

Bringing Everyone Along: Survey Results

Expert Advisory Committee

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Background

- Tobacco dependence treatment for smokers with mental health and/or substance abuse disorders is a growing need.
- Published evidence base on best practices to provide cessation services to these populations is growing but limited.
- There is a need to document current cessation protocols being used to treat these populations in various clinical settings.

Project Aim

- To survey tobacco treatment specialists in various clinical settings who provide services to those with a history of mental health and/or substance abuse disorders.
- To use survey information together with evidence-base to develop a Resource Guide to help improve treatment for these populations.

Project Phases

- Phase 1

To develop and conduct a broad online survey to collect general information on how cessation services are currently provided by programs to the target populations.

- Phase 2

In-depth phone interviews of selected sites from Phase 1 to identify effective program structures and treatment approaches.

Online Survey Methods-Population

- Online surveys were sent to 3 Tobacco cessation professional groups identified and selected for participation.
 1. Tobacco Cessation Leadership Network (TCLN) (n=90)
 2. Association for Tobacco Use and Dependence (ATTUD) (n=236)
 3. North American Quitline Consortium (NAQC) (Email sent by director)

Online Survey Results

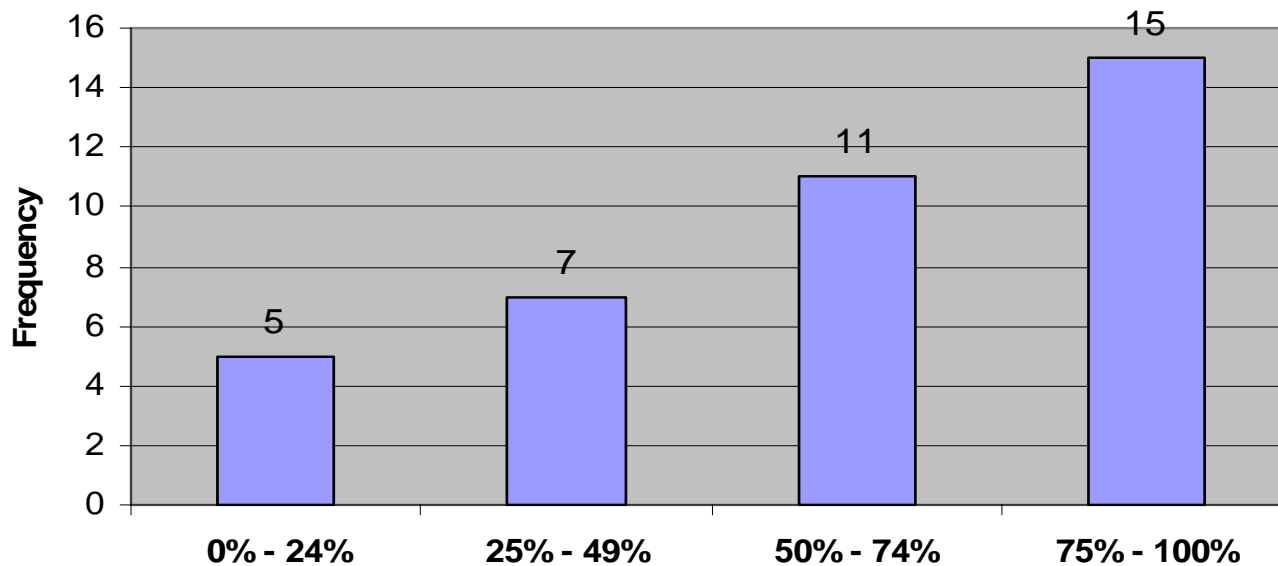
- 104 online surveys completed.
- Respondents represented public health agencies, alcohol and substance abuse treatment programs, tobacco dependence treatment programs, mental health providers, and others.
- Approximately 1/3 of programs provided or contracted for quitline services.
- Approximately 1/2 of programs provided or contracted for non-quitline treatment.

Online Survey Results

- About 40% of quitlines and programs provided cessation medications at no or low cost.
- Nearly 50% provided follow up at 6 months and 33% at 1 year.

Online Survey Results- Clients with MH Disorders

Figure 1: Percentage of client populations with some history of a mental health disorder



Note: 54 respondents left this question blank and 12 responded "unknown".

