

NSW KIDS
+ FAMILIES

Yarning About Quitting

Providing smoking cessation support for
Aboriginal pregnant women and mothers



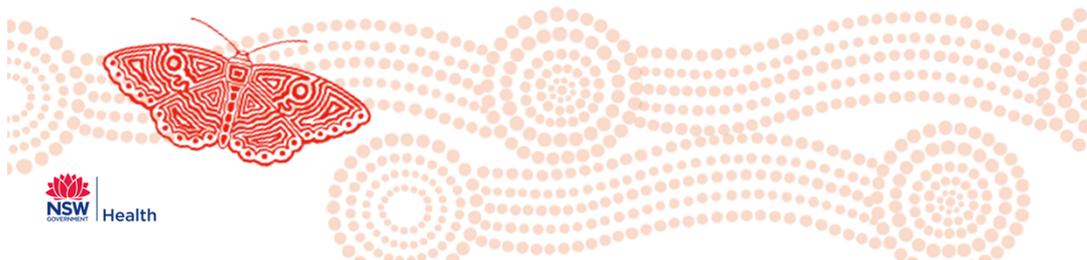
NSW Health

**Presentation slides
with facilitator notes**

Acknowledgement of Country

We acknowledge the Aboriginal custodians of the land we meet on today.

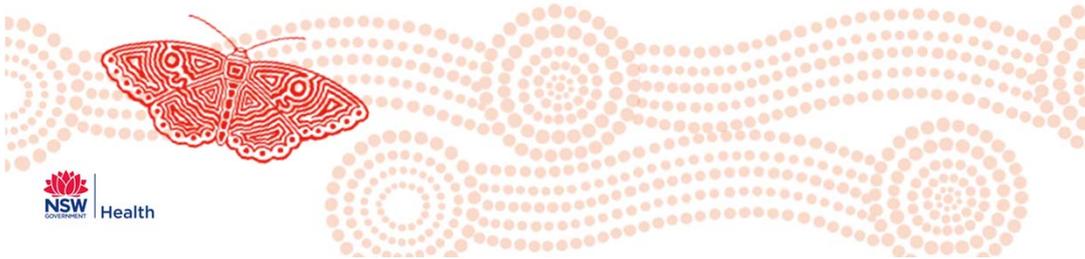
We pay our respects to the Elders past and present, and extend that respect to Aboriginal people present today.



FACILITATOR NOTES

- At the end of the first sentence you can add the name of the Traditional Owners in your local area.
- For example, when this presentation was used in Little Bay (Sydney), the sentence read:
- *We acknowledge the Aboriginal custodians of the land we meet on today, the Dharawal people.*

INTRODUCTION TO YARNING ABOUT QUITTING



Why was *Yarning about Quitting (YaQ)* developed?

- Because some of the Aboriginal women we see are smokers
- Quitting smoking early in pregnancy is best for mother and baby
- Health professionals want to provide information, advice and support to help women quit
- BUT, raising smoking and providing quit support can be challenging
- ***Yarning about Quitting* aims to address common challenges and provide practical skills for health professionals supporting Aboriginal women to quit**



FACILITATOR NOTES

Read/present the points below

- Because some of the clients we see who are either Aboriginal pregnant women or women having Aboriginal babies are smokers.
- Quitting smoking early in pregnancy is one of the most important things a woman can do to improve her and her baby's long-term health outcomes.
- As health professionals we want to provide information, advice and support that can help women to quit.
- BUT, raising smoking and providing effective quit support can be challenging (at the first visit and subsequent visits).
- *Yarning about Quitting* tackles some of the common challenges and offers practical approaches that health professionals can use when supporting Aboriginal women to quit.

What's in the YaQ learning package?

- eLearning module
 - For NSW Health staff – HETI Online
 - For other participants – link to module on the NSW Kids and Families website
- Face to face training (4 hours)
 - Practical focus – learning and applying skills in providing effective and culturally appropriate quit support



FACILITATOR NOTES

Read/present the points below

The Yarning about Quitting package includes:

1. An eLearning module

- For NSW Health staff, the module is available via HETI Online
- For other YaQ participants, the module is available via a link on the NSW Kids and Families website
- Participants are requested to complete the eLearning module before attending face to face training
- If you haven't completed the module, please aim to complete it as soon as possible

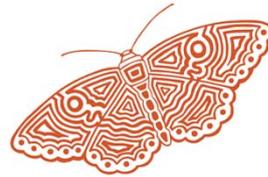
2. Face to face training (4 hours)

- Practical focus – learning and applying skills in providing effective and culturally appropriate quit support

- This is the training you are doing today
- (Advise participants if they will be completing the training in one four hour session or several shorter sessions)

Who is the YaQ learning package for?

- All health professionals working with Aboriginal women, women having Aboriginal babies, and Aboriginal families



FACILITATOR NOTES

Read/present the points on the slide

Optional:

- Ask participants to think about who the training would be most relevant to?
- Get brief feedback from the group
- (Potential responses: midwives, Aboriginal health workers, child and family health nurses, Aboriginal health education officers, health promotion officers....)

YaQ builds on existing resources

- *Yarning about Quitting* is a tailored package
 - It does not cover all aspects of brief intervention, smoking and pregnancy, or motivational interviewing
- However, elements from each of these topic areas have been incorporated into *Yarning about Quitting*



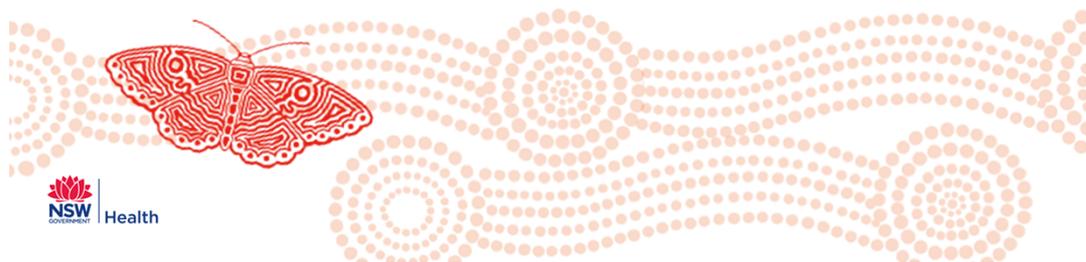
FACILITATOR NOTES

Read/present the points below

- *Yarning about Quitting* is a tailored package – focussing on key knowledge and skills that will assist you in providing quit support for Aboriginal women
- The package does not cover all aspects of brief intervention, smoking and pregnancy, or motivational interviewing
- A list of relevant training and resources is provided in your workshop package
- (Show participants the ‘Related training and resources’ handout)
- However, key aspects from these training and resources have been incorporated into the *Yarning about Quitting* training and will be applied during the practical activities (e.g. counselling skills, Nicotine Replacement Therapy in pregnancy, behavioural strategies, etc.)

***Yarning about Quitting* DVD - Introduction**

- Watch the *Yarning about Quitting* DVD Introduction
- *As you watch, jot down some of the messages you are hearing from the health professionals and women who appear....*



FACILITATOR NOTES

Read/present the points below

- Throughout the workshop you will be viewing sections from the *Yarning about Quitting* DVD – watching, reflecting, discussing as we go along
- To start off we will watch the Introduction chapter
- While you are watching, jot down any key messages that come through to you (not just one message)

After watching

- Get feedback from participants – “What messages did you hear?”
- **Optional:** note the messages on butcher’s paper

NEXT SLIDE

Key messages

Quitting is one of the most important things a woman can do to improve her and her baby's long-term health.

Pregnancy is a good time to talk about smoking – women can be more motivated to quit.

Engagement / rapport / trust is critical – but can take time – keep 'tapping away'.

Aboriginal women expect to be asked about smoking during pregnancy and offered support to quit.

Quitting usually takes a few attempts – support from health professionals over time is important.

The rate of smoking during pregnancy is higher for Aboriginal women.

Smoking in pregnancy increases the risk of miscarriage, prematurity, low birth weight, birth complications and health problems for the baby/child (e.g. respiratory issues, ear infections, behavioural issues).

It's important to keep asking about smoking – a woman's perspective can change over time. Continuing to offer quit support shows we care about the health of the woman, her baby, and her family.

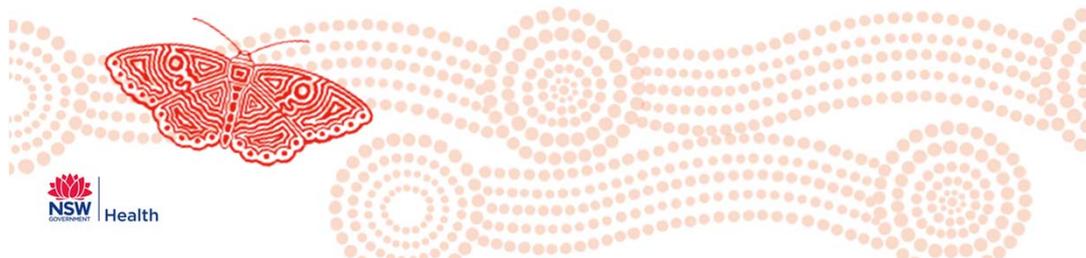


FACILITATOR NOTES

- Briefly review the points on the slide
 - Acknowledge messages identified by participants
 - Briefly discuss any messages not identified by participants

Exploring challenges

- Work in small groups (at your table)
- Use a 'mud map' to write down at least three things you find challenging when raising smoking and supporting Aboriginal women to quit



FACILITATOR NOTES

- **Break participants into groups of about 4-6 people**
- Provide each group with a 'mud map' template and pens
- Give participants 5 minutes to complete the activity on the slide
- After 5 minutes:
 - Get brief feedback from each group
 - Note common themes that emerge on butcher's paper
 - Highlight the issues the workshop will address and acknowledge those that will not be covered
 - If possible, provide ideas about where participants can seek support for those issues that fall outside of the workshop learning content

NEXT SLIDE

Common challenges

- **Afraid to raise (or continue raising) smoking** – worried about loss of trust / ‘hassling’ / pushing the woman away.
- **Working with women experiencing complex social issues** – wonder if quitting smoking is a priority?
- **Good at building rapport / providing positive reinforcement but find it hard to take the next step** - assisting the woman to identify practical and acceptable strategies for quitting.
- **Being too keen to jump to giving advice** and to solving a woman’s problems without taking the time to build rapport, listen to the woman’s story and elicit her own solutions.
- **Unsure how to engage / assist in a culturally appropriate way** – may make you overly cautious about raising smoking
- **May be a smoker yourself and feel hypocritical** or unable to have the conversation about quitting
- **Negative views about smoking and the potential for women to successfully quit** – “nobody quits, it’s not worth the time and effort to keep raising the issue”



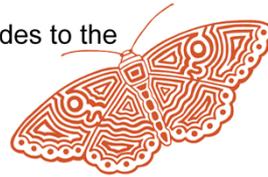
FACILITATOR NOTES

Read/present the points below

- These are some of the challenges that have been identified through:
 - Research or
 - Health professionals that assisted in developing the *Yarning about Quitting* learning package
- (Briefly note any challenges on the slide that didn’t come up in the small group sessions)
- We will deal with many of these challenges during the workshop
- But first, let’s look at what research can tell us about smoking and quitting in Aboriginal pregnant women

What does research tell us?

