

SUPPORTING EVIDENCE-BASED  
**Tobacco Dependence  
Screening & Treatment**

BEHAVIORAL HEALTH SETTINGS  
TRAINING TOOLKIT

*A Toolkit Developed by*



*A Project of*



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# INTRODUCTION

Improving the delivery of tobacco dependence treatment is needed to decrease tobacco use in New York State. This is particularly important amongst people living with mental health and/or substance use disorders as their rate of tobacco use is much higher than the general population.<sup>1</sup>

The goal of this toolkit is to build the capacity of behavioral health providers working with individuals seeking treatment in programs for substance use and mental health disorders to deliver evidence-based tobacco dependence screening and treatment to their clients, ultimately supporting the integration of this best practice into standard delivery of care.

This toolkit outlines training resources which have been developed for behavioral health organizations to deliver within their facilities to providers and staff. These training resources focus on and explore: The burden of tobacco use, screening and assessment, effective treatment planning, counseling, and prescribing. Additional quality assurance tools to measure, monitor, and improve implementation activities are also included.



## The Burden of Tobacco Use



## Screening and Assessment for Tobacco Use Disorders



## Effective Treatment Planning



## Counseling for Tobacco Use Disorders



## Prescribing for Tobacco Use Disorders

A tobacco-free New York can be realized by systematically identifying tobacco users, and ensuring staff are trained to provide services to address tobacco use.



## OVERVIEW

- ◆ Introduction
- ◆ How to Use this Toolkit

<sup>1</sup> New York State Behavioral Risk Factor Surveillance System, 2013. Bureau of Chronic Disease Evaluation and Research, New York State Department of Health.

# INTRODUCTION

## Tobacco Prevention is an Important Public Health Issue in New York State

Tobacco prevention is one of the most important public health actions that can be taken in New York State, as tobacco use is the number one cause of preventable disease and death.<sup>2</sup> Every year, approximately 25,500 New Yorkers die prematurely as a result of their tobacco use.<sup>3</sup> More than 500,000 New Yorkers live with serious tobacco-caused illnesses and disabilities.<sup>4</sup>

Exposure to secondhand smoke is a significant cause of illness and death in New York State, causing about 3,000 premature deaths from diseases including heart disease, lung cancer, and stroke.<sup>5</sup> Increasing access to tobacco cessation services is one of the most important actions that public health professionals can take.

## Tobacco Use is a Significant Issue Amongst Those with Behavioral Health Issues

While the rate of tobacco use within the general population has reduced dramatically over the past twenty years, it remains stubbornly high among populations diagnosed with substance use and mental health disorders.<sup>6</sup> In New York State, smoking prevalence is 33.7% among adults with poor mental health compared to 14.3% among adults who do not have poor mental health.<sup>7</sup> This is a significant finding as nearly 1 in 5 adults in the United States have some type of mental illness.<sup>8</sup> According to the CDC, 65.2% and 18.9% of adult cigarette smokers reported co-use of alcohol and illicit drugs, respectively. This is much higher than the rates of non-smokers' co-use of alcohol and illicit drugs, which is 48.7% and 4.2% respectively.<sup>9</sup>

As a result, these populations are disproportionately at risk for developing tobacco-related illnesses including lung cancer, emphysema, and cardiovascular disease. Individuals with mental health and/or substance use disorders die 25 years earlier than those without these disorders, many of the deaths caused by smoking cigarettes.<sup>10,11</sup>

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<sup>2</sup> "Smoking and Tobacco Use – Cigarettes and Other Tobacco Products." New York State Department of Health, 1 Apr. 2014. Web. 22 June 2015.

<sup>3</sup> "State Health Department Urges New Yorkers to Make the Great American Smokeout on November 15 the First Day of a Smoke-free Healthy Life." New York State Department of Health, 1 Nov. 2012. Web. 22 June 2015.

<sup>4</sup> "Smoking and Tobacco Use – Cigarettes and Other Tobacco Products."

<sup>5</sup> "Smoking and Tobacco Use – Cigarettes and Other Tobacco Products."

<sup>6</sup> Centers for Disease Control and Prevention. Vital Signs: Current Cigarette Smoking Among Adults Aged ≥18 Years With Mental Illness—United States, 2009–2011 ([http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6205a2.htm?s\\_cid=mm6205a2\\_w](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6205a2.htm?s_cid=mm6205a2_w)). Morbidity and Mortality Weekly Report 2013;62(05):81-7

<sup>7</sup> New York State Behavioral Risk Factor Surveillance System, 2013. Bureau of Chronic Disease Evaluation and Research, New York State Department of Health.

<sup>8</sup> "New CDC Vital Signs: Smoking among those with Mental Illness." Centers for Disease Control and Prevention. CDC, 06 Jan. 2014. Web. 31 May 2016.

<sup>9</sup> "New CDC Vital Signs: Smoking among Those with Mental Illness."

<sup>10</sup> "New CDC Vital Signs: Smoking among Those with Mental Illness."

<sup>11</sup> Parks, J., et al. (2006). Morbidity and Mortality in People with Serious Mental Illness. Alexandria, VA: National Association of State Mental Health Program Directors (NASMHPD) Medical Directors Council.

## It is Important to Address Tobacco Use Amongst Those with Behavioral Health Issues

While some behavioral health providers have made progress in reducing tobacco use in their facilities and among their clients, others are just starting to address tobacco use. Until recently, many behavioral health providers and other staff that treat individuals with mental health and substance use disorders have viewed tobacco use as a “habit” that should not be taken away from clients trying to manage their symptoms. Some behavioral health providers have been concerned that clients would leave treatment if they were unable to use tobacco.

Other providers have been unsure how to institute a tobacco use policy, or how staff would react. Despite these challenges, it is important for providers to make tobacco cessation a priority for their clients.

Smoking can cause unique issues for people with mental illness. Nicotine has mood-altering effects that put people with mental illness at higher risk for cigarette use and nicotine addiction. However, recent research has shown that adult tobacco users with mental health and substance use disorders—like other tobacco users—want to quit, can quit, and benefit from proven tobacco dependence treatments. Furthermore, several studies have shown that quitting tobacco has no negative impact on substance abuse treatment; in fact, clients have shown increased long-term abstinence when treatment has been combined.<sup>12,13,14</sup> These treatments need to be made available to individuals with mental health and substance use disorders and tailored as needed to address the unique issues this population faces.<sup>15</sup>

## Systems-Level Interventions to Create a Tobacco-Free New York

The mission of the New York State Department of Health Bureau of Tobacco Control (BTC) is to reduce morbidity and mortality and alleviate the social and economic burdens caused by tobacco use.<sup>16</sup> Evidence-based tobacco control programs and policy interventions can reduce this burden by promoting and assisting tobacco users to quit, and by preventing initiation of tobacco use, most notably among populations disproportionately affected by the burden of tobacco use.

For the vision of a tobacco-free New York to be realized, changes to health care systems that support clinician interventions are needed. Tobacco users regularly come into contact with the health care delivery system, and, during these encounters, their tobacco use is not addressed. Minimizing these “missed opportunities” requires systems strategies that ensure patients’ tobacco use is assessed and treated at every clinical visit as part of standard delivery of care.<sup>17</sup>

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<sup>12</sup> Brown, E., Nonnemaker, J., Federman, E. B., Farrelly, M., & Kipnis, S. (2012). Implementation of a tobacco-free regulation in substance use disorder treatment facilities. *Journal of substance abuse treatment*, 42(3), 319-327.

<sup>13</sup> Williams, J. M., & Ziedonis, D. (2004). Addressing tobacco among individuals with a mental illness or an addiction. *Addictive behaviors*, 29(6), 1067-1083.

<sup>14</sup> McGovern, M. P., & Carroll, K. M. (2003). Evidence-based practices for substance use disorders. *The Psychiatric Clinics of North America*, 26(4), 991.

<sup>15</sup> “New CDC Vital Signs: Smoking among Those with Mental Illness.” 06 Jan. 2014. Web. 31 May 2016.

<sup>16</sup> “Smoking and Tobacco Use – Cigarettes and Other Tobacco Products.”

<sup>17</sup> “Systems Change: Treating Tobacco Use and Dependence.”

Systems strategies ensure that tobacco use is assessed and treated at every clinical visit as part of every patient visit, regardless of the reason for the visit. These strategies are “designed to work synergistically with clinician- and client-focused interventions, ultimately resulting in informed clinicians and patients interacting in a seamless way that facilitates the treatment of tobacco dependence.”<sup>18</sup>

## Systems-Level Strategies

This toolkit focuses on systems-level strategies to help ensure that tobacco intervention is consistently integrated into health care delivery, described in *Public Health Service (PHS) Clinical Practice Guideline—2008 Update*.<sup>19</sup>

These strategies are:

-  **01** Implement a tobacco user identification system at every site/clinic
-  **02** Provide education, resources, & feedback to promote provider intervention
-  **03** Dedicate staff to provide tobacco dependence treatment and assess its delivery in performance evaluations
-  **04** Provide tobacco dependence treatments (both counseling and medication)

By systematically identifying tobacco users and ensuring your agency has a cadre of staff who are trained to provide services to address tobacco use, a tobacco-free New York can be realized.

<sup>18</sup> “Systems Change: Treating Tobacco Use and Dependence.”

<sup>19</sup> “Systems Change: Treating Tobacco Use and Dependence.”

# HOW TO USE THIS TOOLKIT

## Goal of this Toolkit

The goal of this toolkit is to build the capacity of behavioral health organizations to deliver evidence-based tobacco dependence screening and treatment to their patients, ultimately supporting the integration of this best practice into standard delivery of care.

## Who is this Toolkit For?

This toolkit was designed for Health Systems for a Tobacco-Free New York Regional Contractors to use in order to build the capacity of behavioral health staff to identify and provide interventions to tobacco users with mental health and/or substance abuse disorders.

## How to Use this Toolkit

This toolkit is comprised of a series of training designs that Regional Contractors can use to train behavioral health staff to deliver evidence-based tobacco dependence screening and treatment to their clients living with mental health and/or substance use disorders. The five training designs that are included in this training and the associated lengths of training are:



Each training design can be delivered independently, however, it is recommended that organizations deliver *The Burden of Tobacco Use Training* to all staff prior to delivering any of the other training designs. This is because *The Burden of Tobacco Use Training* establishes a rationale for providing tobacco cessation services in behavioral health settings and builds buy-in amongst staff.

Organizations choose to offer each training individually, or they can bundle the trainings together. For example, in one afternoon, *The Burden of Tobacco Use, Screening and Assessment for Tobacco Use Disorders, and Effective Treatment Planning* can be delivered. When bundling trainings together, it is important to offer breaks to participants and conduct energizers when energy is perceived to be low.

Each training design includes the following:

- ✓ Introduction
- ✓ Goal and objectives
- ✓ Training agenda
- ✓ Training Design, which includes for each activity:
  - Time required
  - Section purpose
  - Learning methodologies
  - Materials needed
  - Step-by-step instructions on how to deliver the training
  - Handouts
  - Trainer's materials
  - PowerPoint slides
  - In-person training post-evaluation questions

In the Quality Assurance Section, a set of tools have been provided to measure, monitor, and improve implementation activities.

# THE BURDEN OF TOBACCO USE



According to national data, individuals who report poor mental health or low socio-economic status (SES) smoke significantly more than their peers. Prevalence rates have remained stagnant among vulnerable populations, including those with annual incomes less than \$25,000; those with less than a high school education; and those with serious mental illness.

Evidence suggests that these vulnerable populations typically are heavier smokers, more frequently tobacco-dependent, and more prone to smoke automatically or to reduce stress. For example, 40% of men and 34% of women with mental illness smoke. 48% of people with mental illness who live below the poverty level smoke, compared with 33% of those with mental illness who live above the poverty level.

To further illustrate the addictive nature of tobacco use, in New York State, low-income tobacco users spend approximately 25% of their income on cigarettes.

The goal of this section is to expand upon participants' knowledge of tobacco use rates, particularly among populations with mental illness or substance use disorders, and motivate participants to practice evidence-based approaches as an approach to treatment.

The tools in this section are designed to facilitate an interactive lecturette on tobacco use rates and an evidence-based approach to treatment.



## OVERVIEW

- ◆ Introduction
- ◆ Goal and Objectives
- ◆ Agenda
- ◆ Training Design
- ◆ Handouts and Materials



# INTRODUCTION

It is important for behavioral health staff to view tobacco use as an important health issue to address with their clients in order to provide them with the best health care possible. Many behavioral health providers and other staff that treat individuals with mental health and substance use disorders may view tobacco use as a “habit” that should not be taken away from clients trying to manage their symptoms. Some behavioral health providers may be concerned that clients will leave treatment if they are unable to use tobacco. Other providers may be unsure how to institute a tobacco use policy, or how staff will react. Despite these challenges, it is important for providers to make tobacco cessation a priority for their clients.

This training design explores tobacco use rates, specifically for populations with mental illness or substance use disorder. It also seeks to motivate behavioral health providers to approach treating tobacco use using evidence-based approaches.

It is recommended that this training be provided to all staff prior to delivering any subsequent trainings.



## TIME

20 minutes



## AUDIENCE

All behavioral health program staff



## MATERIALS

- Name tags
- Sign-in sheet
- Projector
- Laptop
- Projector screen
- PowerPoint presentation
- Easel
- Newsprint
- Markers
- Masking tape
- Pens and pencils
- Copies of handouts

Materials specific to each activity are described within the training design.



## HANDOUTS

All handouts for this training are found at the end of the document. Be sure that you have made enough copies for each participant who will be attending.



## TRAINER'S NOTES

Throughout the design, you will see Trainer's Notes. These contain special instructions or considerations for the trainer with regards to the activity being conducted.

# GOAL AND OBJECTIVES

## Goal

The goal of this training is to increase participants' knowledge of tobacco use rates, specifically for populations with mental illness or substance use disorders, and motivation to approach treatment using evidence-based approaches, like other chronic diseases.

## Objectives

As a result of this training, participants will be able to:

- ✓ Compare tobacco use rates in the general population and amongst those with mental health and substance use disorders
- ✓ Describe the importance of implementing evidence-based tobacco treatment services to those in behavioral health programs
- ✓ List strategies to overcome challenges to implementing those services

# AGENDA

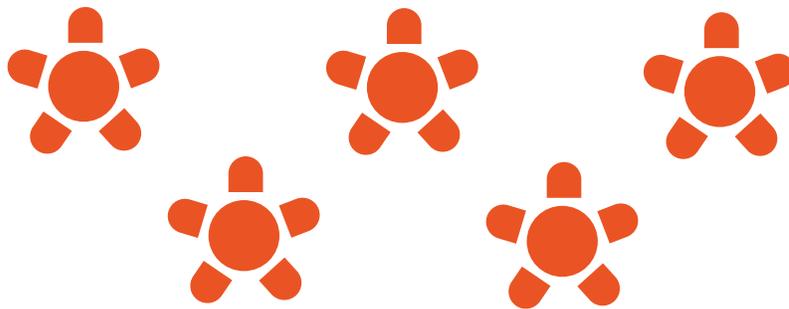
SAMPLE TIMING	ACTIVITY	TIME REQUIRED
9:00 am – 9:20 am	The Burden of Tobacco Use	20 minutes

# TRAINING DESIGN



## TRAINER'S NOTES

- ✓ Prepare and set-up the room by:
  - Setting-up the laptop and projector
  - Testing the PowerPoint presentation to ensure it works
  - Making copies of all of the handouts
  - Placing tables in a “small group” set-up with 5-6 chairs around each table, as shown below:



- ✓ On each table, place:
  - Pads of sticky notes
  - Copies of the PowerPoint slides
  - Pens
- ✓ As participants enter the room:
  - Greet them
  - Direct them to the sign-in sheet
  - Give them their name tag

# The Burden of Tobacco Use



## TIME REQUIRED

20 minutes



## SECTION PURPOSE

To increase participants' knowledge of tobacco use rates, specifically for populations with mental illness or substance use disorders, and motivation to approach treatment using evidence-based approaches, like other chronic diseases.



## LEARNING METHODOLOGIES

- ✓ Individual worksheet
- ✓ Large group discussion
- ✓ Self-reflection
- ✓ Lecturette



## MATERIALS NEEDED

- ✓ *Tobacco and My Clients Worksheet*
- ✓ Newsprint and markers
- ✓ PowerPoint presentation



## DESCRIPTION:

### Step 1: Introductions

- If colleagues and trainers do not know each other, have them introduce themselves.

### Step 2: Provide an overview of what will be covered in this training

- Say:
  - "The goal of this training is to increase your knowledge of the burden of tobacco use, tobacco use rates amongst individuals with behavioral health disorders and increase your motivation to integrate evidence-based screening and treatment to address tobacco use into your practice."

### Step 3: Ask participants to complete the first 3 questions on the *Tobacco and My Clients Worksheet*

- Distribute the *Tobacco and My Clients Worksheet*.
- Ask participants to complete the first 3 questions (True, False, Not Sure).
- The first three questions are:
  - Tobacco use is addictive

- Tobacco use is injurious to the individual's health
- Secondhand smoke is injurious to a person's health

#### **Step 4: Discuss the worksheet questions in the full group**

- Ask: Why might someone agree with the statements? Responses include:
  - Research shows that tobacco use kills and causes harm to one's health
  - Research shows that nicotine is addictive
- Ask: Why might someone disagree with the statements? Responses include:
  - Using tobacco is a choice
  - Personal experience – e.g. they know of people who have used tobacco for years and it has had no impact on their health
- Allow participants to discuss their opinions, and, if they disagree with the statements, be sure to note that there has been a lot of conflicting information about the health effects of tobacco use over time, but the evidence indicates these statements are valid.

#### **Step 5: Conduct a lecturette**

- Review slides 1 to 5 of the PowerPoint presentation that highlights that tobacco use is addictive and dangerous, as well as the tobacco use rates amongst the general and behavioral health populations.
- Review the notes section of each slide for additional talking points.

#### **Step 6: Ask participants to complete the next 2 questions on the *Tobacco and My Clients Worksheet***

- The next two questions are:
  - I can help someone who smokes to quit using tobacco
  - I can help someone with a mental health and/or substance use disorder to quit using tobacco

#### **Step 7: Discuss the worksheet questions in the full group**

- Discuss the questions with the full group, noting the differences between the “general population” and people with mental health and/or substance use disorders.
- Ask: Do you think you can help someone quit using tobacco?
  - Responses include:
    - ◇ The client may not want to
    - ◇ I could if I had the tools and knowledge to help them
    - ◇ The real work is up to the tobacco user---I can only support them through their quit attempts
- Ask: Do you think you can help someone with mental health and substance use disorders quit using tobacco?
  - Responses include:
    - ◇ This is more difficult

- ◇ Clients don't want to quit as they say it makes them feel better and alleviate symptoms
- ◇ Helping them with their mental health and substance use disorder should be the first priority
- ◇ It is hard because tobacco use is used as a reward for positive behavior
- ◇ Clients, families and staff are afraid that their mental health and/or substance use disorder will relapse if they quit using tobacco

### Step 8: Complete the final section of the worksheet

- Refer participants to the final part of the worksheet: Resistance/challenges.
- In full group, brainstorm the resistance and challenges that they may hear from others or themselves.
  - Ask participants to record the responses on their worksheet.
  - Conduct a large group report out, writing the participants' responses on newsprint or whiteboard if possible.
- Responses include:
  - Clients
    - ◇ It helps me
    - ◇ It's the only thing that brings me pleasure
    - ◇ I like it
    - ◇ I've tried quitting and it didn't work
    - ◇ Change is hard
    - ◇ I'll quit tomorrow
    - ◇ It's legal so it's not that bad
  - Clients' Families
    - ◇ We buy the cigarettes
    - ◇ It helps with their symptoms
    - ◇ Using tobacco is not a big deal in the context of their behavioral health condition
    - ◇ We bond over smoking
    - ◇ We use tobacco too and don't want to quit
  - Myself
    - ◇ I use tobacco
    - ◇ I'm not ready or equipped to help
    - ◇ This adds to the already enormous workload I have to deal with
    - ◇ Tobacco use helps build rapport/bond with my clients
    - ◇ Fear of client/family reaction
    - ◇ Not an agency priority

### Step 9: Discuss the lists by asking:

- How do these issues impact your work?
  - Responses include:
    - ◇ It's discouraging
    - ◇ It does not motivate me to do this work
    - ◇ I don't know what to do or how to move forward
- Given this resistance, how can you move forward with this work?
  - Responses include:
    - ◇ Change the way we think about tobacco use and people with mental health and substance use disorders (For example, it's unfair to say that because there is resistance with this population, we're not even going to try. Tobacco use is deadly and we need to help our clients reduce or stop usage.)
    - ◇ Seek support from colleagues and other training opportunities
    - ◇ View ourselves as pioneers or trailblazers in this work
    - ◇ Use our existing skills that we use to work with our clients around other substance abuse issues
- Review slides 6 and 7 of the PowerPoint presentation that highlight the importance of doing this work with clients who seek behavioral health services.

### Step 10: Process the training by asking:

- How did it feel to discuss these issues?
- What did you learn?
- What was surprising?
- What was the most important thing you learned about tobacco use or challenges to stopping use?
- How is this related to the work you are doing?
- How can you use what you learned here to help your clients?

### Step 11: Close the training

- Thank participants for their participation.

# HANDOUTS AND MATERIALS

Promoting Health System Improvement for a Tobacco-Free New York

## THE BURDEN OF TOBACCO USE



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Promoting Health System Improvement for a Tobacco-Free New York

## Tobacco Use Causes Death

- Tobacco use is the number one cause of preventable disease and death
- Every year, approximately 25,500 New Yorkers die prematurely as a result of their tobacco use
- More than 500,000 New Yorkers live with serious tobacco-caused illnesses and disabilities
- Exposure to secondhand smoke causes about 3,000 premature deaths from diseases including heart disease, lung cancer, and stroke in NYS every year



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Promoting Health System Improvement for a Tobacco-Free New York

## Tobacco is Addictive

- Most tobacco users become addicted to nicotine, a drug that is found naturally in tobacco
- More people in the United States are addicted to nicotine than to any other drug
- Research suggests that nicotine may be as addictive as heroin, cocaine, or alcohol
- Quitting tobacco is hard and may require several attempts.
- People who stop tobacco often start again because of withdrawal symptoms, stress, and weight gain.
- Nicotine withdrawal symptoms may include feeling irritable, angry, or anxious, having trouble thinking, craving tobacco products and feeling hungrier than usual



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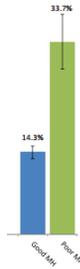
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# HANDOUTS AND MATERIALS

Promoting Health System Improvement for a Tobacco-Free New York

## Tobacco Use Rates & Mental Health

- In NYS, smoking prevalence is 33.7% among adults with poor mental health compared to 14.3% among adults who do not have poor mental health.
- 1 in 5 adults in the United States have some type of mental illness.



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Promoting Health System Improvement for a Tobacco-Free New York

## Tobacco Use Rates & Substance Use Disorders

Current Illicit Drug and Alcohol Use Among Adult Cigarette Smokers Compared with Non-Smokers<sup>14</sup>

	Smokers	Non-Smokers
Current illicit drug use (in past month)	18.9%	4.2%
Marijuana	15.3%	3.0%
Cocaine	1.8%	0.2%
Heroin	0.2%	0.0%
Hallucinogens	0.7%	0.2%
Inhalants	0.2%	0.1%
Non-medical use of prescription drugs	5.3%	1.2%
Current alcohol use (in past month)	65.2%	48.7%
Binge drinking <sup>15</sup>	42.9%	17.5%
Heavy drinking <sup>16</sup>	15.7%	3.8%



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Promoting Health System Improvement for a Tobacco-Free New York

## Addressing Tobacco Use with Behavioral Health Patients

- There are concerns about providing cessation services to behavioral health patients:
  - Don't want to take tobacco away while they are trying to manage symptoms
  - Patient might leave treatment
  - Not sure how to implement or how staff will react
- Despite challenges, it is important to implement treatment services
- Individuals with a Behavioral Health condition, like all clients, want to quit, can quit and can benefit from proven stop-smoking treatments



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# HANDOUTS AND MATERIALS

Promoting Health System Improvement for a Tobacco-Free New York

## Treating Tobacco Dependence Using Evidence-Based Strategies

- Tobacco dependence is a chronic, relapsing disease that requires repeated intervention and multiple attempts to quit
- Providers need to consistently identify and document tobacco use status and treat every tobacco user seen
- Ongoing counseling, support, and appropriate pharmacotherapy are required to achieve long-term abstinence
- Counseling and treatment need to be offered at every visit to every patient willing to quit to maximize their chances of successfully quitting



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# TOBACCO AND MY CLIENTS WORKSHEET

## TRUE or FALSE?

Read each statement and decide if it is True, False, or, if you are not sure, choose Not Sure.

- |  | TRUE                  | FALSE                 | NOT SURE              |
|--|-----------------------|-----------------------|-----------------------|
| 1. Tobacco is addictive                                | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. Tobacco use is injurious to the individual's health | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. Second hand smoke is injurious to one's health      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

## AGREE or DISAGREE?

On a scale of 1 to 5, where 1 = strongly disagree and 5 = strongly agree, circle to number that best corresponds to your opinion on each of the following statements:

1. I can help someone who uses tobacco to quit

1    2    3    4    5

2. I can help someone with a Behavioral Health and/or substance use disorder to quit using tobacco

1    2    3    4    5

## RESISTANCE/CHALLENGES

In each column below, list the resistance and challenges you may confront from each of the identified groups:

CLIENTS	CLIENTS' FAMILIES	MYSELF

# IN-PERSON TRAINING POST-EVALUATION QUESTIONS

Event Title: **Module 1 - The Burden of Tobacco Use**

Event Date: \_\_\_\_\_

To what extent do you Agree or Disagree with the following statements:

1. Please rate your opinion on how well this training met its stated objectives:	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
<b>1A.</b> Compare tobacco use rates in the general population and amongst those with mental health and substance use disorders	1	2	3	4	5
<b>1B.</b> Describe the importance of implementing evidence-based tobacco treatment services to those in Behavioral Health programs	1	2	3	4	5
<b>1C.</b> List strategies to overcome challenges to implementing those services	1	2	3	4	5

Please indicate to what extent you agree or disagree with the following statements:

		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
<b>2.</b> The instructional materials were useful		1	2	3	4	5
<b>3.</b> The training was engaging		1	2	3	4	5
<b>4.</b> There was a good balance between lecture & activities		1	2	3	4	5
<b>5.</b> I am satisfied with my level of participation during the training		1	2	3	4	5
<b>6.</b> If applicable, the training team worked well together	N/A	1	2	3	4	5

Please indicate to what extent you agree or disagree with the following statements:

		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
<b>7.</b> I learned something new as a result of this training		1	2	3	4	5
<b>8.</b> I will use what I learned from this training in my work		1	2	3	4	5
<b>9.</b> I am confident in my ability to apply what I learned as a result of this training to my work		1	2	3	4	5

# IN-PERSON TRAINING POST-EVALUATION QUESTIONS

10. As a result of attending this training, I plan to:

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11. Please indicate the extent to which you agree or disagree with the following statements about each of today's trainer(s):

**Trainer 1**

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
a. I was satisfied with the trainer's knowledge of the subject matter	1	2	3	4	5
b. The trainer presented the information clearly	1	2	3	4	5
c. The trainer effectively addressed questions/concerns	1	2	3	4	5

12. If you selected a 3 or below on any of the above items, please explain below:

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13. Please provide any additional comments below on today's training or list additional topics you would be interested in learning about or attending a training on in the future?

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# SCREENING AND ASSESSMENT FOR TOBACCO USE DISORDERS



The goal of this section is to strengthen the capacity of behavioral health providers to screen and assess their clients for the presence of tobacco use disorders.

The tools in this section are designed to share the various screening and assessment instruments for evaluating the presence of tobacco use and the theory behind the Stages of Change to assess motivation and readiness to change tobacco use behavior.



