

WELLNESS PROGRAM FOR MENTAL HEALTH









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





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A Special Thanks

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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.

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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.

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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.

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.



Week 1 Exercises

Committing to Wellness for a Lifetime

Week 1: Exercise #1- Funny Addiction Game

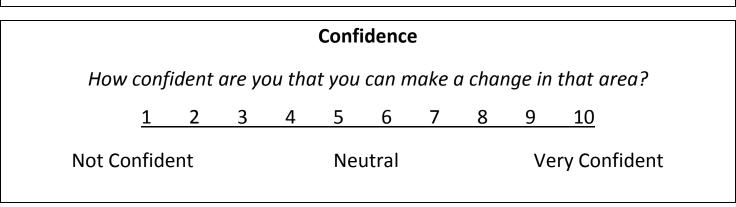
Laughing	Clapping Hands	Twisting Hair
Talking Very Softly	Constant Singing	Humming
Stomping Feet	Batting Eyelashes	Asking Questions
Spinning in Circles	Hopping on One Leg	Shaking Head No
Shaking Head Yes	Jogging in Place	Talking Too Loudly
Waving Hands in Air	Jumping Up and Down	Walking in Circles
Clearing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

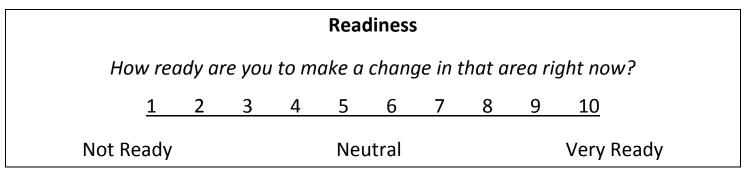
Week 1: Exercise #2- Committing to Wellness for a Lifetime

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

Readiness Ruler

					Impo	rtanc	е				
How	impor	tant is	it for	you t	o mal	ke a ci	hange	in th	at are	a right now?	
	1	2	3	4	5	6	7	8	9	10	
Not Important			Nei	utral			Ve	ry Important			





Week 1: Exercise #3- Change Plan

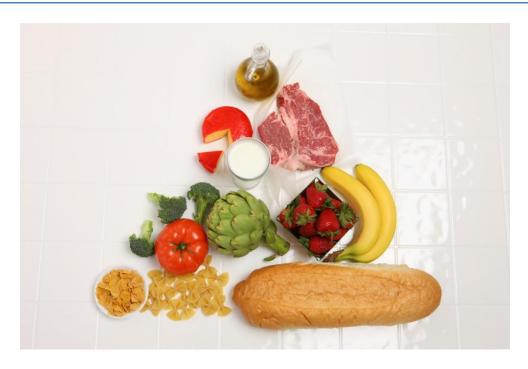
Name:	Date:
1. The changes I want to make (or continue making) ar	
2. The reasons why I want to make these changes are:	
3. The ways other people can help me are:	
4. Three things that will support me in making a change	e are:
5. If my plan isn't working, I will:	



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 food, and include physical activity in your daily lifestyle.

Name some foods you eat in each category:

<u>Fruits</u>- apple, banana, orange, peach, grapes, blueberries, etc.

Vegetables- 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.

<u>Junk</u> (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.

Week 2: Healthy Food Choices



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.

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.

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 eati	ng behavio	or?



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

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:			

Week 2: Exercise #3- Goal-Setting



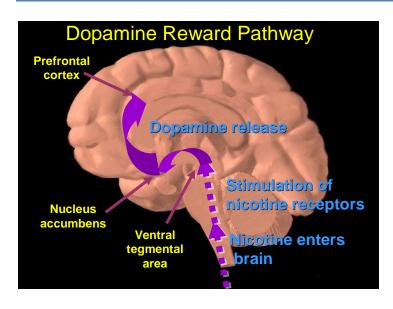
My Goal For This Week:	
,	



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		<u> </u>	
2		<u> </u>	
4			
Do you think yo	u have any addictions?	Yes	_ No
If yes, what?		_	
		<u>—</u>	

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 use, 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.

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.

1.			
2.			
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.