- **We are not starting from scratch**
 - Most Aboriginal smokers (men and women) that health professionals see:
 - » Will want to quit
 - » Already know that smoking and passive smoking are harmful
 - » Are likely to already live in smoke-free homes and
 - » Have a history of recent quit attempts.
 - Aboriginal women expect antenatal care to include smoking cessation advice and feel support from health professionals is likely to be helpful with quit attempts
 - Aboriginal women express strong protective attitudes to the fetus and look up to positive role models



FACILITATOR NOTES

Read/present the points on the slide

Then state:

Therefore, there is a strong foundation from which we can assist women by providing brief advice and appropriate support/treatment to sustain quit attempts.

What does research tell us?

- **Aboriginal women can face significant barriers to quitting**
 - Social and cultural norms
 - Stressful and challenging life circumstances
 - Limited specific knowledge about the harms from smoking and about treatment options - such as Nicotine Replacement Therapy (NRT) and how to use it
 - System barriers
 - Lack of subsidy for oral forms of NRT
 - Excessive caution used in prescribing NRT



FACILITATOR NOTES

Read/present the points below:

- **What else does research tell us?**
- **Aboriginal women can face significant barriers to quitting.** These include:
 - Social/cultural barriers:
 - There are high levels of smoking in some Aboriginal communities and smoking can be linked with social norms
 - As Allira said in the DVD Introduction “having a yarn, a cuppa and a smoke”
 - Women can feel isolated in pregnancy if they avoid sitting with smokers; yet if they do sit with smokers they report that the smell of smoke triggers cravings.
 - Many Aboriginal women experience a large number of stressors in their lives – smoking is often cited as a way or coping (taking time out) and quitting is perceived as hard in the face of challenging life

circumstances

- Aboriginal women may understand that smoking can cause harm, but for some this knowledge is limited – for example, understanding of the specific risks of smoking in pregnancy and treatment options (such as NRT and how to use it)
- System barriers exist too – lack of subsidy for oral forms of NRT and excessive caution used prescribing NRT

Within this context, health professionals have an important role – to hear each woman’s unique story, to share accurate information and provide quit support that fits with each woman’s circumstances.

Further reading

The information in the previous two slides was sourced from three published articles:

- Gould, G. S., Bittoun, R., & Clarke, M. J. (2014). A pragmatic guide for smoking cessation counselling and the initiation of Nicotine Replacement Therapy for pregnant Aboriginal and Torres Strait Islander smokers. *Journal of Smoking Cessation*
- Passey, M. E., Bryant, J., Hall, A. E., Sanson-Fisher, R. W. (2013). How will we close the gap in smoking rates for pregnant Indigenous women? *Medical Journal of Australia*
- Thomas, D. P., Davey, M. E., Briggs, V. L., Borland, R. (2015). Talking about the smokes: summary and key findings. *Medical Journal of Australia*

Links to these articles are included on your 'Related training and resources' handout along with another recommended article:

- Kimber, P. R., & Ellerbeck, E. F. (2014). It's time to change the default for tobacco treatment. *Addiction*

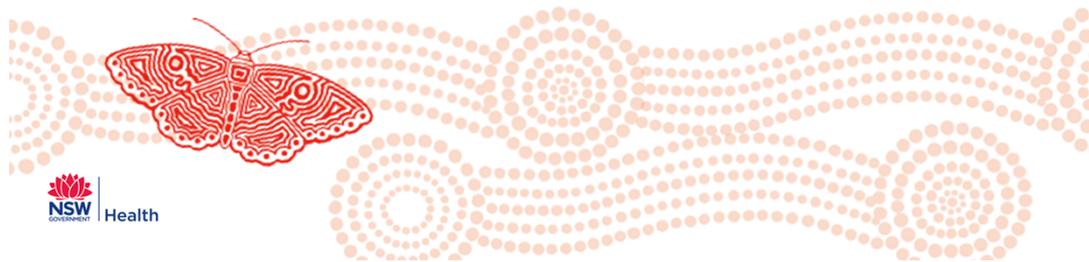


FACILITATOR NOTES

- Refer participants to the 'Related training and resources' handout, which provides links to three articles used to develop the 'What does research tell us?' section of the presentation.
- Note that one further article is recommended (Kimber & Ellerbeck, 2014). Briefly explain that this article:
 - Questions whether a person needs to be 'ready to quit' before health professionals offer quit support/treatment
 - Argues that quit support and treatment should be offered to all smokers in the same way that treatment is offered for other health issues (like hypertension, diabetes, etc.)
 - Cites evidence that smokers who report *they are **not** ready to quit* actually **quit at the same rates** as those who report they are *ready to quit*, and
 - Concludes that, given most smokers want to quit, offering quit support and treatment **to all smokers** (regardless of 'readiness')

to quit) may be a more ethical approach.

Guidelines for treatment of smoking in pregnancy



FACILITATOR NOTES

Read/present the points below

- We are now going to look at some general principles about what to do when providing quit support in pregnancy
- We will also look at the latest recommendations about use of Nicotine Replacement Therapy (NRT) in pregnancy

Guidelines for treatment of smoking in pregnancy

- Evidence-based information from:
 - ‘Managing Nicotine Dependence: a guide for NSW Health staff and
 - Gould, Bittoun and Clarke’s published article ‘Pragmatic guide for smoking cessation counselling and initiation of NRT for pregnant Aboriginal and Torres Strait Islander Smokers’



FACILITATOR NOTES

Read/present the points below

- The information being presented comes from two sources (read the slide)
- The information has also been provided to you as a handout for easy reference
- (Show participants the ‘Guidelines for treatment of smoking in pregnancy’ handout)

General principles

- Encourage quitting **early** in pregnancy
- Encourage **quitting rather than cutting down**
- Share information **using simple educational materials**
- **Talk about stress** in a way that is easily understood
- Talk about **withdrawal symptoms**
- Work with a woman to **identify triggers for smoking** and **provide practical strategies** that are captured in a **personal Quit Plan**
- Offer **support to other cohabitants** who smoke
- **Check back in** with the woman



FACILITATOR NOTES

Read/present the points below:

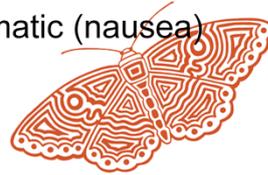
- Encourage quitting **early** in pregnancy (this means asking about smoking and offering quit support **from the very first visit**)
 - Quitting early in pregnancy will promote the best health outcomes for mother and baby
 - Quitting can take time, so it is better to start (or plant the seed for change) early
- Encourage **quitting rather than cutting down** – can use ‘cutting down to quit’ with NRT
 - If smokers try to cut down without substituting oral NRT, they tend to take big drags on the cigarette, which means more carbon monoxide, and tar goes deeper into the lungs and does more damage
 - Remember, people smoke to get the nicotine, but it’s the smoke

that does the damage

- Provide foundation knowledge by **using simple educational materials** to explain about smoking and pregnancy and NRT
 - Remember that research tells us that some women may not have a detailed understanding of the risks of smoking in pregnancy or treatment options
- **Talk about stress** in a way that is easily understood
 - Stress is a common reason for smoking in Aboriginal women and is often cited as barrier to quitting
 - The stress caused by smoking is often not understood as being due to nicotine withdrawal effects
 - Use a visual guide to explain this concept (an example of a good visual tool will be shown when we look at the DVD scenarios later)
- Talk about **withdrawal symptoms**:
 - Name them so people know what to expect
 - Or elicit from the woman what symptoms she feels when she goes without a smoke – and link to withdrawals
- Work with a woman to **identify triggers for smoking** and **provide practical strategies** that are captured in a **personal Quit Plan**
- Offer **support to other cohabitants** who smoke rather than expecting the woman to quit in isolation
- **Check back in** with the woman at the end of the session to ensure she is clear about what has been said and that she is feeling comfortable

Nicotine Replacement Therapy

- Consensus of expert opinion - **NRT is much safer than continuing to smoke during pregnancy**
- RACGP Guidelines and NSW Health Guidelines – if quitting with behavioural support alone is unsuccessful, NRT should be considered and offered
- Intermittent forms of NRT (gum, lozenge, inhalator, mist, spray) preferred to patch in the first instance
- Higher dose NRT (4mg gum not 2mg) required due to pregnant woman's increased metabolism
- Nicotine patch can be used if oral is problematic (nausea) or if combination therapy is required (e.g. for highly dependent smokers)



FACILITATOR NOTES

Read/present the points below:

- NRT Guidelines in pregnancy vary internationally
 - Use of NRT in pregnancy has been controversial due to concerns around effectiveness and safety
 - However, the consensus of opinion among experts is that NRT is much safer than continuing to smoke during pregnancy
- Royal Australian College of General Practitioners (RACGP) Guidelines and NSW Health Guidelines are in agreement – in the event that quitting with behavioural support alone is unsuccessful and pregnant women require additional support, NRT should be considered and offered
- Intermittent forms of NRT (gum, lozenge, inhalator, mist, spray) preferred to patch in the first instance
 - Higher dose NRT (4mg gum not 2mg) is required due to pregnant

woman's increased metabolism

- Nicotine patch may be used in event that oral is problematic (nausea) or if combination therapy is required (e.g. for highly dependent smokers).
 - You can refer to page 11 of 'Managing nicotine dependence: a guide for NSW Health staff' for simple steps to assess nicotine dependence

Practical tips about NRT

- If initial attempt to quit 'cold turkey' is not successful (this attempt or previous attempt) – **move swiftly on to NRT**
- **Explain in simple terms how NRT works**
- **Have samples of NRT on hand** so you can show clients how to use it
- **Check in with a woman daily** (especially for first 5 -7 days) when she starts on NRT
- **Be prepared to alter the NRT type or dosage** if it is not working for the client



FACILITATOR NOTES

Read/present the points below

- If initial attempt to quit 'cold turkey' is not successful (not abstinent for 2-3 days) either in this attempt or in a previous attempt – **move swiftly on to NRT**
- **Explain in simple terms how NRT works**
 - Don't assume people know and don't leave it up to the client to read the instructions on the pack
- **Have samples of NRT on hand** so you can show clients how to use it
 - You want the client to feel confident about using the form of NRT
- **Check in with a woman daily** (especially for first 5 -7 days) when she starts on NRT to ensure it is well tolerated and that she is using enough to control symptoms

- Move to combination NRT if oral is not enough
- **Be prepared to alter the NRT type or dosage** if it is not working for the client

Then ask the group - are there any other key points that you think should be included on this list?