## OVERVIEW

- ◆ Introduction
- ◆ Goal and Objectives
- ◆ Agenda
- ◆ Training Design
- ◆ Handouts and Materials



# INTRODUCTION

Behavioral health providers play a central role in ensuring that the clients they come into contact with are screened and assessed for tobacco use. In this training, behavioral health providers will be introduced to valid and reliable tools that screen for tobacco use. They will also have an opportunity to consider how the Trans-theoretical Model of Behavior Change can be used to assess an individual's readiness to change his or her tobacco use behavior.

Finally, clinical staff will have an opportunity to consider how the DSM-5 diagnostic criteria for substance use disorders apply to tobacco use through a review of these criteria. Throughout the training, interactive exercises are used to ensure learners are internalizing the material and can apply it to real life situations.



## TIME

1.5 Hours



## AUDIENCE

Screening and Intake Workers  
Clinical Staff Completing Assessments



## MATERIALS

Name tags  
Sign in sheet  
Projector  
Laptop  
Projector screen  
PowerPoint presentation  
Easel  
Newsprint  
Markers  
Masking tape  
Pens and pencils  
Copies of handouts

Materials specific to each activity are described within the training design.



## HANDOUTS

All handouts for this training are found at the end of the document. Be sure that you have made enough copies for each participant who will be attending.



## TRAINER'S NOTES

Throughout the design, you will see Trainer's Notes. These contain special instructions or considerations for the trainer with regards to the activity being conducted.

# GOAL AND OBJECTIVES

## Goal

The goal of this training is to build the capacity of behavioral health providers to screen and assess for the presence of tobacco use disorders in their clients.

## Objectives

As a result of this training, participants will be able to:

- ✓ Identify and utilize two reliable and valid screening tools for tobacco use
- ✓ Utilize the substance use disorder criteria in assessing and diagnosing tobacco use disorders
- ✓ Identify the Stages of Change and how they apply to the assessment of tobacco use

# AGENDA

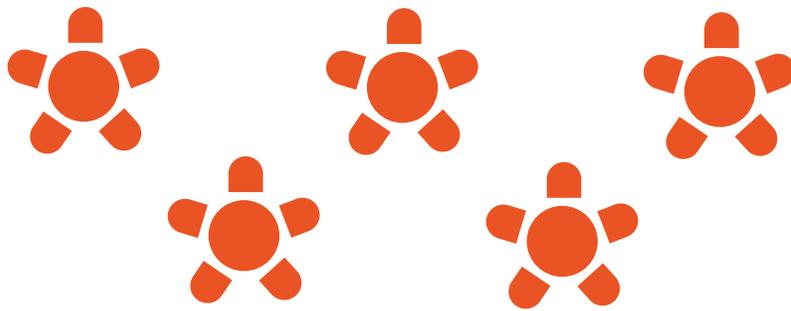
SAMPLE TIMING	ACTIVITY	TIME REQUIRED
9:00 am – 9:05 am	Welcome, Introductions, Goal & Objectives	5 minutes
9:05 am – 9:25 am	Screening for Tobacco Use: Review of the Fagerström and Hooked on Nicotine Checklist	20 minutes
9:25 am – 9:50 am	Assessing Tobacco Use: Overview of Substance Use Disorder Criteria and Application to Assessing Tobacco Use Disorders	25 minutes
9:50 am – 10:25 am	Assessing Tobacco Use: Readiness and Motivation to Change	35 minutes
10:25 am – 10:30 am	Closing	5 minutes

# TRAINING DESIGN



## TRAINER'S NOTES

- ✓ Prepare and set-up the room by:
  - Setting-up the laptop and projector
  - Testing the PowerPoint presentation to ensure it works
  - Making copies of all of the handouts
  - Placing tables in a “small group” set-up with 5-6 chairs around each table, as shown below:



- ✓ On each table, place:
  - Pads of sticky notes
  - Copies of the PowerPoint slides
  - Pens
- ✓ As participants enter the room:
  - Greet them
  - Direct them to the sign-in sheet
  - Give them their name tag

# Welcome, Introductions, Goal & Objectives



## TIME REQUIRED

5 minutes



## SECTION PURPOSE

To welcome participants to the 1-hour training session, introduce the trainer(s), training goal and objectives, and agenda, and set ground rules.



## LEARNING METHODOLOGIES

- ✓ Large group discussion



## MATERIALS NEEDED

- ✓ Newsprint and markers
- ✓ PowerPoint presentation
- ✓ Prepared newsprint:
  - Ground Rules
    - Keep side conversations to a minimum
    - Turn cell phones off or put them on vibrate
    - Refrain from texting during the training
    - Respect others' opinions and points-of-view
    - Have fun!
- ✓ *Goal and Objectives Handout*
- ✓ *Agenda Handout*



## DESCRIPTION:

### Step 1: Welcome and trainer introductions

- Welcome participants to the 1-hour training on Screening and Assessment for Tobacco Use Disorders.
- Trainers introduce themselves.

### Step 2: Review goals and objectives and agenda

- Distribute the *Goals and Objectives* and *Agenda Handouts*.
- Using slides 2 and 3 of the PowerPoint presentation, review the training goal and objectives, as well as the agenda for the training session.

### Step 3: Large group introductions (optional due to time constraints and size of group)

- Show slide 4 of the PowerPoint presentation and go around the room and ask participants to share with the group, their:
  - Name
  - Agency (if applicable)
  - Role

### Step 4: Ground rules

- Display the prepared newsprint “Ground Rules.”
- Explain that ground rules build an atmosphere in which everyone can feel comfortable and gain as much knowledge and experience as possible.
- Suggest the ground rules already written, adding the following explanations, if time permits:
  - Keep side conversations to a minimum
    - ◇ If something’s not clear to you, it’s probably not clear to other participants, so please let us know!
  - Turn cell phones off or put them on vibrate
    - ◇ The more focused we can all be, the better, as we have a lot of information to cover.
  - Refrain from texting during training
    - ◇ If something comes up, please leave the room so as not to disturb others.
  - Respect others’ opinions and points-of-view
    - ◇ Everyone is coming in with different experiences and opinions, and the more we can be open to everyone, the more we all can learn from each other.
  - Keep it moving
    - ◇ There is a lot of content to get through, so it is important to stay focused and on topic.
  - Have fun!
    - ◇ This training is designed to be interactive and engaging, so please participate and have fun with it!
- Ask participants to add additional ground rules that they think would be helpful.
- Check with the group to be sure that the group agrees on the ground rules, and make any changes as needed.
- Post the newsprint on the wall and refer back to the ground rules throughout the training, as needed.

# Screening for Tobacco Use: Review of the Fagerström and Hooked on Nicotine Checklist



## TIME REQUIRED

20 minutes



## SECTION PURPOSE

To provide participants with basic knowledge of reliable and valid screening tools that assist in screening for the presence of tobacco use among clients.



## LEARNING METHODOLOGIES

- ✓ Lecturette
- ✓ Large group discussion
- ✓ Interactive activity



## MATERIALS NEEDED

- ✓ PowerPoint presentation
- ✓ *Fagerström Test for Nicotine Dependence Handout*
- ✓ *Hooked on Nicotine Checklist Handout*



## DESCRIPTION:

### Step 1: Large group discussion and lecturette about the purpose of screening

- Ask participants: In general, what is the purpose of the screening process in substance use and mental health treatment programs?
- Using PowerPoint slides 6 and 7, share with participants that the purposes of screening include:
  - Determining appropriateness and eligibility for program admission
  - Gathering baseline information about clients
  - Determining areas for further exploration with clients
- Highlight that screening does not give sufficient information to determine a diagnosis or treatment plan goals.
- Ask participants: So when applied to tobacco use, what is the purpose of screening? Answers include:
  - To gather baseline data on an individual's tobacco use
  - To determine if tobacco use is an area for further exploration in treatment

## Step 2: Distribute and review the *Fagerström Test for Nicotine Dependence Handout*

- Review the *Fagerström Test* using PowerPoint slide 8.
- Explain to participants that:
  - The *Fagerström Test* can be administered in 3-5 minutes and can easily be integrated into the existing screening process.
  - By discussing tobacco from the very beginning of the treatment episode, you are setting the expectation that tobacco will be a part of the treatment process.
  - Gathering baseline data on tobacco use early in the treatment process will help support accurate treatment planning.

## Step 3: Distribute and review *Hooked on Nicotine Checklist*

- Review *Hooked on Nicotine Checklist* using PowerPoint slide 9.
- Explain to participants that this is an alternative screening tool that works particularly well with adolescents.
- Highlight how the *Fagerström Test* and *Hooked on Nicotine Checklist* are similar and how they are different.

## Step 4: Real play using the *Fagerström Test*

- Tell participants:
  - You will now have a chance to practice administering the *Fagerström Test* in pairs.
  - Each person in the pair will take turns administering the screener.
  - You do not have to use “real” answers.
- Ask participants to turn to the person to their right.
- Instruct participants to decide who will administer the *Fagerström Test* and who will play the client first.
- Tell them to begin.
- After 2 or 3 minutes, call time and tell them to switch roles so the person playing the client will now administer the *Fagerström Test*.
- Tell them to begin.
- After 2 or 3 minutes, call time.

## Step 5: Process the activity by asking:

- What was it like administering this instrument?
- How long did it take for you to finish?
- What issues do you see arising in using this instrument while screening your clients?

## Step 6: Close the activity

- Say:
  - Using these tools, the screening process is meant to determine if a potential problem exists with tobacco use. We will now move on to the assessment of tobacco use, which will ask more in-depth questions about tobacco use to determine a diagnosis and to gather information for treatment planning.

# Assessing Tobacco Use: Overview of the Substance Use Disorder Criteria and Application to Assessing Tobacco Use Disorders



**TIME REQUIRED**  
25 minutes



## SECTION PURPOSE

Provide participants with an overview of the criteria for tobacco use disorder and discuss how they can be used in assessing for a tobacco use disorder.



## LEARNING METHODOLOGIES

- ✓ Lecturette
- ✓ Large group discussion



## MATERIALS NEEDED

- ✓ PowerPoint presentation
- ✓ *Tobacco Use Disorder Diagnostic Criteria Handout*
- ✓ *Tobacco Withdrawal Diagnostic Criteria Handout*
- ✓ *Case Study: Diagnosing Tobacco Use Disorders Handout*
- ✓ *Questions to Assess Tobacco Use Handout*



## DESCRIPTION:

### Step 1: Introduce the lecturette on the criteria for tobacco use disorder

- Hand out *Tobacco Use Disorder Diagnostic Criteria Handout* to participants.
- Show PowerPoint slides 11 to 15 to review the handouts, highlighting to participants:
  - The diagnostic criteria for tobacco use are generally the same as those for other substances.
- Ask participants: Which diagnostic criteria do you think are most applicable/least applicable to tobacco use?
- Highlight that the severity of a tobacco use disorder depends on how many criteria are applicable to a specific individual.

## Step 2: Introduce tobacco withdrawal symptoms to participants

- Distribute the handout *Tobacco Withdrawal Diagnostic Criteria Handout*.
- Review the symptoms of tobacco withdrawal using PowerPoint slide 16.
  - Ask participants: Do these symptoms remind you of symptoms for other disorders?
  - Tell participants: Tobacco withdrawal symptoms can mimic or exacerbate symptoms of other mental health disorders including depressive disorders, anxiety disorders, and sleep wake disorders.

## Step 3: Case Study: Diagnosing Tobacco Use Disorders

- Inform participants that you will give them several minutes in pairs to review a case study on diagnosing tobacco use disorders. They will work together to determine if a tobacco use disorder exists and, if so, the severity of the tobacco use disorder. They will use the other two handouts they have received: *Tobacco Use Disorder Diagnostic Criteria* and *Tobacco Withdrawal Diagnostic Criteria*.
- Distribute the *Case Study: Diagnosing Tobacco Use Disorders Handout*.
- Tell participants to get into pairs.
- Tell them to begin the discussion.
- After 5 minutes, call time.

## Step 4: Process the case study by asking:

- What specific criteria did the individual meet in this case study? What was it like to do this?
- How can you use this in your work?
- What did you find difficult about diagnosing a tobacco use disorder in this case study?

## Step 5: Questions for assessing tobacco use

- Distribute the *Questions to Assess Tobacco Use Handout*.
- Using PowerPoint slides 17 to 19, review potential questions that staff might use to assess clients' tobacco use.
- Highlight that these questions can be used when developing treatment plans. Treatment planning is explored in another training that is part of this package.



## TRAINER'S NOTE

You may ask the participants to review the *Questions to Assess Tobacco Use Handout*. Together in small groups and then report out their thoughts to the large group.

# Assessing Tobacco Use: Readiness and Motivation to Change



## TIME REQUIRED

35 minutes



## SECTION PURPOSE

To provide participants with an understanding of the Stages of Change and how this information can be used to assess clients' motivation and readiness to change tobacco use behavior.



## LEARNING METHODOLOGIES

- ✓ Large group discussion
- ✓ Individual activity



## MATERIALS NEEDED

- ✓ PowerPoint presentation
- ✓ *Stages of Behavior Change Overview Handout*
- ✓ *Staging Practice Worksheet*
- ✓ *Staging Practice Answer Key* (for trainer)
- ✓ *Stages of Change Case Study Handout*



## DESCRIPTION:

### Step1: Introduce the presentation on the Trans-theoretical Model of Behavior Change

- Showing PowerPoint slides 21 to 29, tell participants:
  - When it comes to changing behaviors, clients may not want to change, may be thinking about changing, may be preparing to change, or may be in the process of changing.
  - According to the Trans-theoretical Model (TTM) of Behavior Change, these different phases that an individual may be in are known as the “Stages of Change”.
  - When conducting an assessment, it will be useful to identify the stage of change associated with the individual’s tobacco use behavior.
  - The 5 Stages of Change are:
    1. Pre-contemplation
    2. Contemplation
    3. Preparation
    4. Action
    5. Maintenance

- While reviewing the PowerPoint slides, be sure to review some of the following points:
  - The TTM Stages of Change model helps us to better understand how people change behaviors.
  - The TTM acknowledges that relapse is a part of behavior change.
  - Harm reduction is an approach to help minimize the exposure when a person is not able or willing to completely stop a behavior.
  - Assessing the Stage of Change an individual is in with regard to his or her tobacco use will help determine which interventions are most appropriate.

### **Step 2: Review *Stages of Behavior Change Handout***

- Show PowerPoint slide 30.
- Distribute the *Stages of Behavior Change Overview Handout* to each participant and say:
  - We do not stage people; we stage their goals.
  - The Stages of Change are not linear and cycling through the stages is common.
  - Relapse can occur at any time.
  - Stages have different domains we can focus on to help clients move towards behavior change:
    - ◇ Cognitive: The way a person thinks. It includes perceptions, attitudes, beliefs, and knowledge.
    - ◇ Affective: The way a person feels.
    - ◇ Behavioral: The way a person acts.

### **Step 3: Share examples of domains to focus on to help clients change**

- Show PowerPoint Slide 29.
- Provide the following examples of each domain:
  - Cognitive: If a lot of people in my support system use tobacco and have not experienced health-related illnesses as a result of their tobacco use, I may not believe my tobacco use is as harmful to my health as it potentially is. Addressing this misconception could help move me towards behavior change.
  - Affective: If using tobacco is the only thing that makes me feel relaxed, I am less likely to consider quitting. Addressing this domain could help move me towards behavior change.
  - Behavioral: If I continue to associate with people who use tobacco, I am more likely to not continue using tobacco. Addressing this behavior will help move me towards behavior change.
- Highlight that during the first three stages, participants should focus on using interventions that impact the *cognitive and affective* domains whereas in the latter stages, they may focus on using interventions for the *behavioral* domain. They may also need to impact the cognitive and affective domain in later stages.

#### Step 4: Complete *Staging Practice Worksheet*

- Show PowerPoint Slide 30.
- Distribute the *Staging Practice Worksheet* to each participant.
- Explain they will use the statements on the worksheet to stage the client (in the handout) in regards to stopping tobacco use.
- Ask participants to determine which stage the client is in based on each of the statements and the goal.
- Give them 5 minutes to complete the worksheet.
- Using the *Staging Practice Answer Key* as a guide, discuss each statement and the correct answers with participants.
- Highlight that when staging, it is important to use varying questioning techniques to avoid redundant and repetitive questioning.



#### TRAINER'S NOTE

The staging assessment questionnaire is mostly closed-ended questions (that is, questions that can be answered with a “yes” or a “no”). However, when working with clients, participants will typically be using more open-ended questions. Tell participants we will discuss how to use open-ended questions later in the training.

#### Step 5: Review *Stages of Change Case Study Handout*

- Distribute the *Stages of Change Case Study Handout* to each participant.
- Explain that the purpose of this activity is to determine the stage of change of the individual depicted in the case study.
- Give the participants 5 minutes to complete their analysis of the case study.
- Process the activity by asking participants which stage of change the individual is in.
- Make sure to key in on the specific language in the case study that has led to their determination.

#### Step 6: Process the activity by asking:

- Why do we stage?
- What stands out for you?
- How easy/difficult is it to differentiate between the stages?
- What do you find to be important about staging and the work you are doing?
- What does this mean to you with regards to your work?

# CLOSING



## TIME REQUIRED

5 minutes



## SECTION PURPOSE

To close the session and thank participants for their participation.



## LEARNING METHODOLOGIES

- ✓ Large group discussion



## MATERIALS NEEDED

- ✓ PowerPoint presentation



## DESCRIPTION:

### Step 1: Highlights

- Show PowerPoint slide 31.
- Thank everyone for their participation and hard work.
- Ask if anyone wants to share one highlight they are taking away from the training. (Time permitting)
- Once everyone who wants to say something has had an opportunity to do so, wrap-up the training by thanking participants for being a part of the training.

# HANDOUTS AND MATERIALS



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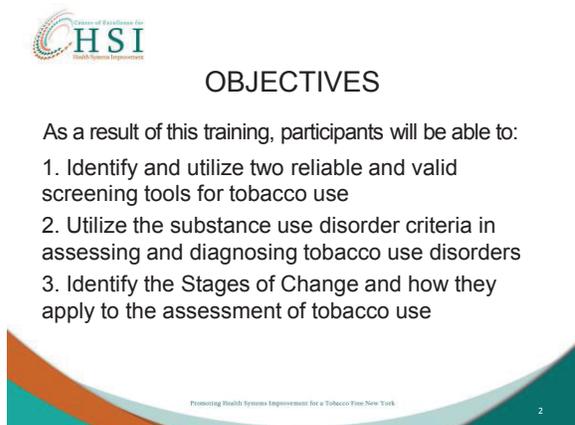
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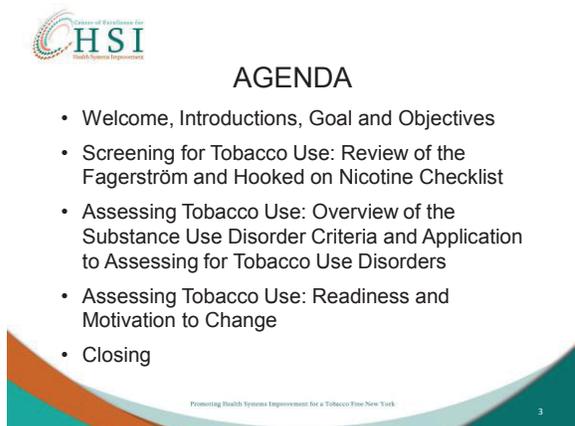
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# HANDOUTS AND MATERIALS



## WELCOME & INTRODUCTIONS

Please share your:

- Name
- Agency
- Role



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## SCREENING FOR TOBACCO USE:

THE FAGERSTRÖM

AND

HOOKED ON NICOTINE CHECKLIST



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## Purpose of Screening

- Determining appropriateness and eligibility for program admission
- Gathering baseline information about client
- Determining areas for further exploration with client
- Screening does not give sufficient information to determine diagnosis or treatment plan goals



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# HANDOUTS AND MATERIALS



## Purpose of Screening for Tobacco Use

- To gather baseline data on an individual's tobacco use
- To determine if tobacco use is an area for further exploration in treatment



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## The Fagerström Test for Nicotine Dependence

- Valid and reliable tool for screening for tobacco use
- Easy to administer (3-5 min)
- Supports integration of tobacco use and accurate treatment planning
- Higher scores indicates higher intensity
- Refer to handout for details of test



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## The Hooked on Nicotine Checklist

- Alternative screen to Fagerström
- Works well with adolescents
- Stronger reliability for individuals who have lower levels of tobacco consumption



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# HANDOUTS AND MATERIALS



## Real Play!

- Pair up
- Take out Fagerström handout
- Administer Fagerström to person you are paired with
- You do not need to use real answers
- Score the instrument!



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## Tobacco Use Disorder Diagnostic Criteria

- A problematic pattern of tobacco use leading to clinically significant impairment or distress, as manifested by at least two of the following, occurring within a twelve-month period:
  1. Tobacco is often taken in larger amounts or over a longer period of time than was intended
  2. There is a persistent desire or unsuccessful efforts to cut down or control tobacco use
  3. A great deal of time is spent in activities necessary to obtain or use tobacco



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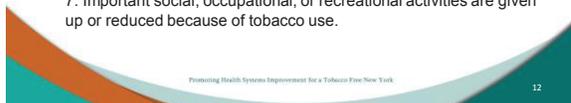
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## Tobacco Use Disorder Diagnostic Criteria

4. Craving, or strong desire or urge to use tobacco.
5. Recurrent tobacco use resulting in a failure to fulfill major role obligations at work, school or home.
6. Continued tobacco use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of tobacco.
7. Important social, occupational, or recreational activities are given up or reduced because of tobacco use.



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# HANDOUTS AND MATERIALS



## Tobacco Use Disorder Diagnostic Criteria

- 8. Recurrent tobacco use in situations in which it is physically hazardous (e.g., smoking in bed).
- 9. Tobacco use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by tobacco.
- 10. Tolerance, as defined by either of the following:
  - A need for markedly increased amounts of tobacco to achieve the desired effect.
  - A markedly diminished effect with continued use of the same amount of tobacco.



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## Tobacco Use Disorder Diagnostic Criteria

- 11. Withdrawal, as manifested by either of the following:
  - The characteristic withdrawal syndrome for tobacco use.
  - Tobacco (or a closely related substance, such as nicotine) is taken to relieve or avoid withdrawal symptoms.



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## Tobacco Use Disorder Severity

- Specify Severity:
  - Mild-2-3 Symptoms
  - Moderate-4-5 Symptoms
  - Severe-6 or more symptoms



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# HANDOUTS AND MATERIALS



## Tobacco Withdrawal

- A. Daily use of tobacco for at least several weeks.
- B. Abrupt cessation of tobacco use, or reduction in the amount of tobacco used, followed within 24 hours by four (or more) of the following signs or symptoms:
  - Irritability, frustration, or anger
  - Anxiety
  - Difficulty Concentrating
  - Increased appetite
  - Restlessness
  - Depressed mood
  - Insomnia
- C. The signs or symptoms in Criterion B cause clinically significant distress or impairment in social, occupation or other important areas of functioning.
- D. The signs or symptoms are not attributed to another medical condition and are not better explained by another mental disorder, including intoxication or withdrawal from another substance.

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## Questions to Assess Tobacco Use

- Tell me about when you started using tobacco.
  
- How often do you use tobacco and how much do you use?
  
- What are some of the reasons for your tobacco use/Why do you use tobacco/What are the benefits of tobacco use?

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## Questions to Assess Tobacco Use

- How does your current tobacco use compare to how much you used when you started using tobacco?
  
- Tell me about previous attempts to discontinue tobacco use? What was helpful and what was not?
  
- What are some of the negative consequences of your tobacco use?

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# HANDOUTS AND MATERIALS



## Questions to Assess Tobacco Use

- If you were to stop using tobacco, what would the reasons be for your discontinued use?
- On a scale of 1 to 10, how important is it for you to change your tobacco use behavior?
- On a scale of 1 to 10, how confident are you in your ability to change your tobacco use behavior.
- How do you feel when you are in situations when you cannot use tobacco?

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## OVERVIEW OF TRANSTHEORETICAL MODEL (TTM):

- ASSESSING TOBACCO DEPENDENCE & CLIENTS READINESS AND MOTIVATION TO QUIT

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## STAGES OF CHANGE MODEL

- Developed by Prochaska and DiClemente
- Behavior change does not happen in one step, but in stages
- An individual progresses through the stages at their own pace, depending on their goals and sources of motivation

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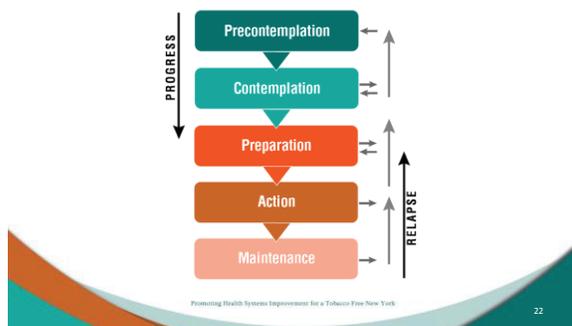
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# HANDOUTS AND MATERIALS



## THE STAGES OF CHANGE



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## PRECONTEMPLATION

There is no intention to change behavior in the foreseeable future:

- Others are aware of problem
- Unaware or under-aware
- Change due to outside pressure
- No plans to change (6 months)
- Coerced by others to change



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## CONTEMPLATION

Aware that a problem exists and begins to think about overcoming it:

- No commitment
- Struggles with loss
- Decisional-balancing
- Can get stuck and remain so



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# HANDOUTS AND MATERIALS



## PREPARATION

Making plans for the intended change:

- Intending to take action within 30 days
- Taking steps/making plans
- May/may not have taken unsuccessful action in past year



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## ACTION

Modification of behavior, experiences, or environment in order to overcome problem behavior

- Taking an action is not being in action
- Runs from one day to six months
- Requires considerable commitment



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## MAINTENANCE

Integrated the new behavior into present lifestyle

- More than six months
- Stabilizing change
- Avoiding relapse
- Can last a lifetime



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# HANDOUTS AND MATERIALS



## THE STAGES OF CHANGE



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## LEARNING DOMAINS FOR CHANGE

### Cognitive

- What a person thinks related to the change

### Affective

- What a person feels related to the change

### Behavioral

- What actions related to the change

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## INDIVIDUAL ACTIVITY



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# HANDOUTS AND MATERIALS



THANK YOU!

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# TRAINING GOAL AND OBJECTIVES

## Goal

To build the capacity of behavioral health providers to screen and assess for the presence of tobacco use disorders in their clients.

## Objectives

As a result of this training, participants will be able to:

- ✓ Identify and utilize two reliable and valid screening tools for tobacco use
- ✓ Utilize the substance use disorder criteria in assessing and diagnosing tobacco use disorders
- ✓ Identify the Stages of Change and how they apply to the assessment of tobacco use

# AGENDA

AGENDA
Welcome, Introductions, Goal & Objectives
Screening for Tobacco Use: Review of the Fagerström and Hooked on Nicotine Checklist
Assessing Tobacco Use: Overview of Substance Use Disorder Criteria and Application to Assessing Tobacco Use Disorders
Assessing Tobacco Use: Readiness and Motivation to Change
Closing

# Fagerström Test for Nicotine Dependence Handout

The Fagerström Test for Nicotine Dependence is a standard instrument for assessing the intensity of physical addiction to nicotine. Use this test with clients to provide a measure of nicotine dependence related to cigarette smoking.

After you have administered the test with a client, add up the scores for each question (either 0, 1, 2, or 3) and use the information on the next page to determine next steps for treating tobacco use.

