Each day that you don't smoke, you are helping your baby grow.
- During the first few weeks after quitting, cravings and withdrawal symptoms may be strongest. You can reduce the length of each craving for a cigarette by distracting yourself (keep your hands, mouth, and mind busy).
- Withdrawal symptoms are often signs that your body is healing. They are normal, temporary, and will lessen in a couple of weeks.

Weight gain during pregnancy is normal.

*If you are worried about gaining weight when you quit smoking, now is an ideal time to quit.
The weight you gain is far less harmful than the risk you take by smoking.*

Source: <http://www.helppregnant smokersquit.org/quit/benefits.asp>

Methods for Stopping

Define “**cold turkey**” for the group, which means an abrupt cessation from one’s addictive level of smoking. If you regularly smoke two packs of cigarettes a day, you are going cold turkey if you smoke your usual two packs today and zero cigarettes tomorrow. Any gradual method of stopping is not cold turkey.

A **gradual approach** often is recommended for individuals who are especially anxious about stopping or who lack confidence about their likelihood of succeeding. Seeing that they can get by, either on fewer cigarettes (*tapering*) or with longer periods of time with no cigarettes (*postponing*) can boost their confidence. Stopping gradually is not likely, however, to reduce the withdrawal symptoms of individuals who are addicted to nicotine.

Describe the two gradual approaches of stopping. The first is “**tapering**,” which means that the individual counts cigarettes and smokes a predetermined fewer number each day. The smoker might decide to reduce the number of cigarettes by five each day for six days until the personal quit date. On the first day of this period the smoker may smoke the usual 30 cigarettes, on the second day 25, on the third day 20, fourth day 15, and fifth day 10, and the sixth day 5. The next day (the seventh day) is the quit date, and first day with no cigarettes.

A second gradual approach to quitting is “**postponing**,” which means that the individual postpones the time they begin smoking each day by a predetermined number of hours. Once smoking begins each day, there is no need to count cigarettes nor to focus on reducing the number smoked. The smoker might decide to postpone the time to start smoking by two hours each day for six days, until the personal quit date. On the first day smoking might begin at 9 am, on the second day 11 am, third day 1 pm, fourth day 3pm, fifth day 5 pm, and sixth day 7 pm The next day (the seventh day) is the quit date, and first day with no cigarettes.

Emphasize that if participants choose to prepare to stop gradually, they should spend only a few days with that approach. Cutting down for a longer period of time, such as several weeks, can be counter-productive; it often indicates that the smoker is motivated to avoid stopping. Thus the cutting down becomes a form of procrastinating, rather than a way of preparing to quit.

Describing the gradual approaches will take you longer than defining cold turkey. Therefore, to be certain that your message regarding the desirability of going cold turkey stays with the participants; you should end this presentation with the fact that for most smokers, cold turkey is the best approach to quitting.

Pharmacotherapy and Nicotine Replacement Therapies

Nicotine replacement therapy (NRT) refers to the use of various forms of nicotine delivery methods intended to replace nicotine obtained from smoking or other tobacco usage. Examples include the nicotine patch, gum, lozenge, inhaler, etc.

Providers, facilities, and health plans vary in their policies regarding pharmacotherapy and nicotine replacement therapy during pregnancy. Facilitators should always refer support group participants back to their provider to discuss the risks and benefits of tobacco cessation aides. Be prepared to acknowledge that providers have different opinions and practices regarding prescribing pharmacotherapies and nicotine replacement. Facilitators should discourage over-the-counter use of nicotine replacement therapy without talking to their doctor first.

A number of pharmaceutical aids have been found to help non-pregnant adults quit smoking. These include Zyban and Chantix and nicotine replacement therapies. NRT helps alleviate nicotine withdrawal symptoms by keeping a sustained amount of nicotine in your body.

Because we do not know if these are safe to use during pregnancy, **a pregnant woman should always talk to her doctor about the risks and benefits of taking medications or using nicotine replacement therapy.** Second Wind, First Breath is a counseling curriculum and does not endorse or provide any of these cessation aids during pregnancy.

FDA System for Ranking Drug Safety During Pregnancy

Category A - Drugs that have been tested for safety during pregnancy and have been found to be safe.

Category B - Drugs that have been used a lot during pregnancy and do not appear to cause major birth defects or other problems. **This category includes Bupropion (Zyban, Wellbutrin).**

Category C - drugs that are more likely to cause problems for the mother or fetus. Also includes drugs for which safety studies have not been finished. The majority of these drugs do not have safety studies in progress. These drugs often come with a warning that they should be used only if the benefits of taking them outweigh the risks. This is something a pregnant woman would need to carefully discuss with her doctor.

Category D - drugs that have clear health risks for the fetus. **This category includes nicotine replacement products (patches, gum, inhaler, etc).**

Category X - drugs that have been shown to cause birth defects and should never be taken during pregnancy.

The National Women's Health Information Center. US Department of Health and Human Services. Office on Women's Health.

Pharmacotherapy Post-Partum and for Household Members

Because there have been ample studies of non-pregnant adults and pharmacotherapy, you can discuss the benefits of medicines and NRT for household members who are not pregnant, or for the pregnant women herself after she delivers. Post-partum relapse is a common problem, and women can use medicines and NRT to help them quit smoking again or to help them stay quit. Women who are breastfeeding should talk to their doctor before they use any over the counter NRT.

ACOG Statement on Pharmacotherapy

“The use of nicotine replacement products or other pharmaceuticals for smoking cessation aids during pregnancy and lactation have not been sufficiently evaluated to determine their efficacy or safety. Nicotine gum, lozenges, patches, inhalers, and special-dose antidepressants that reduce withdrawal symptoms, such as bupropion, should be considered for use during pregnancy and lactation only when nonpharmacologic treatments (e.g. counseling) have failed. If the increased likelihood of smoking cessation, with its potential benefits, outweighs the unknown risk of nicotine replacement and potential concomitant smoking, nicotine replacement products or other pharmaceuticals may be considered (PHS).