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
	11 to 20 1 21 to 30 2
	31 or more 3
Q2. How soon after you wake up do you smoke your first cigarette? (Circle one response)	Within 5 minutes 3 6-30 minutes 2 31 or more 0
	31 of filore
Q3. Do you find it difficult to stop smoking in non-smoking areas? (Circle one response)	No O Yes 1
Q4. Which cigarette would you most hate to give up? (Circle one response)	First of the morning Other 0
Q5. Do you smoke more frequently in the first hours after waking than the rest of the day? (Circle one response)	No O 1
Q4. Do you smoke if you are so ill that you are in bed	No 0

Nicotine Dependence Scale

Add above responses

0-2 very low dependence

Total _____

3-4 low dependence

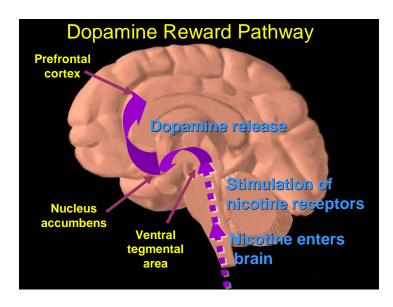
5 medium dependence

6-7 high dependence

8-10 very high dependence

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

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 unnealthy behavior give you pleasure?
2. Why do you engage in your unhealthy behavior around friends?
3. When do you engage in your unhealthy behavior the most?

Week 3: Exercise #3- Goal-Setting



My Goal For This Week:	



Week 4

Dangers of Tobacco

Week 4: Dangers of Tobacco



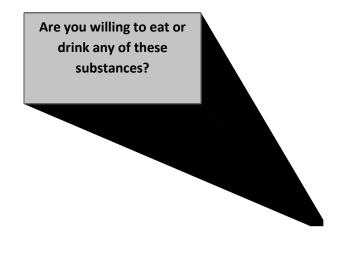
Tobacco is the number one avoidable cause of illness and death in the United States.

-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



Week 4: Dangers of Tobacco

Quick Facts About Tobacco:

- Leading preventable cause of disease, disability, and death
- 1200 doaths avery day in United



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.



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!

Week 4: Exercise #2- Second Hand Toxins



Cigarette smoke is a danger 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?

Week 4: Exercise #3- Goal-Setting



My Goal For The Week: _					



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

Week 5: Staying Active





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



Week 5 Exercises

Staying Active

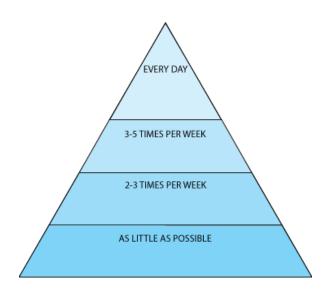
Week 5: Exercise #1- Stack up the Activities

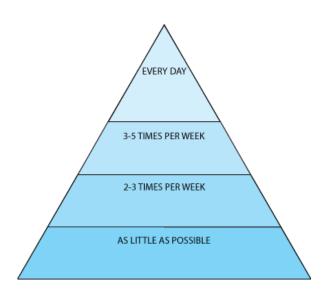
As little as possible

- 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...

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

Week 5: Exercise #3- Goal-Setting



My Goal For The Week: _			



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.

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

- 1. What behavior are you spending too much money on?
- 2. List two ways you could reduce the amount you spend on a behavior.
- 3. List two positive things you would buy with the extra money you could save.
- 4. List two positive things you would do with the extra money you could save.



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 buy?	What can you do?
☐ Clothes	☐ Watch a movie
☐ Jewelry	☐ Eat at a restaurant
☐ Shoes	☐ Attend a sporting event
☐ Music CDs	☐ Go bowling
□ DVDs	☐ Fishing
☐ Quality Food	☐ Join a gym
☐ Gas	☐ Have a pizza party
☐ Healthy snacks	☐ Go to a concert
☐ Lotions	☐ Go on a trip
☐ CD player/iPod	☐ Visit a museum
☐ Make-up	☐ Go to an amusement park
☐ Television	☐ Guitar lessons
☐ Laptop	☐ Start a hobby
☐ Video game system	☐ Dance lessons
	<u> </u>

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.