PLEASE TICK (✓) ONE BOX FOR EACH QUESTION		
How soon after waking do you smoke your first cigarette?	Within 5 minutes <input type="checkbox"/> 3 5-30 minutes <input type="checkbox"/> 2 31-60 minutes <input type="checkbox"/> 1	
Do you find it difficult to refrain from smoking in places where it is forbidden? e.g. church, library, etc.	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 0	
Which cigarettes would you hate to give up?	The first in the morning <input type="checkbox"/> 1 Any other <input type="checkbox"/> 0	
How many cigarettes a day do you smoke?	10 or less <input type="checkbox"/> 0 11-20 <input type="checkbox"/> 1 21-30 <input type="checkbox"/> 2 31 or more <input type="checkbox"/> 3	
Do you smoke more frequently in the morning?	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 0	
Do you smoke even if you are sick in bed most of the day?	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 0	
		<b>Total Score</b>
<b>SCORE</b>	1-2= low dependence 3-4= low to mod dependence	5-7 = moderate dependence 8+ = high dependence

## Scores

### SCORE OF 1 - 2

A patient who scores between 1 and 2 on the Fagerström test for Nicotine Dependence is classified as having a low dependence on nicotine. This suggests that they may not need Nicotine Replacement Therapy (NRT), although it is recommended that they still be monitored for withdrawal symptoms.

### SCORE OF 3 - 4

A patient who scores between 3 and 4 would be considered to have low to moderate dependence on nicotine and could be offered patched, inhaler, lozenge or gum.

Please check NRT recommendations chart:

<https://www1.nyc.gov/assets/doh/downloads/pdf/csi/tobacco-med-brief-instructions.pdf>

### SCORE OF 5 - 7

A patient who scores 4 would be considered to be moderately dependent on nicotine and can be offered patches, inhaler, lozenge, or gum. They can also be offered the combined therapy of patches with lozenge and gum. Please check NRT recommendations chart:

<https://www1.nyc.gov/assets/doh/downloads/pdf/csi/tobacco-med-brief-instructions.pdf>

### SCORE OF 8

A patient who scores 5 and over would be considered highly dependent on nicotine and can be offered patched, inhaler, lozenges and/or gum. They can also be offered the combined therapy of patches and lozenges or gum. Please check NRT recommendations chart:

<https://www1.nyc.gov/assets/doh/downloads/pdf/csi/tobacco-med-brief-instructions.pdf>

Link to Fagerström Test: [http://ndri.curtin.edu.au/btiip/documents/Fagerström\\_test.pdf](http://ndri.curtin.edu.au/btiip/documents/Fagerström_test.pdf)

# The Hooked on Nicotine Checklist

The Hooked on Nicotine Checklist (HONC) is a 10-item instrument used to determine the onset and strength of tobacco dependence. The number of positive responses is proposed to reflect the degree of dependence.

The HONC is scored by counting the number of YES responses. A smoker has lost full autonomy over their tobacco use if any symptom is endorsed.

	YES	NO
1. Have you ever tried to quit, but couldn't?		
2. Do you smoke now because it is really hard to quit?		
3. Have you ever felt like you were addicted to tobacco?		
4. Do you ever have strong cravings to smoke?		
5. Have you ever felt like you really needed a cigarette?		
6. Is it hard to keep from smoking in places where you are not supposed to?		
When you haven't used tobacco for a while ... OR when you tried to stop smoking ...		
7. Did you find it hard to concentrate because you couldn't smoke?		
8. Did you feel more irritable because you couldn't smoke?		
9. Did you feel a strong need or urge to smoke?		
10. Did you feel nervous, restless or anxious because you couldn't smoke?		

**Reference:** DiFranza JR, Savageau JA, Fletcher K, Ockene JK, Rigotti NA, McNeill AD, Coleman M, Wood C. Measuring the loss of autonomy over nicotine use in adolescents: The Development and Assessment of Nicotine Dependence in Youths (DANDY) Study. Archives of Pediatric Adolescent Medicine. 2002;156:397-403. <http://fmchapps.umassmed.edu/honc>.

# The Tobacco Use Disorder

## Diagnostic Criteria

Use these criteria as described below to determine if a patient/client meets the Diagnostic Criteria to treat and code for Tobacco Use Disorder.

A problematic pattern of tobacco use leading to clinically significant impairment or distress, as manifested by at least two of the following, occurring within a twelve-month period:

- ① Tobacco is often taken in larger amounts or over a longer period of time than was intended.
- ② There is a persistent desire or unsuccessful efforts to cut down or control tobacco use.
- ③ A great deal of time is spent in activities necessary to obtain or use tobacco.
- ④ Craving, or strong desire or urge to use tobacco.
- ⑤ Recurrent tobacco use resulting in a failure to fulfill major role obligations at work, school, or home.
- ⑥ Continued tobacco use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of tobacco.
- ⑦ Important social, occupational, or recreational activities are given up or reduced because of tobacco use.
- ⑧ Recurrent tobacco use in situations in which it is physically hazardous (e.g., smoking in bed).
- ⑨ Tobacco use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by tobacco.
- ⑩ Tolerance, as defined by either of the following:
  - a A need for markedly increased amounts of tobacco to achieve the desired effect.
  - b A markedly diminished effect with continued use of the same amount of tobacco.
- ⑪ Withdrawal, as manifested by either of the following:
  - a The characteristic withdrawal syndrome for tobacco use.
  - b Tobacco (or a closely related substance, such as nicotine) is taken to relieve or avoid withdrawal symptoms.

**Specify Severity:** Mild-2-3 Symptoms | Moderate-4-5 Symptoms | Severe-6 or more symptoms

# Tobacco Withdrawal Diagnostic Criteria

Use these criteria below to determine if a patient/client is in Tobacco Withdrawal.

- ① Daily use of tobacco for at least several weeks.
- ② Abrupt cessation of tobacco use, or reduction in the amount of tobacco used, followed within 24 hours by four (or more) of the following signs or symptoms:
  - ✓ Irritability, frustration, or anger
  - ✓ Anxiety
  - ✓ Difficulty concentrating
  - ✓ Increased appetite
  - ✓ Restlessness
  - ✓ Depressed mood
  - ✓ Insomnia
- ③ The signs or symptoms in Criterion 2 cause clinically significant distress or impairment in social, occupation, or other important areas of functioning.
- ④ The signs or symptoms are not attributed to another medical condition and are not better explained by another mental disorder, including intoxication or withdrawal from another substance.

# Case Study: Diagnosing Tobacco Use Disorders



Ayana is a 28 year old woman who comes to your treatment program after completing detox at a local hospital. As part of your assessment you ask Ayana about her tobacco use.

Ayana informs you that she has been smoking for the past 10 years. She states that she started when she was 18 having a couple cigarettes on the weekend but now she smokes about a pack of cigarettes per day. Ayana states that she has attempted to stop smoking several times but that she always goes back. She states that she experiences strong urges to use both in the morning and after meals.

Ayana states that she has asthma and she knows that her asthma is made worse by her smoking. Finally, Ayana informs you that she experiences anxiety, difficulty sleeping, irritability, and increased appetite when she stops using tobacco.

**QUESTION 1:** Does Ayana have a tobacco use disorder diagnosis?

**QUESTION 2:** If so, what is the severity of Ayana's tobacco use disorder?

# Questions To Assess Tobacco Use

Use these questions to learn more about your clients' tobacco use.

- ① Tell me about when you started using tobacco.
- ② How often do you use tobacco and how much do you use?
- ③ What are some of the reasons for your tobacco use/Why do you use tobacco/What are the benefits of tobacco use?
- ④ How does your current tobacco use compare to how much you used when you started using tobacco?
- ⑤ Tell me about previous attempts to discontinue tobacco use? What was helpful and what was not?
- ⑥ What are some of the negative consequences of your tobacco use?
- ⑦ If you were to stop using tobacco, what would the reasons be for your discontinued use?
- ⑧ On a scale of 1 to 10, where 1 is least important and 10 is very important, how important is it for you to change your tobacco use behavior?
- ⑨ On a scale of 1 to 10, where 1 is least important and 10 is very important, how confident are you in your ability to change your tobacco use behavior.
- ⑩ How do you feel when you are in situations when you cannot use tobacco?

# Stages of Behavior Change Overview

STAGE IN TRANS-THEORETICAL MODEL OF CHANGE	DESCRIPTION OF STAGE	LEARNING DOMAIN
<b>PRE-CONTEMPLATION</b>	<p>Not thinking about change            May be resigned or feel hopeless about their ability to change            Feeling a lack of control            May not believe need for change applies to self and/or may not view consequences of behavior (to themselves) as serious enough to warrant change            “Pros” of smoking outweigh “Cons” of smoking</p> <p><b>Timeframe:</b> <i>No intent to change in the near future (described as within 6 months). Individual could remain in this stage for years</i></p>	<p>Cognitive</p> <p>Affective</p>
<b>CONTEMPLATION</b>	<p>Aware that a problem exists and considering change. However, individual does not have a serious intent to change soon. The person is considering change within six months            Pros and cons of smoking are approximately equal (leads to ambivalence)            Feelings of ambivalence towards the behavior and idea of behavior change</p> <p><b>Timeframe:</b> <i>Intention to change within 6 months, but may not have a serious commitment to making a change. Note: Individual could remain in this stage for years</i></p>	<p>Cognitive</p> <p>Affective</p>
<b>PREPARATION</b>	<p>Seriously intending to make a behavioral change soon (within thirty days)            Making plans for change            Often, person may implement some steps towards change            Learning how to make the change successfully</p> <p><b>Timeframe:</b> <i>Intention to change within the next 30 days</i></p>	<p>Cognitive</p> <p>Affective</p> <p>Behavioral</p>
<b>ACTION</b>	<p>Individual is committed to change            Modifying problem behavior; making the change consistently (i.e., every time)            Requires considerable commitment</p> <p><b>Timeframe:</b> <i>Person has started making the change consistently. If change is maintained during this time, this stage lasts about 6 months</i></p>	<p>Behavioral</p>
<b>MAINTENANCE</b>	<p>The new behavior has been integrated into his/her lifestyle and is now more habitual.            Takes less energy to maintain behavior</p> <p><b>Timeframe:</b> <i>6 months or more</i></p>	<p>Behavioral</p>

Information from Prochaska, JO, DiClemente, CC, Norcross JC, In Search of How People Change. American Psychology 1992; 47:1102-4, and Miller WR, Rollnick S. Motivational Interviewing: preparing people to change addictive behavior. New York: Guilford, 1991:191-202

# Staging Practice Worksheet

Check the appropriate box that describes best what stage a person who made the statement would most likely be exhibiting. Be certain to consider approximate time frames that each statement is possibly referring to.

GOAL: Stop tobacco use

STATEMENTS:	STAGES				
	PRE-CONTEMPLATION	CONTEMPLATION	PREPARATION	ACTION	MAINTENANCE
① I set a quit date two weeks from now – I'm nervous.					
② I recently celebrated my one-year anniversary of quitting					
③ I don't want to stop smoking. It's not hurting me.					
④ Sometimes, I dream I've smoked a cigarette. It's a relief when I wake up. I've worked hard to be smoke-free for almost six months.					
⑤ I'm thinking that I had better stop using snus. I'm starting to worry about oral cancer.					
⑥ Quitting smoking is not a priority for me.					
⑦ I know I should stop smoking, but I really enjoy cigarettes.					
⑧ I tried the patch the other day. I think I need a higher dose because I still had cravings.					
⑨ I have someone who listens when I need to talk about my quit attempt.					
⑩ I find that doing other things with my hands is a good substitute for smoking.					

# Staging Practice Worksheet

## Answer Key

Check the appropriate box that describes best what stage a person who made the statement would most likely be exhibiting. Be certain to consider approximate time frames that each statement is possibly referring to.

STATEMENTS:	STAGES				
	PRE-CONTEMPLATION	CONTEMPLATION	PREPARATION	ACTION	MAINTENANCE
① I set a quit date two weeks from now – I'm nervous.			Preparation		
② I recently celebrated my one-year anniversary of quitting					Maintenance
③ I don't want to stop smoking. It's not hurting me.	Pre-Contemplation				
④ Sometimes, I dream I've smoked a cigarette. It's a relief when I wake up. I've worked hard to be smoke-free for almost six months.					Maintenance
⑤ I'm thinking that I had better stop using snus. I'm starting to worry about oral cancer.		Contemplation			
⑥ Quitting smoking is not a priority for me.	Pre-Contemplation				
⑦ I know I should stop smoking, but I really enjoy cigarettes.		Contemplation			
⑧ I tried the patch the other day. I think I need a higher dose because I still had cravings.			Preparation		
⑨ I have someone who listens when I need to talk about my quit attempt.				Action	
⑩ I find that doing other things with my hands is a good substitute for smoking.				Action	

# Stages of Change Case Study



John, a 35-year-old male from the local community, presents at your outpatient mental health treatment program after being referred from a hospital based inpatient psychiatric unit. John presents with a history of Major Depressive Disorder and has made several suicide attempts over the past five years. When asked, John states that he often finds it difficult to find the motivation, “to do anything”. He states that he sometimes finds that drinking alcohol makes him feel better but he realizes that this is only a “temporary fix”.

John states that he uses his anti-depressant medication as prescribed but he sometimes stops using it when he is feeling better because he doesn’t like the side effects. John is surprised when you ask him about his tobacco use. He states that no one has ever asked him about tobacco in the context of his mental health or substance use. John states that smoking cigarettes is one of the things that he really enjoys and he has never considered stopping.

He states that he is fearful that if he stops smoking, his depressive symptoms will be worse. He also states that his friends had told him that smoking can be helpful in reducing those symptoms.

**QUESTION 1:** Which stage of change is John likely in regarding his tobacco use?

**QUESTION 2:** What specific information in the case study led you to this conclusion?

# IN-PERSON TRAINING POST-EVALUATION QUESTIONS

Event Title: Module 2 - Screening and Assessment for Tobacco Use Disorders

Event Date: \_\_\_\_\_

To what extent do you Agree or Disagree with the following statements:

1. Please rate your opinion on how well this training met its stated objectives:	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1A. Identify and utilize two reliable and valid screening tools for tobacco use	1	2	3	4	5
1B. Utilize the substance use disorder criteria in assessing and diagnosing tobacco use disorders	1	2	3	4	5
1C. Identify the Stages of Change and how they apply to the assessment of tobacco use	1	2	3	4	5

Please indicate to what extent you agree or disagree with the following statements:

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	
2. The instructional materials were useful	1	2	3	4	5	
3. The training was engaging	1	2	3	4	5	
4. There was a good balance between lecture & activities	1	2	3	4	5	
5. I am satisfied with my level of participation during the training	1	2	3	4	5	
6. If applicable, the training team worked well together	N/A	1	2	3	4	5

Please indicate to what extent you agree or disagree with the following statements:

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
7. I learned something new as a result of this training	1	2	3	4	5
8. I will use what I learned from this training in my work	1	2	3	4	5
9. I am confident in my ability to apply what I learned as a result of this training to my work	1	2	3	4	5

# IN-PERSON TRAINING POST-EVALUATION QUESTIONS

10. As a result of attending this training, I plan to:

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11. Please indicate the extent to which you agree or disagree with the following statements about each of today's trainer(s):

## Trainer 1

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
a. I was satisfied with the trainer's knowledge of the subject matter	1	2	3	4	5
b. The trainer presented the information clearly	1	2	3	4	5
c. The trainer effectively addressed questions/concerns	1	2	3	4	5

12. If you selected a 3 or below on any of the above items, please explain below:

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13. Please provide any additional comments below on today's training or list additional topics you would be interested in learning about or attending a training on in the future?

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# EFFECTIVE TREATMENT PLANNING



The goal of this section is to strengthen the capacity of behavioral health providers to develop effective Treatment Plans in collaboration with the client.

This assists in organizing treatment for both the client and provider, and provides a documentation framework for provision of services. An effective treatment plan should take into account findings of the client assessment, as well as the strengths, abilities, and preferences of the client.



## OVERVIEW

- ◆ Introduction
- ◆ Goal and Objectives
- ◆ Agenda
- ◆ Training Design
- ◆ Handouts and Materials



# INTRODUCTION

Behavioral healthcare staff working with individuals seeking treatment in programs for substance use and mental health disorders play a central role in ensuring that the clients they come into contact with are treated for their tobacco use.

This training provides behavioral health providers with a foundation for effectively integrating tobacco use into the treatment planning process. The elements of the treatment plan, tobacco use treatment interventions, and creating effective treatment plans will be explored. Throughout the training, interactive exercises are utilized to ensure that the ideas, concepts, knowledge and skills found within the training are being retained.



## TIME

1.5 Hours



## AUDIENCE

Clinical Staff Completing Treatment Plans in Behavioral Health (Substance Use and Mental Health Disorder) Treatment Settings



## MATERIALS

Name tags  
Sign in sheet  
Projector  
Laptop  
Screen  
PowerPoint presentation  
Easel  
Newsprint  
Markers  
Masking tape  
Pens and pencils  
Copies of handouts  
“Stickies” (small Post-it notes)

Materials specific to each activity are described within the training design.



## HANDOUTS

All handouts for this training are found at the end of the document. Be sure that you have made enough copies for each participant who will be attending.



## TRAINER'S NOTES

Throughout the design, you will see Trainer's Notes. These contain special instructions or considerations for the trainer with regards to the activity being conducted.

# GOAL AND OBJECTIVES

## Goal

The goal of this training is to build the capacity of behavioral health providers to effectively integrate tobacco use into the treatment planning process.

## Objectives

As a result of this training, participants will be able to:

- ✓ Identify various elements of a treatment plan and how they apply to the treatment of tobacco use disorders
- ✓ Identify treatment interventions that can be utilized in the treatment of tobacco use disorders
- ✓ Complete treatment plans that effectively address tobacco use disorders

# AGENDA

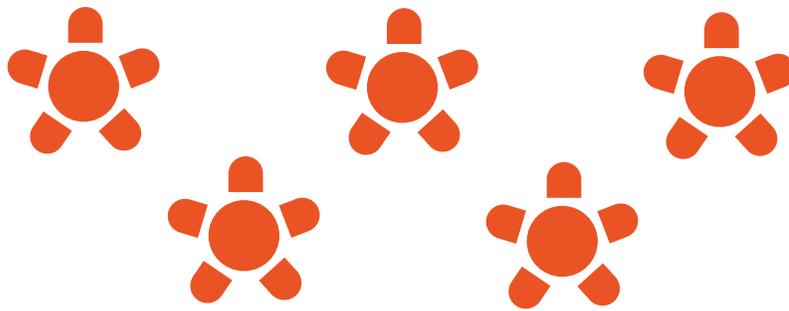
SAMPLE TIMING	ACTIVITY	TIME REQUIRED
9:00 am – 9:05 am	Welcome, Introductions, Goal & Objectives	5 minutes
9:05 am – 9:25 am	Elements of the Treatment Plan	20 minutes
9:25 am – 9:45 am	Tobacco Use Treatment Interventions	20 minutes
9:45 am – 10:25 am	Creating Effective Treatment Plans for Tobacco Use	40 minutes
10:25 am – 10:30 am	Closing	5 minutes

# TRAINING DESIGN



## TRAINER'S NOTES

- ✓ Prepare and set-up the room by:
  - Setting-up the laptop and projector
  - Testing the PowerPoint presentation to ensure it works
  - Making copies of all of the handouts
  - Placing tables in a “small group” set-up with 5-6 chairs around each table, as shown below:



- ✓ On each table, place:
  - Pads of sticky notes
  - Copies of the PowerPoint slides
  - Pens
- ✓ As participants enter the room:
  - Greet them
  - Direct them to the sign-in sheet
  - Give them their name tag

# Welcome, Introductions, Goal & Objectives



## TIME REQUIRED

5 minutes



## SECTION PURPOSE

To welcome participants to the 1-hour training session, introduce the trainer(s), training goal and objectives, agenda, and set ground rules



## LEARNING METHODOLOGIES

- ✓ Large group discussion
- ✓ Self-reflection



## MATERIALS NEEDED

- ✓ Newsprint and markers
- ✓ PowerPoint presentation
- ✓ “Stickies” (small Post-it notes)
- ✓ Prepared newsprint:
  - Ground Rules
    - Keep side conversations to a minimum
    - Turn cell phones off or put them on vibrate
    - Refrain from texting during the training
    - Respect others’ opinions and points-of-view
    - Have fun!

- Importance and Confidence Scales

I am a \_\_\_\_\_ when it comes to my confidence around creating tobacco specific treatment plans.



I am a \_\_\_\_\_ when it comes to the importance I assign to integrating tobacco use into the treatment planning process.



- ✓ *Goal and Objectives Handout*
- ✓ *Agenda Handout*



## DESCRIPTION:

### Step 1: Welcome and trainer introductions

- Welcome participants to the 1-hour training on Effective Treatment Planning for Tobacco Use Disorders.
- Trainers introduce themselves.

### Step 2: Review goal and objectives

- Distribute the *Goal and Objectives and Agenda Handouts*.
- Using PowerPoint slides 2 and 3, review the training goal and objectives, as well as the agenda for the training session.

### Step 3: Large group introductions (optional due to time constraints and size of group)

- Show slide 4 of the PowerPoint presentation and go around the room and ask participants to share with the group, their:
  - Name
  - Agency (if applicable)
  - Role

### Step 4: Ground rules

- Display the prepared newsprint “Ground Rules”
- Explain that ground rules build an atmosphere in which everyone can feel comfortable and gain as much knowledge and experience as possible.
- Suggest the ground rules already written, adding the following explanations, if time permits:
  - Keep side conversations to a minimum
    - ◇ If something’s not clear to you, it’s probably not clear to other participants, so please let us know!
  - Turn cell phones off or put them on vibrate
    - ◇ The more focused we can all be, the better, as we have a lot of information to cover.
  - Refrain from texting during training
    - ◇ If something comes up, please leave the room so as not to disturb others.
  - Respect others’ opinions and points-of-view
    - ◇ Everyone is coming in with different experiences and opinions, and the more we can be open to everyone, the more we all can learn from each other.
  - Keep it moving
    - ◇ There is a lot of content to get through, so it is important to stay focused and on topic.

- Have fun!
  - ◇ This training is designed to be interactive and engaging, so please participate and have fun with it!
- Ask participants to add additional ground rules that they think would be helpful.
- Check with the group to be sure that the group agrees on the ground rules, and make any changes as needed.
- Post the newsprint on the wall and refer back to ground rules throughout training, as needed.

### Step 5: Confidence and importance of integrating tobacco into treatment plans

- Display the prepared newsprint "Importance and Confidence Scales."
- Inform participants that they are going to briefly explore their attitudes and beliefs with regard to treatment planning around tobacco use.
- Ask participants to consider the following statements:
  - On a scale of zero to ten I am a \_\_ when it comes to my confidence around creating tobacco-specific treatment plans.
  - On a scale of zero to ten I am a \_\_ when it comes to the importance I assign to integrating tobacco use into the treatment planning process.
- Explain that:
  - A zero means no importance or confidence
  - 10 means extremely confident and extremely important
- Give participants several moments to consider their responses to the questions.
- Distribute two "stickies" to each participant.
- Tell participants that, using stickies, you would like them to go up to the confidence and importance scales, and indicate their responses to the statements by placing the stickies on the scales. Inform participants that this process is anonymous.
- Once all participants have placed their "stickies" on the newsprint, ask a few volunteers to disclose their responses to each statement.
  - Ask each volunteer, "What makes your score a \_\_ and not a \_\_?", using a lower number.
- Referring back to the goal of the training, highlight that you will be helping to increase their capacity, and in turn confidence, to integrate tobacco treatment into their clients' treatment plans.
- If participants ranked importance low, refer back to the PowerPoint slides from "The Burden of Tobacco Use" training to highlight the disproportionate rate of tobacco use amongst those with behavioral health issues, making the following points:
  - Despite challenges, it is important to implement treatment services.
  - Individuals with a Behavioral Health condition, like all clients, want to quit, can quit and can benefit from proven stop-smoking treatments.

# Elements of the Treatment Plan



## TIME REQUIRED

20 minutes



## SECTION PURPOSE

To provide participants with basic knowledge of the elements of a comprehensive treatment plan and how the treatment plan is based on and related to the comprehensive assessment.



## LEARNING METHODOLOGIES

- ✓ Lecturette
- ✓ Large group discussion
- ✓ Interactive activity



## MATERIALS NEEDED

- ✓ PowerPoint presentation
- ✓ *Identifying Elements of the Treatment Plan Handout*
- ✓ *Treatment Plan Example Handout*



## DESCRIPTION:

### Step 1: Large group discussion: *The Basis of a Treatment Plan*

- Ask participants:
  - In your treatment setting, how is the treatment plan developed?
  - What is it based on?
- Using PowerPoint slides 5 to 7, describe to participants:
  - The treatment plan is based on the findings in the assessment (Note: See the “Screening and Assessment for Tobacco Use Disorders” training design for the *Questions to Assess Tobacco Use Handout*).
  - The only areas that should be addressed in the treatment plan should be areas that are indicated as problematic in the assessment.
  - The treatment plan should take into account the strengths and abilities of the client as documented in the assessment (previous successes, support systems, unique abilities/capacities, etc.).
  - The treatment plan should be developed in collaboration with the client.

## Step 2: Large group discussion: Addressing Tobacco on the Treatment Plan

- Ask participants:
  - When would you address tobacco use in the treatment plan:
    - ◇ When a client is a current tobacco user? (yes)
    - ◇ When a client has never used tobacco? (no)
    - ◇ When a client has a history of tobacco use but hasn't used in the past 6 months? (yes)
    - ◇ When a client has a history of tobacco use but hasn't used in 2 years? (no)
- Explain to participants:
  - Generally they can use a year or more of discontinued tobacco use as the cutoff for addressing tobacco use.
  - A year represents the difference between early and sustained remission for tobacco use in the DSM-5.
  - It is more likely that the services will be medically necessary if the person has an early remission diagnosis than a sustained remission diagnosis.
  - The person is less likely to return to use after a year or more of remission.
- Ask participants:
  - When would you address tobacco use in the treatment plan:
    - ◇ When a client says they have no interest in stopping tobacco use: Since the treatment plan is client-centered, should we address an area that the client is not interested in addressing? (yes)
- Explain to participants:
  - Generally, even if a client is not interested in stopping their tobacco use (pre-contemplation), the professional should negotiate with the client to include addressing tobacco use in the treatment plan.
  - You should explain to clients that this does not mean that the client must stop using tobacco. It simply means that at some point, the worker and the client will check in to determine the client's ongoing status with regard to tobacco use.

## Step 3: The purpose of a treatment plan

- Ask participants:
  - What is the purpose of the treatment plan?
- Review PowerPoint slide 8.
- Explain to participants that treatment planning:
  - Helps to organize the client's treatment so that it is most effective
  - Helps to justify the provision of services
  - Allows the client to be an active participant in determining which services to access

#### Step 4: Elements of a treatment plan

- Review PowerPoint slide 9 to review the basic elements of the treatment plan.
- Highlight:
  - Problem Statement – Defines the reason that the area is being addressed on the treatment plan
  - Goal – Long-term resolution of the problem
  - Short-Term Goal/Objective – Measurable steps that the client is going to take over a specific period of time to begin moving in the direction of the long term goal
  - Intervention/Method – Services/therapies that will be provided by the program to support the client in reaching her/his short-term goals

#### Step 5: Stages of change and treatment planning

- Review PowerPoint slides 10 to 12 to:
  - Describe the stages of behavior change
  - How they relate to tobacco use and treatment planning
  - Review the interventions for a client in a particular stage of change
- Distribute the *Treatment Plan Example Handout*.
- Review the handout with participants.

#### Step 6: Interactive activity: Identifying elements of the treatment plan

- Tell participants that you are now going to read out several different statements. As a large group, they will need to determine which part of the treatment plan each statement represents. Remind them that the parts of the treatment plan are:
  - Problem Statement
  - Goal
  - Short-Term Goal/Objective
  - Intervention/Method
- Use *Identifying Elements of the Treatment Plan Handout* to read out each statement and ask participants to determine which part of the treatment plan each statement represents. Review the correct answers.