Because potential benefits seem to outweigh potential risks, research to determine the safety and efficacy of pharmacotherapy is underway. Some tobacco control experts have reported that if nicotine replacement therapy is used during pregnancy, products with intermittent dosages, such as the gum or inhaler, should be tried first (Benowitz). If the nicotine patch is used, it can be removed at night to reduce fetal nicotine exposure (Windsor). Nicotine replacement therapy also may be considered during lactation. Optimally, smokers can be treated with these pharmacotherapies before conception.”

Source: The American College of Obstetricians and Gynecologists Committee Opinion on Smoking Cessation During Pregnancy (#13, October 2005).

- Fiore M, et al. Treating tobacco use and dependence. Clinical practice guideline. Rockville (MD): U.S. DHHS, Public Health Service, 2000
- Benowitz N, et al. Pharmacotherapy for smoking cessation during pregnancy. Nicotine and Tobacco Research 2004;6 (suppl 2):S189-202.
- Windsor R, et al. Behavioral and pharmacological treatment methods for pregnant smokers: issues for clinical practice. Journal of American Medical Women's Association 2000;55:304-310.

Next Session – Preparation

Setting a Quit Date (Exercise 1.1)

- Motivation is important. Encourage group members to make a list of reasons to quit the chronic, addictive use of tobacco
- Share with group members the importance of setting a quit date.
- Begin keeping track of the amount of tobacco that you use with the tobacco calendar

Review and Discussion

- You should very briefly review the material you have presented in the Strategies and Information section.

Assignments

- Assign Session #2 from the Participant's Guide.
- Encourage participants to call facilitator or health care facility if concerns arise.

SESSION #2 – Facilitator

OBJECTIVE

Understand why individuals smoke.

Explore the many environmental, social, chemical and cultural factors that contribute to tobacco addiction.

AGENDA

Welcome & Individual Attention

- Welcome participants and congratulate them for returning to the second session.
- Encourage participants to share their recent experiences while completing each *Participant's Progress Record*.

Review Session #1

Ask participants:

- If they shared any of the information they learned at the last session with others.
- Which quit method they will use.
- About their chosen quit date.

Strategies and Information

Goal: Understand why I smoke.

- Ask each person to share about their individual journey with tobacco – when they started, why, how they feel about tobacco and quitting.
- Discuss as a group about the environmental, social, chemical and cultural factors that contribute to tobacco addiction – discuss the effect and impact on their baby, individuals and the community.
- Describe theories about dependence/addiction.

Discussion

- Briefly review the material described.
- Encourage participants to share in the Talking Circle.
- Ask for questions and encourage discussion.

Review & Assignments

- Refer participants to their *Participant's Guide*.
- Assign Session #3 from the Participant's Guide.
- Encourage participants to think about their Talking Circle experience.
- Participants should decide on a personal quit date, if they have not already.

Other Considerations

- Many pregnant women are concerned about how nicotine withdrawal will affect their baby. Explain that withdrawal symptoms are actually signs that their body is healing. They are normal, temporary, and will lessen in a couple of weeks.
- Determine the quit dates for participants and put them on a calendar. It might be helpful to call group members shortly before and after their date to encourage their efforts and support them in their struggles. Perhaps make a phone chain within the group to ease this burden or pair group-members up to provide support to one another.

Welcome & Individual Attention

- Introduce yourself and ask participants to share their names and something about themselves, since some people may not remember each other from last session.
- If you are an ex-smoker, share how you feel about being successful at having stopped smoking. If you have never smoked, briefly share a situation that will let the participants know that you empathize with smokers. For instance, you may have a close friend who struggled to stop and finally made it; you may have a parent who developed a tobacco-related disease; or you may have successfully conquered another addictive or compulsive habit.

Strategies and Information

Environmental and Social Factors

Social and environmental factors were probably an important influence in each smoker's journey towards becoming addicted to nicotine. Some people grew up in households where it was common for family members to smoke, and tobacco use was normal and accepted. Others learned from friends, cousins, or while serving in the military. Discuss with the group how peer pressure, social normalization, and social acceptability influenced their decision to start smoking.

Nicotine Dependence/Addiction

The overwhelming majority of people who smoke have a strong, physiologic need for the nicotine contained in cigarettes and other tobacco products. This need is referred to as nicotine dependence or nicotine addiction because it is the *nicotine* that is responsible for the addictive effect. People who are nicotine dependent experience withdrawal symptoms upon quitting. When a person smokes regularly, the body becomes tolerant of the nicotine, requiring more and more cigarettes to be smoked in order to get the same physical effect.

A person is in the late stages of nicotine dependence when they:

- make the possession of cigarettes a priority in their daily life
 - buy cigarettes even when they really don't have the money
 - keep mental track of how many cigarettes they have left
 - make an early morning or late night run to the store to purchase cigarettes
- must smoke to feel normal
- choose activities based upon whether or not they can smoke
 - bowling, bingo, restaurants
- choose their friends based on their smoking status
- have difficulty stopping
- lie about how much tobacco they use

Discussion - Our Journey

The traditional Talking Circle is a very old way of bringing Native people of all ages together in a quiet, respectful manner for the purposes of teaching, listening, learning, and sharing. When approached in a proper way, the circle can be a very powerful means of touching or bringing some degree of healing to the mind, the heart, the body or the spirit. One could call it a very effective form of Native group-therapy.

This portion of the Talking Circle is optional: The circle leader, teacher or facilitator begins by passing around sweetgrass, cedar or sage so that the participants may “smudge” themselves. Our ancestors have taught us that these sacred herbs have a purifying effect upon our total being. As the smoke from the herbs surrounds us, we are better able to connect with others within the circle, with ourselves, and with what we are about to experience.

The facilitator will open the circle with a prayer. The circle is now in the hands of the Great Spirit, Grandfather, God, or whatever the group chooses to call their Higher Power. The facilitator might ask the group to shake hands to acknowledge and honor each other. It is a good thing to do, especially if this is a new circle of people.

The facilitator then begins to talk to the group without interruption, not talking to anyone directly, but to all who are present. All are expected to listen respectfully until the speaker is finished. All who sit in the circle will have an opportunity to express themselves if they choose or they may simply listen, but all who speak will be given the same respect --- they will be listened to.

Group members may bring Eagle feathers or stones or sacred objects, which are passed around the circle and shared. Some believe that these sacred things are helpers in furthering our connections to the Spirit and to our higher selves. The sacred objects help us listen and aid in our learning.