- Throw open to the group for tips or hints regarding smoking cessation treatment for Aboriginal women in pregnancy

NEXT SLIDE

For further information on NRT

- Refer to 'Managing Nicotine Dependence: a guideline for NSW Health staff'
- Seek advice from colleagues with specialist knowledge

The more you understand and are familiar with NRT, the more comfortable you will be offering appropriate treatment for you clients

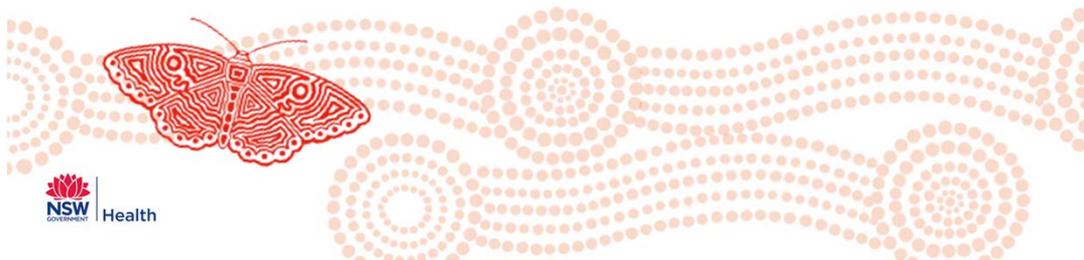


FACILITATOR NOTES

Read/present the points on the slide

Supporting Aboriginal women to quit

The importance of yarning



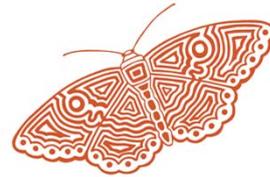
FACILITATOR NOTES

Read/present the following points to Introduce this session:

- In the earlier session we spent some time looking at **‘what to do’** when you are assisting a woman to quit – for example:
 - Encourage quitting early in pregnancy
 - Share information using simple educational materials
 - Talk about withdrawal symptoms, etc.
- In this session we are going to focus more on the **‘how’**–
 - How to have a conversation about smoking and quitting and
 - How to work with a woman to assist her to make and sustain a quit attempt.
- To get started, let’s talk a bit about what it means to have a yarn and why it is so important.

Take a moment to think about....

- *What does it mean to have a yarn?*
- *Why is it important to take the time to yarn?*



FACILITATOR NOTES

Read/present the points below

- Yarning can mean a lot of things
- But think specifically about your work with Aboriginal pregnant women and think for a moment about:
 - What does it mean to have a yarn?
 - Why is it important to take the time to yarn?
- Ask participants to discuss these questions in small groups (e.g. at their tables) for a few minutes
- After a few minutes, get brief feedback from each small group

NEXT SLIDE

Yarning....

- Allows you and the woman you are meeting with to get to know each other a little
- Shows that you are genuinely interested in the woman and that you care for her, her baby, and her whole family (not just 'ticking boxes')
- Is sometimes mostly about listening
- Gives you the opportunity to hear the woman's unique story
- Provides a foundation – makes asking about smoking (and other health issues) more relaxed / conversational



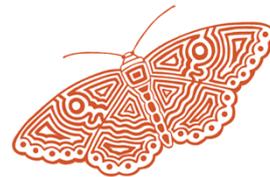
FACILITATOR NOTES

Read/present the points on the slide

(Acknowledge if participants have already identified some of the points)

Recognising culture and history

- Having a yarn is a great approach with any woman
- But it can be especially important for Aboriginal women
 - Cultural norms
 - History of negative experiences with hospitals/ institutions



FACILITATOR NOTES

- **Read/present the points below**
- Every Aboriginal woman is an individual
- The woman you are meeting with may or may not have a different cultural experience to you
- However, for many Aboriginal people, taking time to talk and listen is important
 - Yarning – including hearing about how a woman and her family are going – can be an important sign of cultural respect
- Also, it's important to acknowledge that you may not be starting from a position of trust
 - Even in recent history, many Aboriginal people have had negative experiences with hospitals and other institutions
 - Yarning allows a little time to get to know each other, communicates that you care and are genuinely interested in the woman
- But, there is no need to be overly cautious - just **be yourself**, and **be genuine**.
 - Think about:
 - ***How would you welcome a friend into your home?***
 - ***What would you ask if you were meeting someone for the first time?***
 - In a professional environment we can sometimes forget these important first steps – but taking the time to do these things establishes rapport before we move on to questions about smoking (or anything else...)

Learning more

- Yarning about Quitting DVD
- 'Respecting the Difference'
- Talk with your colleagues



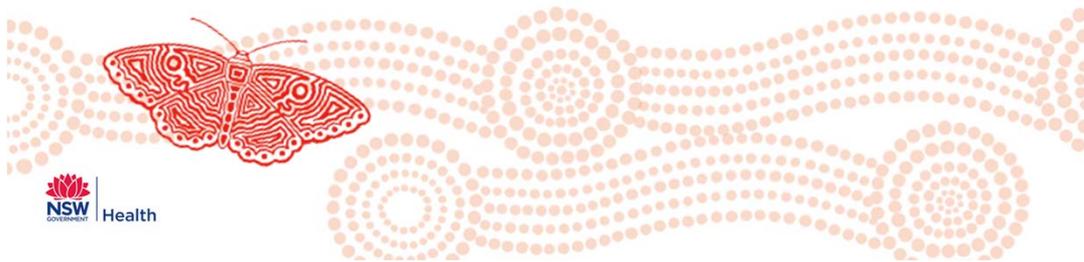
FACILITATOR NOTES

Read/present the points below

- In the last session of the workshop we will be watching three scenarios in the Yarning about Quitting DVD
- The scenarios show health professionals working with Aboriginal women around smoking and quitting
- In the scenarios you will see some good examples of how yarning can be part of working with a woman
- To further extend your learning – if you haven't completed it yet, the NSW Health 'Respecting the Difference' eLearning module and face to face training (where available) are highly recommended
- Finally, for non-Aboriginal health professionals, if there are things you are unsure about, talk with your Aboriginal colleagues to seek guidance and advice
- We will now look at some specific counselling skills that can assist when you are supporting a woman to quit

Supporting Aboriginal women to quit

Counselling skills



Communication styles

Directing < ---- > **Guiding** < ---- > Following

To

- Point
- Accompany
- Kindle
- Inspire
- Elicit
- Offer

To

- Allow
- Listen
- Understand
- Grasp
- Stay with
- Value



FACILITATOR NOTES

Read/present the points below

- We are going to start by thinking about different communication styles
 - **Directing, Guiding and Following**
 - During our conversations we move back and forth across this continuum
- **Directing** is where the health professional gets to do all the talking
- Although education is an essential part of our role, it should be put aside and revisited at the right times
- Lets take a look at the words listed under **Guiding** and try to get a sense of this style (**Read the words under 'Guiding' on the slide**)
- **Guiding** is where we work in partnership towards common goals and where motivation is mobilised from within the woman
- Now lets look at the **Following words** , what do they feel like? (**Read the words under 'Following' on the slide**)
- This is where we collect information, establish rapport and promote engagement. It is also where empathy is expressed - "I hear you, I understand"
- By adopting a **Following and Guiding** style you will be:
 - Working alongside the woman,
 - Encouraging her to explore her story, her smoking history, her beliefs, her strengths,
 - And empowering her to find her own solutions and formulate a plan for change.

Some examples of a Directing Style include:

- Telling
- Explaining
- Making suggestions
- Prescribing
- Warning
- Persuading



FACILITATOR NOTES

Read/present the points below

- So lets have a look at the Directing style, what sort of feelings do these words bring into play? (**Read the words on the slide**)
- **Do they feel empowering?** (...pause)
- If we have not taken the time to explore the situation with the woman - how do we know:
 - What she needs?
 - What she already knows?
 - What suggestions or advice would help her?
- **So when is the time right to direct or educate?**
 - In general it is best to leave this until the end of the conversation or when planning begins
 - And always ask the woman if it is OK
 - The only exception is when she asks you a question - this is a signal that she is moving towards change and is an opportunity for you to share your words of wisdom

Persuasion: is never helpful and leads to the woman saying
→ Yes but.....



FACILITATOR NOTES

Read/present the points below

- When we try to persuade someone we end up encouraging them to give you all the reasons why they **can't quit smoking**
- In this way the woman will be verbalising and strengthening her own arguments **against** change
- Which leads to the: **Yes I know I should....but....**

The Righting Reflex

- Comes from the heart, good intentions and the desire to *fix* things, but...
- It leads to resistance, lowers confidence and blocks problem solving
- You become the expert and your client becomes the passenger



Need to work on my landing!



FACILITATOR NOTES

Read/present the points below

- So why do we have this urge to persuade?
- It is called the 'righting reflex'

READ SLIDE

Ambivalence

Ambivalence occurs when the woman has two conflicting thoughts and feelings at the same time

These are expressed by:

- 1) **Change talk** which is language that points to:
 - Arguments for change
 - Possibilities of change and
 - Positive things that could help with change

- 2) **Sustain talk** which is language that favours keeping things as they are



FACILITATOR NOTES

Read/present the points below

- Before we move on to **the Core Interview Skills**, I want to introduce the concept of **Ambivalence**

READ SLIDE

- As you can see we have **CHANGE talk** - which is where the woman talks about the **benefits**
- And on the other hand, we have **SUSTAIN talk** or the perceived **barriers** to change

- This is the most common place for people to get stuck - fluctuating between the two sides

- When this happens a person can be said to be a 'contemplator'

Closed questions

→ lead to Yes and No answers

- “Are you thinking of quitting?”
- “Have you tried NRT?”
- “Do you smoke in the house?”

Open questions often start with:

- What, How, Tell me more about...



FACILITATOR NOTES

Read/present the points on the slide

- **Then state:**
- Closed questions will not encourage the woman to explore her situation or consider the possibility of change
- You routinely use **open questions** as a way of establishing rapport with women - so you already know how to do this!
- **Questions like:**
 - How are you today?
 - What’s been happening since the last time I saw you?
 - How can I help?