#### Step 7: Process the activity by asking:

- What was easy about identifying elements of the treatment plan?
- What was challenging about identifying elements of the treatment plan?
- What are you taking from this activity to the work you do with treatment planning?

# Tobacco Use Treatment Interventions



## TIME REQUIRED

20 minutes



## SECTION PURPOSE

To provide a comprehensive list of tobacco use treatment interventions to be utilized when creating treatment plans for clients in different stages of behavior change related to tobacco use.



## LEARNING METHODOLOGIES

- ✓ Small group activity
- ✓ Large group discussion



## MATERIALS NEEDED

- ✓ *List of Tobacco Use Treatment Interventions Handout*
- ✓ PowerPoint slides



## DESCRIPTION:

### Step 1: Brainstorming tobacco use interventions

- Display PowerPoint slide 14.
- Tell participants:
  - As part of this activity, they will spend 3-5 minutes in their small groups writing down as many treatment interventions that relate to tobacco use as they can think of.
  - Be as specific as possible. For instance, rather than writing, “NRT” (Nicotine Replacement Therapy), write as many specific NRT options as possible.
- Tell them to choose a recorder to write down the interventions on a piece of scrap paper.
- Tell them to begin brainstorming in their small groups.
- After 3-5 minutes, call time.

### Step 2: Report out

- Ask each group to report out on their findings.
- Record responses on newsprint.

### Step 3: Process the activity by asking:

- Which interventions are specific to tobacco use?
- Which interventions are you already utilizing in addressing other areas with your clients?
- What interventions do you think are most easily transferrable to the treatment of tobacco use?

#### Step 4: Review tobacco use treatment interventions

- Using PowerPoint slides 15 to 16, review various tobacco use treatment interventions with participants.
- Distribute the handout *List of Tobacco Use Treatment Interventions Handout*.
- Highlight:
  - They can use this list when treatment planning for tobacco use with their clients.
  - Not all clinicians will be familiar with each intervention. If further training is needed on a specific intervention, individual clinicians should seek out such training.

# Creating Effective Treatment Plans for Tobacco Use



## TIME REQUIRED

40 minutes



## SECTION PURPOSE

For participants to apply knowledge and skills in treatment planning to the area of tobacco use.



## LEARNING METHODOLOGIES

- ✓ Large group discussion
- ✓ Individual activity



## MATERIALS NEEDED

- ✓ PowerPoint presentation
- ✓ *Case Study #1 Handout*
- ✓ *Sample Treatment Plan for Case Study #1 Handout*
- ✓ *Case Study #2 Handout*
- ✓ *Sample Treatment Plan for Case Study #2 Handout*
- ✓ *Case Study #3 Handout*
- ✓ *Sample Treatment Plan for Case Study #3 Handout*



## DESCRIPTION:

### Step 1: Treatment planning: Case Study #1

- Display PowerPoint slide 17.
- Explain to participants that in this section they will create treatment plans for tobacco use using case studies.
- Distribute *Case Study #1* and *Sample Treatment Plan for Case Study #1 Handouts*.
  - Review the case study and treatment plan examples for Gerald.
- Ask participants for feedback regarding each of the components of the treatment plan.



## TRAINER'S NOTES

It is important to note that there are many different ways to develop treatment plans. Some participants may disagree with the examples that you have provided. If this is the case, simply ask them for alternatives to the examples that you have provided.

## Step 2: Treatment planning: Case Study #2

- Display PowerPoint slide 18.
- Inform participants that they will now have an opportunity to construct treatment plans related to tobacco use independently.
- Distribute *Case Study #2 and Sample Treatment Plan for Case Study #2 Handouts*.
- Instruct participants to read the case study and utilize the sample treatment plan to develop a treatment plan for case study #2.
- Provide participants with 3-5 minutes to complete the treatment plan.
- Ask several of the participants to read their sample treatment plans out loud.

## Step 3: Treatment planning: Case Study #3

- Display PowerPoint slide 19.
- Inform participants that they will now have another opportunity to construct treatment plans related to tobacco use independently.
- Distribute *Case Study #3 and Sample Treatment Plan for Case Study #3 Handouts*.
- Instruct participants to read the case study and utilize the sample treatment plan to develop a treatment plan for case study #3.
- Provide participants with 3-5 minutes to complete the treatment plan.
- Ask several of the participants to read their sample treatment plans out loud.

## Step 4: Process the activity by asking:

- What was easy about creating the treatment plans?
- What was challenging about creating the treatment plans?
- How can you apply what you learned from this activity to your work?

# Closing



## TIME REQUIRED

5 minutes



## SECTION PURPOSE

To close the session and thank participants for their participation.



## LEARNING METHODOLOGIES

✓ Large group discussion



## DESCRIPTION:

### Step 1: Highlights

- Display PowerPoint slide 20.
- Thank everyone for their participation and hard work.
- Ask if anyone wants to share one highlight they are taking away from the training. (Time permitting)
- Once everyone who wants to say something has had an opportunity to do so, wrap-up the training by thanking participants for being a part of the training.

# HANDOUTS AND MATERIALS



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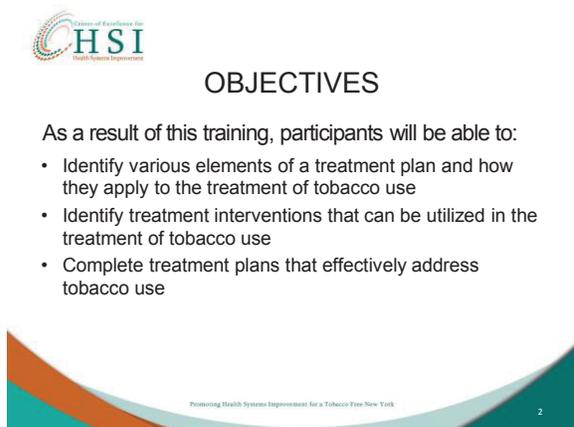
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# HANDOUTS AND MATERIALS



## WELCOME & INTRODUCTIONS

Please share your:

- Name
- Agency
- Role



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## TREATMENT PLANNING BASICS



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## Basis of the Treatment Plan

- Based on findings in the assessment
- Only areas identified as problematic are addressed
- Takes into account the strengths, abilities, and preferences of the client.
- Treat for as long as it takes
- Developed in collaboration with the client.



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# HANDOUTS AND MATERIALS



## When to Address Tobacco Use

- When a client is a current tobacco user?
- When the client has never used tobacco?
- When the client has a history of tobacco use and last used six months ago?
- When the client has a history but hasn't used in two years?
- When a client states that they don't want to stop using tobacco?

Promoting Health System Improvement for a Tobacco Free New York

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## Purpose of the Treatment Plan

- Helps organize client treatment and therefore make it more effective
- Helps to justify the provision of services to payors
- Allows client to be active participant in determining what and how things will be addressed during treatment

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## Elements of a Treatment Plan

- Problem Statement-Defines rationale for addressing specific area
- Long-Term Goal-Represents a resolution of the problem
- Short-Term Goal-Specific, measurable steps client will take to reach problem resolution
- Interventions-Services counselor will provide to support short-term goal acquisition

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# HANDOUTS AND MATERIALS



## Stages of Change and Treatment Planning

- Pre-contemplation
- Contemplation
- Preparation
- Action
- Maintenance

How does the stage of change a client is in impact the treatment planning process?



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## Stages of Change and Treatment Planning

- The stage of change an individual is in with regard to tobacco will help determine which treatment interventions are appropriate



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## Stages of Change and Treatment Planning

- Pre-contemplation and Contemplation
  - Motivational Interviewing
- Preparation, Action and Maintenance
  - Pharmacological Interventions
  - Cognitive Behavioral Therapy
  - Relapse Prevention Therapy



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# HANDOUTS AND MATERIALS



## ACTIVITY-ELEMENTS OF A TREATMENT PLAN



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## Tobacco Use Treatment Interventions

- In small groups, write down as many different interventions to address tobacco that you can think of
- Be as specific as possible



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## Tobacco Use Treatment Interventions

- Nicotine Gum
- Nicotine Lozenge
- Nicotine Nasal Spray
- Nicotine Patch
- Nicotine Inhaler
- Bupropion
- Varenicline



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# HANDOUTS AND MATERIALS



## Tobacco Use Treatment Interventions

- Motivational Interviewing
- Cognitive Behavioral Therapy
- Relapse Prevention Therapy
- Individual Counseling
- Group Counseling
- Contingency Management
- Peer Recovery Support
- Mindfulness



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## Case Study # 1

- Now let's review a case study and work together to create a treatment plan addressing the tobacco use



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## Case Study # 2

- Now you will have an opportunity to complete a treatment plan for tobacco use independently



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# HANDOUTS AND MATERIALS



## Case Study # 3

- Practice creating a treatment plan individually one more time using a case study



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THANK YOU!



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# TRAINING GOAL AND OBJECTIVES

## Goal

To effectively integrate tobacco use into the treatment planning process.

## Objectives

As a result of this training, participants will be able to:

- ✓ Identify various elements of a treatment plan and how they apply to the treatment of tobacco use disorders.
- ✓ Identify treatment interventions that can be utilized in the treatment of tobacco use disorders.
- ✓ Complete treatment plans that effectively address tobacco use disorders.

# AGENDA

AGENDA
Welcome, Introductions, Goal & Objectives
Elements of the Treatment Plan
Tobacco Use Treatment Interventions
Creating Effective Treatment Plans for Tobacco Use
Closing

# Identifying Elements of the Treatment Plan

The following statements are examples of treatment plan elements (elements are identified at the conclusion of each statement)

- ① Over the next 30 days, Johnnie will identify and verbalize three pros and three cons of his tobacco use (Short-Term Goal).
- ② Johnnie has a twenty-year history of tobacco use that has contributed to several adverse health conditions (Problem Statement).
- ③ Individual counseling one time per week during which counselor will utilize Motivational Interviewing to explore Johnnie's ambivalence toward tobacco use (Intervention/Service).
- ④ Johnnie will discontinue tobacco use and prevent resumption of tobacco use (Long-Term Goal).
- ⑤ Johnnie continues to use tobacco despite his insight into the relationship between tobacco use and relapse to his drug of choice (Problem Statement).
- ⑥ Combination Nicotine Replacement Therapy-14MG Patch and 2MG gum provided by program and taken as prescribed (Intervention/Service).
- ⑦ Johnnie will create a list of five reasons for his tobacco use over the next 90 days (Short-Term Goal).
- ⑧ Johnnie will gain insight into the reasons for his tobacco use (Long-Term goal).

# Treatment Plan Example

The following is an example of a Treatment Plan and language that can be used within it. Please bear in mind that regulatory agencies have varying standards regarding Treatment Plan documentation requirements (NYS OMH, OASAS, TJC, etc). Please ensure that you apply the documentation requirements of all agencies that your organization is regulated by to your clients' Treatment Plans.

**STAGE OF CHANGE:**

Pre-contemplation

**PROBLEM STATEMENT:**

Johnnie continues to smoke cigarettes even though they are contributing to his poor health.

**LONG-TERM GOAL:**

To understand how tobacco use contributes to his poor health.

**SHORT-TERM GOAL:**

Johnnie will identify two health conditions that he is currently experiencing and learn how they are related to his tobacco use.

**INTERVENTION:**

Individual counseling one time per week during which Johnnie and his counselor will discuss current health status and specific health conditions that Johnnie is experiencing.

**INTERVENTION:**

Provide Johnnie with a referral to the health educator for Johnnie to receive health education around the effects of tobacco use and their relationship to specific illnesses.

# List of Tobacco Use Treatment Interventions

- ◆ **Nicotine Gum-2mg or 4mg gum** used as short acting relief for nicotine withdrawal symptoms.
- ◆ **Nicotine Lozenge-2mg or 4mg lozenge** used as short acting relief for nicotine withdrawal symptoms.
- ◆ **Nicotine Nasal Spray-Intranasal spray** that provides short term relief for nicotine withdrawal symptoms.
- ◆ **Nicotine Patch-Available in 7mg, 14mg and 21mg alternatives**, the transdermal patch provides long term relief of nicotine withdrawal symptoms.
- ◆ **Nicotine Inhaler**
- ◆ **Bupropion-Non-nicotine based anti-depressant medication** that has been approved for treatment of tobacco use.
- ◆ **Varenicline-Non-nicotine based antagonist medication** that blocks the brains ability to create sense of “euphoria” when tobacco is ingested.
- ◆ **Motivational Interviewing-Strengths-based intervention** that seeks to explore and resolve ambivalence around a specific behavior change.
- ◆ **Cognitive Behavioral Therapy** - Explores relationship between thoughts, feeling and behaviors while using specific activities to change behavior.
- ◆ **Relapse Prevention Therapy** - Usually based on Cognitive Behavioral Therapy, teaches individuals to avoid a return to the problem behavior by identifying triggers, coping strategies and supportive networks.
- ◆ **Individual Counseling** - One-on-one session with helping professional.
- ◆ **Group Counseling** - Facilitated by professional, group counseling involves multiple individuals seeking to change a similar behavior receiving services related to the behavior together in a group format.
- ◆ **Contingency Management** - Provides incentives to clients for reaching specific behavior change goals.
- ◆ **Peer Recovery Support** - Employs individuals with real life experience with the specific behavior change in supporting the person in meeting their behavior change goals.
- ◆ **Mindfulness** - Integrates elements of meditation and self-awareness into the behavior change process.

# Case Study # 1



Gerald is a 57-year-old male who presents at your residential treatment program for substance use after completing medically supervised withdrawal services for his chronic alcohol use at a local hospital. Gerald is currently homeless after losing his apartment for not paying his rent. During your initial screening of Gerald, you find out that he is a current tobacco user. While completing the comprehensive assessment Gerald states that he has been using tobacco for the past 40 years.

He states that he enjoys his tobacco use and that he doesn't believe that it is a problem. He states, "I came to treatment to stop drinking, not to stop smoking cigarettes". Gerald further states during the assessment that he would be open to receiving information about tobacco use but he does not want to feel like he is being forced to stop smoking cigarettes.

# Sample Treatment Plan for Case Study # 1

Review the case study in preparation to work together as a group to create a treatment plan addressing tobacco use.

**STAGE OF CHANGE:**

Pre-contemplation

**PROBLEM STATEMENT:**

Gerald lacks insight into the harmful consequences of tobacco use.

**LONG-TERM GOAL:**

To gain insight into the harmful consequences of tobacco use.

**SHORT-TERM GOAL:**

Gerald will identify three reasons for his continued tobacco use over the next ninety days.

**INTERVENTION:**

Motivational Enhancement Therapy sessions with individual counselor once monthly during which Gerald will identify reasons for tobacco use.

————— OR —————

**STAGE OF CHANGE:**

Pre-contemplation

**PROBLEM STATEMENT:**

Gerald's continued tobacco use poses health risks.

**LONG-TERM GOAL:**

To develop an understanding of how tobacco use is harmful.

**SHORT-TERM GOAL:**

Gerald will be able to verbalize three negative consequences for tobacco use over the next ninety days

**INTERVENTION:**

Individual counseling once monthly during which Gerald will be provided with information related to the health risks associated with tobacco use.

# Case Study # 2



Alejandro presents at your outpatient treatment program after being arrested for driving under the influence of substances. Alejandro is a successful movie director with several critically acclaimed productions. During his assessment Alejandro states that he has been using tobacco for over 13 years.

When asked, he states that he has been thinking about stopping his tobacco use for over a year. He states that he understands that tobacco use is unhealthy and that it is having a negative impact on his ability to participate in activities that he enjoys. However, Alejandro states that he enjoys his cigarettes and that they help him relax, especially at his high stress job.

# Sample Treatment Plan for Case Study # 2

Review the case study and develop a treatment plan for Alejandro. Use Case Study #1 and Sample Treatment Plan for Case Study #1 Handout as a guide to drafting a treatment plan.

**STAGE OF CHANGE:**

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**PROBLEM STATEMENT:**

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**LONG-TERM GOAL:**

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**SHORT-TERM GOAL:**

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**INTERVENTION:**

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# Case Study # 3



Kara is an 18-year-old female who is referred to your congregate care mental health housing program after being released from a local psychiatric hospital. You are meeting with Kara for the first time to establish rapport and to complete a comprehensive assessment.

During the assessment process, Kara discloses that she has been using tobacco for the past three years but that she has recently made a decision to stop using tobacco within the next three months. Kara reports that she has a plan to stop using tobacco that includes using nicotine replacement therapy.

# Sample Treatment Plan for Case Study # 3

Review the case study and develop a treatment plan for Kara. Use Case Study #1 and Sample Treatment Plan for Case Study #1 Handout as a guide to drafting a treatment plan.

**STAGE OF CHANGE:**

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**PROBLEM STATEMENT:**

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**LONG-TERM GOAL:**

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**SHORT-TERM GOAL:**

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**INTERVENTION:**

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# IN-PERSON TRAINING POST-EVALUATION QUESTIONS

Event Title: **Module 3 - Effective Treatment Planning**

Event Date: \_\_\_\_\_

To what extent do you Agree or Disagree with the following statements:

1. Please rate your opinion on how well this training met its stated objectives:	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
<b>1A.</b> Identify various elements of treatment plan and how they apply to the treatment of tobacco use disorders	1	2	3	4	5
<b>1B.</b> Identify treatment interventions that can be utilized in the treatment of tobacco use disorders	1	2	3	4	5
<b>1C.</b> Complete treatment plans that effectively address tobacco use disorders	1	2	3	4	5

Please indicate to what extent you agree or disagree with the following statements:

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	
<b>2.</b> The instructional materials were useful	1	2	3	4	5	
<b>3.</b> The training was engaging	1	2	3	4	5	
<b>4.</b> There was a good balance between lecture & activities	1	2	3	4	5	
<b>5.</b> I am satisfied with my level of participation during the training	1	2	3	4	5	
<b>6.</b> If applicable, the training team worked well together	N/A	1	2	3	4	5

Please indicate to what extent you agree or disagree with the following statements:

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
<b>7.</b> I learned something new as a result of this training	1	2	3	4	5
<b>8.</b> I will use what I learned from this training in my work	1	2	3	4	5
<b>9.</b> I am confident in my ability to apply what I learned as a result of this training to my work	1	2	3	4	5

# IN-PERSON TRAINING POST-EVALUATION QUESTIONS

10. As a result of attending this training, I plan to:

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11. Please indicate the extent to which you agree or disagree with the following statements about each of today's trainer(s):

## Trainer 1

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
a. I was satisfied with the trainer's knowledge of the subject matter	1	2	3	4	5
b. The trainer presented the information clearly	1	2	3	4	5
c. The trainer effectively addressed questions/concerns	1	2	3	4	5

12. If you selected a 3 or below on any of the above items, please explain below:

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13. Please provide any additional comments below on today's training or list additional topics you would be interested in learning about or attending a training on in the future?

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# COUNSELING FOR TOBACCO USE DISORDERS



The goal of this section is to reinforce behavioral health counseling staff's capacity to provide tobacco use counseling services in a behavioral health setting and support its integration into the standard delivery of care.

The tools in this section are designed to practice using the Stages of Change and Motivational Interviewing to support clients in the treatment of tobacco use.



## OVERVIEW

- ◆ Introduction
- ◆ Goal and Objectives
- ◆ Agenda
- ◆ Training Design
- ◆ Handouts and Materials



# INTRODUCTION

Behavioral healthcare staff working with individuals seeking treatment in programs for substance use and mental health disorders play a central role in ensuring that the clients they come into contact with receive integrated treatment services that address tobacco use. In this training, behavioral health providers will review their role in treating tobacco use disorders and the stages of behavior change a client may be in. Participants will review appropriate counseling strategies to use with clients in different stages of change related to tobacco use.

This includes Motivational Interviewing, in which open-ended questions and affirmations will be explored; the development of quit-plans, during which clients are encouraged and supported in the development of a specific plan to discontinue tobacco use; and relapse prevention planning, the process of identifying factors associated with relapsed and developing the skills and resources to minimize the potential for regression. Finally, participants will have the chance to practice counseling to clients in early stages of change.



## TIME

1.5 Hours



## AUDIENCE

Counseling Staff



## MATERIALS:

- Sign in sheet
- Projector
- Laptop
- Projector screen
- PowerPoint presentation
- Easel
- Newsprint
- Markers
- Masking tape
- Pens and pencils
- Copies of handouts

Materials specific to each activity are described within the training design.



## HANDOUTS

All handouts for this training are found at the end of the document. Be sure that you have made enough copies for each participant who will be attending.



## TRAINER'S NOTES

Throughout the design, you will see Trainer's Notes. These contain special instructions or considerations for the trainer with regards to the activity being conducted.

# GOAL AND OBJECTIVES

## Goal

To build the capacity of behavioral health counseling staff in behavioral health settings to provide counseling services related to tobacco use to clients, ultimately supporting the integration of this practice into the standard delivery of care.

## Objectives

As a result of this training, participants will be able to:

- ✓ Develop an understanding of why counseling services related to tobacco use should be provided to individuals in behavioral health treatment
- ✓ Describe how a client's stage of change with regard to tobacco use will impact the treatment strategies that a counselor employs in treating tobacco
- ✓ Identify the basic skills of Motivational Interviewing and apply them to the treatment of tobacco use
- ✓ Develop the knowledge, skills, and abilities necessary to develop a tobacco quit plan
- ✓ Identify relapse prevention strategies and apply them to the treatment of tobacco use

# AGENDA

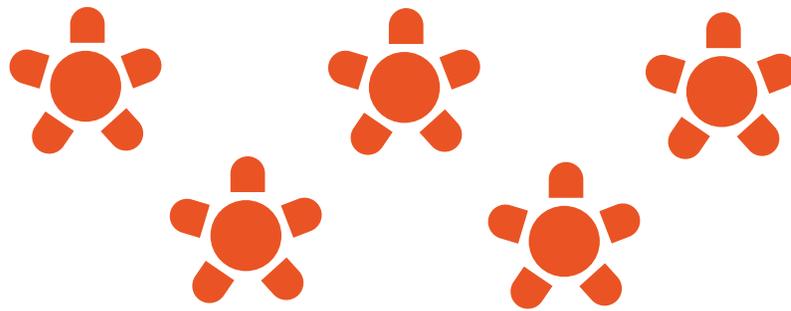
SAMPLE TIMING	ACTIVITY	TIME REQUIRED
9:00 am – 9:05 am	Welcome, Introductions, Goal & Objectives	5 minutes
9:05 am – 9:15 am	Counselors' Role in the Integration of Tobacco Use Disorder Treatment into Behavioral Health Settings	10 minutes
9:15 am – 9:30 am	Trans-Theoretical Model (TTM) and Counseling Strategies: Readiness, Motivation, and Impact on Counseling Approach	15 minutes
9:30 am – 9:50 am	Counseling Skills Practice: Strategies for Engaging Clients in Pre-contemplation and Contemplation	20 minutes
9:50 am – 10:10 am	Creating a Quit Plan and Preventing Relapse: Providing Services to Clients in Preparation, Action, and Maintenance	20 minutes
10:10 am – 10:25 am	Case Studies: Putting It All Together	15 minutes
10:25 am – 10:30 am	Closing	5 minutes

# TRAINING DESIGN



## TRAINER'S NOTES

- ✓ Prepare and set-up the room by:
  - Setting-up the laptop and projector
  - Testing the PowerPoint presentation to ensure it works
  - Making copies of all of the handouts
  - Placing tables in a “small group” set-up with 5-6 chairs around each table, as shown below:



- ✓ On each table, place:
  - Pads of sticky notes
  - Copies of the PowerPoint slides
  - Pens
- ✓ As participants enter the room:
  - Greet them
  - Direct them to the sign-in sheet
  - Give them their name tag

# Welcome, Introductions, Goal & Objectives



## TIME REQUIRED

5 minutes



## SECTION PURPOSE

To welcome participants to the 1.5-hour training session, introduce the trainer(s), training goal and objectives, agenda, and set ground rules.



## LEARNING METHODOLOGIES

- ✓ Large group discussion
- ✓ Self-assessment



## MATERIALS NEEDED

- ✓ PowerPoint presentation
- ✓ Prepared newsprint:
  - Ground Rules
    - Keep side conversations to a minimum
    - Turn cell phones off or put them on vibrate
    - Refrain from texting during the training
    - Respect others' opinions and points-of-view
    - Have fun!
- ✓ *Goal and Objectives Handout*
- ✓ *Agenda Handout*



## DESCRIPTION:

### Step 1: Welcome and trainer introductions

- Welcome participants to the 1.5 hour training on Counseling for Tobacco Use Disorder for Behavioral Health Staff.
- Trainers introduce themselves.

### Step 2: Review goal and objectives

- Distribute the *Goals and Objectives* and *Agenda Handouts*.
- Using the PowerPoint slides 1 to 3, review the training goal and objectives, as well as the agenda for the training session.

### Step 3: Large group introductions (optional due to time constraints and size of group)

- Show PowerPoint slide 4 and go around the room and ask participants to share with the group, their:
  - Name
  - Agency (if applicable)
  - Role

### Step 4: Ground rules

- Display the prepared newsprint “Ground Rules”
- Explain that ground rules build an atmosphere in which everyone can feel comfortable and gain as much knowledge and experience as possible.
- Suggest the ground rules already written, with the following explanations:
  - Keep side conversations to a minimum
    - ◇ If something’s not clear to you, it’s probably not clear to others, so please let us know!
  - Turn cell phones off or put them on vibrate
    - ◇ The more focused we can all be, the better, as we have a lot of information to cover.
  - Refrain from texting during training
    - ◇ If something comes up, please leave the room so as not to disturb others.
  - Respect others’ opinions and points-of-view
    - ◇ Everyone is coming in with different experiences and opinions, and the more we can be open to everyone, the more we all can learn from each other.
  - Keep it moving
    - ◇ There is a lot of content to get through, so it is important to stay focused and on topic.
  - Have fun!
    - ◇ This training is designed to be interactive and engaging, so please participate and have fun with it!
- Ask participants to add additional ground rules that they think would be helpful.
- Check with the group to be sure that the group agrees on the ground rules, and make any changes as needed.
- Post the newsprint on wall and refer back to ground rules throughout training, as needed.

# Counselors' Role in the Integration of Tobacco Use Disorder Treatment into Behavioral Health Settings



## TIME REQUIRED

10 minutes



## SECTION PURPOSE

To increase participants' understanding of why it is important to provide counseling services related to tobacco use to individuals in behavioral health settings and to sharpen participants' awareness of the unique knowledge, skills, and abilities that they possess that can be applied to counseling around tobacco use.



## LEARNING METHODOLOGIES

- ✓ Lecturette
- ✓ Large group discussion



## MATERIALS NEEDED

- ✓ PowerPoint presentation



## DESCRIPTION:

### **Step 1: Large group discussion: Building rationale for providing tobacco treatment counseling services**

- Display PowerPoint slide 5.
- Ask participants: "In what ways is it important to provide counseling services related to tobacco use to individuals in behavioral health treatment settings?"
- Record answers on newsprint and reflect participant's responses, eliciting more information.
- Display PowerPoint slide 6 and highlight:
  - Rates of tobacco use are still extremely high in this population.
  - Few people quit successfully without effective treatment, including counseling.
  - Similar to substance use and mental health disorders, tobacco use disorders are chronic conditions that often include multiple periods of relapse and remission.
  - On average, tobacco users make between 8-11 quit attempts before successfully quitting.
  - By failing to address tobacco, behavioral health professionals send the implicit message that it is okay to use tobacco.

- Tobacco use is associated with poorer substance use and mental health treatment outcomes.
- Ongoing counseling, support, and appropriate pharmacotherapy are required, just like with the treatment of depression, other addictions, hypertension and diabetes.