Within the Sacred Circle, we are encouraged to speak not only from the mind, but also from the heart; we are free to share our innermost feelings if we choose. Regardless of whether one brings a traditional teaching or a personal problem to the circle, all persons are valued, respected and listened to.

There is an Indian belief in the:

- right time, place, people
- knowledge that they will hear right things
- power to rely on that belief within the circle.

When all who wish to speak have spoken, anyone may request that this be a 'closed circle' - that all that has been said and the identities of the participants shall remain confidential. If no one requests a closed circle, all may freely share what they have learned.

The circle is closed with prayer. So, in this old way we have come together again to teach, to learn, to touch each other's spirit. May we find strength to live in these two worlds...that our people may live.

Assignments

- Read the next session and highlight information that is resonates with you.
- Assignment 1: My Positive Traits
- Assignment 2: Change Checklist

SESSION #3 – Facilitator

OBJECTIVE

Master the first few days off cigarettes.

Explore relaxation techniques and stress management skills. Learn how to overcome nicotine withdrawal symptoms.

AGENDA

Welcome & Individual Attention

- Welcome each participant.
- Encourage participants to share their recent experiences while completing the Participant's Progress Record.

Review Session #2

Ask participants about:

- In what ways the Talking Circle was beneficial, what it meant to participate.
- Thoughts they have about their pregnancy and what they are learning.
- Withdrawal symptoms – has anyone experienced them & how have participants coped with them?

Strategies and Information

- Discuss possible nicotine withdrawal symptoms.
- Explain appropriate methods for coping with nicotine withdrawal symptoms:
 1. Four D's
 2. Four Behaviors
 3. Relaxation exercises for stress management
 4. Communication techniques
- Discuss traditional activities specific to this region, tribe or community that can be used to relieve stress.

Discussion

- Discuss positive attributes that participant wants to pass on to their children
 - Explain how these positive attributes will be helpful in addressing nicotine withdrawal symptoms.
- Ask for questions and encourage discussion.

Review & Assignments

- Refer participants to their Participant's Guide.
- Assign Session #4 from the Participant's Guide.
- Encourage participants to use a relaxation exercises daily.
- Remind participants of the Four D's.
- Continue to think about traditional American Indian/Alaska Native activities that can be used to relieve stress – dancing, beading, games etc.

Other Considerations

You may want to encourage Second Wind participants to engage in traditional activities such as beading, dancing or games. Perhaps you can find an Elder from the community that would be willing to share their talents with the group before or after class.

Role models are an important part of our Native heritage. Identify a Native Grandma who is living a positive life free from alcohol and tobacco. If it is appropriate in your region, ask her to share with the participants, provide support and honor their decision to stay healthy.

Welcome & Individual Attention

- Participants should have chosen a quit method by this session. Ask each participant which method they have chosen: cold turkey or gradual.
- Some participants may have already quit by this session. If so, congratulate them. Take time to find out how they feel and answer any questions.
- Celebrate all successes. Be sure to compliment any participant who has not yet quit but who has mastered a difficult situation.

Ask who is going cold turkey and who is using a gradual approach to prepare for their Quit Date. In congratulating participants who have quit, take time to find out how they feel and to answer any questions they have about their experience since quitting. Be sure to compliment any participant who has not yet quit but who has mastered some a difficult situation.

Strategies and Information

Nicotine Withdrawal Symptoms

Explain that some, but not all smokers, experience nicotine withdrawal symptoms, and that these symptoms relate mostly to the chemical addiction of smoking described in the first session. It is not likely that anyone will experience extreme pain as a result of quitting. Rather, they might experience some mild discomfort.

There are two very important points to make about nicotine withdrawal symptoms:

- Symptoms are *time-bound*, meaning that most will disappear in 1½ to 2 weeks.
- Withdrawal symptoms are signs that the body is *repairing itself*.

Common Nicotine Withdrawal Symptoms

There are several symptoms that are caused by nicotine withdrawal. While they can be uncomfortable, they will not last forever. Below is a list of common symptoms:

- cravings
- tension
- tingling in arms and legs
- feeling lightheaded
- tightness in the throat
- increased coughing
- headaches
- dry mouth
- lack of concentration

The most familiar symptom is *craving* cigarettes. Craving a cigarette means having an intense, recurring hunger for it.

A second familiar symptom is *tension*. Later in this session you will discuss psychological as well as physical ways of dealing with tension.

Many new ex-smokers report *tingling* sensations in their arms and legs after they stop smoking. The tingling sensations represent the improved circulation that takes place as a result of stopping.

Many new ex-smokers feel *lightheaded* or dizzy when they first stop. Others report finding it *difficult to concentrate*. These withdrawal symptoms relate to the increased supply of oxygen that the brain is getting, now that the carbon dioxide produced by tobacco smoke is gone.

Some ex-smokers are surprised that they *cough* more after they stop smoking. This is because the cilia that line the lungs were paralyzed while the individual was smoking. The function of the cilia is trying to clean out the lungs and this was accomplished only at night when the smoker was sleeping and not smoking. When a person quits using tobacco, however, the cilia must work overtime cleaning out the debris in the lungs. When the lungs are clean again, the individual's cough will leave for good. This may take several weeks from the time that the individual stops smoking.

Mention that there are several additional symptoms that some new ex-smokers report, such as *headaches*, *tightness in the throat*, *dry mouth*, and so on. Ask if any of the participants know of any other withdrawal symptoms. Note that while there are physiological reasons for some withdrawal symptoms, others may be psychological. Emphasize again that all of the symptoms will disappear within a short time, and that none of them are unbearably painful.

Remind participants that withdrawal symptoms are short-term and the benefits of tobacco

Make the point that participants should consult a physician if any symptom, such a cough, lightheadedness, or pain persists. If the symptoms persist or become severe they may not be related to quitting.

'Four' You and Yours

In many Native communities, the number four holds significant meaning: There are four stages of life, four seasons, and four sacred directions, songs are sung in four rounds. The number four can also be used to create successful strategies during tobacco cessation.