ACTIVITY

- Ask the group - Does anyone want to have a go at turning these closed questions into open questions?

(Allow time for suggestions and acknowledge any suggestions or effort prior to next slide)

NEXT SLIDE

The type of information that open questions should provide

“What thoughts have you had about cutting down or quitting?”

Should tell us how important she thinks this is

“What is your understanding of NRT?” or

“What is your experience of NRT?”

Should provide information for the planning stage

“Tell me about the places you like to smoke?”

**Should elicit information about house and car environment
and smoking triggers**

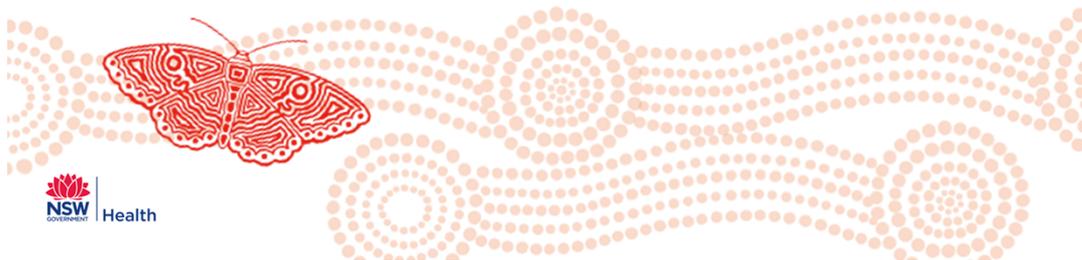


FACILITATOR NOTES

- **FIRST** comment on the responses from the group, for example:
 - *“These examples are similar or much the same as the examples you gave me”*
- Now let’s have a closer look at what the woman’s possible answers could mean for the interview process
- **READ SLIDE** and focus on the **BOLD** statements

How to adopt a following / guiding style using OARS

- O = Ask **O**pen questions
- A = **A**ffirm the positive
- R = Listen **R**eflectively
- S = **S**ummarise the important points



FACILITATOR NOTES

Read/present the points below

- So where do we start?
- How do we engage the woman in such a way the she becomes an active participant in the change process?
- We start by practicing **OARS**, which are the core interviewing skills, that will enable you to:
 - Establish rapport
 - Maintain a working relationship and
 - Encourage the woman to find her own solutions
- At first you will need to make a commitment to practice these skills and with time they will get easier and become a natural part of your practice

Benefits of open questions

- Establishes a collaborative partnership and working relationship that allows the change process to unfold
- Encourages the woman to think about and express her hopes, concerns, knowledge and beliefs
- Allows you to gather information about:
 - Her smoking history
 - Specific thoughts she may have in regard to quitting in the past, now or in the future



FACILITATOR NOTES

Read/present the points on the slide

Then state:

- So through the use of open questions you gain valuable information that you can use to focus and guide the conversation
- Open questions will also enable you to work in partnership with the woman and provide her with an opportunity to gain insight into her situation
- In your handouts you have examples of specific open questions that are designed to **focus** the interview and elicit specific responses from the woman
- (Show participants the 'Counselling skills' handout)

Affirm (A in OARS)

- To affirm is to acknowledge and highlight the positive things the woman has said

Affirmation is an expression of:

- A desire, reason or need to change
“I have been thinking about the baby’s health.....”
- Her abilities and strengths
“I can be quite stubborn when I make my mind up”
- Insights, hopes, supports
“My family are everything”



FACILITATOR NOTES

Read/present the points on the slide

Then state:

- These statements are like gold
- They are CHANGE TALK
- Your job is to spot them when they occur and **acknowledge and highlight** them by saying something like..... (as in the case of the first statement):
 - *“It’s a good thing that you are thinking about baby’s health, I can tell you care a great deal.....tell me about what the sort of things you have been thinking about...”*

Affirmation is not praise....

Affirmations must be linked to something specific, for example:

- *“You’ve been thinking about it and that’s a great place to start”*
- *“You’ve achieved a smoke free house and car, that is a positive step”*

And the tone or intensity should match the behavior:

- Try not to over respond with an overly emotional tone to small changes, for example:
- *“Oh wow that is fabulous, well done you!!!”*

Instead use simple statements with a suitable tone, that points to the behavior:

- *“You have cut down by half that’s a great effort”*



FACILITATOR NOTES

Start with:

- I need to say a few words about Affirmation vs. Praise

Read slide

Finish with:

- I want you to think about the way praise can be a subtle message of control and judgment
- Although it is unintentional, it places the power with the health professional
- It implies that if we are the deliverers of praise then we could also be the deliverers of judgment

Reflection or reflective listening (R in OARS)

- Reflective listening involves feeding back to the woman
- Certain words or short statements using her words or your own words
- **Reflective listening:**
 - Demonstrates that you are truly listening and trying to understand
 - Allows the woman to **hear again** her thoughts and feelings being expressed by another person
 - Encourages the woman to say more and **dig deep**
 - Enables you to check for points of detail and interpretation
 - Is a way to demonstrate empathy or understanding



FACILITATOR NOTES

State:

- **Reflective listening is like holding up a mirror and reflecting back what the woman has said**

Read slide

Then read/present the points below

- As the woman is expressing her thoughts and feelings adopt *a curious / tell me* more attitude
- It is OK to tell her in your own words that you are trying to understand what she has said and are seeking clarification
- **Expressing empathy** is where you reflect back that you have understood the meaning of what the woman has just said.
 - Empathy is not sympathy
 - Sympathy is where you identify with the woman's experience or when you share your story with her
 - If you do this you will lose your therapeutic edge and move into the realm of friendship

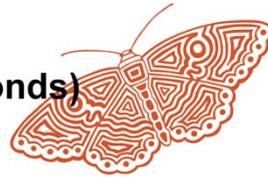
Examples of reflective statements

- “You’re trying”pause
- “Being a role model is important to you”pause
- “Sounds like in the past you have tried but found it too hard”pause

Other important forms of Listening

- Nods.....Mmmm....
- “Oh I see” “Yes” “I understand”

Silence / the pregnant pause (5-10 seconds)



FACILITATOR NOTES

Read/present the points on the slide

Then state:

- Silence is one of the most valuable skills you can develop
- It is called the ‘pregnant pause’ because it is full of opportunity and potential
- It creates space, it signals consideration, and collaboration
- And most importantly it sends a powerful message that:
 - You are **not the expert** and that you **trust her ability** to solve her own problems

Summarising (S in OARS)

Summarising:

- Is where you gather or collect the important things the woman has said and hand them back, as in a basket
- It can be used to form links between information gathered at an earlier time and with what is happening now
- It is particularly useful to begin and end an interview
 - And to transition from one topic to another
 - Or to transition into the planning phase

See handouts for more information and examples



FACILITATOR NOTES

Read/present the points on the slide

Then state:

- An example of summarising could be something like:

“So looking back on everything you have told me so far, I can see your are choosing healthy foods, have found some clever ways to get more exercise and I got a sense that you are feeling pretty good about those changes. In regard to the smoking, you mentioned you have cut down and sometimes worry about the baby. I also got a sense that you might like to have a look at some options to help you cut down further or even quit. What are your thoughts?”

Focussing the interview

- Focussing is the process by which you:
 - Develop and maintain a specific direction in the conversation about change
 - Encourage movement towards a particular goal or topic
 - Bring the conversation back to important points raised or yet to be raised
 - Shift gears toward goal setting and planning

*“I understand how stress is a big issue, but for now, could we spend some time looking at your strengths, your determination or stubbornness - I think that's what you called it earlier. **Perhaps we could come up with some options or a possible plan?**”*



FACILITATOR NOTES

Read/present the points on the slide

Then read/present the points below

- This statement is used here to focus the conversation in a particular direction
- It contains a reflection and an affirmation that point to something she said earlier → *the being stubborn*
- Ultimately you have an agenda, which is **to assist the woman to stay on track, to focus and explore:**
 - The benefits of quitting,
 - Her options, her strengths and supports,
 - As well as possibilities and plans for the future.
- This shifting of gears or **focussing** is extremely helpful when people get stuck on an issue

Planning

And finally at some point we must shift gears and focus on the planning process

- Things to consider:
 - Does the woman appear **ready** to embark on the process or
 - Does she display signs that she is **not ready**
 - In this case using mostly 'sustain talk'
- Questions like:
 - How important does she think the change is and
 - How confident does she feel
 -may need to be addressed again

Assessing importance and confidence will be demonstrated later



FACILITATOR NOTES

Read/present the points on the slide

Planning

Even if a woman does not appear ready, it is essential that every attempt is made to:

Maintain rapport

- By asking permission before you educate, give advice, etc.
“I understand that you’re not ready right now but is it OK if we spend some time looking at.....”

Raise hope or the possibility of change

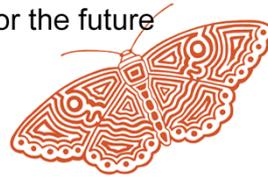
“If quitting was somehow made easier how would that be?”

- » This could give you a lead into offering NRT

Keep the door open and discuss possible plans for the future

Decide together a **baby step** that could be tried

During this process continue to follow OARS

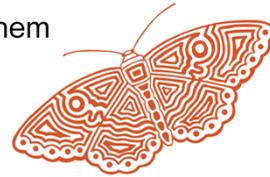


FACILITATOR NOTES

Read/present the points on the slide

Activity

- Work in pairs with someone you do **not** know
- Pick a behaviour that you have been considering changing:
 - Cut down/quit smoking
 - Eat more fruit and vegetables
 - Eat less take away
 - Get more exercise
 - Watch less TV
 - Lose some weight etc.....
- You will have 5 minutes each to practice OARS
- The *practitioner* needs to hold a pen to remind them **not** to give any advice or suggestions