### **Step 2: Large group discussion: Skills and abilities of behavioral health professionals**

- Ask participants, “What counseling knowledge, skills and abilities do behavioral health professionals already possess that can be applied to the treatment of tobacco use disorders?”
- Record answers on newsprint and reflect participant’s responses, eliciting more information.
- Display PowerPoint slide 7 and highlight the following aptitudes that behavioral health professional possess:
  - Engagement and rapport-building
  - Exploring and resolving ambivalence
  - Supporting and enhancing motivation to change
  - Problem-solving techniques
  - Knowledge of relapse triggers
  - Coping strategies for triggers
- Tell participants that they already have the required skill set to help clients with their tobacco use, for example working with clients on:
  - Problem solving techniques
  - Coping with difficult situations/emotions
  - Avoiding high risk situations

### **Step 3: Process this activity by asking:**

- What is your experience working with clients who use tobacco?
- What are some of the challenges you faced when treating a client for a tobacco use disorder?
- What are some of the barriers to providing counseling around tobacco use to individuals in behavioral health settings?

# Trans-Theoretical Model (TTM) and Counseling Strategies: Readiness, Motivation, and Impact on Counseling Approach



**TIME REQUIRED**  
15 minutes



## SECTION PURPOSE

To provide participants with a basic review of the Stages of Change and how this information should be used to inform their counseling approach with regard to tobacco use.



## LEARNING METHODOLOGIES

- ✓ Large group discussion
- ✓ Individual activity



## MATERIALS NEEDED

- ✓ PowerPoint presentation
- ✓ *Stages of Behavior Change Overview Handout*
- ✓ *Staging and Intervention Practice Worksheet*
- ✓ *Staging and Intervention Practice Answer Key*



## DESCRIPTION:

### Step 1: Introduce the lecturette on the Trans-theoretical Model of Behavior Change

- Tell participants, “Now that we have reviewed some of the basics around why we treat tobacco use in behavioral health treatment settings, let us begin to take a look at the how!”
- Review PowerPoint slides 9 to 11, highlighting:
  - Before providing specific counseling services to individuals with regard to a specific behavior, it is important to understand how the individual thinks and feels about the behavior.
  - When it comes to changing behaviors, clients may not want to change, may be thinking about changing, may be preparing to change, or may be in process of changing.
  - According to the Trans-theoretical Model (TTM) of Behavior Change, these different states that someone may be in are known as the “Stages of Change”.

- As counseling staff, it will be important to assess which Stage of Change a client is in.
- The 5 stages of change are:
  1. Pre-contemplation
  2. Contemplation
  3. Preparation
  4. Action
  5. Maintenance
- The TTM Stages of Change model helps us to better understand how people change behaviors.
- TTM notes that relapse is a part of behavior change.
- Harm reduction is an approach to help minimize the exposure when a person is not able or willing to stop a behavior.
- Exploring the reasons that an individual engages in a behavior is an important strategy in the pre-contemplation and contemplation stages of change.

### **Step 2: Review the specific stages of behavior change**

- Distribute a copy of the *Stages of Behavior Change Overview Handout* to each participant.
- Review PowerPoint slides 12 to 17, highlighting:
  - This information is on the handout.
  - We don't stage people; we stage their behaviors.
  - Stages are not linear and recycling through stages is common. Emphasize that relapse can occur at any time.
- Review PowerPoint slide 18, highlighting:
  - Stages have different domains we can focus on to help people towards behavior change:
    - ◇ Cognitive - The way a person thinks. It includes perceptions, attitudes, beliefs, and knowledge.
    - ◇ Affective - The way a person feels.
    - ◇ Behavioral - The way a person acts.

### **Step 3: Show the algorithm to stage for tobacco dependence**

- Display PowerPoint slide 19 in the PowerPoint presentation.
- Review the algorithm (from top to bottom).
- Explain:
  - When this algorithm is followed to stage for tobacco dependence, the conversation/intervention between a client and a counselor takes approximately 3-5 minutes.

#### Step 4: Discuss staging and its impact on treatment strategies

- Display PowerPoint slide 20.
- Tell participants:
  - ⦿ The stage of change that a client is in with respect to his or her tobacco use will impact the counseling approach of the behavioral health professional.
  - ⦿ Individuals in the early stages of change, including pre-contemplation and contemplation, should be engaged using the strategies and techniques associated with Motivational Interviewing.
  - ⦿ Behavioral health professionals can support individuals in the preparation stage of change by helping them develop a quit plan.
  - ⦿ Individuals in the action and maintenance stages of change should be engaged use relapse prevention strategies.
  - ⦿ It is important to note that Motivational Interviewing should also be used to continue engaging the client and to strengthen commitment to change in the later stages of change.

#### Step 5: Complete *Staging and Intervention Practice Worksheet*

- Tell participants that you will now complete a worksheet as a large group, determining which stage a client is in and which intervention is the most appropriate.
- Distribute the *Staging and Intervention Practice Worksheet*.
- Read each statement and ask the group to determine the stage of change the client is in.
- Ask the group to determine if Motivational Interviewing (MI), developing a Quit Plan (QP), or a Relapse Prevention Plan (RP) is the appropriate intervention given the stage of change that has been identified.
- Highlight the correct answers using the *Staging and Intervention Practice Answer Key*.
- Process the activity by asking:
  - ⦿ What was difficult about determining the stage of change associated with each statement?
  - ⦿ What was easy?

# Counseling Skills Practice: Strategies for Engaging Clients in Pre-contemplation and Contemplation



## TIME REQUIRED

20 minutes



## SECTION PURPOSE

To build participants' knowledge of two counseling skills from Motivational Interviewing and provide an opportunity for skills practice.



## LEARNING METHODOLOGIES

- ✓ Large group discussion
- ✓ Individual activity
- ✓ Pair activity



## MATERIALS NEEDED

- ✓ PowerPoint presentation
- ✓ *Open-Ended Questions Worksheet*
- ✓ *Open-Ended Question Answer Key*
- ✓ *Assisting a Client in Pre-Contemplation Handout*
- ✓ *Assisting a Client in Contemplation Strategies Handout*



## DESCRIPTION:

### Step 1: Provide a brief introduction to Motivational Interviewing and two of the skills

- Ask participants how many of them are familiar with the Motivational Interviewing counseling strategy.
- Review PowerPoint slides 21 to 23, highlighting the following about Motivational Interviewing:
  - It was developed by Miller & Rollnick
  - It is a person-centered approach
  - It's used in multiple settings
  - It is most effective when working with individuals in pre-contemplation and contemplation
  - The skills to conduct Motivational Interviewing are called "OARS" (open-ended questions, affirmations, reflective listening and summarizing)
- Explain to participants that today you will be discussing only 2 of the 4 "OARS"

- Open-Ended Questions
- Affirmations
- Emphasize the following about open-ended questions:
  - Open-ended questions can help the session feel less like an interview and more like a conversation (which can help decrease resistance).
  - Using open-ended questions can help you gather a lot of information from a client with two or three questions
  - You can use open-ended questions that will evoke change talk.
  - Staff can prepare themselves by developing a set of open-ended questions for information they frequently seek from clients.
- Define closed-ended questions as:
  - Questions that can only be answered with a: “Yes”, “No”, or specific response (e.g., date of birth).

### Step 2: Twenty questions with closed-ended questions

- Ask the group – “What is a reason you don’t use open ended-questions?”
  - Possible answer: Often people do not want to use them because they think it takes too much time.
- Ask for a volunteer to think of a movie and come to the front of the room.
- Tell the rest of the group that they will play twenty questions. They can ask only closed-ended questions (that can be answered with a yes or no) to try to figure out the movie.
- Have one trainer facilitate and the other trainer count how many questions were asked before someone guessed correctly.

### Step 3: Review open-ended questions and twenty questions

- Show PowerPoint slide 24 and review the frequent open ended question stems.
- Repeat the “20 questions” game, with a new volunteer, thinking of a new movie.
- This time, tell participants that they can ask open-ended questions and the volunteer should answer the questions she or he is asked fully.
- One of the trainers should count how many questions it takes to correctly guess the movie this time.



### TRAINER NOTE

It should take far fewer questions to identify what the movie was when open-ended questions rather than closed ones were asked.

### Step 4: Open-ended questions worksheet activity

- Show PowerPoint slide 25.
- Explain the following:
  - Now everyone will do an activity to build skills in writing open-ended questions.
  - Asking open-ended questions can sound like an easy task, but before meeting with a client it is important to practice asking them.

- We are passing out a worksheet. Every statement on the worksheet is phrased as a closed ended question. The task is for you to individually rewrite questions to make them open-ended.
- Distribute the *Open-Ended Questions Worksheet*.
- Put the PowerPoint slide 26 with Open-Ended Question Stems back up on the screen.
- Tell participants to begin completing the worksheet individually.
- After 5 minutes, call time.
- Review the worksheet as a large group, using the *Open-Ended Questions Answer Key*.

#### **Step 5: Process the activity by asking:**

- What was it like to have to do this?
- What was hard about it?
- What surprised you?
- What did you learn from this section on open-ended questions?
- How can you integrate more open-ended questions into your work around tobacco use?
- What do you anticipate the impact of using more open-ended questions will be?
- How will you know if it is working?

#### **Step 6: Highlight key points**

- Tell participants:
  - Open-ended questions are an opportunity to elicit information and build rapport.
  - Building rapport goes a long way toward engaging someone in your efforts.
  - Asking open questions tells you what they are interested in and can help you guide where to go next.
  - Now we'll look at the skill of using affirmations.

#### **Step 7: Introduce affirmations**

- Review PowerPoint slides 26 to 27, highlighting:
  - Affirmations are statements of recognition
  - You can affirm effort, experience, or feelings. This can include intent.
  - Affirmations help to show that you are listening and can help build confidence
  - Affirmations must be genuine and honest
  - Affirmations can make someone feel good, build rapport, etc.
  - Explain that often, affirmations are relatively easy to do when someone is doing something you approve of. It might be more challenging to affirm someone when his/her behavior or statement is not reflective of successful behavior change.

#### **Step 8: Affirmations activity**

- Display PowerPoint slide 28.
- Tell participants to pair up with someone they don't know and have not worked with yet today.

- Tell them to pick who will be person A and who will be person B.
- Tell participants to think about one thing they have done that they are proud of that they would be willing to share with the other person (it doesn't have to be work-related).
- Person A will be the first person to speak about what he/she is proud of.
- Person B will just listen and then affirm it.
- Tell them to begin. After 1-2 minutes, call time.
- Shout "switch" and tell person B to share what he/she is proud of and person A will listen and affirm it.

**Step 9: Process the activity by asking:**

- What was it like to share something with another person you don't know?
- How did it feel when they affirmed you?
- How did it feel to affirm the other person?
- What was it like to do this? Hard? Easy?
- What impact could it have on a client if you affirm what he/she does?
- How does that play out in our work?
- How will you use this skill going forward?

**Step 10: Close the activity by highlighting:**

- Affirmations make someone feel good and recognized; they recognize efforts and build rapport.
- It is a way to give information or feedback to a client that lets him/her know that you are aware of and appreciate their efforts and is a way of validating those efforts as being something constructive or helpful or even difficult.
- Affirmations should be used judiciously and not overdone or used so frequently they lose their effectiveness.

**Step 11: Strategies for engaging clients in the pre-contemplation and contemplation stages of change**

- Distribute the following handouts: *Assisting Clients in the Pre-contemplation Stage of Change* and *Assisting Clients in the Contemplation Stage of Change*.
- Ask participants to review the handouts as small groups at their tables.
- Process by asking:
  - What do you think about the strategies for the two stages?
  - How are they similar?
  - How are they different?
  - How might you utilize these strategies in your work with clients in the pre-contemplation and contemplation stages of change with regard to their tobacco use?

# ASSISTING A PATIENT IN CONTEMPLATION STRATEGIES

- Individuals in contemplation (with respect to a target behavior) are aware they should make a change, but are having difficulty committing to change.
- They can still benefit from consciousness raising but really need to be able to see and accept themselves as a “changed” individual, which can be challenging to conceptualize
- They also need to see the new behavior as beneficial, and to believe they can manage the skills and tasks necessary to incorporate this new behavior into their lives.
- Individuals at this stage are aware of a problem, but feel stuck and unable to change their behavior. They may be feeling a lot of emotions associated with both the current and the new behavior, and they may be afraid of taking the risk of changing. It is, therefore, important to help them develop a realistic sense of competence and confidence.

## Strategies

- Motivational Interviewing (Open-ended Questions and Affirmations)
- Decisional Balancing
- It is important to think about what type of information will motivate your patient (e.g., risks of second-hand smoke, financial implications)

## Questions from the Conversation Flow

- “What are reasons you are thinking about change at this time?”
- “What are some reasons for not changing?”
- “What are the barriers today that keep you from changing?”
- “What might help you with that aspect?”
- “What things (people, programs, and behaviors) have helped you in the past?”
- “Are those things still available to you now?”
- “On a scale from 0-10, how important is the change?”
- “On a scale from 0-10 how confident do you feel in making the change right now?”

# Creating a Quit Plan and Preventing Relapse: Providing Services to Clients in Preparation, Action, and Maintenance



## TIME REQUIRED

20 minutes



## SECTION PURPOSE

To provide participants with an overview of tobacco use disorder strategies and their application to the treatment of tobacco use.



## LEARNING METHODOLOGIES

- ✓ Lecturette
- ✓ Small group activity



## MATERIALS NEEDED

- ✓ PowerPoint presentation
- ✓ *Tobacco Use Quit Plan Handout*
- ✓ *Tobacco Use Relapse Prevention Plan Handout*



## DESCRIPTION:

### Step 1: Creating a quit plan

- Display PowerPoint slide 29.
- Tell participants that they will now review how to develop a quit plan and what it should include.
- Display PowerPoint slide 30.
- Tell participants:
  - It is important to create a quit plan with clients who are ready to quit (preparation stage of change).
  - For clients who are ready to quit, set a quit date if possible within the next two weeks.
  - Encourage clients to put support systems in place and consider telling their friends and family they are trying to quit.
  - Discuss reasons for quitting with clients, including pros and cons of smoking and quitting.

- Tell participants to elicit smoking history and current smoking habits from clients, including:
  - Previous quit attempts.
  - Methods they used to quit during their last quit attempt.
  - Withdrawal symptoms they may have had in the past and how they might prepare for them next time.
- Distribute and review the *Tobacco Use Quit Plan Handout*.

### **Step 2: Developing a relapse prevention plan for tobacco use**

- Distribute and review the *Tobacco Use Relapse Prevention Plan Handout*.
- Review PowerPoint slides 31 to 32, highlighting:
  - Triggers are feelings, thoughts, or activities that stimulate the urge to smoke.
  - Triggers can be both good feelings and unpleasant feelings.
  - There are different types of triggers:
    - ◇ Internal Triggers: Identifying cognitive and emotional states that can lead to resumed use.
    - ◇ External Triggers: Environmental risk factors for resumed use (e.g., specific people, places or things that contribute to “relapse”).
    - ◇ High Risk Situations: Client-specific situations that can be identified as risky in terms of return to use.
  - Counselors should explain to clients:
    - ◇ It is important to plan for triggers by reflecting on past coping strategies and finding alternative activities for those times, places, and feelings.
    - ◇ Coping Strategies are specific strategies that a client can use when faced with triggers and high risk situations.
- Refer back to PowerPoint slide 32 and highlight:
  - Social support are the individuals that can be relied upon to support the client’s behavior change.
  - Social support is important and should be part of quit plans.

### **Step 3: Process the discussion by asking:**

- How are these concepts applicable to the treatment of tobacco use?
- In what ways is it helpful for individuals to identify these factors when going through the tobacco use behavior change process?
- Why is planning around the concepts only appropriate for individuals in the later stages of change with regard to tobacco use?
- How will you integrate quit planning and relapse prevention into your work with clients around tobacco use?

# Case Studies: Putting it All Together



## TIME REQUIRED

15 minutes



## SECTION PURPOSE

Provide participants with an opportunity to practice working with clients who are in pre-contemplation and preparation stages of change.



## LEARNING METHODOLOGIES

- ✓ Large group discussion
- ✓ Role-plays



## MATERIALS NEEDED

- ✓ PowerPoint presentation
- ✓ *Assisting a Client in Pre-contemplation: Strategies Handout*
- ✓ *Assisting a Client in Contemplation: Strategies Handout*
- ✓ *Pre-contemplation Case Study Handout*
- ✓ *Preparation Case Study Handout*
- ✓ *Tobacco Use Quit Plan Handout*



## DESCRIPTION:

### Step 1: Set-up Real Play 1: Pre-contemplation

- Tell participants they will now review strategies for working with clients in two different stages of change — pre-contemplation and preparation — and then they will review case studies and do a “real play” (role play) of what the session might look like with the client in the case study.
- Give participants a copy of the *Pre-contemplation Case Study*.
- Ask for a volunteer to read the case study out loud.

### Step 2: Conduct Real Play 1: Pre-contemplation

- Tell participants:
  - You will now work in pairs to do a real play of a case study on a client in the pre-contemplation stage of change.

- One person will play the client and the other will be the counselor.
- You will have a chance to switch in a moment when you review a different case study.
- Ask for a volunteer to read the case study out loud.
- Ask participants:
  - What in the case study indicates that he is in the pre-contemplation stage?
  - What are some strategies you could use to help this person begin to think about the reasons for their tobacco use?
- Instruct participants:
  - When doing the "real play", use open-ended questions and affirmations to engage the client. Also, use some of the strategies to help the client begin thinking about quitting or reducing tobacco use.
- Ask participants to get into pairs.
- Once in pairs, have participants choose one of the following roles:
  - Client
  - Staff
- Tell participants to begin "real playing" what a visit with this client may look like based on the information provided in the case study.
- After a few minutes, call time.

### Step 3: Process the activity by asking:

- What do you think about working with a client in pre-contemplation?
- What will be challenging?
- How was it to do this activity using the conversation flow questions?
- What does this mean to you with regards to your work?

### Step 4: Set-up real play 2: Preparation

- Tell participants that they will switch roles with their partner and conduct a "real play" with a new case study of a client in preparation.
- Give participants a copy of the *Preparation Case Study Handout* and a blank *Tobacco Use Quit Plan Handout*.
- Ask and discuss:
  - What kinds of things indicate that he is in the preparation stage?
  - What are some strategies you could use to help this client continue to consider stopping or reducing tobacco use?

### **Step 5: Conduct real play 2: Preparation**

- Remind participants to:
  - Use the quit plan template to structure the clients quit attempt.
- Tell pairs to begin their "real plays".
- After a few minutes, call time.

### **Step 6: Process the activity by asking:**

- What do you think about working with a client in preparation?
- What will be challenging?
- How was it to do this activity using the quit plan?
- What does this mean to you with regards to your work?

# Closing



## TIME REQUIRED

5 minutes



## SECTION PURPOSE

Display an example of counseling staff working effectively with a client regarding their tobacco use.



## LEARNING METHODOLOGIES

- ✓ Large group discussion



## MATERIALS NEEDED

- ✓ PowerPoint presentation

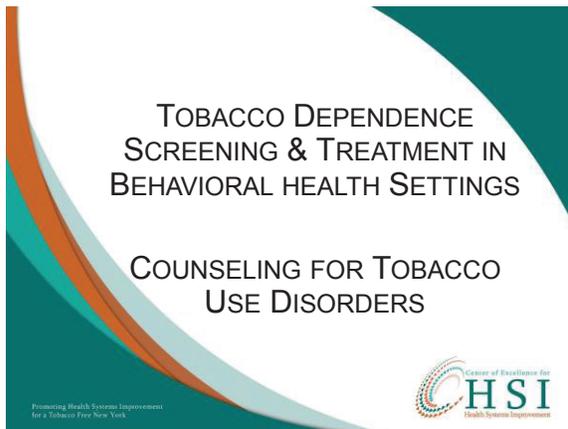


## DESCRIPTION:

### Step 1: Highlights

- Display PowerPoint slide 33.
- Thank everyone for their participation and hard work.
- Ask if anyone wants to share one highlight they are taking away from the training. (time permitting)
- Once everyone who wants to say something has, wrap up the training by thanking participants for being a part of the training.

# HANDOUTS AND MATERIALS



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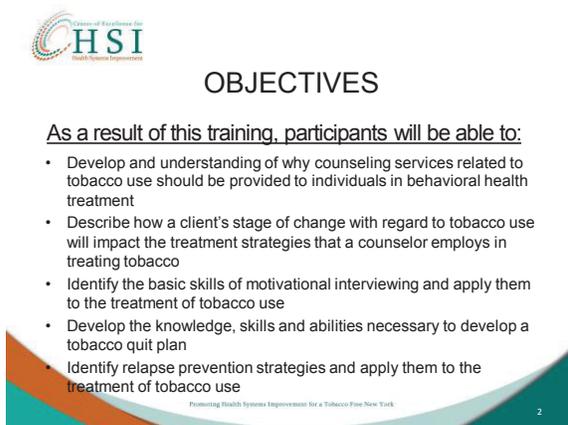
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# HANDOUTS AND MATERIALS



## WELCOME & INTRODUCTIONS

Please share your:

- Name
- Agency
- Role



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## COUNSELORS' ROLE IN THE INTEGRATION OF TOBACCO USE DISORDER TREATMENT INTO BEHAVIORAL HEALTH SETTINGS



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## Chronic Relapsing Illness

- Treat as a chronic relapsing illness
- Few people quit successfully without treatment
- To maximize success, combine pharmacotherapy and counseling
- Treat for as long as it takes
- Treat to target-no withdrawal symptoms



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# HANDOUTS AND MATERIALS



## BEHAVIORAL HEALTH PROVIDERS

- Already have the required skill set to help clients with their tobacco use
  - Problem-solving
  - Coping with difficult situations/emotions
  - Avoiding high risk situations

What you fail to say sends a message

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## OVERVIEW OF TRANSTHEORETICAL MODEL: ASSESSING TOBACCO DEPENDENCE AND CLIENTS' READINESS & MOTIVATION TO QUIT

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## OVERVIEW OF TRANSTHEORETICAL MODEL (TTM):

- ASSESSING TOBACCO DEPENDENCE & CLIENTS  
READINESS AND MOTIVATION TO QUIT

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# HANDOUTS AND MATERIALS



## STAGES OF CHANGE MODEL

- Developed by Prochaska and DiClemente
- Behavior change does not happen in one step, but in stages
- An individual progresses through the stages at their own pace, depending on their goals and sources of motivation



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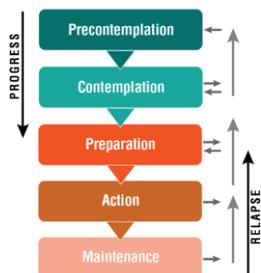
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## THE STAGES OF CHANGE



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## PRECONTEMPLATION

There is no intention to change behavior in the foreseeable future:

- Others are aware of problem
- Unaware or under-aware
- Change due to outside pressure
- No plans to change (6 months)
- Coerced by others to change



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# HANDOUTS AND MATERIALS



## CONTEMPLATION

Aware that a problem exists and begins to think about overcoming it:

- No commitment
- Struggles with loss
- Decisional-balancing
- Can get stuck and remain so



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## PREPARATION

Making Plans for the intended change:

- Intending to take action within 30 days
- Taking steps/making plans
- May/may not have taken unsuccessful action in past year



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## ACTION

Modification of behavior, experiences, or environment in order to overcome problem behavior

- Taking an action is not being in action
- Runs from one day to six months
- Requires Considerable Commitment



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# HANDOUTS AND MATERIALS



## MAINTENANCE

Integrated the new behavior into present lifestyle

- More than six months
- Stabilizing change
- Avoiding relapse
- Can last a lifetime

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## THE STAGES OF CHANGE



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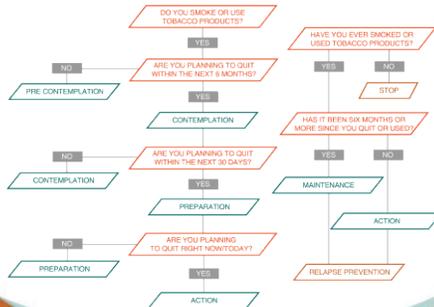
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## STAGING ALGORITHM FOR TOBACCO DEPENDENCE



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# HANDOUTS AND MATERIALS



## Intervention based on the Stages of Change

- Pre-contemplation - Motivational Interviewing
- Contemplation – Motivational Interviewing
- Preparation – Motivational Interviewing
- Action – Cognitive Behavioral Therapy
- Maintenance – Cognitive Behavioral Therapy

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## COUNSELING SKILLS PRACTICE OPEN-ENDED QUESTIONS AND AFFIRMATIONS

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## MOTIVATIONAL INTERVIEWING

- Developed by Miller and Rollnick
- Person-centered approach
- Utilized in multiple settings
- Most effective working with individuals in pre-contemplation and contemplation

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# HANDOUTS AND MATERIALS



## O. A. R. S.

- Open-ended Questions
- Affirmations
- Reflective Listening
- Summarizing



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## OPEN-ENDED QUESTION STEMS

- How...
- What...
- Tell me...
- In what ways...



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## OPEN-ENDED QUESTIONS ACTIVITY



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# HANDOUTS AND MATERIALS



## AFFIRMATIONS

- Statement of understanding and appreciation for something someone has tried, done, or achieved
- Genuine and honest
- Positive
- Encouraging

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## AFFIRMATIONS

- Make someone feel good and recognized
- Recognize efforts, experiences, and feelings; this can include intent
- Build rapport

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## AFFIRMATIONS ACTIVITY

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# HANDOUTS AND MATERIALS



## CREATING QUIT PLANS AND RELAPSE PREVENTION PLANS PREPARATION, ACTION AND MAINTENANCE



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## QUIT PLAN

- Set a quit date
- Putting support systems in place
- Review reasons for quitting
- Discuss previous quit attempts
- Plan for managing trigger



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## Tobacco Use Triggers

- Internal Triggers
- External Triggers
- High Risk Situations



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# HANDOUTS AND MATERIALS



## DEALING WITH TRIGGERS

- Coping Strategies
- Social Support



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THANK YOU!



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# TRAINING GOAL AND OBJECTIVES

## Goal

To build the capacity of behavioral health counseling staff in behavioral health settings to provide counseling services related to tobacco use to clients, ultimately supporting the integration of this practice into the standard delivery of care.

## Objectives

As a result of this training, participants will be able to:

- ✓ Develop an understanding of why counseling services related to tobacco use should be provided to individuals in behavioral health treatment
- ✓ Describe how a client's stage of change with regard to tobacco use will impact the treatment strategies that a counselor employs in treating tobacco
- ✓ Identify the basic skills of Motivational Interviewing and apply them to the treatment of tobacco use
- ✓ Develop the knowledge, skills, and abilities necessary to develop a tobacco quit plan
- ✓ Identify relapse prevention strategies and apply them to the treatment of tobacco use

# AGENDA

AGENDA
Welcome, Introductions, Goal & Objectives
Counselors' Role in the Integration of Tobacco Dependence Screening & Treatment into Behavioral Health Settings
Trans-Theoretical Model (TTM) and Counseling Strategies: Readiness and Motivation and Impact on Counseling Approach
Counseling Skills Practice: Strategies for Engaging Clients in Pre-contemplation and Contemplation
Creating a Quit Plan and Preventing Relapse: Providing Services to Clients in Preparation, Action, and Maintenance
Case Studies: Putting It All Together
Closing

# Stages of Behavior Change Overview

STAGE IN TRANS-THEORETICAL MODEL OF CHANGE	DESCRIPTION OF STAGE	LEARNING DOMAIN
<b>PRE-CONTEMPLATION</b>	<p>Not thinking about change            May be resigned or feel hopeless about their ability to change            Feeling a lack of control            May not believe need for change applies to self and/or may not view consequences of behavior (to themselves) as serious enough to warrant change            “Pros” of smoking outweigh “Cons” of smoking</p> <p><b>Timeframe:</b> <i>No intent to change in the near future (described as within 6 months). Individual could remain in this stage for years</i></p>	<p>Cognitive</p> <p>Affective</p>
<b>CONTEMPLATION</b>	<p>Aware that a problem exists and considering change. However, individual does not have a serious intent to change soon. The person is considering change within six months            Pros and cons of smoking are approximately equal (leads to ambivalence)            Feelings of ambivalence towards the behavior and idea of behavior change</p> <p><b>Timeframe:</b> <i>Intention to change within 6 months, but may not have a serious commitment to making a change. Note: Individual could remain in this stage for years</i></p>	<p>Cognitive</p> <p>Affective</p>
<b>PREPARATION</b>	<p>Seriously intending to make a behavioral change soon (within thirty days)            Making plans for change            Often, person may implement some steps towards change            Learning how to make the change successfully</p> <p><b>Timeframe:</b> <i>Intention to change within the next 30 days</i></p>	<p>Cognitive</p> <p>Affective</p> <p>Behavioral</p>
<b>ACTION</b>	<p>Individual is committed to change            Modifying problem behavior; making the change consistently (i.e., every time)            Requires considerable commitment</p> <p><b>Timeframe:</b> <i>Person has started making the change consistently. If change is maintained during this time, this stage lasts about 6 months</i></p>	<p>Behavioral</p>
<b>MAINTENANCE</b>	<p>The new behavior has been integrated into his/her lifestyle and is now more habitual.            Takes less energy to maintain behavior</p> <p><b>Timeframe:</b> <i>6 months or more</i></p>	<p>Behavioral</p>

Information from Prochaska, JO, DiClemente, CC, Norcross JC, In Search of How People Change. American Psychology 1992; 47:1102-4, and Miller WR, Rollnick S. Motivational Interviewing: preparing people to change addictive behavior. New York: Guilford, 1991:191-202

# Staging and Intervention Practice Worksheet

Read each client statement below. Determine which stage of change the client is in and then determine which intervention, either Motivational Interviewing (MI), Quit Planning (QP), or Relapse Prevention (RP) is appropriate given the stage.