Week 6: Exercise #2- Goal-Setting



My Goal For The Week:					

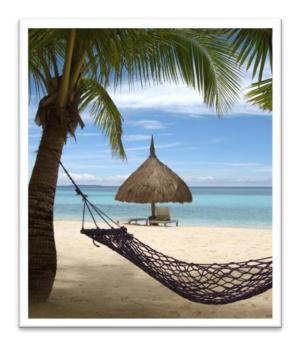


Week 7

Managing Stress for Recovery

Week 7: Managing Stress for Recovery

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

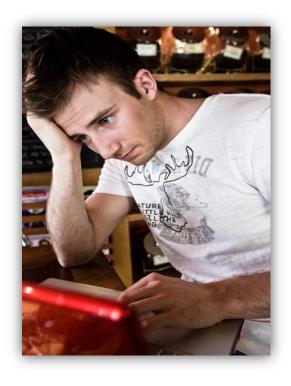


Stress is a common part of life. Your ability to choose how to deal with that stress is important for recovery. You might choose to smoke cigarettes, drink alcohol, or gamble your money away. Some healthier choices might include learning to relax, thinking sensibly about events, and finding effective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

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

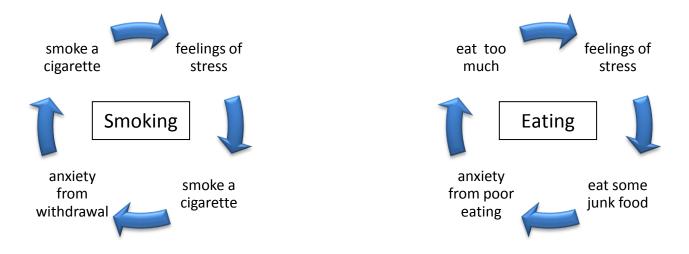
Imagery	Meditation	Music	Yoga	Diet
Get a pet	Take a walk	Burn candles	Read	Pray
Warm bath/shower	Deep breathing	Spiritual faith	Journal	Special Place
Seek support	Take a break	Call someone	Nap	Set Limits
Watch a comedy	Learn a skill	Daydream	Stretching	Say "No"
Martial Arts	Decrease caffeine	Sports	Games	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

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.



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.

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.
- 2. Concentrate on the air coming in your nose and going out of your mouth.
- 3. Take a slow, deep breath through your nose as your stomach and chest rises.
- 4. Hold the air in for three seconds.
- 5. Blow the air out through your mouth listening to the sound of air leaving your body.
- 6. Continue to take slow, deep breaths in through your nose, hold for three seconds, and out through the mouth.
- 7. As you breathe in, say something calming to yourself. "I'm here right now."
- 8. As you breathe out, say something positive to yourself. "I have a choice."
- 9. Say your calming phrase as you inhale and a positive phrase as your exhale.
- 10. Continue your breathing and focus on your phrases for three to five minutes.

Week 7: Exercise #3- Goal-Setting



My Goal For The Week: _	 					



Week 8

Healthy Body Awareness

Week 8: Healthy Body Awareness

Keep your body checked out by health care professionals



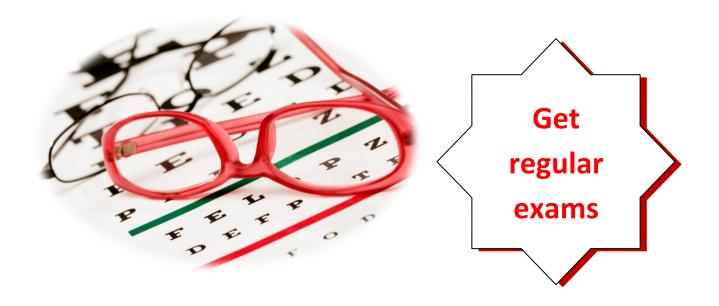
Being aware of your body's health is important in fighting against diseases and living longer. Be sure to get regular physical check-ups and appropriate exams. Developing healthy body awareness involves taking care of your entire body.

How often do you see each health care professional?

1.	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 checkups, a balanced diet, daily activity, addressing addictive behaviors, and coping with stress.

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



Week 8 Exercises

Healthy Body Awareness

Week 8: Exercise #1- Make an Appointment

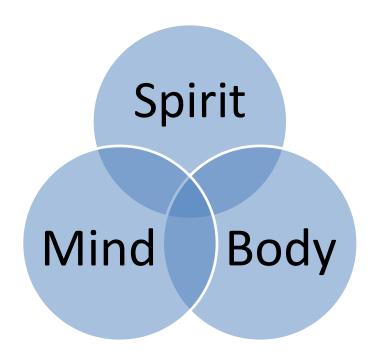


1.	WI	hen	was	the	last	time	you	saw	your	primar	y care	e pr	nysic	ian)

2.	When	is	your	next	ap	poin	tmen	t?

- 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

Week 8: Exercise #2- Overall Awareness



A healthy body includes your mind and spirit

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

Week 8: Exercise #3- Goal-Setting



My Goal For The Week: _					



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

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.