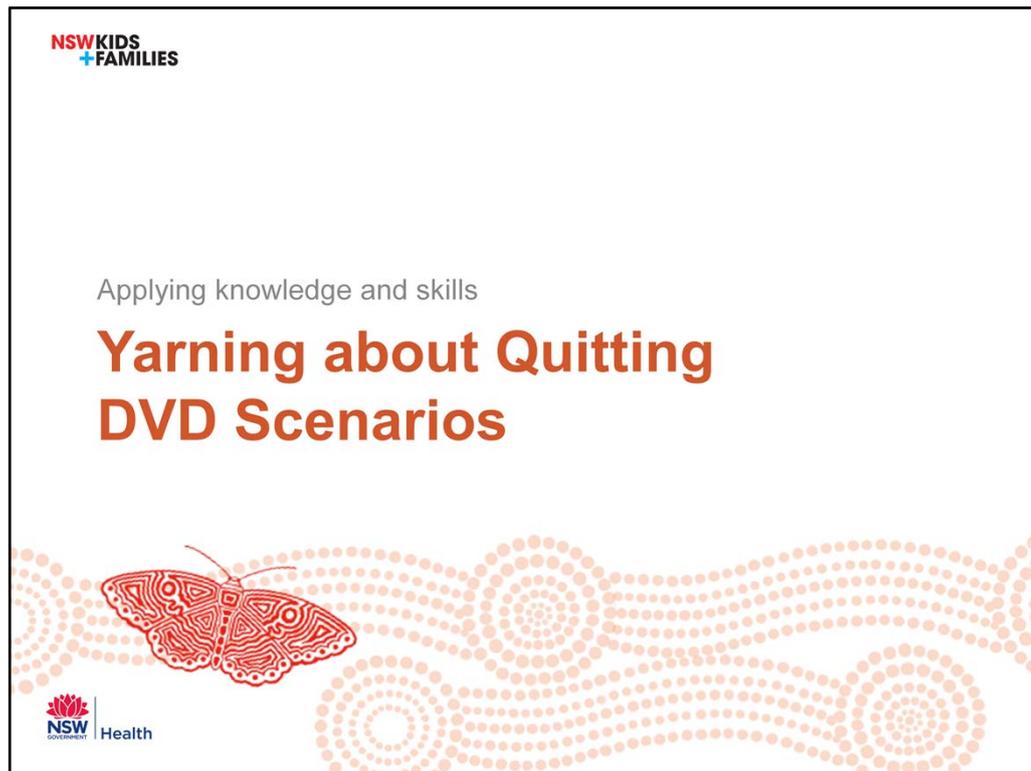


FACILITATOR NOTES

Read/present the points on the slide

Then state:

- Relax, have fun, explore this together
- We will wander around to assist you
- We understand this can be a bit uncomfortable
- We will not be judging you
- If you get stuck ask for help...raise your hand



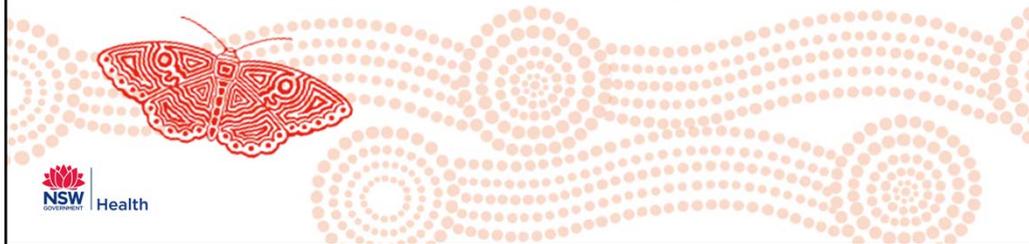
FACILITATOR NOTES

Notes about this session (for the facilitator's reference only):

- The final part of the workshop involves interactive activities using three scenarios from the Yarning about Quitting DVD
- During the activities, you (the facilitator) will pause the DVD at particular points and ask participants questions
- The cues for when to pause and the questions to ask are outlined in this booklet
- However, before you run your local training workshops we recommend that you watch the DVD several times so you can become familiar with the points at which you need to pause the DVD.
- The DVD does not have a counter (although your computer / DVD player may have one), so you will be listening for a cue in the dialogue. E.g. Tracey (the midwife) says, "You must feel impressed about cutting down?"

Putting learning into practice

- Yarning about Quitting DVD – three scenarios
- As we watch each scenario:
 - Keep in mind what you have learnt in the workshop
 - Refer to your handouts
 - Think about:
 - What is being done well?
 - What you might have done differently?
 - What else you would have done to support the woman?



FACILITATOR NOTES

Read/present the points below

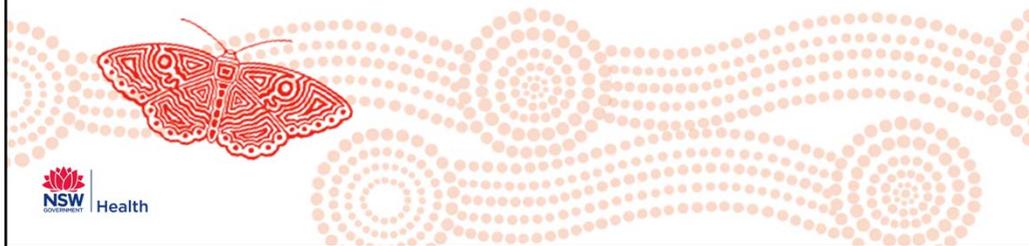
- We are now going to watch three short scenarios. Each scenario shows one or two health professionals having a conversation with an Aboriginal pregnant woman about smoking and quitting.
- As you watch each scenario keep in mind what we have learnt during the workshop about how we can support women to quit.
- Refer to the handouts to remind yourself about some of the key points.
- At certain points I will pause the DVD and ask you to comment on:
 - What you think the health professionals are doing well?
 - What you might have done differently?
 - What else you would have done to support the woman?
- Each scenario is quite different – listen to the cues each woman is giving and think about how you could best respond to her unique circumstances.

Please note:

- *Some wonderful (and brave!) health professionals volunteered to appear in these scenarios.*
- *The scenarios were semi-scripted and the health professionals that appear are 'playing a part' – the scenarios do not necessarily reflect what these health professionals would do in practice.*
- *The scenarios are brief, providing good examples of **some** of the communication and support skills we have been discussing.*
- *However, no interaction is perfect! So the scenarios also provide an opportunity for you to reflect, apply your learning, and think about what else you might have done to provide appropriate support for each woman.*

Scenario 1 - Chrissie

- Young Aboriginal woman
- First pregnancy
- First antenatal visit with a midwife (Tracy) at her local hospital



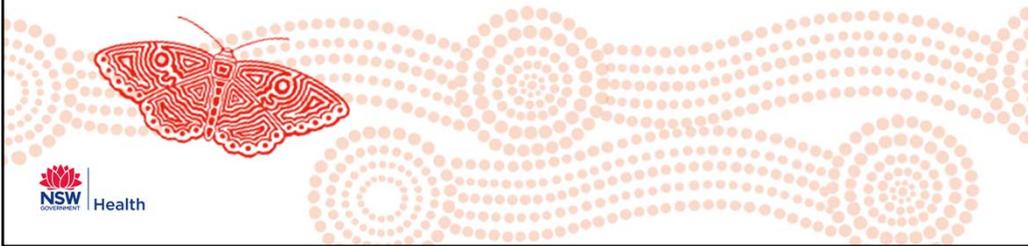
FACILITATOR NOTES

- In the first scenario we will be watching Chrissie, a young Aboriginal woman, visiting the antenatal clinic at her local hospital for the first time.
- ***Play scenario 1, scene 1 until Chrissie says, "I've actually cut back smoking, I don't smoke as much anymore. My nan said that it wasn't good to smoke during pregnancy, but I don't really know what's...yeah..." PAUSE DVD HERE (2:30)***

NEXT SLIDE

Opening the conversation

- How do you think Tracy (the midwife) is going so far?
- What has Tracy done well?
- Would you have done anything differently?



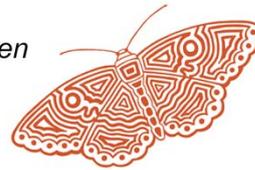
FACILITATOR NOTES

- **Ask the group:** the questions on the slide
- Get some brief feedback from participants

NEXT SLIDE

A good start

- Tracy demonstrated good rapport building
- Tracy raised smoking in a conversational way and explored the topic with Chrissie using open questions
 - “How do you find being pregnant and being around family members who smoke?”
 - “What have you heard about smoking and pregnancy?”
- Tracy gave non-judgemental responses
 - E.g. when Chrissie said she smoked, Tracy replied
“I want you to feel comfortable to say that and know that we are here to support women who smoke in pregnancy.”



FACILITATOR NOTES

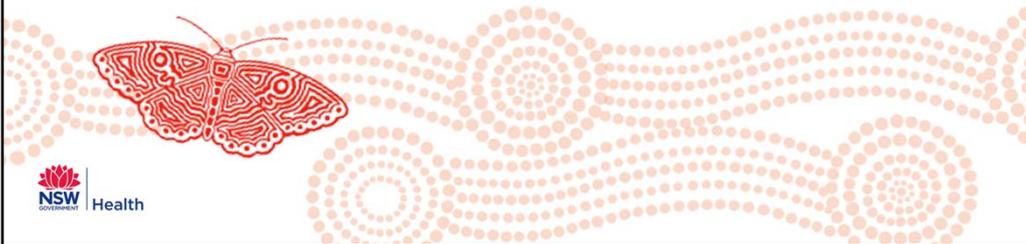
Read/present the points on the slide

- (You don't need to repeat any points that were already raised by participants)
- ***Continue to play scenario 1, scene 1 until Tracy says, “You must feel impressed with yourself for being able to do that.” It is important to also show Chrissie’s response, “...yeah....”(shrugs) PAUSE DVD HERE (2:46)***
- **Ask the group:** What do you think about Tracy’s praise for Chrissie here?
- Get some brief feedback from participants
- If not raised by the group, the facilitator states:
 - *By just giving praise, Chrissie is not sure how to respond and there is a lost opportunity to explore Chrissie’s cutting down with more open questions.*

NEXT SLIDE

Tracy might have said....