① I want to stop smoking cigarettes but I don't know if I can.

MI \_\_\_\_\_ QP \_\_\_\_\_ RP \_\_\_\_\_

② I didn't come here to talk to you about tobacco.

MI \_\_\_\_\_ QP \_\_\_\_\_ RP \_\_\_\_\_

③ I've decided that I want to stop smoking.

MI \_\_\_\_\_ QP \_\_\_\_\_ RP \_\_\_\_\_

④ I stopped smoking cigarettes when I went to detox.

MI \_\_\_\_\_ QP \_\_\_\_\_ RP \_\_\_\_\_

⑤ I could stop smoking, but there is really no reason to.

MI \_\_\_\_\_ QP \_\_\_\_\_ RP \_\_\_\_\_

⑥ I haven't smoked cigarettes in over six months.

MI \_\_\_\_\_ QP \_\_\_\_\_ RP \_\_\_\_\_

# Staging and Intervention Practice

## Answer Key

Read each client statement below. Determine which stage of change the client is in and then determine which intervention, either Motivational Interviewing (MI), Quit Planning (QP), or Relapse Prevention (RP) is appropriate given the stage.

① I want to stop smoking cigarettes but I don't know if I can.

MI   x        QP             RP       

② I didn't come here to talk to you about tobacco.

MI   x        QP             RP       

③ I've decided that I want to stop smoking.

MI             QP   x        RP       

④ I stopped smoking cigarettes when I went to detox.

MI             QP             RP   x  

⑤ I could stop smoking, but there is really no reason to.

MI   x        QP             RP       

⑥ I haven't smoked cigarettes in over six months.

MI             QP             RP   x



# Open-Ended Questions

## Answer Key

① **ARE YOU INTERESTED IN QUITTING USING TOBACCO PRODUCTS?**

Ⓐ HOW DO YOU FEEL ABOUT YOUR TOBACCO USE?

② **DO YOU SMOKE AROUND YOUR CHILDREN?**

Ⓑ WHAT ARE SOME OF YOUR CONCERNS ABOUT YOUR TOBACCO USE?

③ **DO YOU SMOKE IN YOUR CAR?**

Ⓒ TELL ME A LITTLE BIT ABOUT WHEN AND WHERE YOU SMOKE THE MOST.

④ **ARE YOU WILLING TO DISCUSS NRT/PHARMACOTHERAPY WITH ME?**

Ⓓ WHAT ARE YOUR THOUGHTS ON NRT/PHARMACOTHERAPY?

⑤ **DON'T YOU THINK THE COST FOR A PACK OF CIGARETTES TODAY IS OUTRAGEOUS?**

Ⓔ HOW DO YOU FEEL ABOUT THE PRICE OF CIGARETTES TODAY?

# Tobacco Use Quit Plan

Use the template below to develop a Quit Plan in collaboration with the patient/client.

NAME: .....

QUIT DATE: .....

REASONS FOR QUITTING:

① .....

② .....

③ .....

THINGS I WILL REMOVE FROM MY HOME AS I PREPARE TO QUIT:

① .....

② .....

③ .....

PEOPLE WHO WILL SUPPORT MY CHOICE TO QUIT:

① .....

② .....

③ .....

THE CIGARETTE THAT WILL BE MOST DIFFICULT FOR ME TO GIVE UP (TIME OF DAY OR SITUATION)

① .....

WITHDRAWAL SYMPTOMS I AM MOST WORRIED ABOUT:

① .....

② .....

③ .....

PREVIOUS QUIT ATTEMPT DATES:

① .....

② .....

③ .....

MEDICATIONS I AM WILLING TO TRY IN ORDER TO SUPPORT MY DISCONTINUED TOBACCO USE:

① .....

② .....

③ .....

REFERRAL TO DOCTOR FOR MEDICATION (IF APPLICABLE):

DATE OF REFERRAL: .....

TIME OF REFERRAL: .....

NAME OF PROVIDER: .....

ADDRESS OF PROVIDER: .....

TELEPHONE NUMBER OF PROVIDER: .....

# Tobacco Use Relapse Prevention Plan

Use the template below in collaboration with the patient/client to develop a Relapse Prevention Plan.

NAME:.....

DATE:.....

## INTERNAL TRIGGERS:

①.....

②.....

③.....

## EXTERNAL TRIGGERS:

①.....

②.....

③.....

## COPING STRATEGIES FOR TRIGGERS:

①.....

②.....

③.....

## SOCIAL SUPPORTS:

①.....

②.....

③.....

## LEISURE ACTIVITIES:

①.....

②.....

③.....

# Assisting a Client in Pre-contemplation: Strategies

Review the case study and think of a response to John. Use Motivational Interviewing strategies to develop your response and help John think about reasons for his tobacco use.

- ✓ People who are in pre-contemplation (with respect to a target behavior) need more information or awareness about the behavior; they need to personalize the consequences of the behavior; they need to become aware of the impact of their behavior on others.
- ✓ Those who have attempted to change in the past, and have not been successful, need to believe they can make a change.
- ✓ People in pre-contemplation may be defensive. In turn, the information should be presented non-judgmentally.
- ✓ Interventions should focus on cognitive and affective domains.

## Strategies:

- Motivational Interviewing (Open-ended Questions and Affirmations)
- Provide feedback on information obtained during prior visits (i.e., length of use, past quit attempts)
- It is important to think about what type of information will motivate your client (i.e. risks of second-hand smoke, financial implications)

## Questions from the conversation flow:

- “What would have to happen for this to be a problem for you?”
- “What warning signs would let you know that this is a problem?”
- “Have you tried to change in the past? If yes, what made you consider it then?”
- “What’s important to you about continuing to smoke? Tell me about those reasons”
- “What qualities in yourself are important to you? How does using tobacco support that?”

# Pre-Contemplation Case Study



John is a 27-year-old man who is being treated for alcohol. John has been in and out of recovery for the past year, and desperately would like to quit drinking alcohol because of how badly it affects his life. However, he has relapsed many times.

At intake, John openly answers questions about his tobacco use and says, “I smoke, and I’m not interested in quitting.”

**Objective:** Use the skills of MI (Open-Ended Questions and Affirmations) to explore John’s reasons for tobacco use.

# Assisting a Patient in Contemplation Strategies

- ✓ Individuals in contemplation (with respect to a target behavior) are aware they should make a change, but are having difficulty committing to change.
- ✓ They can still benefit from consciousness raising but really need to be able to see and accept themselves as a “changed” individual, which can be challenging to conceptualize
- ✓ They also need to see the new behavior as beneficial, and to believe they can manage the skills and tasks necessary to incorporate this new behavior into their lives.
- ✓ Individuals at this stage are aware of a problem, but feel stuck and unable to change their behavior. They may be feeling a lot of emotions associated with both the current and the new behavior, and they may be afraid of taking the risk of changing. It is, therefore, important to help them develop a realistic sense of competence and confidence.

## Strategies

- Motivational Interviewing (Open-ended Questions and Affirmations)
- Decisional Balancing
- It is important to think about what type of information will motivate your patient (e.g., risks of second-hand smoke, financial implications)

## Questions from the Conversation Flow

- “What are reasons you are thinking about change at this time?”
- “What are some reasons for not changing?”
- “What are the barriers today that keep you from changing?”
- “What might help you with that aspect?”
- “What things (people, programs, and behaviors) have helped you in the past?”
- “Are those things still available to you now?”
- “On a scale from 0-10, how important is the change?”
- “On a scale from 0-10 how confident do you feel in making the change right now?”

# Preparation Case Study



Jim is a 24-year-old client who has been in treatment for his cocaine addiction for the past four months. When Jim entered treatment he informed you that he was not interested in discontinuing his tobacco use. However, he was willing to discuss it.

Today, Jim comes to your office and informs you that he wants to stop smoking within the next two weeks. Jim states that he is tired of spending so much money on cigarettes and that his girlfriend recently quit and she has been asking him to do the same. Still, Jim is concerned about the withdrawal symptoms and whether or not he will start craving cocaine again as a result of his discontinued tobacco use.

Jim states that he also is worried that he will have difficulty managing his frustration and anxiety without tobacco and that many of his best friends use tobacco. Jim believes that the most difficult cigarette to give up will be the one that he has first thing in the morning.

**Objective:** Work with Jim to create a quit plan.

# IN-PERSON TRAINING POST-EVALUATION QUESTIONS

Event Title: **Module 4 - Counseling for Tobacco Use Disorders**

Event Date: \_\_\_\_\_

To what extent do you Agree or Disagree with the following statements:

1. Please rate your opinion on how well this training met its stated objectives:

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
<b>1A.</b> Develop an understanding of why counseling services related to tobacco use should be provided to individuals in Behavioral Health treatment	1	2	3	4	5
<b>1B.</b> Describe how a client's stage of change with regard to tobacco use will impact the treatment strategies that a counselor employs in treating tobacco use	1	2	3	4	5
<b>1C.</b> Identify the basic skills of Motivational Interviewing and apply them to the treatment of tobacco use	1	2	3	4	5
<b>1D.</b> Develop the knowledge, skills, and abilities necessary to develop a tobacco quit plan	1	2	3	4	5
<b>1E.</b> Identify relapse prevention strategies and apply them to the treatment of tobacco use	1	2	3	4	5

Please indicate to what extent you agree or disagree with the following statements:

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	
<b>2.</b> The instructional materials were useful	1	2	3	4	5	
<b>3.</b> The training was engaging	1	2	3	4	5	
<b>4.</b> There was a good balance between lecture & activities	1	2	3	4	5	
<b>5.</b> I am satisfied with my level of participation during the training	1	2	3	4	5	
<b>6.</b> If applicable, the training team worked well together	N/A	1	2	3	4	5

Please indicate to what extent you agree or disagree with the following statements:

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
<b>7.</b> I learned something new as a result of this training	1	2	3	4	5
<b>8.</b> I will use what I learned from this training in my work	1	2	3	4	5
<b>9.</b> I am confident in my ability to apply what I learned as a result of this training to my work	1	2	3	4	5

# IN-PERSON TRAINING POST-EVALUATION QUESTIONS

10. As a result of attending this training, I plan to:

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11. Please indicate the extent to which you agree or disagree with the following statements about each of today's trainer(s):

## Trainer 1

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
a. I was satisfied with the trainer's knowledge of the subject matter	1	2	3	4	5
b. The trainer presented the information clearly	1	2	3	4	5
c. The trainer effectively addressed questions/ concerns	1	2	3	4	5

12. If you selected a 3 or below on any of the above items, please explain below:

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13. Please provide any additional comments below on today's training or list additional topics you would be interested in learning about or attending a training on in the future?

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# PRESCRIBING FOR TOBACCO USE DISORDERS



The goal of this section is to amplify the capacity of prescribing clinicians to integrate best practices for prescribing tobacco cessation pharmacotherapy into standard delivery of care with clients in behavioral health settings.

The tools in this section are designed to increase knowledge on pharmacotherapy and apply this information in a case study on working with a client to prescribe pharmacotherapy based on their needs.



## OVERVIEW

- ▶ Introduction
- ▶ Goal and Objectives
- ▶ Agenda
- ▶ Training Design
- ▶ Handouts and Materials



# INTRODUCTION

Behavioral health staff working with individuals seeking treatment in programs for substance use and mental health disorders play a central role in ensuring that the clients they come into contact with are provided treatment for tobacco use.

In this training, behavioral health providers will be provided with an overview of the prescriber's role in integrating tobacco dependence screening and treatment into standard delivery of care within behavioral health settings. They will also be provided an overview of tobacco cessation pharmacotherapy.

Finally, prescribing staff will have an opportunity to apply the knowledge from the training to a case study reviewing medication considerations for a sample client.



## TIME

1.5 Hours



## AUDIENCE

Prescribing Clinicians (MD, DO, DDS, NP, PA)



## MATERIALS:

- Name tags
- Sign in sheet
- Projector
- Laptop
- Projector screen
- PowerPoint presentation
- Easel
- Newsprint
- Markers
- Masking tape
- Pens and pencils
- Copies of handouts

Materials specific to each activity are described within the training design.



## HANDOUTS

All handouts for this training are found at the end of the document. Be sure that you have made enough copies for each participant who will be attending.



## TRAINER'S NOTES

Throughout the design, you will see Trainer's Notes. These contain special instructions or considerations for the trainer with regards to the activity being conducted.

# GOAL AND OBJECTIVES

## Goal

The goal of this training is to build the capacity of prescribing clinicians in behavioral health settings to integrate best practices for prescribing tobacco cessation pharmacotherapy into standard delivery of care with clients.

## Objectives

As a result of this training, participants will be able to:

- ✓ Describe why tobacco dependence is considered a chronic illness
- ✓ Identify the different types of pharmacotherapy available to support a quit attempt
- ✓ Determine appropriate medications to prescribe to clients based on medical history and drug interactions
- ✓ Explain nicotine withdrawal symptoms and how pharmacotherapy can assist with quit attempt

# AGENDA

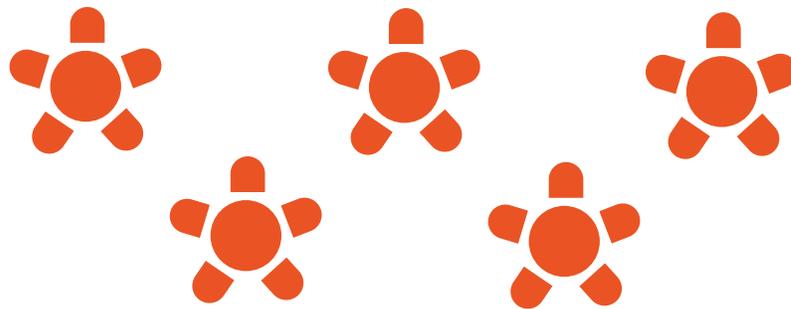
SAMPLE TIMING	ACTIVITY	TIME REQUIRED
9:00 am – 9:05 am	Welcome, Introductions, Goal & Objectives	5 minutes
9:05 am – 9:15 am	Behavioral Health & Tobacco Use	10 minutes
9:15 am – 9:30 am	Prescribers' Role in the Integration of Tobacco Dependence Screening & Treatment into Behavioral Health Settings	15 minutes
9:30 am – 10:05 am	Overview of Pharmacotherapy	35 minutes
10:05 am – 10:25 am	Case Study	20 minutes
10:25 am – 10:30 am	Closing	5 minutes

# TRAINING DESIGN



## TRAINER'S NOTES

- ✓ Prepare and set-up the room by:
  - Setting-up the laptop and projector
  - Testing the PowerPoint presentation to ensure it works
  - Making copies of all of the handouts
  - Placing tables in a “small group” set-up with 5-6 chairs around each table, as shown below:



- ✓ On each table, place:
  - Pads of sticky notes
  - Copies of the PowerPoint slides
  - Pens
- ✓ As participants enter the room:
  - Greet them
  - Direct them to the sign-in sheet
  - Give them their name tag

# Welcome, Introductions, Goals & Objectives



## TIME REQUIRED

5 minutes



## SECTION PURPOSE

To welcome participants to the 1-hour training session and introduce the trainer(s), training goal and objectives, agenda and set ground rules.



## LEARNING METHODOLOGIES

- ✓ Large group discussion



## MATERIALS NEEDED

- ✓ Newsprint and markers
- ✓ PowerPoint presentation
- ✓ Prepared newsprint:
  - Ground Rules
    - Keep side conversations to a minimum
    - Turn cell phones off or put them on vibrate
    - Refrain from texting during the training
    - Respect others' opinions and points-of-view
    - Have fun!
- ✓ *Goal and Objectives Handout*
- ✓ *Agenda Handout*



## DESCRIPTION:

### Step 1: Welcome and Trainer Introductions

- Welcome participants to the 1-hour training, on “Prescribing for Tobacco Use Disorders”, a part of the “Tobacco Dependence Screening and Treatment in Behavioral Health Settings” training series.
- Trainers introduce themselves.

### Step 2: Review goal and objectives and agenda

- Distribute the *Goal and Objectives* and *Agenda Handouts*.
- Using the PowerPoint slides 1 to 4, review the training goal and objectives, as well as the agenda for the training session.

### Step 3: Large Group Introductions (Optional due to time constraints and size of group)

- Show Slide 5 of the PowerPoint presentation and go around the room, asking participants to share with the group, their:
  - Name
  - Agency
  - Role

### Step 4: Display Ground Rules

- Display the prepared newsprint “Ground Rules.”
- Explain that ground rules build an atmosphere in which everyone can feel comfortable and gain as much knowledge and experience as possible.
- Suggest the ground rules already written, with the following explanations:
  - Keep side conversations to a minimum
    - ◇ If something’s not clear to you, it’s probably not clear to other participants, so please let us know!
  - Turn cell phones off or put them on vibrate
    - ◇ The more focused we can all be, the better, as we have a lot of information to cover.
  - Refrain from texting during training
    - ◇ If something comes up, please leave the room so as not to disturb others.
  - Respect others’ opinions and points-of-view
    - ◇ Everyone is coming in with different experiences and opinions, and the more we can be open to everyone, the more we all can learn from each other.
  - Keep it moving
    - ◇ There is a lot of content to get through, so it is important to stay focused and on topic.
  - Have fun!
  - This training is designed to be interactive and engaging, so please participate and have fun with it!
- Ask participants to add additional ground rules that they think would be helpful.
- Check with the group to be sure that it agrees on the ground rules, and make any changes as needed.
- Post the newsprint on the wall and refer back to ground rules throughout training, as needed.

# Behavioral Health & Tobacco Use



## TIME REQUIRED

10 minutes



## SECTION PURPOSE

To provide participants with the basic knowledge of the effects of tobacco use among individuals with mental illness and substance abuse disorders.



## LEARNING METHODOLOGIES

- ✓ Lecturette
- ✓ Large group discussion



## MATERIALS NEEDED

- ✓ PowerPoint presentation



## DESCRIPTION:

### Step 1: Lecturette about tobacco use and individuals with mental illness and substance abuse disorder

- Review the PowerPoint slides 6 to 8.
- While reviewing the slides, tell participants:
  - Individuals with mental illnesses and substance use disorders respond to the same evidence-based approaches as the general population.
  - They exhibit more severe nicotine addiction than the general population, necessitating more intensive interventions.
  - Both pharmacotherapy and counseling strategies need to be individualized to each client's current mental health and substance use status, quit history, and level of nicotine dependency.
  - *Tobacco Use Disorder Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5)* --- Tobacco Use Disorder is assigned to individuals who meet two of the following criteria:
    - ◇ Withdrawal
    - ◇ Tolerance
    - ◇ Desire or efforts to cut down/control use
    - ◇ Great time spend in obtaining/using
    - ◇ Reduced occupational/recreational activities
    - ◇ Use despite problems

- ◇ Larger amounts consumed than intended
- ◇ Cravings; strong urges to use
- The DSM-5 indicated that Tobacco Use Disorder is comorbid and that there is evidence that continued use of tobacco products impairs recovery.

**Step 2: Process the lecturette by asking:**

- What are you taking away from this discussion?
- What surprised you?
- How can you apply this information to your current work with tobacco users?

# Prescribers' Role In The Integration Of Tobacco Dependence Screening & Treatment Into Behavioral Health Settings



## TIME REQUIRED

15 minutes



## SECTION PURPOSE

To highlight that tobacco dependence is a chronic disease and explore the need to approach its treatment like that of any other chronic illnesses (e.g., hypertension, diabetes)



## LEARNING METHODOLOGIES

- ✓ Lecturette
- ✓ Large group discussion



## MATERIALS NEEDED

- ✓ PowerPoint presentation
- ✓ *Treating Tobacco Use and Dependence: Clinical Practice Guideline. U.S. DHHS, Public Health Service, May 2008 Handout*



## DESCRIPTION:

### Step 1: Lecturette on integrating tobacco use screening and treatment into behavioral health settings

- Review PowerPoint slides 9 to 12 and make the following points:
  - In 2000, the *US Public Health Service Clinical Practice Guidelines* introduced the concept of treating tobacco dependence as a chronic condition and explained that it often requires repeated interventions. These guidelines were updated in 2008.
    - ◇ “A failure to appreciate the chronic nature of tobacco dependence may undercut clinicians’ motivation to treat tobacco use consistently.”
  - Tobacco users expect their health care provider to encourage them to quit
  - Failure to address tobacco use tactically implies that quitting is not important
  - Screening for tobacco use and providing tobacco cessation counseling are positively associated with client satisfaction.

- Few people quit successfully without treatment.
  - Tobacco addiction is a long-term disorder with multiple periods of relapse and remission.
  - On average, tobacco users make between 8-11 quit attempts before successfully quitting.
  - Ongoing counseling, support, and appropriate pharmacotherapy are required, just like with the treatment of hypertension and diabetes.
  - To maximize success, providers should combine pharmacotherapy and counseling treatment for as long as it takes, and treat to target: “no withdrawal symptoms.”
  - Apply the best available research results (evidence) when making decisions about health care. Health care professionals who perform evidence-based practice use research evidence along with clinical expertise and client preferences.
  - While reviewing the slides, tell participants these are the 5 A’s of an evidence-based intervention to assist those who want to stop using tobacco products to be successful doing so.
    - ◇ ASK
    - ◇ ADVISE
    - ◇ ASSESS
    - ◇ ASSIST
    - ◇ ARRANGE
  - Tell participants that prescribing staff is responsible for assisting clients to make a quit attempt by providing client-centered tobacco cessation medication assistance.

**Step 2: Process the lecturette by asking:**

- What are you taking away from this discussion?
- What surprised you?
- How can you apply this information to your work with tobacco users?

# Overview of Pharmacotherapy



## TIME REQUIRED

35 minutes



## SECTION PURPOSE

To highlight that most tobacco users want to quit, and, for many people, using Nicotine Replacement Therapy (NRT) or pharmacotherapy is an effective way to help overcome this addiction.



## LEARNING METHODOLOGIES

- ✓ Large group discussion
- ✓ Lecturette



## MATERIALS NEEDED

- ✓ PowerPoint presentation



## DESCRIPTION:

### Step 1: Lecturette and large group discussion on pharmacotherapy

- Display PowerPoint slides 13 to 17.
- Tell participants that tobacco dependence is a chronic condition that requires a two-prong approach for maximal treatment effectiveness (slides 13-14).
  - Physiological: Addiction to nicotine which is treated with pharmacotherapy
  - Behavioral: The ritual of using tobacco which is treated with behavioral change counseling
  - Treatment should address both the physiological and the behavioral aspects of dependence
- Review with participant's nicotine withdrawal symptoms (slide 15).
  - Most symptoms manifest within the first 1-2 days, peak within first week and subside within 2-4 weeks
  - Pharmacotherapy assists in alleviating withdrawal symptoms
- Tell participants that medication like Nicotine Replacement Therapy (NRT) or pharmacotherapy are used to treat the physiological addiction to nicotine:
  - Improves chances of quitting.
  - Makes people more comfortable while quitting.
  - Allows consumers to focus on changing their behavior.
  - Does not have the toxins found in cigarettes and other tobacco products.

- Tell participants about different forms of NRT/Pharmacotherapy (slide 16-17).
  - For over the counter NRT, no prescription is needed.
  - This includes the following:
    - ◇ Nicotine Patch
    - ◇ Nicotine Gum (2mg and 4mg pieces available)
    - ◇ Nicotine Lozenges (2mg and 4mg pieces available)
  - The following requires a prescription:
    - ◇ Nicotine Inhaler (the puffer)
    - ◇ Nicotine Nasal Spray
- Explain that:
  - All NRT can be used alone or in combination.
  - Some common side effects may include: headache, nausea, dizziness.
  - Health care providers should determine dosing and combinations that will work best for their clients.



## TRAINER'S NOTE

Trainer does not have to address every bullet point but should select a few from each of the areas below.

### Step 2: Lecturette on specific medications

- Review PowerPoint slides 18 to 26, sharing the following points about each method:
- The Patch: key elements to share with participants.
  - Nicotine is absorbed through the skin
  - Can take up to six (6) hours to reach peak nicotine levels
  - Wear on upper part of the body, where there is little hair
  - Skin may have an area of local irritation – it is not an allergic reaction!
  - Do not cut in half
  - Apply a new patch every 24 hours
  - Side effects may include headache, nausea, dizziness
- Nicotine Gum:
  - Sugar-free chewing gum
  - Absorbed through the lining of the mouth
  - Chew and Park
  - Available in two strengths (2mg and 4mg)
  - Available flavors are: Original, cinnamon, fruit, mint (various), and orange

- Sold without a prescription as Nicorette or as a generic
  - May not be a good choice for people with jaw problems, braces, retainers, dentures, or significant dental work
  - May irritate the mouth and throat and cause dryness
- Nicotine Lozenge:
  - Absorbed through the lining of the mouth
    - ◊ Park in the cheek
  - Available over the counter in two strengths
    - ◊ 2mg and 4mg
  - Available sugar-free flavors include:
    - ◊ Mint
    - ◊ Cherry
  - Not covered by NYS Medicaid Prescription benefit
  - May irritate the mouth and throat and cause dryness
- Nicotine Inhaler:
  - Nicotine inhalation system:
    - ◊ Mouthpiece
    - ◊ Cartridge
  - Absorbed through the lining of the mouth-should not be inhaled.
  - Allows for similar hand-to-mouth ritual of smoking
  - Sold with a prescription as Nicotrol Inhaler
  - Can irritate the mouth and throat and cause dryness
- Nicotine Nasal Spray:
  - About 100 doses per bottle
  - Quickly absorbed through the lining of the nose
  - Gives largest “spike” of nicotine
  - Sold with a prescription as Nicotrol NS
  - Side effects include sneezing, sore throat, runny nose and eyes
- Oral Medications:
  - Bupropion SR – Available by prescription
    - ◊ Zyban; Wellbutrin SR or Generic
    - ◊ Can be used with NRTs
    - ◊ Effective in consumers with depressive disorders
    - ◊ Non-sedating, activating antidepressant
    - ◊ Affects norepinephrine and dopamine systems
  - Side effects – headache, insomnia

- Varenicline HCl (Chantix) – Available by prescription
  - ◇ Use with NRTs not recommended
  - ◇ Some people who used varenicline have reported experiencing changes in behavior, agitation, unusual dreams, depressed mood, suicidal thoughts or actions. Individuals should talk to their doctor before taking this medication. The most common side effect is nausea which can be mitigated by taking the medication with food.
- Combination Therapies
  - To improve client's chances of quitting, prescribe both a long-acting and short-acting pharmacotherapy.
  - Varenicline is taken alone. Individuals take this medication for 1-2 weeks before making a quit attempt and can smoke while taking the medication.