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.

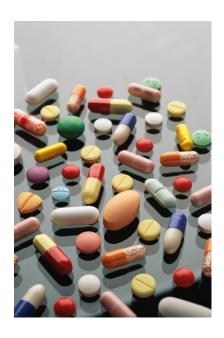
2. Varenicline (Chantix) (Prescription only)

- 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.

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 medication.

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).

<u>Potential interactions</u>: 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.



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.

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?

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 questions:

Week 9: Exercise #3- Goal-Setting
5. Medicaid never covers over-the-counter NRT. ☐ True ☐ False
4. Some medications help prevent or delay weight gain. ☐ True ☐ False
3. You can start taking Varenicline before you quit smoking. □ True □ False
2. The nicotine patch is a safe alternative to smoking. □ True □ False
1. Nicotine causes cancer. □ True □ False



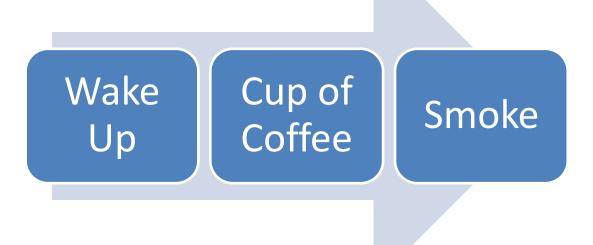
My Goal For The Week:			



Week 10

Patterns and Triggers

Week 10: Patterns and Triggers



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

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.



Week 10 Exercises

Patterns and Triggers

Week 10: Exercise #1- Know Your Limits





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

List four places you consider Danger Zones:

What areas do you not use tobacco or do another unhealthy behavior in?

List four places you consider Safe Zones:

1. _____

2. _____

3. _____

4. _____

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.	What	Danger	Zones	can	you	avoid	?
----	------	--------	-------	-----	-----	-------	---

What Danger Zones are you not able to av	010	C	ľ		į
------------------------------------------------------------	-----	---	---	--	---

4. How can you cope with Danger Zones you can't avoid?

Week 10: Exercise #3- Goal-Setting



My Goal For The Week:			



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.

Week 11: Cravings



Don't Feed The Stray

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. 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.



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.

Craving 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 your craving.

1			
2			
3			

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.
- 5. List three different behaviors you can do.

Week 11: Exercise #3- Goal-Setting



My Goal For The Week:		



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 relationships w road to recovery. List some of the qualities fo	•
Healthy Relationship	Unhealthy Relationship
Week 12: Support Netwo	ork

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.

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.guitnet.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:				
How would you describe your How would you describe your		s?		
3. Do you have positive relationships that can help you? □Yes □No4. List two things others can do to help support you.				

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.

1. Communication Skills					
	Do	Don'	t		
			Listen well to others		
			Express thoughts and feelings		
			Show empathy		
2. Se	lf-Ma	nagei	ment Skills		
	Do	Don'	t		
			Set personal goals		
			Control your emotions and behaviors		
			Stand up for yourself		
3. Pr	oblen	n-Solv	ving Skills		
	Do	Don't			
			Commit to working on a problem		
			Look at all your options		
			Find and use a solution		
4. Re	elaxati	ion Sk	kills		
	Do	Don'	t		
			Recognize the warning signs of stress		
			Decrease tension in tough situations		
			Use different methods to calm self		
We	eek	12	: Exercise #3- Goal-Setting		



My Goal For The Week:		



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

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 quit attempt.



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:

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 makes up about 70% of the human body by mass. □ True □ False					
2. You should drink at least eight ounce glasses of water every day.					
a. 4					
b. 8					
c. 12					
3. List two things in the body that are partly made up of water.					
4. Name two things water does for the human body.					

Week 13: Exercise #3- Goal-Setting



My Goal For The Week			



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.

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



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.

1. What areas do you have personal goals in?	
☐ Work/volunteer	
☐ Mental/Physical Health	
☐ Family	
☐ Spiritual	
☐ Relationships	
2. List three goals from the areas you checked. Circle the simplest goal to achieve	e.
b c	
o	
o c	
b c 3. List the steps that it will take to achieve the goal you chose.	
b	

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		

Week 14: Exercise #3- Goal-Setting



My Goal For The Week:		



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	
3	



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.