- *“So you said you’ve cut down, can you tell me a bit more about that, how have you been doing that?”*
- *“So you said you’ve cut down, what’s changed? About how many cigarettes were you smoking a day before and how many are you having now?”*
- This could then lead into a few more questions to assess Chrissie’s smoking



FACILITATOR NOTES

Read example questions on the slide

Then read/present the points below:

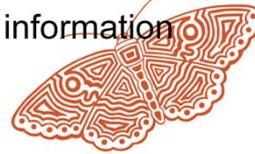
- These questions allow Chrissie to explain what she’s achieved so far and should elicit responses that give Tracy a better picture of Chrissie’s smoking status
 - They can also lead into a few more questions to assess Chrissie’s smoking, e.g. how many smokes she is still having, when she has them, etc.
-
- Let’s continue watching...
 - ***Continue to play scenario 1, scene 1 until Tracy says, “But you know you are doing well already with the cutting back” (Chrissie nods) PAUSE DVD HERE (4:10)***

- **Ask the group:** What do you think about how Tracy shared information with Chrissie about the risks of smoking while pregnant?
- Get some brief feedback from participants

NEXT SLIDE

Sharing information

- Tracy used a clear, simple visual aid when talking with Chrissie
- Tracy did not minimise the risks
 - Sometimes people working in health worry about the woman's feelings when delivering information about risk
 - We can deliver facts and still maintain relationship and remain non-judgmental
- Tracy used an open question to check in with Chrissie and see what she thought/felt about the information



FACILITATOR NOTES

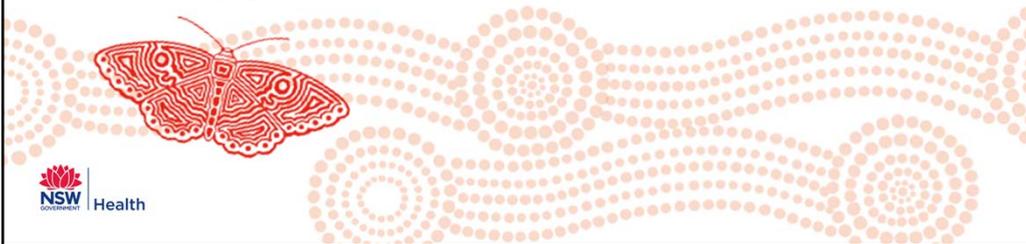
Read/present the points on the slide

- (You don't need to repeat any points that were already raised by participants)
- Let's continue watching
- ***Continue to play scenario 1 through to the end of scene 1 – before the learning points appear PAUSE DVD (you don't need to use the learning points in the DVD).***

NEXT SLIDE

Chrissie – Scene 2

- We have just heard Chrissie say that she wants to quit
- Let's see what Tracy does next
- As you watch, think about...
 - *What steps is Tracy taking to support Chrissie's quit attempt?*
 - *What else might you have done to give Chrissie the best chance of success?*



FACILITATOR NOTES

Read/present the notes on the slide

- ***Play scenario 1, scene 2 through to the end – before the learning points appear PAUSE DVD (you don't need to use the learning points in the DVD).***
- Ask participants to:
 - Work in small groups (e.g. at their table)
 - Spend 5 mins answering the questions on the slide
- After 5 minutes – get brief feedback from each group

NEXT SLIDE

What was done well

- Asking Chrissie to think about / say what support she might need to quit (before offering any advice)
- Reinforcing that quitting is recommended in pregnancy
- Introducing the option of NRT early
 - If Chrissie is finding quitting without assistance difficult
- Linking Chrissie to Quitline
 - Making the call together
- Checking in with Chrissie at the end to see how she is feeling



FACILITATOR NOTES

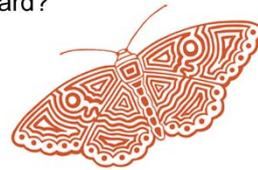
Read/present the points on the slide

- (You don't need to repeat any points that were already raised by participants)
- At point 4 (about Quitline), note:
 - Rather than just giving Chrissie the phone number, Tracy offered to call the Quitline with Chrissie – this approach is called the '3-way referral technique'
 - Try making a 3 way phone call on speaker phone as a way of referring to the Quitline.
 - Perhaps you could take advantage of a question that you can't answer, e.g. "I 'm not sure, let's call the Quitline and see what they say."
 - The Quit advisors are very good at engaging people and may suggest calling the person in a few days time to see where they are up to with their feelings about smoking.

- This is a great way to get people engaged with a support service, as they will need more than you can provide.
- Once people have made the first call with a health professional, they are more inclined to do it by themselves.

What else might have assisted Chrissie?

- Asking a few more questions
 - “Chrissie, have you tried to quit before? If you have, how did that go?”
 - “What do you know about what can happen when you try to quit?”
 - This can lead into sharing information about withdrawal symptoms and talking about times she is likely to find not smoking difficult
- Working with Chrissie to make a plan
 - Identifying triggers / challenging situations – and strategies to manage these
 - What will she do if quitting ‘cold turkey’ gets too hard?
 - Putting clear steps in place



FACILITATOR NOTES

Read/present the points on the slide

- (You don't need to repeat any points that were already raised by participants)

NEXT SLIDE

What else might have assisted Chrissie?

- Clearly outlining follow-up
 - Someone needs to call Chrissie within three days to see how she is going
 - Let Chrissie know who she can call if she needs help
- Encouraging Chrissie to make contact / come back no matter how the quitting is going
 - Advising that quitting can take a few attempts
 - Letting her know that support can be provided over time



FACILITATOR NOTES

Read/present the points on the slide

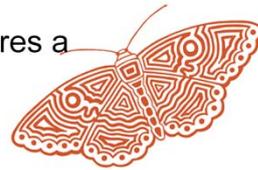
- (You don't need to repeat any points that were already raised by participants)

NEXT SLIDE

But this is a booking-in appointment!

- There is a lot to get done at a booking-in appointment, but...
 - Asking about smoking
 - Doing a brief smoking assessment
 - Providing information about the risks of smoking in pregnancy, and
 - Offering quit support
- ...are all things that can and should happen at the **first** antenatal visit

- However, comprehensive quit support requires a team approach



FACILITATOR NOTES

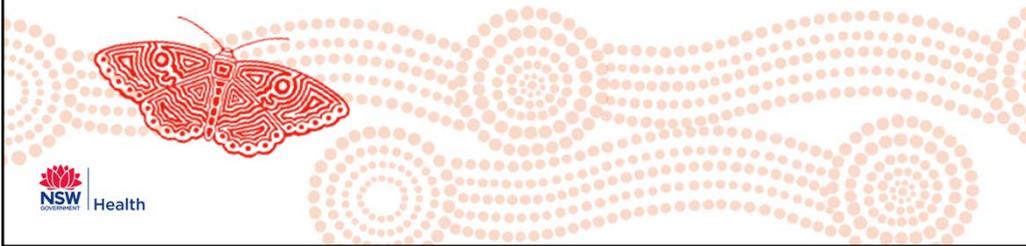
Read/present the points below

- Providing quit advice and support is a crucial health intervention for pregnant women (with potential life-long impacts for the baby and mother)
 - Asking about smoking,
 - Doing a brief smoking assessment (including motivation to quit),
 - Providing information about the risks of smoking in pregnancy, and
 - Offering support to assist a woman to quit
-are all things that can and should happen **at the first antenatal visit.**
- As we discussed earlier in the workshop:
 - Quitting early in pregnancy is best for both the baby and mother's health
 - Also, quitting can take time, so the earlier advice and support is offered, the better

- However, depending on the antenatal service, more detailed support (e.g. exploring NRT options, looking at triggers and strategies, developing a quit plan) will most likely need to be done outside the booking-in appointment.
- How quit support is organised will differ in each local area.
- In many areas there will likely be a partnership approach with a QFNL worker, smoking cessation officer, Aboriginal health worker, or Aboriginal Medical Service providing more detailed support.
- ***The important thing – at the very first visit - is to identify with the woman what support she needs and to link her to it swiftly.***

Scenario 2 - Marlene

- Aboriginal woman, 26 weeks pregnant
- Third antenatal visit (home visit) with a midwife (Evelyn) and an Aboriginal health worker (Josie)
- *As you watch the first part of this scenario, listen and jot down the important cues you hear from Marlene*



FACILITATOR NOTES

Read/present the points below

- We are now going to watch a very different scenario
- As you watch, concentrate on listening to Marlene's story, and jot down some of the important cues you are hearing from her
- ***Play scenario 2, scene 1 until Evelyn says, "Even though you haven't cut down a lot, but because of your pregnancy uptake, that's increased."***
PAUSE DVD HERE (2:21)

NEXT SLIDE

What's happened so far?

- Josie and Evelyn have opened the conversation well
 - “How are you going Marlene?” (good rapport building)
 - “How you been going with the jummin?”(open question)
- They have also provided some information about the link between nicotine withdrawal and stress
- But there were opportunities to explore some of Marlene’s responses a bit more
- What important information did Marlene share?



FACILITATOR NOTES

Read/present the points on the slide

- **Ask the group** for feedback on the last point/question
- After the group gives their ideas, move to the NEXT SLIDE

Cues from Marlene

- Feeling tired and stressed
- Charlie has been in hospital recently (asthma)
- Tried to quit before (not clear when that was)
- 'Looking for the smokes more' since she's been pregnant
- Trying not to smoke as much but that makes her feel more stressed



FACILITATOR NOTES

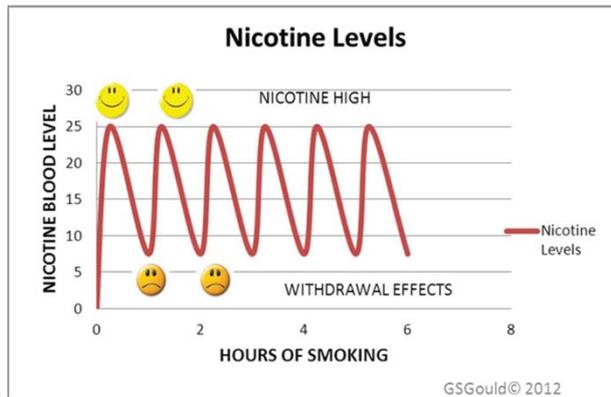
- **Read/present the points on the slide**
- (Acknowledge those points identified by participants)
- Then, ask participants to work in small groups (e.g. at their table) for a few minutes on the following task:
 - Which of these cues would you want to explore more?
 - Think of an open question you could use.
- After a few minutes, get brief feedback from the groups.
- If not raised by the group, the following examples can be given by the facilitator:
 - *“So you tried to quit before and found that hard, can you tell me a bit more about that quit attempt, when was that and what did you*

try?”

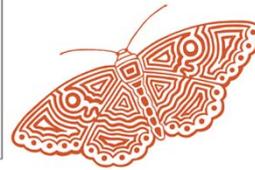
- *“You said that trying not to smoke so much makes you feel stressed, can you tell me a bit more about that, which ciggies have you been trying not to have?”*
- ***These questions allow you to explore more about Marlene’s experience so that you can better respond to her specific support needs.***
- NEXT SLIDE

Stress as a barrier to quitting

- The 'stress' caused by not smoking may not be understood as nicotine withdrawal effects
- A visual guide can be a good way to help a woman understand that the 'stress' she is feeling may be nicotine withdrawal



Source: Gould, G. & Munn, J. (2012). Give up the smokes Aboriginal quit café: a new concept in intensive quit support for Aboriginal and Torres Strait Islander people – training manual.



FACILITATOR NOTES

Before we watch more of the DVD, let's look at stress as a barrier to quitting

(Read/present the points on the slide)

Then state:

- In the training manual cited, Gould & Munn explain:
- In the brain, nicotine causes the release of a special neurotransmitter – called dopamine – in the pleasure centre of the brain. This is the part that makes nicotine enjoyable and addictive.
- The smoker gets addicted to this feel-good chemical released by the nicotine.
- When a person smokes the nicotine levels rise but this only lasts a short time before it wears off, then the person starts to feel “withdrawal effects” and starts to crave another cigarette to get the feel-good effect and stop the withdrawal symptoms or

cravings.

