

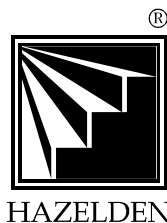
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# ASCENT

## Adolescent Smoking Cessation Escaping Nicotine and Tobacco



*From*  
**HAZELDEN**



HAZELDEN

**A Research-Based Program**

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## What is *ASCENT*?

The *ASCENT* program is a multi-faceted smoking cessation intervention for young people ages 18 or younger that is based on the well-known Stages of Change Model. It is an innovative approach to providing youths with information about the dangers of smoking and giving them the support and motivation necessary to successfully quit smoking. Specifically, the program includes:

- A six-session facilitator guide—This comprehensive and research-based guide addresses tobacco dependence among youths in a variety of settings.
  - A supplementary teen participant workbook—This workbook informs participants of the goals of each session, and provides interactive and engaging activities that challenge young people to re-evaluate their tobacco use and motivates them to quit.
  - Facilitator’s video—This video provides a visual guide for how to implement the *ASCENT* curriculum.
  - *The Last Drag* video—This video tells the story of two teenagers who tackle the journey to becoming smoke-free. It is shown at the beginning of the program to both energize the participants and introduce the program.
  - Five Steps to Quitting Smoking poster—This simple poster illustrates the progression of the sessions.
  - Pocket Diary—This is a handy tool for participants to keep track of smoking habits and urges, thoughts, and feelings as he or she moves through the program.
  - A Guide for Parents—This pamphlet helps parents and guardians improve their teen smoker’s chances of quitting smoking and staying quit.
  - Award certificates—As part of the program’s final celebration, awards can be presented to the participants.
  - Medallions (optional)—Additional incentives can be presented at the award ceremony at the end of the program.
  - *ASCENT* support website—This important resource is designed to complement the curriculum intervention and provide up-to-date information about smoking and effective strategies for quitting smoking.
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## What Are the Goals of the *ASCENT* Program?

The overall goal of the *ASCENT* program is to help adolescents quit smoking. To accomplish this goal, *ASCENT* addresses the following objectives:

- develop personal reasons to quit smoking
- recognize triggers and avoid situations that can elicit the trigger to smoke
- determine what, if any, smoking aids are needed to quit
- adopt strategies to make quitting easier
- seek support from family and friends
- add pleasurable activities and diversions to avoid the temptation to smoke
- work toward a smoke-free, healthy lifestyle

## How is the *ASCENT* Program Implemented?

The *ASCENT* program meets one hour a week for six consecutive weeks. A variety of activities are done during these sessions, including discussions, completing health assessments, and role-playing. The Stages of Change Model used in the *ASCENT* program evaluates and assists teens at whatever stage they feel that they are in. For example, if teens report that they are unsure about quitting smoking, then the program is designed to help them analyze their motivation and move closer to thinking about quitting smoking.

As teens get closer to session 4, the program's designated quit-smoking day, they gradually reduce the number of cigarettes they smoke, learn to cope with triggers, and prepare to quit smoking.

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## Who Should Be an *ASCENT* Program Facilitator?

Anyone interested in helping teens quit smoking can, and should, facilitate the *ASCENT* intervention. The *ASCENT* program is designed for use in a group session. Preferably, instructors should have experience leading sessions that involve teens in groups. Teachers, guidance counselors, and health professionals are just a few examples of appropriate facilitators. The facilitator should not be currently smoking; a current smoker is not a credible facilitator.

## Is *ASCENT* Research-based?

The *ASCENT* program is based on current research-based theories in tobacco cessation, including the Stages of Change Model. In addition, Danya International, Inc., authors of the *ASCENT* program, evaluated its effectiveness using a control-group study. A sample of 125 students enrolled in the school-based evaluation. Of the total baseline sample (125), 84% (105) of students completed the twelve-month follow-up study. Of these, 61 students participated in the *ASCENT* program (treatment), and 44 students did not receive any treatment (comparison). The treatment consisted of the six-session curriculum, with accompanying video and workbook materials. At the end of the study, the research team hypothesized that youth that participated in the *ASCENT* program would smoke less and have a higher quit rate than youth that participated in the comparison group.

The key findings from the 12-month follow-up study are as follows:

- **Youth in the *ASCENT* program had higher quit rates:** At the one-year follow-up, 31 percent of youth who participated in the *ASCENT* program reported having quit smoking (as defined by not smoking in the past 24 hours), compared to 23 percent of youth who were in the comparison group. Although there was not a statistical difference between these two groups, the overall quit rate for both groups was much higher than the average rate for youth cessation programs of 12 percent. (Sussman, S., 2002)
- **Youth in the *ASCENT* program showed greater reduction in daily smoking:** At the one-year follow-up, 67 percent of youth who participated in the *ASCENT* program reported that they had not smoked daily compared to 42 percent in the comparison group (this finding was statistically significant at  $p < .05$ ). All participants smoked daily for 30 days prior to participating in the study.

\*Sussman, S. Effects of sixty-six adolescent tobacco use cessation trials and seventeen prospective studies of self-initiated quitting. *Tobacco Induced Diseases*. 1(1): 35-81, 2002.



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- **Youth in the *ASCENT* program showed greater reduction in average number of cigarettes smoked:** At the one-year follow-up, youth in the *ASCENT* program who continued to smoke reduced their smoking from an average of 8 cigarettes a day at baseline to 6 cigarettes a day ( $p < .05$ ). Youth in the comparison group reduced the average number of cigarettes smoked from 6 cigarettes a day at baseline to 5 cigarettes a day (this was not a significant reduction).
  - **Higher quit rates for youth who smoked fewer cigarettes:** A greater percent of youth who reported smoking 3 or less cigarettes at the beginning of the *ASCENT* program were able to quit smoking when compared to youth who reported smoking 9 or more cigarettes a day, (57.1 percent vs. 23.8 percent,  $p < .05$ ).
  - **Higher quit rates for youth who did not feel strongly addicted:** 54 percent of youth who participated in the *ASCENT* program and reported not feeling strongly addicted to smoking were able to quit smoking as compared to 14 percent of youth who reported feeling strongly addicted to cigarettes ( $p < .01$ ).