Especially in the first two weeks after participants quit smoking, they should try to create new behaviors. Guide participants to think of options to use during situations in which they might be tempted to smoke. Examples:

Current Behavior	New Behavior
1. Smoke while watching TV at night	Do beadwork or knitting or other "hands on" activity while watching your favorite TV shows
2. Smoke during coffee breaks at work	Take your cup of coffee and walk instead of standing with people who smoke
3. Smoke while driving	Throw out the cigarette lighter in the car. Get rid of all matches and lighters in the vehicle.
4. Another example?	

Four D's

There are also four things participants can do to distract themselves to avoid smoking. Many people have found the Four D's to be helpful:

1. **DEEP** breaths-inhaling and exhaling slowly will help with relaxation.
2. **DRINK** plenty of water throughout the day, and especially during a craving.
3. **DO** something else, preferably something active. Call a supportive friend, do Native dance or singing, go for a walk, or chew on a carrot stick.
4. **DELAY** using tobacco and the urge for a cigarette will pass.

Four Behaviors

There are four practical behaviors that are helpful in dealing with cravings, tension, weight gain and other nicotine withdrawal symptoms. These practical tips are:

1. Drink a lot of water. You can help your body heal by drinking water to flush the nicotine toxins out of your body.
2. Carry a zero or low-calorie item with you. When you feel the urge to smoke a cigarette, suck on a piece of candy instead. Some participants have found that a cinnamon stick, peppermint or sugar free candy helps decrease cravings.
3. Increase physical activity. Emphasize that the participants should increase their physical activity gradually, and that they should consult a physician before making any major changes in their physical activity. Some benefits of brisk walking are:
 - easier than other exercise
 - effective aerobic exercise
 - benefits the heart and lungs
 - helps to improve overall health
 - burns up calories
 - helps reduce cravings
 - feeling less tense, nervous, angry
 - available year-round in most areas

4. Relaxation exercises. Explain that the purpose of a relaxation exercise is to help an individual learn how to relax their body at will. It is an especially valuable technique for the first few days off cigarettes, and it is also a valuable lifelong skill. Explain that you will introduce some techniques for relaxing, all of which are in the Participant's Guide. Encourage the participants to select one, or a combination of the techniques, and read them over several times at home to become familiar enough with them to use as needed. Emphasize that, at first, it is important to practice them daily.

Relaxation for Stress Management

Like it or not, stress is a fact of life for almost everybody. Learning to manage stress can help reduce its impact and make our lives easier. Stopping smoking is at least mildly stressful for most smokers. It requires concentration to remember not to smoke and it can be stressful to have to resist multiple temptations. In addition, some smokers experience tension, nervousness, or anxiety as a withdrawal symptom.

Participants can learn to manage the symptoms of stress, to relax their body through "relaxation exercises" and through other means. Lead the participants in one or more of the three exercises below (as time permits). Be sure to read slowly enough for the participants to experience the sensation you are suggesting in a relaxed manner. If you prefer, you can pre-record these exercises and play a tape of them. This would permit you to participate as well.

Deep Breathing Exercise

Anyone who does not want to stand will also benefit by sitting and participating in this exercise. Stand and get as comfortable as possible. Place your feet apart and comfortable, allow your neck to drop and relax. Close your eyes and again let your head bend forward, dropping your head further. Now, slowly inhale through your nose. Draw your breath deep into your abdomen, allowing your abdomen to expand as you inhale. Hold your breath gently, and now exhale slowly. Breathe out through your nose. Take your time and repeat this exercise four times at your own pace. Do it slowly. Stop for a few moments if you get dizzy. Take your time, and when you feel ready to stop slowly open your eyes.

Muscle Relaxation Exercise

Anyone with a muscle sprain or who wishes not to participate may sit out this exercise. It can also be done with only part of the body.

Continue standing with your feet firmly planted on the floor. Keeping your eyes closed, tense your feet and grab the floor with your toes. Tighter. Now run the tension up through the ankles to your calves, tighter, through your

thighs. Tighten your muscles up through your abdomen and chest. Make them tense tighter and tighter, and then move on to your shoulders. Continue to breathe as you drive the tension down through the arms to the hands; clench your fists. Now, up through the neck, face, mouth, and squeeze your eyes tight. Tighten your scalp and hold the tension now – breathe and hold it - and now relax. Quietly relax, breathe in deeply and exhale. Take your time and relax all over. When you feel relaxed, slowly open your eyes.

Healthy, Happy Baby Exercise

The following technique will help you relax and visualize a happy, healthy, tobacco-free baby. Before we begin, write down four things, ideas, feelings, or wishes that you would like for you and your baby.

For Me	For My Baby
1.	
2.	
3.	
4.	

You can sit down for this exercise. Make yourself completely comfortable. Close your eyes. Uncross your legs and place your arms comfortably in your lap or at your sides. Inhale deeply and exhale slowly. Think only of letting your body relax like a rag doll.

I will count from one to ten. When I get to ten, you will have reached a deeper state of relaxation than you have ever known. As I count from one to ten, let your awareness be filled with the awareness of deeper and deeper experience of relaxation.

- One** you are more and more relaxed
- Two** the room is fading away
- Three** Let all your feeling of tension just disappear
- Four** Let all your feelings of disquietude fade away
- Five** Deeper and deeper
- Six** Feel yourself settling deeper, deeper
- Seven** All your tension is entirely gone
- Eight** All the nerves and muscles of your body now want only to sleep
- Nine** Everything in you now wants to sleep
- Ten** Your breathing is deep and cleansing

Your body is quiet and your mind is clear. Picture yourself now in a mountain meadow near a quiet, still lake. It is early morning and the sun is shining, making your body feel comfortably warm. The air is cool and sweet and each time you breathe in, feel the clean air surrounding your baby like a soft hug.

You can smell the pine needles and the dew on the grass. You listen to the sounds of nature-birds singing softly, occasionally you can hear a fish jumps in the lake. In this quiet place Mother Earth is holding you gently. You feel pleasant and safe.

In this gentle place, think of one wish that you have for yourself. Allow your mind to fall into the luxury of your wish. Sit silently, imagining all the good things that you deserve.