- **The diagram shows that the nicotine levels go up at each cigarette smoked and go down in between cigarettes.**
- **This has a yo-yo effect all day on the feel-good chemicals and a smoker is in and out of withdrawal all day.**
- **This makes a smoker feel stressed as withdrawal effects make them irritable and agitated.**

Importance - confidence - readiness

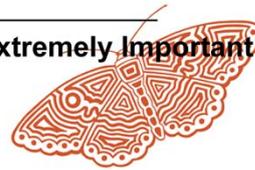
Another strategy is to use scaling questions to measure a woman's importance and confidence for change (to establish their readiness for change)

Ask: "On a scale of 1-10, how **important** is it for you to make a change?"

1 2 3 4 5 6 7 8 9 10

Not at all important

Extremely Important



FACILITATOR NOTES

Before we return to the DVD, let's also briefly look at an approach that might work well at this stage with Marlene:

- It seems like Marlene is getting a bit stuck and using a lot of sustain talk about how hard it is to quit and how stressed she is....
- It might be good to **shift focus** for a minute and say:
 - "Let's go back a step....I'd like to ask you, on a scale of 1 to 10, how **important** is it for you to make a change?"
- If the person picks a low number we can always ask why they didn't pick an even **lower** number.
- In the answer the person will hear themselves say something like:
 - "Well everyone knows smoking isn't good for you"
-and that has been **elicited from them**, rather than the worker having to convince the smoker that smoking isn't good for them.

- Ask them what would make them pick a **higher** number. This will give you an idea of what's important to them and what might motivate them.

NEXT SLIDE

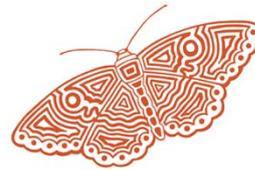
Importance - confidence - readiness

Ask: *“If you were to make a change, on a scale of 1-10, how **confident** would you be to make a change?”*

1 2 3 4 5 6 7 8 9 10

Not at all important
Important

Extremely



FACILITATOR NOTES

Read/present the points below:

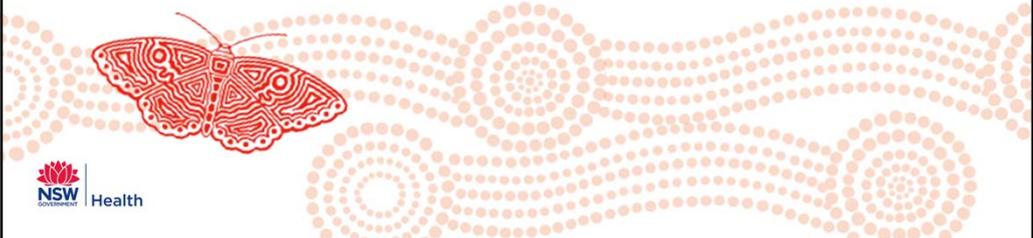
- You can then ask:
 - *“If you were to make a change, on a scale of 1-10, how **confident** would you be to make a change?”*
- If the person says “2”, the worker can then ask:
 - *“Why did you pick 2 and not 1? You could have picked 1.”*
- In the answer the smoker gives to the worker is the **‘change talk’** we are wanting to **elicit** from the smoker. They may say something like:
 - *“Well I have quit for 2 weeks a couple of times, so I have been able to quit for a little while. I know a few things about quitting”.*
- This is unlikely to generate any arguments between the worker and the smoker (leading to resistance) as it is moving at the client’s own pace.

- We can also ask the smoker what it would take to have them pick a **higher** number.
 - They will either say something concrete like, “if I could get free NRT” or “if I could see a quit counsellor”, which you may be able to assist with.
 - But more often people will say “I don’t know” at which point you can respectfully ask them would they be interested in you explaining some of the options and strategies for quitting. This is known as the **ASK-PROVIDE-ASK** model.
- Remember, **change is a process**, not a one-off event and it is important for you to honour the client’s own pace and allow them time and space to reflect on any discussions you have with them about change.

NEXT SLIDE

NSWKIDS
+ **FAMILIES**

- *Let's now return to Marlene*
- *Evelyn and Josie can hear Marlene's 'sustain talk', but they are trying to keep the conversation going....*



NSW Health

FACILITATOR NOTES

Read/present the points on the slide

Then:

- ***Continue playing the DVD from where it was paused (2:21). Play the scene until Evelyn says, “..that’s a big change isn’t it...really good”
PAUSE DVD HERE (2:41)***

NEXT SLIDE

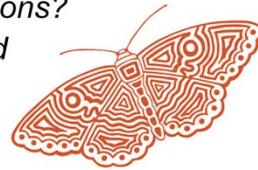
A reminder about 'praise'

- Evelyn and Josie want to acknowledge a positive step by Marlene
- But they have missed an opportunity to **affirm** and **explore**
- An example:

"A smoke free house/car is such an important step for the family's health, well done.

It requires a bit of planning and determination, how did you go about it? What were your reasons?

Sounds like when you make up your mind to do something, you do it."



FACILITATOR NOTES

Read/present the points on the slide

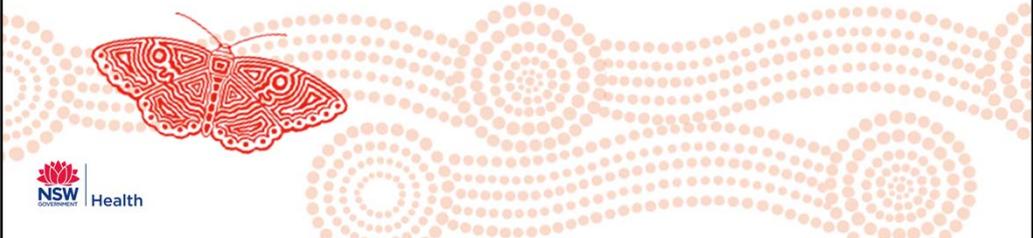
NEXT SLIDE

NSWKIDS
+FAMILIES

- *Watch now as Evelyn and Josie try to help Marlene make a start with quitting by talking about NRT*
- *As you watch, jot down:*

What you think Evelyn and Josie do well?

What else you might have done to give Marlene's NRT trial the best chance of success?



NSW Health

FACILITATOR NOTES

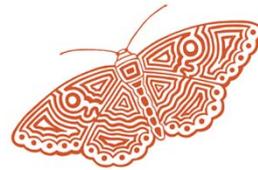
Read/present the points on the slide

- ***Play scenario 2 from where it was paused (2:41) through to the end of scene 1 – before the learning points appear PAUSE DVD (you don't need to use the learning points in the DVD).***
- Ask participants to discuss the questions on the slide in smaller groups (e.g. at their tables):
- After 5 mins, get brief feedback from each table.

NEXT SLIDE

What was done well?

- The offer of NRT was linked to Marlene's concerns – managing withdrawal while cutting down (what feels to Marlene like stress)
- Good information exchange about NRT – explaining how to use the lozenges and taking time to respond to Marlene's questions/concerns about NRT



FACILITATOR NOTES

Read/present the points on the slide

- (You don't need to repeat any points that were already raised by participants)

NEXT SLIDE

What else could assist Marlene?

- Assist Marlene to devise a more specific plan, for example:

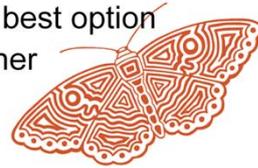
“We spoke about different ways a person can use the lozenges, what do you reckon you could try?”

If there are cigarettes that feel easier not to have, you could begin by having a lozenge instead of those.

Or you could have the lozenges every 1-2 hours from when you wake up - try to delay your first smoke a bit more each day.

What do you think might work best for you?”

- Discuss, explore but let the woman find the best option
- It is important that she expresses a plan in her own words



FACILITATOR NOTES

Read/present the points on the slide

- (You don't need to repeat any points that were already raised by participants)

NEXT SLIDE

What else could assist Marlene?

- Once Marlene has agreed on a plan, check how she is feeling about this, for example:

“So given all we have spoken about how are you feeling about giving the NRT a go? Does it feel easy or hard or a bit of both?”

- If she feels it will be hard for her, it probably won't succeed...

“Let's have another look at this...”

- Assist her to devise a more reasonable plan



FACILITATOR NOTES

Read/present the points on the slide

- (You don't need to repeat any points that were already raised by participants)

NEXT SLIDE

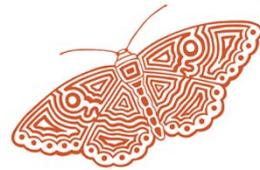
What else could assist Marlene?

- Reflect back Marlene's decision and be very clear about follow-up, for example

"Marlene, you've decided to give NRT a go and have come up with a really good plan. Well done.

We'll call you tomorrow and see how you are going.

Remember, there are different types of NRT, so if you find that the lozenges aren't working well for you, we can try another product."



FACILITATOR NOTES

Read/present the points on the slide

- (You don't need to repeat any points that were already raised by participants)

NEXT SLIDE

- *We'll now watch a second scene with Marlene*
- *This is the same visit we were just watching, but Marlene's husband (Bill) has come home for lunch, and Evelyn and Josie have taken the opportunity to talk with him about Marlene giving oral NRT a go....*



FACILITATOR NOTES

Read/present the points on the slide

- ***Play scenario 2, scene 2 until Josie says, “What do you reckon Bill about Marlene having a go?” (0:19) PAUSE DVD HERE.***

Read/present the points below:

- This is a lovely open question from Josie – a good step towards engaging Bill in Marlene’s NRT trial
- However, at the start of the scene, when Bill asked Marlene, “So you thinkin’ of giving these a go?” – Marlene’s response was, “Yeah, only in the morning.”
 - This reinforces what we talked about earlier – that more planning was needed with Marlene – “only in the morning” is too vague and doesn’t give Marlene the best shot at using NRT successfully.