The *ASCENT* program appears to be effective in helping youth quit smoking, reducing daily smoking, and reducing the number of cigarettes that youth smoke per day. Youth in the *ASCENT* group who smoked fewer cigarettes (less than 3 per day) or felt less addicted to smoking at the beginning of the program were able to quit at significantly higher rates than youth who smoked more (9 or more cigarettes a day) or felt more addicted. Overall, youth responded very well to the *ASCENT* program.

## Why Are Tobacco Cessation Programs Needed?

Cigarette smoking is a serious problem among adolescents between the ages of 14 and 18. The average teenage smoker starts smoking between the ages of 11 and 12 and becomes a daily smoker before the age of 18. According to data collected by the Centers for Disease Control and Prevention (CDC), many adolescents wish to stop smoking; the key is to develop successful strategies to help them do so.

Developing these strategies is further complicated by the fact that according to the Center for Substance Abuse Prevention (CSAP), about 70 percent of smokers ages 12-17 consider themselves addicted to cigarettes. Therefore, the smoking cessation program must include strategies to help adolescents tolerate the symptoms of nicotine withdrawal, which may include a strong need or urge to have a cigarette, headaches, irritability, difficulty in concentrating, restlessness, increased appetite and weight gain, as well as depression.



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## Curriculum Scope & Sequence

Session	Session Goals
	<b>During this session, clients will:</b>
<b>Session 1: Making the Decision</b>	<ul style="list-style-type: none"><li>• receive an overview of the program</li><li>• watch <i>The Last Drag</i> video</li><li>• have an opportunity to analyze why they smoke and what factors are keeping them from quitting smoking</li><li>• express their feelings about smoking</li><li>• determine how far along they are on the Stages of Quitting Smoking continuum</li><li>• complete writing exercises in their workbooks</li></ul>
<b>Session 2: Making the Commitment</b>	<ul style="list-style-type: none"><li>• experience some of the emotions associated with smoking and the decision to quit smoking</li><li>• revisit the pros and cons associated with smoking and assess whether the cons outweigh the pros</li><li>• set a quit date to stop smoking and fill out a personalized contract</li><li>• complete writing exercises in their workbooks</li></ul>
<b>Session 3: Getting Ready to Quit Smoking and Craving Control</b>	<ul style="list-style-type: none"><li>• become more aware of which situations make them want to smoke</li><li>• discuss strategies that will make quitting smoking easier</li><li>• consider both the pros and cons of smoking</li><li>• complete writing exercises in their workbooks</li></ul>

## Curriculum Scope & Sequence (continued)

Session	Session Goals
	<b>During this session, clients will:</b>
<b>Session 4: The Last Smoke</b>	<ul style="list-style-type: none"> <li>• try to actually quit smoking</li> <li>• develop personalized strategies to stay on track with quitting smoking</li> <li>• gain group support for their decision by discarding their cigarettes together</li> <li>• complete writing exercises in their workbooks</li> </ul>
<b>Session 5: Smoke Free and Relapse Prevention</b>	<ul style="list-style-type: none"> <li>• share their experiences with quitting smoking and have an opportunity to learn from others</li> <li>• discuss factors that result in a relapse</li> <li>• modify their quitting smoking program as needed</li> <li>• complete writing exercises in their workbooks</li> </ul>
<b>Session 6: The Celebration</b>	<ul style="list-style-type: none"> <li>• provide feedback about the program</li> <li>• assess their progress on the quitting smoking continuum</li> <li>• celebrate the completion of the program</li> <li>• complete writing exercises in their workbooks</li> </ul>

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## Meeting National Academic Standards\* with *ASCENT*

The following academic standards may be met by using *ASCENT*:

### Health Education Standards (Grades 6–8):

- understand how peer relationships affect health
- know how communication techniques can improve family life (e.g., talking openly and honestly with parents when problems arise)
- know appropriate ways to build and maintain positive relationships with peers, parents, and other adults
- know how refusal and negotiation skills can be used to enhance health
- know the short- and long-term consequences of the use of alcohol, tobacco, and other drugs
- know community resources that are available to assist people with alcohol, tobacco, and other drug problems

### English/Language Arts Standards (Grades 6–8):

#### *Listening and Speaking*

- play a variety of roles in group discussion
- ask questions to seek elaboration and clarification of ideas
- convey a clear main point when speaking to others and stay on the topic being discussed

\* Standards are taken from John S. Kendall and Robert J. Marzano, *Content Knowledge: A Compendium of Standards and Benchmarks for K-12 Education, 3rd ed.* Aurora, CO: Mid-continent Research for Education and Learning (MCREL), 2000.



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## **Life Skills (Grades 6–8):**

### ***Thinking and Reasoning***

- identify alternative courses of action and predict likely consequences of each possibility
- examine different alternatives for resolving local problems and compare the possible consequences of each alternative
- identify situations in the community and in one's personal life in which a decision is required
- predict the consequences of selecting each alternative
- take action to implement the decision, when appropriate

### ***Working with Others (Grades K–12)***

- contribute to the overall effort of a group
- use conflict-resolution techniques
- display effective interpersonal relationship skills
- demonstrate leadership skills (e.g., peer leaders)

### ***Self-regulation (Grades K–12)***

- set and manage goals
- consider risks
- demonstrate perseverance
- maintain a healthy self-concept
- restrain impulsivity