[Remain silent here for 20-30 seconds]

As you feel happy and blessed in your wishes, think now of your list and one of the wishes you have for your baby. Allow yourself to feel all the happiness of granting this wish to your child. The clean air and quiet sounds all join together so that your baby continues to grow happy and healthy.

[Remain silent here for 20-30 seconds]

Now, you begin to slowly wake up and you are here in your chair. You still feel good very relaxed and with lots of energy stored up. You can experience this feeling anytime throughout the day simply by remembering these moments. When you are ready, slowly open your eyes and smile.

Conclude the time spent on relaxation exercises by stating that these exercises are aimed at dealing with the physical symptoms caused by stress. Ask participants to think, now and during the coming days of how they are going to make this attempt at stopping smoking unique. Ask them to think constructively about ways in which they can master stressful situations and how they can use their own sense of mastery to succeed in stopping smoking.

Communication Technique

In addition to managing the symptoms of stress through relaxation exercises, participants can benefit by learning to better manage the actual sources of stress in their life. This is important because some smokers use cigarettes as a way to avoid dealing with stress. Encourage participants to seek assistance from other health care providers.

Explain that being assertive is one way to deal with stress and stressful situations. Being assertive means being able to express what participants think and feel in a calm and dignified way. Passive people do not feel able to express their feelings. Aggressive people, on the other hand, express their thoughts and feelings in a way aimed at controlling dominating, or hurting others. The participants goal, whenever possible, should be to be assertive, rather than either passive or aggressive.

Explain some ways in which participants can become more assertive.

- Speak with short, direct sentences.

- Use phrases such as “I think”, “I believe,” and “in my opinion” to show that you assume responsibility for your thoughts.
- Ask others to clarify what they’re saying when you aren’t certain you understand them.
- Describe events objectively, rather than exaggerating, distorting, or lying.
- Provide culturally appropriate body language to show respect.

Other ways that I can be more assertive are:

Becoming more assertive will benefit participants in many ways. Participants will be able to express anger more directly and easily. This is important because many new former smokers find that they are aware of increased anger. Remind a participant that being assertive means being neither passive nor aggressive. Also, being assertive means being able to express thoughts and feelings. It does not mean that you have to express those thoughts and feelings. Assertive adults do not always choose to say what’s on their minds- but they are always able to do so.

Review

You should very briefly review the material in the Strategies and Information section. Ask for questions and encourage discussion. You can also relate this material, where helpful, to that presented in a previous session.

Assignments

- Read the next session and highlight information that is resonates with you.
- Assignment 1: New Behaviors
- Assignment 2: Communication Technique
- Encourage participants to use a relaxation exercises daily.
- Remind participants of the four tips
 1. drink water
 2. do something else-chew on a cinnamon stick
 3. delay with physical activity
 4. deep breathing
- Ask the group to continue to think about traditional American Indian/Alaska Native activities that can be used to relieve stress – dancing, beading, games etc.

SESSION #4 – Facilitator

OBJECTIVE

Conquer potential challenges associated with quitting.

Identify potential Danger Situations that may undermine quitting. Use this setting as an opportunity to discuss healthy responses and decision-making.

AGENDA

Individual Attention

- Welcome each participant.
- Encourage participants to share their recent experiences while completing the Participant's Progress Record.

Review Session #3

Ask participants about:

- How they incorporated any of the new techniques - 4 D's, 4 Behaviors, etc.
- Withdrawal symptoms they are experiencing – how they have dealt with them.
- Where they are in their pregnancy and how the Second Wind First Breath program is helping prepare them to have a healthy baby.
- Ask what physical improvements participants have experienced since quitting (increased energy, breathing easier, increased sense of smell and taste, more alert).
- This is a good time to remind participants that it is just as important to remain tobacco free after their baby is born.

Strategies and Information

Conquer challenges that might be faced when learning to stay off cigarettes.

- Discuss Traditional Use of Tobacco.
- Discuss Danger Situations and then talk about possible solutions/responses that can be taken.
- Describe the issue of weight gain following cessation.
- Discuss the use of alcohol in relationship to pregnancy and smoking cessation.

Discussion

- Discuss the traditional and ceremonial uses for tobacco in this community.
- Ask for questions and encourage discussion.

Review & Assignments

- Assign Session #5 from the Participant's Guide.
- Encourage participants to use relaxation exercises.

- Encourage participant to avoid and/or conquer “danger” situations
- Remind participants of the Four D’s.
- Ask participants to experiment with low-calorie and low-fat foods.

Other Considerations

Ask a local Elder or medicine person to teach the group about traditional uses of tobacco in your community. If unavailable, contact the Muscogee (Creek) Nation Tobacco Prevention Program to obtain information on appropriate video or other reading materials.

Welcome & Individual Attention

- By now everyone will have reached her Quit Date and have quit smoking.
- Individualize your congratulations to each participant.
- Relate your comments to each individual’s personal circumstances.
- Strongly encourage anyone who has not yet stopped to stick with it.
- Ask other participants to offer suggestions to individuals still smoking, or not smoking, but still struggling.
- The tone of this discussion should be upbeat and committed, but not superficial.

Strategies and Information

Traditional Tobacco Use

Traditional tobacco use by your community was likely very different from the patterns of use that are now present for commercial tobacco use. Tobacco was traditionally used medicinally, spiritually, and ceremonially – not recreationally! Discuss the traditional patterns of tobacco use within your own tribe. How have they changed over time? What factors influenced this change? How has the significance of tobacco been altered? You may want to share a film or a traditional tobacco story to spark this discussion. An Elder or traditional healer might bring a thoughtful perspective to the discussion as well. Other materials can be obtained from the Muscogee (Creek) Nation Tobacco Prevention Program.

Managing Danger Situations

Throughout your day, you encounter numerous situations that make it difficult for you to say NO to a cigarette. Spend a few minutes thinking of occasions when you are tempted. Write them on the Left-Hand side.

Times When I Don’t Want to Quit	What Might Happen If I Smoke Again	My Healthy Response

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The times when you struggle the most to remain a non-smoker are your “Danger Situations.” Every person has different points in their day or situations that they face that make them feel most tempted to smoke. Fortunately, there are many positive ways you can choose to handle these encounters. Spend a few minutes thinking about healthy ways you can choose to respond to these stressors. Use the relaxation and stress management exercises discussed during the previous session.