### Step 3: Highlight key points:

- Medicaid will pay for most tobacco dependence treatment medications when clients have a prescription from their health care provider, recipient of Medicaid Managed Care seeking behavioral health services qualify for coverage of the seven FDA-approved tobacco cessation products including combination therapy with no limitations on renewals.
- Helping a client quit using tobacco entails working with him or her to understand available insurance benefits and helping to remove as many financial barriers to quitting as possible for that client.
- Medications covered by Medicaid are as follows:
  - Nicotine Patch, with a prescription order for over the counter
  - Nicotine Gum, with a prescription order for over the counter
  - Nicotine Lozenge, with a prescription order for over the counter
  - Chantix, prescription required
  - Nicotine Inhalers, prescription required
  - Nicotine Nasal Spray, prescription required
  - Zyban (Bupropion), prescription required

### Step 4: Review smoking tobacco and medications.

- Display PowerPoint slides 27 to 28 and make the following points:
  - By inducing the P450 isoenzyme, smoking increases the metabolism of various antipsychotic medications.<sup>1</sup>
  - When individuals on these medications quit smoking, blood drug levels can increase significantly, making it imperative for health care providers to assess for medication side-effects and adjust dosages accordingly.
  - Participants should consider adjusting medications affected by tobacco smoking.
    - ◇ Nicotine Replacement Therapy does not change medication levels
    - ◇ Smoking tobacco does affect how Bupropion is metabolized

<sup>1</sup> Desai HD, Seabolt J, Jann MW. 2001. Smoking in patients receiving psychotropic medications: a pharmacokinetic perspective. CNS Drugs 15(6):469–94

# Case Study



## TIME REQUIRED

20 minutes



## SECTION PURPOSE

To provide participants with an opportunity to practice working with a client to prescribe pharmacotherapy based on the client's needs.



## LEARNING METHODOLOGIES

- ✓ Large group discussion
- ✓ Role-play scenarios



## MATERIALS NEEDED

- ✓ PowerPoint presentation
- ✓ *Case Study Handout*



## DESCRIPTION:

### Step 1: Set-up the case study

- Distribute and review the copy of *Case Study Handout*.
- Ask participants to get into pairs.
- Once in pairs, ask participants to discuss:
  - What kinds of things should the provider elicit from the client?
  - What are some strategies you could use to help the client understand their nicotine withdrawal symptoms?
  - What pharmacotherapy medications would you recommend for this client?

### Step 2: Conduct the Case Study

- Tell participants to begin their discussion.
- After 5 minutes, call time.

### Step 3: Large Group Discussion

- Ask for volunteers to share what they discussed in their pairs.

### Step 4: Process the activity by asking:

- What was it like to do this?
- What will be easy? Difficult?
- What will it be like to do this with clients in behavioral health settings?

# CLOSING



## TIME REQUIRED

5 minutes



## SECTION PURPOSE

To close the session and thank participants for their participation.



## LEARNING METHODOLOGIES

- ✓ Large group discussion



## DESCRIPTION:

### Step 1: Question and answer period

- Thank everyone for their participation and hard work.
- Open the floor for questions and answers by asking the following questions:
  - What were some highlights from today's training?
  - Do you feel you are walking away with more resources to assist your clients in quitting their tobacco use?
  - What other resources do you need to be successful with helping your clients quit their tobacco use?

### Step 2: Thank participants and close the training

- State the following:
  - We want you to draw on all the success you've had to date to help you in this next phase of your work.
  - Your clients are more likely to make a behavioral change (i.e., lose weight, attending preventive screening visits, tobacco cessation) when they hear it from their health care provider.
  - You, Prescribing Clinicians, play a critical role in promoting tobacco screening and dependence treatment.
  - Treatment increases the success rates and should be used for all smokers.
  - Nicotine cessation treatments are effective and well tolerated.

# HANDOUTS AND MATERIALS

Tobacco Dependence  
Screening & Treatment In  
Behavioral Health Settings

PRESCRIBING TRAINING

Promoting Health Systems Improvement  
for a Tobacco Free New York



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Promoting Health Systems Improvement for a Tobacco Free New York

GOAL

- To build the capacity of prescribing clinicians in behavioral health settings to integrate best practices for prescribing tobacco cessation pharmacotherapy into standard delivery of care for clients



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OBJECTIVES

As a result of this training, participants will be able to:

- Describe how tobacco dependence is a chronic relapsing illness
- Identify the different types of pharmacotherapy available to support a quit attempt
- Determine the appropriate medications to prescribe to clients based on medical history and drug interactions.
- Explain nicotine withdrawal symptoms and how pharmacotherapy can assist with a quit attempt

Promoting Health Systems Improvement for a Tobacco Free New York

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# HANDOUTS AND MATERIALS



## AGENDA

- Welcome, Introductions, Goal and Objectives
- Behavioral Health & Tobacco Use
- Prescribers' Role in the Integration of Tobacco Dependence Screening & Treatment into Behavioral Health Settings
- Overview of Pharmacotherapy
- Case Study
- Closing

Promoting Health System Improvement for a Tobacco Free New York

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## WELCOME & INTRODUCTIONS

Please share your:

- Name
- Agency
- Role

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## BEHAVIORAL HEALTH & TOBACCO USE

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# HANDOUTS AND MATERIALS



## Behavioral Health and Tobacco Use

- Individuals with mental illness and substance use disorders are more nicotine dependent and therefore require more intensive treatment
- Pharmacotherapy and counseling strategies must be individualized to each client's needs
- Integrate into Co-occurring Disorder Treatment

Schneider, SA, Morris CD. Confronting a neglected epidemic: tobacco cessation for persons with mental illness and substance abuse problems. *Annual Review of Public Health*, 2010; 31:297-314.

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## DSM V Criteria for Tobacco Use Disorder

Considered an addiction if 2 or more apply:

- Withdrawal
- Tolerance
- Desire or efforts to cut down/control use
- Great time spent in obtaining/using
- Reduced occupational, recreational activities
- Use despite problems
- Larger amounts consumed than intended
- Cravings; strong urges to use

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## PRESCRIBER'S ROLE IN THE INTEGRATION OF TOBACCO DEPENDENCE SCREENING & TREATMENT INTO BEHAVIORAL HEALTH SETTINGS

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# HANDOUTS AND MATERIALS



## Why Should Clinicians Address Tobacco?

- Addiction to tobacco is a chronic relapsing disorder
- Tobacco users expect to be encouraged to quit by health professionals
- Screening for tobacco use and providing tobacco cessation counseling are positively associated with client satisfaction (Barzilai et al, 2001)
- Failure to address tobacco use implies that quitting is not important

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## Chronic Relapsing Illness

- Few people quit successfully without treatment
- To maximize success, combine pharmacotherapy and counseling
- Treat for as long as it takes
- Treat to target: No withdrawal symptoms

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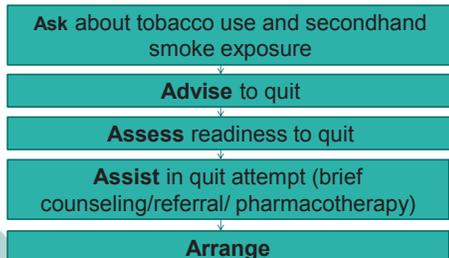
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## The 5 A's



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# HANDOUTS AND MATERIALS



## OVERVIEW OF PHARMACOTHERAPY



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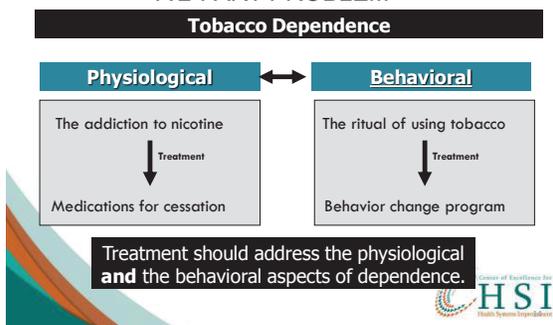
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Promoting Health System Improvement for a Tobacco-Free New York

## TOBACCO DEPENDENCE: A 2-PART PROBLEM



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## NICOTINE WITHDRAWAL

- Irritability/frustration/anger
- Anxiety
- Difficulty concentrating
- Restlessness/impatience
- Depressed mood/depression
- Insomnia
- Impaired performance
- Increased appetite/weight gain
- Cravings



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# HANDOUTS AND MATERIALS



## FDA APPROVED CESSATION MEDICATIONS

- Bupropion
- Varenicline
- Nicotine Patch
- Nicotine Gum
- Nicotine Lozenges
- Nicotine Inhaler
- Nicotine Nasal Spray

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## PHARMACOTHERAPY

- Why use Nicotine Replacement Therapy (NRT) or pharmacotherapy?
  - Improves chances of quitting
  - Makes individuals more comfortable while quitting
  - Allows consumers to focus on changing their behavior
  - Does not have the harmful toxins found in cigarettes and other tobacco products

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## PHARMACOTHERAPY

Available over the counter (no prescription needed):

- Nicotine Patch (7mg, 14mg, and 21mg)
- Nicotine Gum (2mg and 4mg)
- Nicotine Lozenges (2mg and 4mg)

Prescription only:

- Nicotine Inhaler (the puffer)
- Nicotine Nasal Spray

**All NRT can be used alone or in combination**

Side effects may include: headache, nausea, dizziness

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# HANDOUTS AND MATERIALS



## NICOTINE PATCH

- Nicotine absorbed through skin
- Can take up to 6 hours to reach peak nicotine levels
- Wear above waist, non-hairy area
- Do not cut in half
- Reapply every 24 hours
- Side effects may include: headache, nausea, dizziness, skin irritation at the site of contact

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## DOSING RECOMMENDATIONS

### Nicotine Patch:

Clients who smoke 1PPD: Step 1 (21mg)

Clients who smoke 1/2 PPD: Step 2 (14 mg)

Clients who smoke < 1/2 PPD: Step 3 (7mg)

Generally, clients remain on each step for 6 weeks before stepping down

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## NICOTINE GUM

- Sugar-free
- Absorbed through lining of mouth
  - Chew Slowly and Park
- Two strengths (2mg and 4mg)
- Flavors are: Original, cinnamon, fruit, mint, and orange
- OTC as Nicorette or as generic
- May not be good choice for people with jaw problems, braces, retainers, dentures or significant dental work
- May irritate the mouth and throat and cause dryness

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# HANDOUTS AND MATERIALS



## NICOTINE LOZENGE



- Absorbed through lining of mouth
  - Moisten then “park” between cheek and gum line
- OTC in two strengths (2mg and 4mg)
- Sugar-free flavors:
  - Mint
  - Cherry
- May irritate the mouth and throat and cause dryness

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## NICOTINE INHALER

- Nicotine inhalation system:
  - Mouthpiece
  - Cartridge
- Absorbed through lining of mouth
- Mimics hand-to-mouth action of smoking
  - Prescription only
- May irritate the mouth and throat and cause dryness if not used properly

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## NICOTINE NASAL SPRAY



- Quickly absorbed through lining of nose
- Gives largest “spike” of nicotine
- Prescription only as Nicotrol NS
- About 100 doses per bottle
- Side effects may include: sneezing, sore throat, and runny nose and eyes
- High liability for abuse

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# HANDOUTS AND MATERIALS



## SMOKING WITH NRT

- Relatively safe
- Harm reduction
- Less reinforcing effects



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## ORAL MEDICATIONS

- Bupropion SR – prescription only
  - Zyban; Wellbutrin SR or Generic
  - Can be used alone or in combination with NRTs
  - Effective among many clients, including those with depressive disorders
  - Non-sedating, activating antidepressant
  - Potential side effects : headache, insomnia



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## ORAL MEDICATIONS

- Varenicline HCl (Chantix) –prescription only
  - Reduces the amount of physical and mental pleasure received from tobacco
  - Dosed in graduating strengths (0.5mg → 1mg)
  - Use with NRTs not recommended
  - Recommended length of use is 12 weeks, but can be extended for clients who successfully quit so they can boost their chances of remaining smoke-free
  - Potential side effects: nausea and vivid dreams



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# HANDOUTS AND MATERIALS



## Smoking Tobacco and Medications

- Cigarette smoking induces the activity of P450 isoenzyme
- These enzymes affect how the body metabolizes medications
- The chemicals in tobacco smoke may interact with antipsychotics, antidepressants, and other medications

Desai et al 2001; Zevin & Benowitz 1999  
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## Quitting Smoking Tobacco

- Consider adjusting medications affected by tobacco smoking
- Nicotine Replacement Therapy does not change present medication levels
- Smoking Tobacco does affect how Bupropion is metabolized
  - Antidepressants and antipsychotics should be started at the lower end of the dose range

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## Case Study

Discuss what would be the best pharmacology choice for the case study on the handout in groups

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# HANDOUTS AND MATERIALS



## Conclusions

- Health care providers are the first line in helping smokers quit using tobacco
- Tobacco cessation treatment increases quitting success rates and should be used in all smokers who are willing to quit
- Tobacco cessation treatments are effective and well tolerated



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THANK YOU!



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## US Public Health Service (PHS) Clinical Practice Guideline *Treating Tobacco Use and Dependence: 2008 Update*<sup>1</sup>

### 2008 Update Sponsoring Organizations:

- US Public Health Service
- Agency for Health Care Research & Quality
- Centers for Disease Control & Prevention
- National Heart, Lung, and Blood Institute
- National Institute on Drug Abuse
- National Cancer Institute
- American Legacy Foundation
- Robert Wood Johnson Foundation
- University of Wisconsin School of Medicine and Public Health's Center for Tobacco Research and Intervention

Approximately 20 percent of the US population smokes, and more than 70 percent of smokers say they want to quit.<sup>2</sup> However, many smokers lack the support needed to be successful, and most are not aware of the tools and treatments available to help them succeed. This updated Guideline is designed to provide health care professionals, payers and others with evidence-based recommendations for smoking cessation treatments that increase the likelihood of a successful quit attempt.

Highlights of *Treating Tobacco Use and Dependence: 2008 Update* include:

- **Tobacco Dependence**
  - Tobacco dependence is increasingly recognized as a chronic disease that requires ongoing assessment and repeated intervention. Health professionals must consistently identify, document, and treat all tobacco users within the health care setting
- **Treatment/Intervention**
  - Clinicians should encourage all individuals making a quit attempt to engage in both counseling and medication treatments
    - There is an addition to the list of first-line effective medications for smoking cessation, allowing clinicians and patients several medication options
    - Individual, group, and telephone counseling are effective, and their effectiveness increases with treatment intensity
- **Insurance Coverage**
  - Tobacco dependence treatments are both clinically effective and highly cost-effective, relative to interventions for other clinical disorders. Insurers and purchasers should ensure that all insurance plans include effective counseling and medication as covered benefits

For more information on  
*Treating Tobacco Use and Dependence: 2008 Update*,  
visit [www.surgeongeneral.gov/tobacco](http://www.surgeongeneral.gov/tobacco).

## Key Findings and Recommendations From *Treating Tobacco Use and Dependence: 2008 Update*<sup>3</sup>

1. Tobacco dependence is a chronic disease requiring repeated intervention and multiple quit attempts.
2. It is essential that all tobacco users are consistently identified, documented, and treated within the health care setting.
3. Tobacco dependence treatments are effective across many populations, and clinicians should encourage willing patients to use these treatments.
4. Clinicians should offer every tobacco user at least brief treatments to help them quit.
5. Individual, group, and telephone counseling are effective, and their effectiveness increases with treatment intensity. Clinicians should encourage both practical (problem-solving/skills training) and social support counseling when helping patients quit.
6. Many effective medications for tobacco dependence exist, and clinicians should encourage their use by all patients attempting to quit, except when medically contraindicated or with specific populations where insufficient evidence of effectiveness is available.
7. Clinicians should encourage use of counseling and medication for treating tobacco dependence, which have been shown to be more effective in combination than alone.
8. Telephone quitline counseling has been shown to be effective. Clinicians should encourage patients to access and use these resources.
9. For tobacco users unwilling to quit, clinicians should use proven motivational treatments to increase future quit attempts.
10. Tobacco dependence treatments are clinically and cost-effective. All insurance plans should include effective counseling and medication as covered benefits.

<sup>1</sup>Adapted from Fiore MC, Jaen, CR, Baker, TB, et al. *Treating Tobacco Use and Dependence: 2008 Update*. Clinical Practice Guideline. Rockville, MD: U.S. Department of Health and Human Services. Public Health Service. May 2008.

<sup>2</sup>Centers for Disease Control and Prevention. Cigarette Smoking Among Adults — United States, 2000. *MMWR*. 2002;51(29):642-645.

<sup>3</sup>Adapted from Fiore MC, Jaen, CR, Baker, TB, et al. *Treating Tobacco Use and Dependence: 2008 Update*. Clinical Practice Guideline. Rockville, MD: U.S. Department of Health and Human Services. Public Health Service. May 2008.

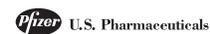


CHU00626

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Printed in USA/May 2008



# TRAINING GOAL AND OBJECTIVES

## Goal

To build the capacity of prescribing clinicians in behavioral health settings to integrate best practices for prescribing tobacco cessation pharmacotherapy into standard delivery of care for clients.

## Objectives

As a result of this training, participants will be able to:

- ✓ Describe how tobacco dependence is a chronic relapsing illness
- ✓ Identify the different types of pharmacotherapy available to support a quit attempt
- ✓ Examine appropriate medications to prescribe to clients based on medical history and drug interactions
- ✓ Explain nicotine withdrawal symptoms and how pharmacotherapy can assist with a quit attempt

# AGENDA

AGENDA
Welcome, Introductions, Goal & Objectives
Behavioral Health & Tobacco Use
Prescribers' Role in the Integration of Tobacco Dependence Screening & Treatment into Behavioral Health Settings
Overview of Pharmacotherapy
Case Study
Closing

# Case Study

## MIGUEL, 38 years old

- Seen in Tobacco Cessation Clinic
- Motivated to quit and tried quitting on own with no success

### Tobacco History:

- Smokes 40 cigarettes a day
- 4 previous quit attempts
- Quit for 6 weeks during acute psychiatric hospitalizations – no meds
- Tried to quit 8 months ago using patch – kept smoking with patch
- Gum alone didn't seem to help 2 years ago (used 4 pieces per day)
- Smokes in middle of night at times; has first cigarette within 1 minute of waking

### Medical History:

- Schizoaffective disorder
- Congenital kidney diseases (moderate)

### Medications:

- Risperdal (psychosis)

### Social History:

- Single
- Lives in group home with many smokers in house
- Can smoke on porch
- Goes to day program 5 days a week where smoking is permitted outside with breaks
- No alcohol or drug use
- Drinks 5 cups coffee per day
- Used to go to the gym, but not recently
- Psychiatrist told him that quitting smoking might worsen his mental status and he should keep smoking

### Motivation to quit:

- Cost – choosing between smoking and food
- Health

### Triggers:

- Smokers at home
- Coffee
- Stress

### Examination:

- Expired CO - 43

# IN-PERSON TRAINING POST-EVALUATION QUESTIONS

Event Title: **Module 5 - Prescribing for Tobacco Use Disorders**

Event Date: \_\_\_\_\_

To what extent do you Agree or Disagree with the following statements:

1. Please rate your opinion on how well this training met its stated objectives:

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
<b>1A.</b> Describe why tobacco dependence is considered a chronic illness	1	2	3	4	5
<b>1B.</b> Identify the different types of Pharmacotherapy available to support a quit attempt	1	2	3	4	5
<b>1C.</b> Determine appropriate medications to prescribe to clients based on medical history and drug interactions	1	2	3	4	5
<b>1D.</b> Explain nicotine withdrawal symptoms and how Pharmacotherapy can assist with quit attempt	1	2	3	4	5

Please indicate to what extent you agree or disagree with the following statements:

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	
<b>2.</b> The instructional materials were useful	1	2	3	4	5	
<b>3.</b> The training was engaging	1	2	3	4	5	
<b>4.</b> There was a good balance between lecture & activities	1	2	3	4	5	
<b>5.</b> I am satisfied with my level of participation during the training	1	2	3	4	5	
<b>6.</b> If applicable, the training team worked well together	N/A	1	2	3	4	5

Please indicate to what extent you agree or disagree with the following statements:

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
<b>7.</b> I learned something new as a result of this training	1	2	3	4	5
<b>8.</b> I will use what I learned from this training in my work	1	2	3	4	5
<b>9.</b> I am confident in my ability to apply what I learned as a result of this training to my work	1	2	3	4	5

# IN-PERSON TRAINING POST-EVALUATION QUESTIONS

10. As a result of attending this training, I plan to:

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11. Please indicate the extent to which you agree or disagree with the following statements about each of today's trainer(s):

## Trainer 1

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
a. I was satisfied with the trainer's knowledge of the subject matter	1	2	3	4	5
b. The trainer presented the information clearly	1	2	3	4	5
c. The trainer effectively addressed questions/concerns	1	2	3	4	5

12. If you selected a 3 or below on any of the above items, please explain below:

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13. Please provide any additional comments below on today's training or list additional topics you would be interested in learning about or attending a training on in the future?

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# QUALITY ASSURANCE

The goal of this section is to build the capacity of quality assurance and leadership staff to implement proven strategies and techniques within their behavioral health agencies to support the integration of evidence-based tobacco dependence screening, assessment, treatment planning and treatment service provision into standard delivery of care.

The tools in this section are designed to support quality assurance efforts with achieving that goal.



## OVERVIEW

- ◆ Introduction
- ◆ Goal and Objectives
- ◆ Client Flow Tools
- ◆ Quality Assurance Feedback Tool



# INTRODUCTION

Many factors within behavioral health organizations determine the quality of services that clients receive. Staff within behavioral health settings can become aware of some of the factors that impact the quality of services delivered and work together to improve care provided. The tools in this section are designed to support quality assurance efforts within behavioral health agencies as well as the integration of evidence-based tobacco use screening, assessment, treatment planning, and treatment service provision into behavioral health treatment programs.

## Client Flow Tools

Client flow varies by behavioral health site. For this reason, efforts to integrate new evaluation and/or treatment protocols into the standard delivery of care must be tailored to each individual site. The Client Flow Tools provide a visual representation of the steps that clients go through for tobacco treatment during screening, assessment, counseling, and treatment planning.

Mapping out these steps will support behavioral health agencies with identifying opportunities to screen and assess for tobacco use, integrate tobacco use into the treatment planning process and provide high quality treatment services to clients regarding their tobacco use. It also helps to ensure ongoing treatment and coordination of care around tobacco use is provided. Worksheets are provided to assist with standardizing the tobacco use disorder treatment flow.

## Quality Assurance Feedback Tool

Feedback is a powerful tool for ensuring behavioral health providers are informed of the agency's priorities on integrating tobacco use disorder treatment into clients' standard of care. Client chart and electronic health record data compiled through the quality assurance review process can show how many of their tobacco users' treatment plans address tobacco use in congruence with the comprehensive assessment.

The quality assurance process also ensures that goals, objectives and interventions identified on the treatment plan are worked on and carried out during the treatment process.

# TRAINING GOAL AND OBJECTIVES

## Goal

The goal is to build the capacity of quality assurance and leadership staff to implement proven strategies and techniques within their behavioral health agency in order to support the integration of evidence-based tobacco use screening, assessment, treatment planning, and provision of treatment services into the behavioral health care delivery system.

## Objectives

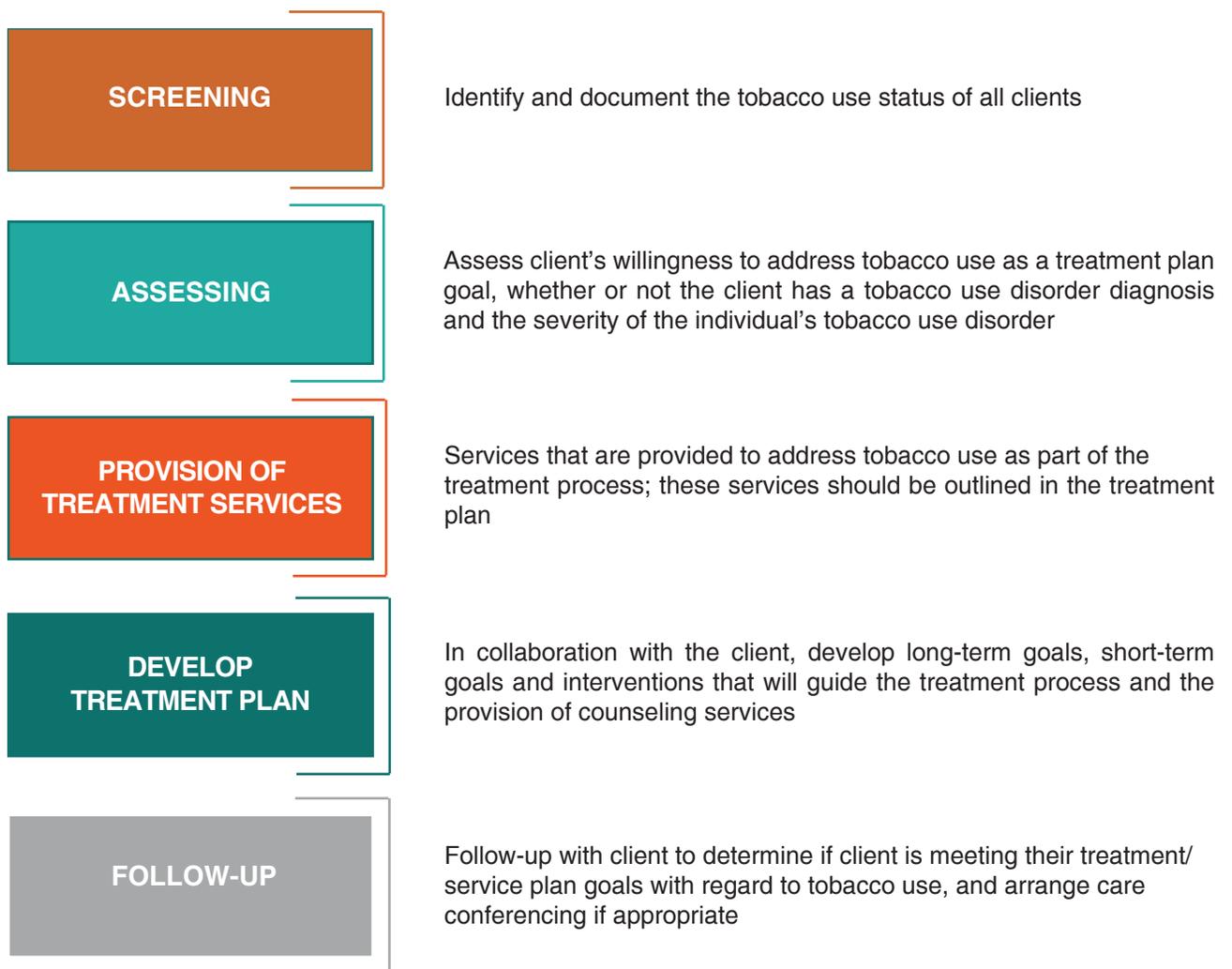
As a result of this toolkit, participants will be able to:

- ✓ Describe how to tailor client flow to integrate tobacco use disorder treatment into behavioral health settings
- ✓ Explain how quality assurance feedback can improve provider-level performance and outcomes

# CLIENT FLOW TOOLS

The client flow at each behavioral health agency is unique and is determined by several factors, including the screening, assessment, and treatment planning layout for the site. These factors can be determined by the aesthetics of the agency, staffing, client and visit mix, and efficiency of all involved staff. Regardless of where a behavioral health agency is in its efforts to assure that tobacco use treatment is integrated into behavioral health treatment and into standard delivery of care, it is important to understand how clients flow through your agency.