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!



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:

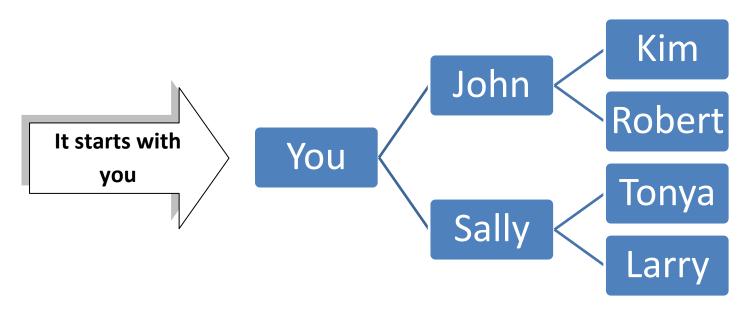
Imagery	Meditation	Music	Social Activities	Yoga
Get a pet	Take a walk	Burn candles	Read	Hobby
Warm bath/shower	Deep breathing	Spiritual faith	Journal	Special Place
Martial Arts	Take a break	Call someone	Nap	Games
Watch a comedy	Learn a skill	Daydream	Family Time	Sports

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

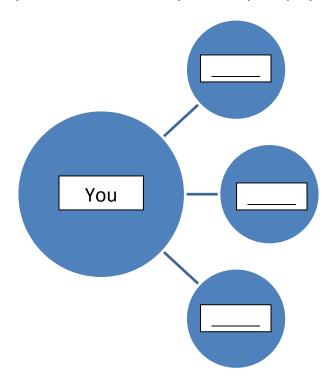
List three things you can do to reward yourself for choosing a healthier life:

1			
2			
2			

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? _____

Week 15: Exercise #3- Future Goals



My Goal For The Future:		

Appendix

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Ш	Ready to Quit Kit	121
- II	Pharmacotherapy	134
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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.
- 2. Concentrate on the air coming in your nose and going out of your mouth.
- 3. Take a slow, deep breath through your nose as your stomach and chest rises. Hold the air in for three seconds. 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.
- 4. As you breathe in, say something calming to yourself. "I'm here right now."
- 5. As you breathe out, say something positive to yourself. "I have a choice."
- 6. Say your calming phrase as you inhale and a positive phrase as your exhale.

II. Ready to Quit Kit

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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
choose to quit using tobacco (or other behavior) on this date:
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

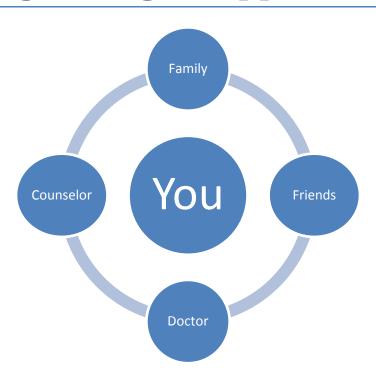
Two weeks before your quit date:
☐ Tell friends, family, and mental health professionals about your quit date
☐ Tell your doctor and decide if you will take tobacco dependence medications
☐ Write a list of activities to stay busy on your quit date
☐ Change your eating behaviors to avoid unwanted weight 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.

Mental Health Professional - 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)
<u>Friends</u> :	
<u>Family</u> :	
	<u> </u>
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
	<u> </u>



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:
1
2
3

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		
Long Acting 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 uten	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		willie smoking	with		
	2 wks; 7mg/day for 2				hydrocortisone		
	wks if no cravings				cream; vivid		
					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,		
,	then 300 mg/day;	while taking	passive; requires	abnormality or eating	constipation		
	take second pill in		prescription	disorders	•		
	early evening to						
	reduce insomnia						
				stility, depressed mood, changes			
				cluding swelling, rash, redness,			
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 1 mg twice daily			other tobacco treatment medications	vomiting		
STOP taking Vare		are provider immediately if	vou experience agitation, ho	ostility, depressed mood, change	s in thoughts or		
				cluding swelling, rash, redness,			
		Short Acti	ng Medications				
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		
	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			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			
NT	not inhale deeply	TT 1 1 1 1 1	ъ .	absorption)	NT 1' ''		
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,		
NT2 4*	head back and spray	A 1-1 - 4	Managa and Advancer	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.