It may be helpful for you to intentionally avoid “danger situations” for a while until you feel more confident in your non-smoker status perhaps you will want to avoid hanging out with friends who smoke during breaks at work.

Weight Gain

Weight gain during pregnancy is normal. If you are worried about gaining weight when you quit smoking, now is an ideal time to start healthy habits.

After quitting, some smokers gain weight – gaining 5 to 10 pounds is not uncommon after cessation and there are several reasons why this might occur. Knowing the reasons can help your participants plan ahead to avoid potential pitfalls.

The reasons for weight gain include:

1. Feeling a need to put something in your mouth to replace cigarettes.
2. Deciding to treat yourself by indulging in food as a reward for quitting
3. Your sense of taste improves and pleasure in eating is restored
4. Your overall health is improved, resulting in a better appetite
5. In a small percentage of new ex-smokers there may be a change in metabolism sufficient to lead to significant weight gain even with no increase in eating

It is important for you to emphasize all of these specific reasons for post-cessation weight gain. Otherwise, participants may feel weight gain is just something that mysteriously, unavoidably happens. Do not gloss over this topic. For some smokers, the problem of weight gain is a serious one. Some participants however, lose weight because they gain energy and the ability to breath easier. Encourage participants to find an activity to replace the smoking habit.

It may be helpful to keep a copy of the **Native American Food Pyramid** on your refrigerator as a reminder of healthy food choices. Take the Food Pyramid with you to your next prenatal appointment and ask your healthcare provider if there are any changes that are specific to you and your baby.



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Distributed by the [U.S. Department of Agriculture](#) and the [U.S. Department of Health and Human Services](#)

Healthy Lifestyle Choices

It is possible to deal with all of the above situations by planning ahead. Individuals may chew on cinnamon sticks or roots native to their region instead of using sweets as an oral substitute. Individuals can also select a non-food reward for quitting cigarette use, such as purchasing a CD, video or other gift for themselves. Every dollar that was once spent on cigarettes can now be saved for a fun treat.

In all cases, the participant can avoid weight gain by adding physical activity to their daily routine and should focus on substituting low-calorie foods (such as fruits and raw vegetables) to their diet. The key to any successful weight management program is to eat in moderation and avoid high fat foods. After all, it's overeating that causes weight gain!

Avoiding Weight Gain

If you are concerned about weight gain you can:

- Cut down on high fat foods.
- Burn calories by exercising.
- Cut out fried food – or eat only one serving.
- Compare food labels when shopping – look for low fat content.
- Cut the fat off meat, take chicken skin off before cooking.
- Eat low fat or non-fat cheese, milk or yogurt.
- Don't add butter or other fat to vegetables.

In addition, encourage participants to:

- Do a ceremony for themselves.
- Voice out loud their reasons for quitting cigarette use every day.
- Say a prayer - ask for courage and strength to be healthier.

Transferring Addiction

Avoid alcohol, tobacco and illegal drugs.

Some people who quit using tobacco transfer their addiction to alcohol, marijuana or other drugs. Since you are pregnant, you are making good decisions for yourself and your baby. You have learned many healthy responses to manage your stress and anxiety level that do not harm you or your baby.

Using alcohol during pregnancy is *not an option* and can have negative health effects on your developing baby. Remember that it is not only important for you and those around you to stop using these substances now during your pregnancy, but also to remain drug, alcohol, and tobacco-free after your baby is born.

Many people use alcohol or illegal drugs to manage painful events that have happened in their lives and feel that they no longer have a choice about their use.

We know that you want only the best for yourself and your baby and if you are using alcohol or other substances, it is because you may be addicted. This is not a journey that you have to take alone—pray for the strength to seek help and ask for support.

If you are having trouble remaining free of alcohol, tobacco and illegal drugs,
ASK FOR HELP!

We are a tribal community, and you never have to make these life changes alone.

A person to call for help is _____ at _____

Review and Discussion

- Refer participants to their Participant's Guide.
- Assign Session #5 from the Participant's Guide.
- Encourage participants to use a relaxation exercises daily.
- Remind participants of the Four D's.

Assignments

1. Assign Session #5 from the Participant's Guide.
2. Remind participant of the four practical tips: (1) water, (2) sick cinnamon, (3) physical exercise, and (4) deep breathing.
3. Have participant experiment with low-calorie food and report back to the group.

SESSION #5 – Facilitator

OBJECTIVE

Gain support from friends and family throughout the Quit Process.

Build personal support networks through the use of effective communication skills. Practice, practice, practice.

AGENDA

Welcome & Individual Attention

- Welcome each participant.
- Encourage participants to share their recent experiences while completing the Participant's Progress Record.

Review Session #4

Ask participants about:

- Their favorite low-calorie snack.
- How they have increased their physical activity level.
- What they have learned through the Second Wind First Breath Program.

Strategies and Information

- Gain support from friends and family in the midst of the Quit Process.
- Ask For Your Baby.
- Healthy Communication Skills
- Reaffirm commitment to remain smoke-free during pregnancy and after the baby is born.

Discussion:

- Discuss the importance of family support.
- Discuss positive and negative communication patterns.

Review & Assignments

- **Assign Session #6 from the Participant's Guide.**
- Remind participants to use positive communication skills.
- Encourage participants to try communicating with a friend using the skills discussed by the group.
- Ask participants to invite a friend to next weeks' session.

Other Considerations

At this point, participants may feel apprehensive about going out "on their own". Remind them that this is only the beginning and that they can support each other and continue to use the resources in their community.

Welcome & Individual Attention

- Congratulate each participant individually on their success with staying off cigarettes.
- Be positive and continue to encourage any smoker who has not yet stopped.
- Determine what issues continue to challenge those who have not quit and address those issues (perhaps individually after the session).

Strategies and Information

Gain support from friends and family in the midst of the Quit Process

All successful ex-smokers eventually “do it on their own” – someone else can’t do quitting for you! It can be essential, however, to obtain support from others during this difficult process. It’s natural for people to want to share their successes with others and seek reassurance and motivation from family and friends. Encourage participants to voice their quitting joys and concerns with peers who will offer constructive feedback, and to avoid discussing these issues with individuals who may not be supportive.