Mapping out the steps a client goes through at admission and through treatment is important to highlight the steps to conduct a thorough intervention. Quality Assurance Teams can map out the client flow for:

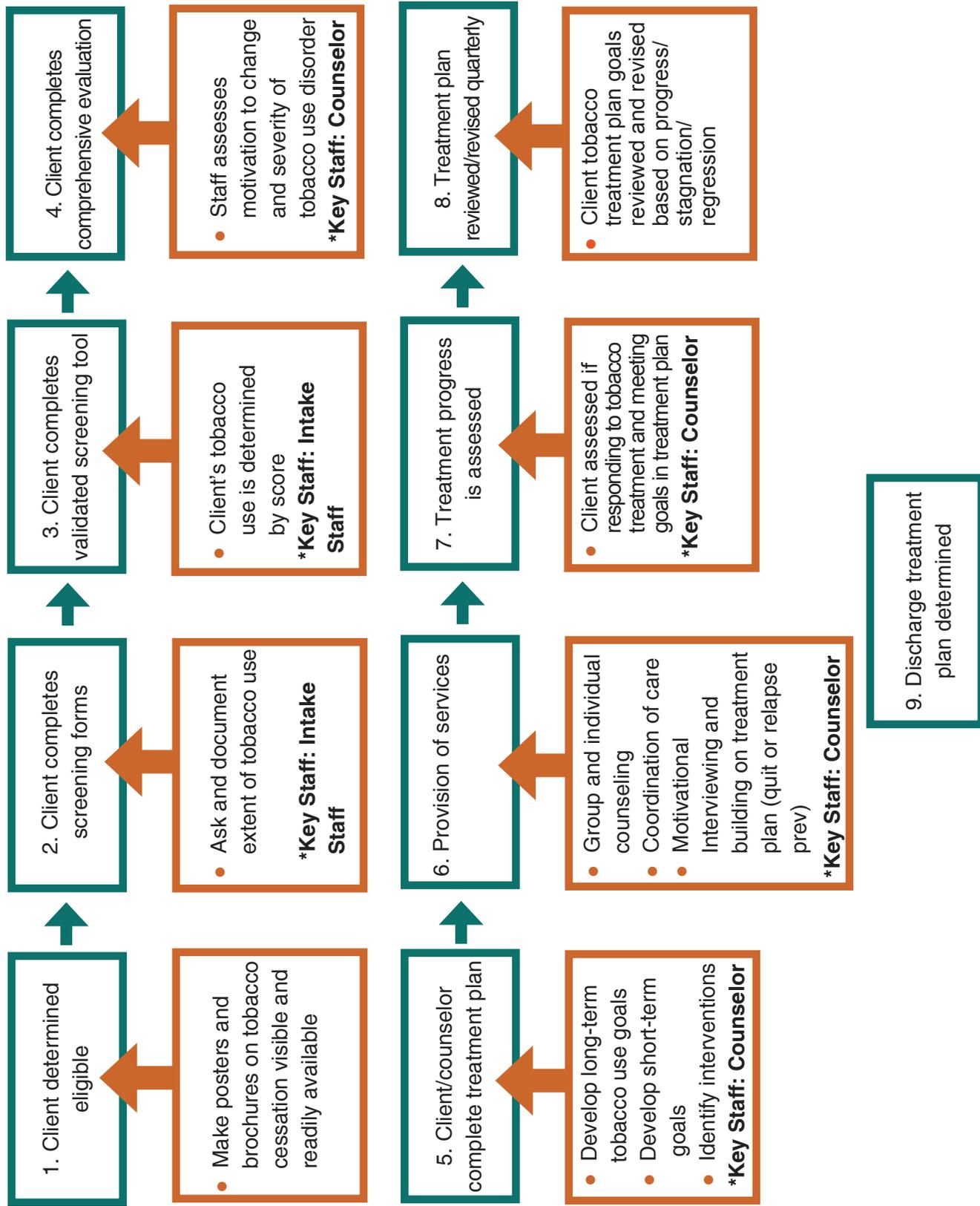


On the next two pages, samples of client flow that highlight the different opportunities throughout a client's treatment where the behavioral health team can integrate tobacco dependence treatment into standard delivery of care are described.

## Sample Client Flow 1



## Sample Client Flow 2



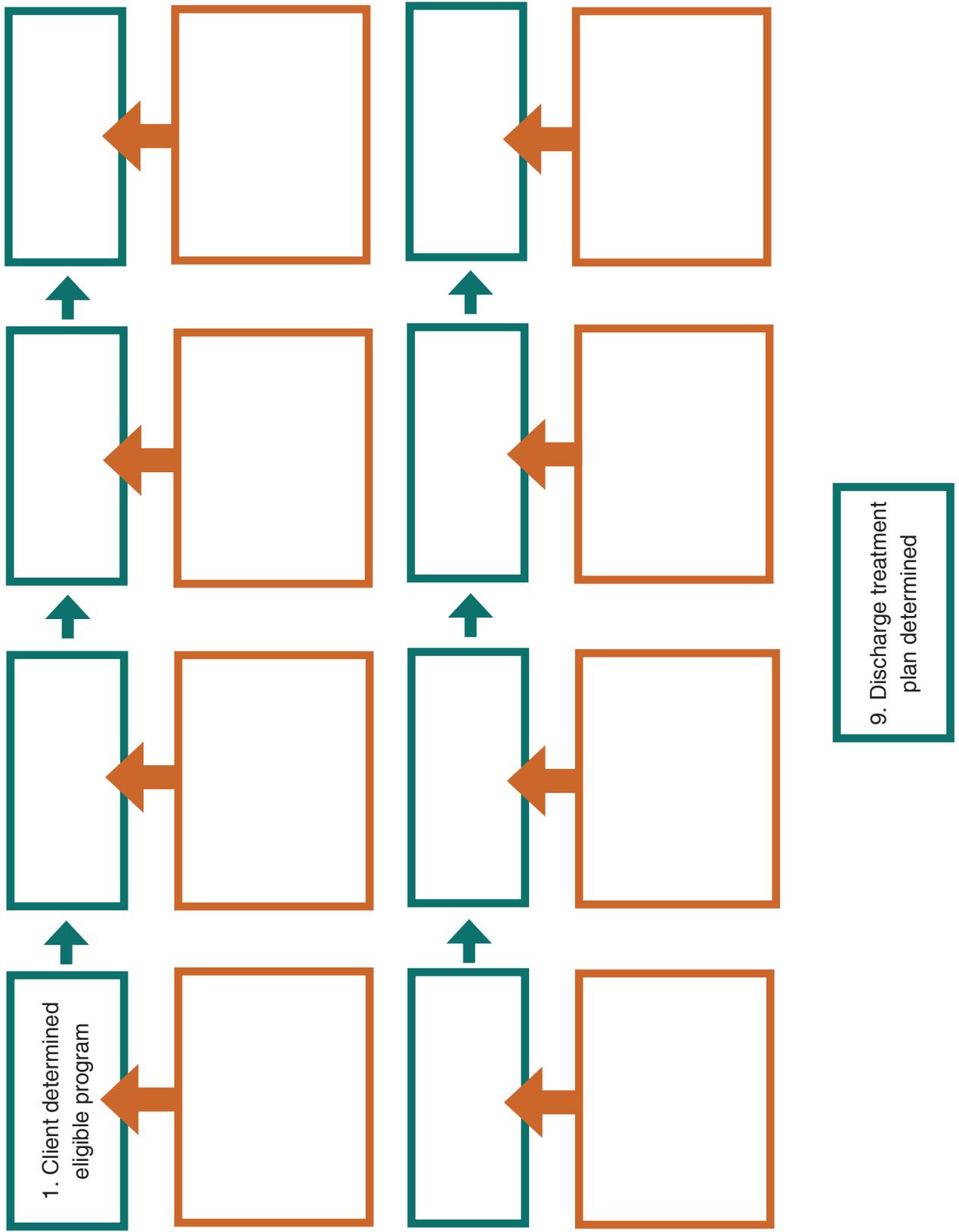
## Client Flow Worksheet (Option 1)

It is important to outline how clients advance through each step of the services provided to them at a behavioral health agency, from the time of admission to program to the time of discharge. There is no standard flow as both the layout and staffing differ from agency to agency. Use this worksheet to record client flow and how tobacco dependence treatment can be integrated at your agency.

1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

## Sample Client Flow 2

When completing this flow chart, it is important to consider how care is delivered on a typical day at the specific department/behavioral health site. In the teal rectangles, indicate the different steps a client encounters during the screening, assessment, and treatment planning stages. In the orange rectangles, identify key opportunities for integrating tobacco dependence treatment into care as well as key staff persons responsible for providing these critical tasks.



# QUALITY ASSURANCE FEEDBACK TOOL

Providing staff with ongoing feedback is a powerful way of informing your providers of the agency's priorities and expectations. Leadership can demonstrate to staff the importance of integrating tobacco use disorder treatment into standard delivery of care by providing staff with quality assurance reports regarding how they are performing on screening for tobacco use, assessing tobacco use and client readiness to change, developing tobacco related goals and treatment strategies in treatment plans, providing high quality tobacco use treatment interventions, and revising treatment plan goals and strategies based on clients' progress with regard to goals in this area.

Additionally, providing quality assurance feedback to staff provides an opportunity to discuss with them areas for improvement. By providing staff with performance data, staff are able to identify for themselves what areas they need to improve on. This creates staff buy-in and also opens up a dialogue between leadership and staff to discuss their own improvement goals. In addition, providing quality assurance feedback provides staff with an opportunity to discuss resources they will need from leadership in order to achieve these goals.

## Providing Quality Assurance Feedback Steps



# TOBACCO USE QUALITY ASSURANCE TOOL

For each client, complete the chart below by reviewing charts or electronic medical records and then answering “yes” or “no” to the questions in the chart.

Make notes of any information that may be important in the comments column.

NAME OF COUNSELOR: DATE COMPLETED:		NAME OF CLIENT: DATE ADMITTED:	
	QUALITY INDICATOR	YES/NO	NOTES
1	Was the client screened for tobacco use?		
2	Was a reliable and valid screening tool for tobacco use utilized with the client?		
3	Did the comprehensive assessment include questions related to tobacco use disorder diagnostic criteria?		
4	Did the comprehensive assessment include questions related to client motivation to change tobacco use behavior?		
5	Where applicable, does the treatment plan address tobacco use in a manner that is consistent with the information related to tobacco found in the assessment?		
6	Is there evidence in the progress notes that the tobacco-related treatment interventions identified in the treatment plan have been carried out as part of the service provision process?		
7	Are tobacco-related treatment goals reviewed and revised every 90 days in accordance with the client's response to tobacco related-treatment interventions?		
8	Is the client responding to tobacco treatment, meeting goals defined in the treatment/service plan? If not, is this discussed at a case conference?		

# TOBACCO USE QUALITY ASSURANCE FEEDBACK SUMMARY

Use all the information gathered in the Tobacco Use Quality Assurance Tool you completed for each client to summarize all the findings in the chart below. In the % Correct column, take the number of times you marked “yes” in the Tobacco Use Quality Assurance Tool for that question and divide it by the total number of charts reviewed.

Make note of any important information in the comments column.

NUMBER OF QA'S COMPLETED:		PERIOD:	
QUALITY INDICATOR		% CORRECT	COMMENTS
1	Was the client screened for tobacco use?		
2	Was a reliable and valid screening tool for tobacco use utilized with the client?		
3	Did the comprehensive assessment include questions related to tobacco use disorder diagnostic criteria?		
4	Did the comprehensive assessment include questions related to client motivation to change tobacco use behavior?		
5	Where applicable, does the treatment plan address tobacco use in a manner that is consistent with the information related to tobacco found in the assessment?		
6	Is there evidence in the progress notes that the tobacco-related treatment interventions identified in the treatment plan have been carried out as part of the service provision process?		
7	Are tobacco-related treatment goals reviewed and revised every 90 days in accordance with the client's response to tobacco-related treatment interventions?		
8	Is the client responding to tobacco treatment, meeting goals defined in the treatment/service plan? If not, is this discussed at a case conference?		

# RESOURCES

The tools and resources in this section will support frontline staff, counselors, and prescribing clinicians to deliver evidence-based tobacco dependence screening, counseling, and treatment to all clients.

Additionally, you will find resources regarding recent updates to New York State Medicaid and Medicaid Managed Care tobacco cessation benefits, Regional Health Systems Improvement Grantees, and “The 5R’s Model to Increase Motivation to Quit”. We hope that you find these resources valuable and helpful.



## OVERVIEW

- ◆ **Background and Rationale for Screening Every Patient for Tobacco Use**
- ◆ **How to Integrate Evidence-Based Tobacco Dependence Treatment into Care**
- ◆ **Effects of Tobacco Use on Health**
- ◆ **Behavioral Health Tobacco Dependence Regulation Crosswalk**
- ◆ **Map of NYS Regional Health Systems Improvement Grantees/Contrators**
- ◆ **Medicaid and Medicaid Managed Care Tobacco Cessation Benefits**
- ◆ **The 5R's Model to Increase Motivation to Quit**
- ◆ **Tobacco Dependence Treatment Financial Modeling Tool**



# BACKGROUND AND RATIONALE FOR SCREENING EVERY PATIENT FOR TOBACCO USE

TITLE	DESCRIPTION	SOURCE	AUDIENCE	TYPE	LINK	CME/CEU OFFERED
<p><b>1. Systems Change: Treating Tobacco Use and Dependence</b></p>	<p>This resource provides a comprehensive summary of the Public Health Service (PHS) Clinical Practice Guidelines. They recommend using systems change for treating tobacco use and dependence</p>	<p>Agency for Healthcare Research and Quality</p>	<p>Frontline Staff, Counseling Staff, Prescribing Clinicians</p>	<p>Information Resource</p>	<p><a href="https://www.healthquality.va.gov/tuc/phs_2008_quickguide.pdf">https://www.healthquality.va.gov/tuc/phs_2008_quickguide.pdf</a></p>	
<p><b>2. Help Your Patients Quit Tobacco Use: An Implementation Guide for Community Health Centers</b></p>	<p>This implementation guide includes background information about the burden of tobacco use and case studies.</p>	<p>Legacy and Partnership for Prevention</p>	<p>Frontline Staff, Counseling Staff, Prescribing Clinicians</p>	<p>Information Resource</p>	<p><a href="http://www.smokefreeoregon.com/wp-content/uploads/2011/01/LEG-Community-Health-Report-In-side-Final-10-11-13.pdf">http://www.smokefreeoregon.com/wp-content/uploads/2011/01/LEG-Community-Health-Report-In-side-Final-10-11-13.pdf</a></p>	

# HOW TO INTEGRATE EVIDENCE-BASED TOBACCO DEPENDENCE TREATMENT INTO CARE

TITLE	DESCRIPTION	SOURCE	AUDIENCE	TYPE	LINK	CME/CEU OFFERED
1. Help Your Patients Quit Smoking: A Coaching Guide	This resource outlines how to administer the 5 As in the clinical setting.	New York City Department of Health and Mental Hygiene	Counseling Staff, Prescribing Clinicians	Information Resource	<a href="https://www1.nyc.gov/assets/doh/downloads/pdf/csi/smoke-quit-smoking-coaching-guide.pdf">https://www1.nyc.gov/assets/doh/downloads/pdf/csi/smoke-quit-smoking-coaching-guide.pdf</a>	
2. Treating Tobacco Use	This online learning module explains the 5 As, approved medications and combined therapy, and details New York State Medicaid Managed Care Plan coverage for treatment.	New York City Department of Health and Mental Hygiene	Prescribing Clinicians	Self-Paced Online Learning Module	<a href="https://www1.nyc.gov/assets/doh/media/tobacco/player.html">https://www1.nyc.gov/assets/doh/media/tobacco/player.html</a>	CME
3. Toolkit for Delivering the 5As and 5Rs; Brief Tobacco Interventions in Primary Care	This toolkit outlines how to provide brief tobacco cessation interventions in primary care settings as part of routine practice.	World Health Organization	Prescribing Clinicians	Toolkit	<a href="http://www.who.int/tobacco/publications/smoking_cessation/9789241506953/en/">http://www.who.int/tobacco/publications/smoking_cessation/9789241506953/en/</a>	
4. A Team Approach: Integrating Tobacco Dependence Treatment Into Routine Clinical Practice	This Webinar discusses the importance of integrating evidence-based tobacco dependence treatment into care to improve population health and to reach disparate populations.	Smoking Cessation Leadership Center	Frontline Staff, Counseling Staff, Prescribing Clinicians	Webinar	<a href="https://ucsf.app.box.com/s/224xyv530-bi2vgiexe29yjpflwcnbnx">https://ucsf.app.box.com/s/224xyv530-bi2vgiexe29yjpflwcnbnx</a>	

TITLE	DESCRIPTION	SOURCE	AUDIENCE	TYPE	LINK	CME/CEU OFFERED
<p><b>5.</b> What's Smoking Got to Do with It? Improving the Health of Priority Populations by Treating Tobacco Use</p>	<p>This Webinar summarizes the importance of addressing tobacco use and dependence with a focus on reaching disparate populations.</p>	<p>Smoking Cessation Leadership Center</p>	<p>Prescribing Clinicians</p>	<p>Webinar</p>	<p><a href="https://ucsf.app.box.com/s/hj3wg53a7k-26naczg6tyr1sdcic0ztdzm">https://ucsf.app.box.com/s/hj3wg53a7k-26naczg6tyr1sdcic0ztdzm</a></p>	<p>CME</p>
<p><b>6.</b> Tobacco Use and Dependence: An Updated Review of Treatments</p>	<p>This online learning module provides a rationale for addressing tobacco dependence treatment, as well as a review of effective treatment for varying populations.</p>	<p>The University of Wisconsin Center for Tobacco Research and Intervention</p>	<p>Prescribing Clinicians</p>	<p>Self-Paced Online Learning Module</p>	<p><a href="https://ce.icep.wisc.edu/content/tobacco-use-and-dependence-updated-review-treatments">https://ce.icep.wisc.edu/content/tobacco-use-and-dependence-updated-review-treatments</a></p>	<p>CME</p>

# EFFECTS OF TOBACCO USE ON HEALTH

TITLE	DESCRIPTION	SOURCE	AUDIENCE	TYPE	LINK
1. Current Cigarette Smoking Among Adults in the United States	This resource provides an overview of the burden of cigarette smoking in the United States.	Centers for Disease Control and Prevention	Frontline Staff, Counseling Staff	Information Resource	<a href="http://www.cdc.gov/tobacco/data_statistics/fact_sheets/adult_data/cig_smoking/index.htm?utm_source=feedburner&amp;utm_medium=feed&amp;utm_campaign=Feed%3A+CdcSmokingAndTobaccoUseFactSheets+%28CDC+++Smoking+and+TobaccoUse+++Fact+Sheets%29&amp;utm_content=FeedBurner">http://www.cdc.gov/tobacco/data_statistics/fact_sheets/adult_data/cig_smoking/index.htm?utm_source=feedburner&amp;utm_medium=feed&amp;utm_campaign=Feed%3A+CdcSmokingAndTobaccoUseFactSheets+%28CDC+++Smoking+and+TobaccoUse+++Fact+Sheets%29&amp;utm_content=FeedBurner</a>
2. Quitting Smoking	This resource summarizes the health benefits of quitting tobacco use and information on how to quit.	Centers for Disease Control and Prevention	Frontline Staff, Counseling Staff	Information Resource	<a href="http://www.cdc.gov/tobacco/data_statistics/fact_sheets/cessation/quitting/index.htm?utm_source=feedburner&amp;utm_medium=feed&amp;utm_campaign=Feed%3A+CdcSmokingAndTobaccoUseFactSheets+%28CDC+++Smoking+and+TobaccoUse+++Fact+Sheets%29&amp;utm_content=FeedBurner">http://www.cdc.gov/tobacco/data_statistics/fact_sheets/cessation/quitting/index.htm?utm_source=feedburner&amp;utm_medium=feed&amp;utm_campaign=Feed%3A+CdcSmokingAndTobaccoUseFactSheets+%28CDC+++Smoking+and+TobaccoUse+++Fact+Sheets%29&amp;utm_content=FeedBurner</a>
3. Health Effects of Cigarette Smoking	This resource explains the health effects of smoking cigarettes, linking tobacco use to many diseases and premature death.	Centers for Disease Control and Prevention	Frontline Staff, Counseling Staff, Prescribing Clinicians	Information Resource	<a href="https://www.cdc.gov/tobacco/data_statistics/fact_sheets/health_effects/effects_cig_smoking/index.htm">https://www.cdc.gov/tobacco/data_statistics/fact_sheets/health_effects/effects_cig_smoking/index.htm</a>

# BEHAVIORAL HEALTH TOBACCO DEPENDENCE REGULATION CROSSWALK

The resource described below is an 18 page document created by the COE for HSI designed to provide a simplified comparison of OASAS, OMH PROS, and OMH Clinic regulations related to tobacco dependence screening and treatment. The document covers areas of compliance including Screening and Assessment, Treatment, Policy Recommendations, Smoke-Free Facilities, and Training.

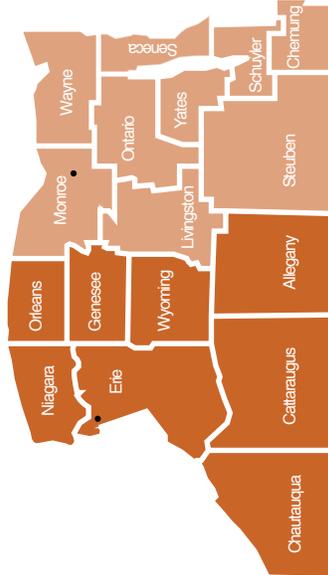
TITLE	DESCRIPTION	SOURCE	AUDIENCE	TYPE	LINK
Behavioral Health Tobacco Dependence Regulation Crosswalk	<p>The crosswalk assists in developing a set of guidelines for behavioral health organizations to implement best practices in accordance with their regulations. This tool examines three regulatory bodies</p> <p>1) Office of Alcoholism and Substance Abuse Services 2) Office of Mental Health Clinic Sites</p> <p>3) Office of Mental Health Personalized Recovery Oriented Services Sites (PROS)</p>	Center of Excellence for Health Systems Improvement for a Tobacco-Free New York	Prescribing Clinicians, Administrators, and Trainers	Document	<a href="http://tobaccofreeny.org/images/PDFs/Behavioral_Health_Tobacco_Dependence_Treatment_Regulation_Crosswalk.pdf">http://tobaccofreeny.org/images/PDFs/Behavioral_Health_Tobacco_Dependence_Treatment_Regulation_Crosswalk.pdf</a>

# MAP OF NYS REGIONAL HEALTH SYSTEMS IMPROVEMENT GRANTEEES/CONTRACTORS



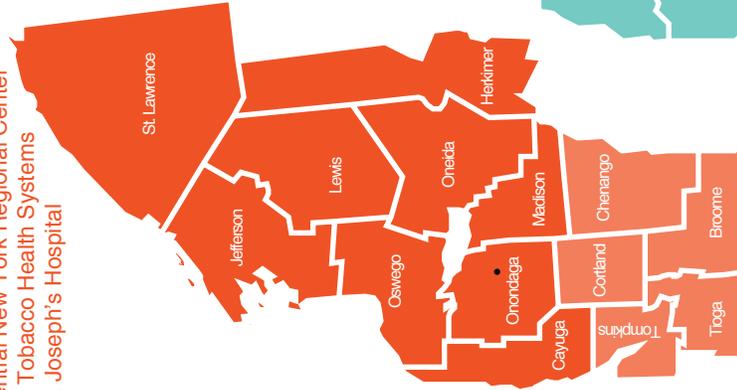
Map of Regional Contractors

- Western Region**
- Health System for a Tobacco-Free Western New York
  - Health Research Inc., Roswell Park Cancer Institute



- Finger Lakes Region**
- The Center for a Tobacco-Free Finger Lakes
  - University of Rochester

- North Central Region**
- Central New York Regional Center for Tobacco Health Systems
  - St. Joseph's Hospital



- South Central Region**
- Central New York Regional Center for Tobacco Health Systems
  - St. Joseph's Hospital

- North Country Region**
- Living Tobacco-Free
  - Glens Falls Hospital



- Capital Region**
- Seton Health/ St. Peter's Health Partners

- Hudson Valley Region**
- Center for a Tobacco-Free Hudson Valley
  - American Lung Association of the Northeast



- Long Island Region**
- Center for Tobacco Control
  - North Shore University Hospital



- Metro North Region**
- NYC Treats Tobacco
  - New York University

- Metro South Region**
- NYC Treats Tobacco
  - New York University

NYC

# MEDICAID AND MEDICAID MANAGED CARE TOBACCO CESSATION BENEFITS

Medicaid and Medicaid Managed Care companies (MMCs) have aligned criteria to provide the following Tobacco Cessation Benefits to all members:

- Unlimited annual quit attempts for tobacco cessation agents (removed the previously placed 2 quit-attempts annual limit)
- Prior Authorization of smoking cessation agents is not needed (exceptions apply for brand name medications that have generic equivalents available)
- Formulary coverage of all 7 FDA-approved smoking cessation agents
- Allow concomitant utilization of 2 smoking cessation agents
- Follow FDA approved/Compendia supported limits for Age Restrictions and Quantity Limits

# THE 5R'S MODEL TO INCREASE MOTIVATION TO QUIT



# THE 5R'S MODEL TO INCREASE MOTIVATION TO QUIT



# TOBACCO DEPENDENCE TREATMENT FINANCIAL MODELING TOOL

New York State Healthcare Providers should be aware that Medicaid and Medicaid Managed Care companies (MMCs) now provide comprehensive Tobacco Cessation Benefits to all beneficiaries which include unlimited quit attempts. Tobacco Dependence Treatment is now a reimbursable service with accompanying CPT Codes that can add to an organization's bottom-line while helping patients to lead healthier lives.



## Goal – Examining the Business Case for Providing TDT

The Tobacco Dependence Treatment (TDT) Financial Modeling Tool will help your health care organization examine assumptions about the affordability of providing on-site tobacco dependence treatment. Utilizing the TDT Financial Modeling Tool enables your organization to breakdown the costs of providing onsite tobacco dependence screening and treatment and to examine anticipated revenue realized, or lost, from providing this service to your clients.

## Who is the Tool for?



The Financial Modeling Tool can be used by a wide variety of health care institutions including: Federally Qualified Health Centers, Community Health Centers, and Behavioral Health Organizations that are either currently providing or want to enhance or implement TDT services for their clients.

## What Will You Learn?



This analysis will support health care organizations in examining the “business case” for providing tobacco use screening, counseling, and on-site treatment. Specifically, it’s designed to consider if costs associated with providing TDT will:

- ✓ Be covered (break-even)
- ✓ Be higher (create a profit)
- ✓ Be lower (meaning that the health system will lose money)

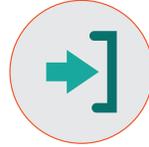
## What’s in it for my Organization?



- ✓ The analysis can help to support organizations in identifying payers for which TDT services need to be added to your contract, and to identify payers for which costs for providing TDT are higher than the reimbursements received.

- ✓ It is important to ensure that you are receiving fair reimbursement from all payers for the services that you provide; particularly when providing a service that will ultimately improve the overall health of your patients.

## How Can I Get a Copy of the Tool?



The Center of Excellence for Health Systems Improvement for a Tobacco-Free New York (COE for HSI) will provide Technical Assistance to organizations to help them use the tool or interpret results at no charge. For more information about obtaining free Technical Assistance and a copy of the TDT Financial Modeling Tool, please contact *Michael Graziano*, Project Director for COE for HSI at [mgraziano@caiglobal.org](mailto:mgraziano@caiglobal.org).