- Let's watch a bit more
- ***Play scenario 2, scene 2 from where is was paused until Bill says, "But I will support you 100 percent" (0:53) PAUSE DVD HERE.***
- Ask the group:
 - What kind of talk are we hearing from Bill here – change talk of sustain talk?
 - (Get feedback from the group)
- Then state: This offer of support to Bill was probably too early and resulted in 'sustain talk' – all the reasons why Bill can't quit now – Evelyn and Josie needed to leave this offer to Bill until later in the visit.
- ***Play scenario 2, scene 2 from where it was paused (0:53) until Bill says they've noticed the difference in the house and Josie responds, "That's really good, hey?" (1:23) PAUSE DVD HERE.***

Read/present the points below:

- Did you notice the difference in Bill's response when Josie asked him an open question, "What are some ways you think you can help Marlene?"
- As Bill responded, Josie and Evelyn showed another important skill too – what was that?
- (Wait for the group to respond)
- Silence! They showed they were listening, but they gave Bill time to think of his own ideas.
- Let's continue watching
- ***Play scenario 2, scene 2 from where is was paused (1:23) until Josie says, "I'll just keep pluggin' away at it" (1:52) PAUSE DVD HERE.***

NEXT SLIDE

- *Bill has asked Josie about her smoking*
- *What did you think about Josie's response?*



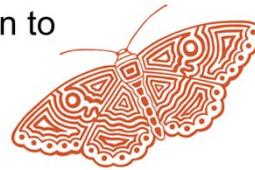
FACILITATOR NOTES

- Ask participants to work in small groups (e.g. at their tables) spending a few minutes talking about:
 - How should we as health professionals respond if a client asks if we smoke?
- After a few minutes, get brief feedback from the groups

NEXT SLIDE

Do you smoke?

- Respond honestly
“I do still smoke, but I am trying to quit and have managed to cut down using NRT.”
- Note your role as a health professional and return the focus to the client
“As a health professional, I understand the risks of smoking and want to help as many women as I can to quit. Let’s talk a bit more about....(return to something relevant to the client)



FACILITATOR NOTES

Read/present the points on the slide

Then state:

- Let’s watch through to the end of this scenario
- ***Play scenario 2, scene 2 from where is was paused (1:52) through to the end of scene 2 – before the learning points appear PAUSE DVD (you don’t need to use the learning points in the DVD).***

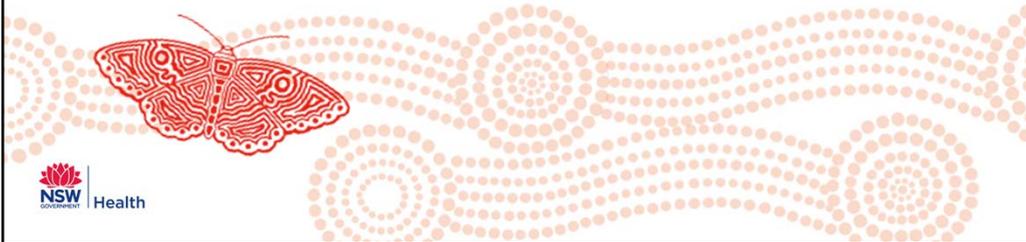
Then read/present the points below:

- In this final part of the interaction, how confident do you think Marlene seems about giving NRT a go?
- (Get brief feedback from participants)
- If not raised by participants, read/present the points below:
 - Marlene’s statement, “I’m looking for it more though, if anything...” needed to be explored more (e.g. *“Tell me more about this”, “What would help?”*)
 - Re-visiting Marlene’s level of confidence would also be good
 - If she is not feeling confident about trying the NRT, you can explore

with her why she is not feeling confident and work on identifying a plan that she thinks is realistic (e.g. *“What would baby steps look like for you?”*)

Scenario 3 - Lisa

- Aboriginal woman, 32 weeks pregnant
- Clinic visit with midwife (Skye) and Aboriginal health worker (Sharan)
- As we watch scene 1
 - Listen to Lisa's responses to Skye and Sharan's questions
 - Jot down the important information you hear Lisa share



FACILITATOR NOTES

Read/present the points on slide

- ***Play scenario 3, scene 1 through to the end (before the learning points come up) PAUSE DVD HERE (3:30)***

NEXT SLIDE

Some great examples

- Open questions, summarising, and focusing
 - *“In terms of your cigarettes, how are we going there?”*
 - *“So how have you been doing that?”*
 - *“Last time we met, we talked about...”*
 - *“So if you were in that instance, what would you do...?”*



FACILITATOR NOTES

Read/present the points below

- In this first scene we saw good use of open questions:
- Examples:
 - Skye - *“In terms of your cigarettes, how are we going there?”*
 - After Lisa says that she has cut down - Sharan - *“So how have you been doing that?”* (this question also promotes self-efficacy by allowing Lisa to talk about what she has achieved and how she has done it)
- There is also a nice example of summarising:
 - Sharan - *“Last time we met we talked about some of the stresses that you could identify. You were going to go away and think about what they might be and think about how we might counter act that and try something different, so that you don’t let those stresses get on top of you to have that cigarette, have you*

managed to have time to think about that?" (good open question at the end too)

- Finally, we also saw Sharan focus the conversation:
 - After Lisa says it's hard not to smoke around friends - Sharan – “So if you were in that instance, what would you do, if family or friends turned up?” (open question; allowing Lisa to name her own solutions)

These questions allowed Lisa to share some important information.

Then ask the group: *What did we hear from Lisa? What did you note down?*

- Get some brief feedback from participants

NEXT SLIDE

Important information from Lisa

- Very motivated to quit (determined to do it, wants a healthy baby)
- Lozenges have helped 'a bit'
- Now smoking 3-5 cigarettes a day
- Finds it hard not to smoke in the morning and when around friends
- Thinks that she just needs to 'try harder' / have more will power
- ***How would you approach assisting Lisa at this point?***



FACILITATOR NOTES

Read/present the points on the slide

- (No need to repeat any points that were already raised by participants)
- Ask participants to work in small groups (at their tables)
- Spend 5 minutes working on the last point/question on the slide
- After 5 minutes, get brief feedback from each group

NEXT SLIDE

Explore smoking triggers

“You said that you find it hard not to smoke in the morning and when you are around friends, can we talk about that a bit more? What’s hard about those times?”

“You said that you are smoking three to five smokes a day, can you tell me about when you are having those smokes?”

- Then you can explore strategies to avoid have a cigarette
 - Behavioural strategies, not just ‘trying harder’
(Lisa is already trying very hard!)



FACILITATOR NOTES

Read/present the points on the slide

- (No need to repeat any points that were already raised by participants)

Optional:

- At this point (if time permits) you might like to do the ‘Triggers and Strategies’ exercise with participants – this exercise is explained on the ‘Triggers and Strategies’ handout in your training resource kit.

Tailoring NRT

“You said that the lozenges have helped a bit, can you tell me about when do they work well and when they don’t seem to help? How have you been using them?”

- By exploring Lisa’s triggers and when the NRT is (and is not) working, you have a good foundation to offer specific NRT options that fit with Lisa’s circumstance



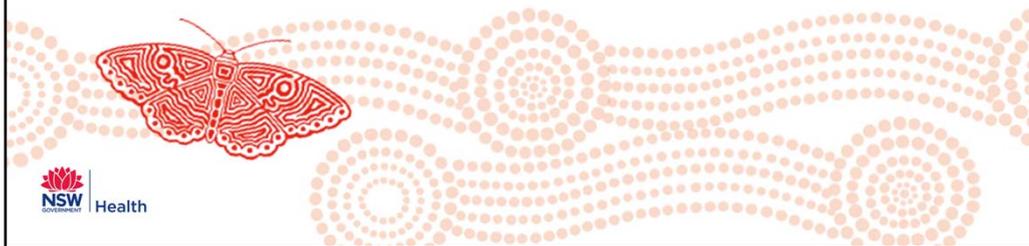
FACILITATOR NOTES

Read/present the points on the slide

- (No need to repeat any points that were already raised by participants)

NEXT SLIDE

- We are now going to watch all of scene 2, where you will see Skye and Sharan offer Lisa assistance
- As you watch
 - *Think about how this compares to some of the ideas we have discussed*



FACILITATOR NOTES

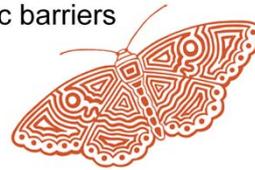
Read/present the points on slide

- ***Play scenario 3, scene 2 through to the end (before the learning points come up) PAUSE DVD HERE (2:50)***
- Ask the group to think about what they think about the assistance offered?
- Get some brief feedback from the group

NEXT SLIDE

How did Skye and Sharan go?

- Lisa has been offered additional NRT
 - Good explanation of how to use the patches
- Quit line offered and explained well
- However, a few more questions were needed
 - Smoking triggers
 - Experience with NRT to date
- This could lead into **focussing**
 - Identifying with Lisa the most appropriate NRT options and behavioural strategies to address her specific barriers to quitting



FACILITATOR NOTES

Read/present the points on the slide

How did Skye and Sharan go?

- More detailed **planning** would also assist
 - What is Lisa specifically going to do when she leaves today?
 - When will Sharan or Skye follow-up next?
 - Who will Lisa contact if she needs more help?
- And finally, **checking in**
 - How does Lisa feel about what she is going to try?
Is it realistic / achievable?

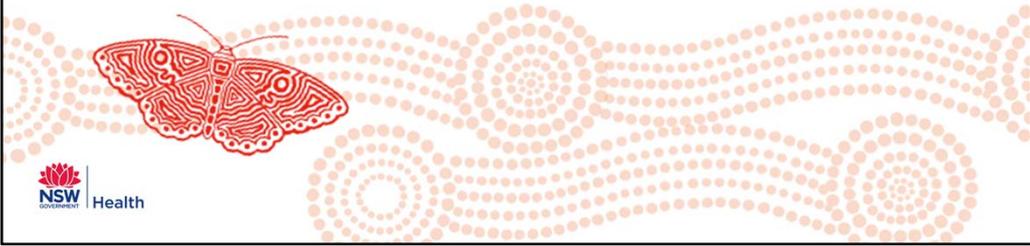


FACILITATOR NOTES

Read/present the points on the slide

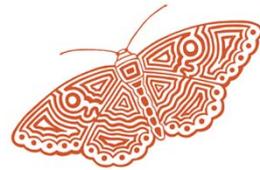
Yarning about Quitting train the trainer workshop

Wrapping up



Questions?

- Opportunity to raise any questions that you haven't asked yet today
- For further information / questions after today, contact:
[INSERT YOUR CONTACT DETAILS]



FACILITATOR NOTES

- Provide participants with 10-15 minutes to ask any final questions
- Insert relevant contact details on the slide

Thank you!

Please take a few minutes to complete the workshop
feedback form

....while watching the Yarning about Quitting DVD
Conclusion.....



FACILITATOR NOTES

- Thank participants for their involvement in the training
- Provide 10 minutes for participants to complete the workshop evaluation form
- Play the *Yarning about Quitting* DVD Conclusion chapter while participants complete their evaluation forms

Acknowledgements

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Artwork

Raechel Saunders, Biripi Nation

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References

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