Remember that we are a tribal community and that our history reinforces supporting each other. Our community is comprised of relatives who are interested in our choices and what we are doing.

Constructive, supportive peers will encourage participants to seek comfort in healthy ways. A true friend will encourage the participant to persevere. A constructive peer will not point out any increased anger or irritability in the new ex-smoker’s behavior.

Your journey with tobacco has been an individual decision. Now that you are pregnant, you are making decisions for you and your baby.

Ask For Your Baby

As women, we are taught to sacrifice for the sake of others. In our communities, we are often taught that it is not honorable to ask for things for yourself. You might use this concept as a way to create a healthy environment for you and your baby.

Others might respond in a positive way if you ask them not to smoke around you and your baby.

Behaviors of Others That I Don't Like	How This Behavior Affects Me or My Baby	How I Might Ask Someone to Change Their Behavior

IF – WHEN – BECAUSE Statements

Being able to rely on effective communication skills may help participants seek and obtain the support they need from those around them. One model uses a sentence format that includes “I feel – when - because” statements to share needs and feelings without accusing or putting others on the defensive.

Each sentence is begun with the statement “I feel (fill in the blank)...when (blank occurs)..., because...” An example is shown below:

I feel	unsupported, angry, hurt, like I’m not respected, like I’m not trusted, unloved, inadequate, annoyed, frustrated, tense, happy, thankful
When	you continue to ask me if I’d like a cigarette, you smoke in front of me, we go to a smoke-filled restaurant, you tell me that I’ve been more moody since I quit
Because	it makes me feel like you don’t respect my decision to quit, it’s still very difficult for me to resist a smoke, it makes me think you want to see me to fail...

Using “I feel” statements rather than “You” statements will allow the participant to voice their feeling and concerns without sounding accusatory, critical, or judgmental. “You” statements, including “You make me so angry.” “You always say....” or “You never help me...” can often trigger confrontation or arguments.

Effective Communication Skills

Effective communication skills are essential to every relationship. Not only what you say but how you say it often determines how you're viewed and others will respond.

Tips for Effective Communication

1. Respect others. Respect requires trust, equality and empathy. Treat others as you wish to be treated, and value their opinions.
2. Listen. Attentive listening requires participation, openness and receptivity. Practice: Clarifying. Ask questions when you're unsure. Repeating. To minimize misunderstanding, summarize what you hear. Reflecting feelings. Let friends and family members know that you hear and understand their thoughts. Consider what someone is feeling but not saying. Try empathy: "If that happened to me, I'd be angry."
3. Think before responding. Don't speak when you're angry or upset. Instead, take time to prepare and rehearse before confronting a potentially difficult conversation.
4. Avoid malicious gossip
5. Develop an appropriate speaking style and body language. How you speak is just as important as what you say. Consider your tone of voice and how it will be

- interpreted. Avoid grimaces, lip biting, rolling your eyes, fidgeting and using an accusatory tone. Sit erect. Stand tall, shoulders back.
6. Be assertive. Make your needs and requests clear in a friendly way. Stick to the facts and set boundaries.
 7. Recognize and respect differences. Gender, cultural background, birthplace, occupation and personality all influence communication. Recognizing and respecting differences can help reduce misunderstandings.
 8. Give praise. Support and advice within friendships are essential for good relations. Show your appreciation for those you care about. Praise often and publicly.

Source: <http://careers.usatoday.com/service/usa/national/content/quizzes/communicate>

Activity

Suggest to the participants that they think of a friend or a family member who supports their decision to quit. For many people, it may be difficult to broach a subject such as quitting with a friend. Communication skills, like all skills, require time and practice to master. LET'S GIVE IT A TRY!

You can role-play some of these scenarios in groups of two or three. Have participants face each other in chairs. One person will be the "recent ex-smoker" while the second person is the "friend or family member." If in groups of three, the third person can be an "observer" who offers suggestions at the end of the role-play session. The scenarios provided are all optional, allow participants to create their own identities and situations if desired.

Ask participants to identify real life examples in which the group can practice using effective communication skills.

After each scenario, have the participant's ask themselves these questions:

1. Looking at the effective communication skills mentioned, which do you use most often in conversation?
2. Were you able to use "If... when..." statements in the interaction?
3. Did you notice any of the bad communication traits sneaking into the conversation?
4. How can you avoid some of the bad communication patterns in the future?

Reaffirm commitment to remain smoke-free.

- Take this opportunity to go around the room and ask each participant to verbalize their commitment to remain smoke-free.
- If a participant is uncomfortable with making statements aloud, give them a moment to make a silent choice.
- You may use a talking stick, feather, or other item that was used during the Talking Circle.

Review and Discussion

Assignments

1. **Assign Session #6 from the Participant's Guide.**
2. Encourage participants try communicating with a friend using the skills mentioned.
3. Remind participant of the four practical tips: (1) water, (2) sick cinnamon, (3) physical exercise, and (4) deep breathing.

SESSION #6 – Facilitator

Master all obstacles to staying off cigarettes.

OBJECTIVE

To learn how to stay quit through pregnancy and post-partum and enjoy it.

AGENDA

Welcome and Individual Attention

- Welcome each participant.
- Encourage participants to share their recent experiences while completing *Participant's Progress Record*.

Review Session #3

- Ask if participants have practiced being more assertive.
- Did they find the tips from the Participant's Guide to be helpful?

Strategies and Information

- Ask what physical improvements participants have experienced since stopping (ex. More energy, breathing easier, increased sense of smell and taste, more alert).
- Differentiate the causes of weight gain related to pregnancy versus weight gain related to smoking cessation
- Discuss weight loss post-partum and how quitting smoking can help you lose weight (e.g. better able to exercise, breastfeed, have more money to buy healthy foods)
- Discuss the use of low-calorie snacks.
- Briefly discuss the use of alcohol in the relationship to stopping smoking.

Discussion

- Briefly review the material described.
- Ask for questions and encourage discussion.

Assignments

Encourage participants to use relaxation exercises.

Remind participants of the four practical tips:

- (1) Drink a lot of water
- (2) Always carry a cinnamon stick or another non or low-calorie item with you
- (3) Do physical activity
- (4) Do deep breathing

Individual Attention

By now everyone will have reached their quit date. Most of the participants probably will have quit smoking. Individualize your congratulations to each participant. Relate your comments to each individual's personal circumstances. Strongly encourage anyone who has not yet stopped to stick with it. Ask other participants to offer suggestions to individuals still smoking, or to individuals not smoking, but still struggling. The tone of this discussion should be upbeat and committed, but not superficial.

Strategies and Information

Interpersonal Support

All successful ex-smokers "do it on their own". But it can be helpful to obtain support from others during difficult times. It's natural to want to share success at stopping with others as well. Encourage the participants to talk about their smoking bad times and good times, with people who will be constructive, and to avoid discussing their experiences in stopping with individuals whom they feel will not be supportive.

A large number of relapses occur when an ex-smoker is feeling certain emotions. It can be "high energy" emotions such as anger, stress, anxiety and frustration. Or it can be "low energy" emotions such as loneliness and boredom. Many women have learned that a cigarette can help them cope with overwhelming emotions. Smoking doesn't take the feeling away completely, but it tempers it slightly, making it less difficult. When we stop smoking, we're taking away that coping strategy, leaving the full force of the negative feelings. Former smokers need to find other ways of coping with strong; ways that don't have negative side effects (other than smoking and drinking).

Basically, an individual who is constructive will not encourage the participant to seek comfort or to take the easy way out and have a cigarette when the going gets tough. Instead, a friend will encourage the participant to persevere. Second, a constructive person will not call attention to any increased anger or irritability in the new ex-smoker's behavior. Third, a friend will not relate to the participant's stopping smoking with a competitive attitude. Finally, if the participant has a cigarette, a constructive friend will not criticize, but will simply encourage the participant to get back on the right track.

Weight Gain

Most people gain some weight when they quit smoking, usually less than 10 pounds. However, for after having a baby it is impossible to separate out the weight gained from the pregnancy versus the weight gained from quitting smoking. Many women are eager to lose weight after having a baby. The most important thing is that they not turn to cigarettes as a way to regulate their

weight. Instead, it's important to find healthier ways to manage weight. How can you handle this?

In a small percentage of new ex-smokers, there may be a change in metabolism sufficient to lead to significant weight gain, even with no increase in eating. There are 3 possible ways to deal with the weight concerns after having a baby (in order of preference):

- Recognize that it takes awhile to lose the weight gained during pregnancy: The weight you gained is far less harmful than the risk you take by returning to smoking; accept that your weight loss will be gradual over time.
- Increase your physical activity: This way you will burn up more calories; you can do this by making some changes in your lifestyle.
- Make some changes in your diet: For snacks, consider fruit and raw vegetables, fruit pops, low fat yogurt, sherbet, plain popcorn, pretzels, hard candy.

There are other several reasons why individuals may gain weight during this period. Knowing the reasons can help you plan ahead to avoid pitfalls. The reasons for weight gain are:

1. You feel a need to put something in your mouth to replace cigarettes;
2. You decide to treat yourself by indulging in extra food as a reward to stopping smoking;
3. Your sense of taste and therefore pleasure in eating is improved;
4. Your overall health is improved, so that you have a better appetite

It is important for you to emphasize all of these specific reasons for post-cessation weight gain. Otherwise, participants may feel weight gain is just something that mysteriously, unavoidably happens. Do not gloss over this topic. For some smokers, the problem of weight gain is a serious one. Some participants however, lose weight because they gain energy and the ability to breath easier. Encourage participants to find an activity to replace the smoking habit.

Alcohol

For people who drink on a regular basis, there is usually a very strong bond between having a drink and having a cigarette. Chemically, the action of alcohol and tobacco are very different, since alcohol is a depressant and tobacco is a stimulant. The bond is one of habit. Heavy drinkers generally find it very difficult to stop smoking because of this strong bond, but also because alcohol lowers one's resistance to temptation. Some individuals find it helpful to avoid alcohol during the first few days after stopping, until they feel stronger about resisting the

temptation to smoke. If participants are going to be drinking when they first quit, it can be helpful for them to change in some way what they drink and their manner of drinking. This will lessen the association between the drink and smoking. And will also serve as a cue to remind individuals that they are ex-smokers now. Mention that alcohol itself can be hazardous to one's health and that the American Cancer Society recommends moderation in the use of alcoholic beverages. You might mention that marijuana, since it is also smoked, should be avoided as part of breaking away from the smoking habit. You can suggest dealing with it in the same way recommended for alcohol and management of stress. Be prepared to make referrals to your substance abuse program or behavioral health services for those individuals needing more intense intervention.

Review and Discussion

You should very briefly review the material you have just presented in the Strategies and Information section. You can also relate this material, where helpful, to that presented in a previous section.

Assignments

1. Encourage participants to use a relaxation exercise daily.
2. Remind participant of the four practical tips: (1) water, (2) cinnamon stick, (3) physical exercise, and (4) deep breathing.

There should be some type of closing activity here, discussion of follow-up (e.g. will the facilitator be available to talk, other sources of support such as provider or quitline, how will this transition to non-smoking status be celebrated in a culturally appropriate way along with the arrival of the baby, etc.

“Second Wind, First Breath”

Evaluation for Session # _____

	Please rank the following questions	Excellent	Good	Average	Below Average	Poor
1.	Was the program fully explained to you?					
2.	Did you understand the content of the session?					
3.	The session topics were relevant to you?					
4.	Did you have the opportunity to share the discussion?					
5.	Was one hour for this session sufficient time in which to discuss topics?					
6.	Did you feel that the session reflected cultural values?					
7.	Were the assignments helpful to your stopping smoking?					
8.	Did the session activity relate to you?					
9.	Was the overall session useful?					
10.	I would encourage others to attend this stop smoking class.					

11. What did you like most about this session?

12. What do you think could be included in this session?

Certificate of Excellence

This certificate is awarded to

In recognition of your support and participating in the
Muscogee (Creek) Nation Smoking Cessation Classes

Congratulations on the successful completion
of this program

Facilitator's Signature

Date

Program Coordinator

Date