Online Survey Results

- About 50% collected data on substance abuse or mental health histories.
- About 40% provided tailored cessation services to those with substance abuse or mental health histories.

Online Survey Results-Barriers

- Barriers reported to assessing mental health/substance use history:
 - ❑ Other program priorities
 - ❑ Funding
 - ❑ Questions have not been considered for inclusion.
 - ❑ Only collect if volunteered.
 - ❑ Staff training needed
 - ❑ Consultation, technical assistance & referral network needed.

Online Survey - Conclusions

- There is growing interest in addressing the needs of clients with mental health or substance use disorders among tobacco cessation providers
 - Interest from over 100 programs; 50% addressed mental health/substance use in some way.
 - Some programs based more on public health model, some more on a treatment model.
- Barriers to tailored protocols were significant

Interview Survey: Methods

- Population was drawn from online surveys + response from NAQC members.
- Interviews with programs that reported tailored protocols and agreed to be interviewed.
- Phone interview covering 6 categories:
 1. Intake assessment
 2. Treatment planning
 3. Treatment format and follow-up
 4. Materials
 5. Training & supervision
 6. Professional opinion of what works

Interview Survey Methods

- Respondents were from:
 1. Tobacco treatment programs with tailored substance abuse and mental health protocols (9).
 2. Quitlines (4).
 3. Integrated tobacco/mental health treatment (1).
 4. Mental health programs that include tobacco dependence treatment (7).
 5. Substance abuse programs that include tobacco dependence treatment (7).

Interview Survey: Tobacco Dependence Treatment Specialists

- 9 specialists interviewed
- Tobacco dependence treatment was primary.
- Settings varied e.g., community based, hospital based.

Tobacco Dependence Treatment Specialists: Results

■ Assessment

- ❑ Most assessed current medications including psychiatric meds.
- ❑ Some specifically screened for history of substance abuse or mental health disorder & provided intensive services on initial assessment.
- ❑ Other programs assessed substance abuse and mental health histories less formally (indirectly) due to staff training levels and concern for potential client sensitivity to the topic.

Tobacco Dependence Treatment Specialists: Results

■ Assessment

- Some programs received clients via referral from mental health/substance abuse professionals so history and diagnoses were already assumed to be known.

Tobacco Dependence Treatment Specialists: Results

■ Treatment Planning

- ❑ Client mental illness or substance abuse recovery should be *stabilized* when tobacco dependence treatment undertaken.
- ❑ Involvement of or referral to primary provider.
- ❑ Cessation pharmacotherapies especially important for these populations.
- ❑ Attention to possible need for adjusting concomitant medications while withdrawing from nicotine.

Tobacco Dependence Treatment Specialists: Results

- Treatment Approach and Follow-up
 - ❑ Flexible, supportive and less directive treatment important (e.g. client focused).
 - ❑ Quit date may need to come later in treatment than in general population of smokers.
 - ❑ Treatment may need to be approached incrementally.
 - ❑ Individual vs. group treatment decided on case by case basis.
 - ❑ Pharmacotherapy and/or behavioral treatment may need to be of longer duration.

Tobacco Dependence Treatment Specialists-Clients

- Smokers with a history of substance abuse or mental illness:
 1. Are likely more highly dependent than smokers in a general population.
 2. May have less experience quitting.
 3. May have developed a range of coping strategies and behavioral skills from mental health/substance abuse treatment that can apply to smoking cessation.

Tobacco Dependence Treatment Specialists: Results

■ Training and Supervision

- ❑ Most treatment specialists had additional training or a background in mental illness or substance use.
- ❑ Most had some form of supervision/case review.
- ❑ Most of supervision around medication management.

Interview Survey: Quitlines

- 4 Quitlines responded (collectively provide services to 6 states).
- Funding is usually a mix of state and federal sources through a state agency.
- Tend to follow briefer and lower cost public health model for tobacco dependence treatment.
- All modified their approaches for callers with substance abuse or mental health disorders

Quitlines: Results

■ Assessment

- ❑ Quitlines with counselors with mental health/substance use backgrounds more likely to directly assess history.
- ❑ Quitlines with counselors with less training tend to assess more indirectly.
- ❑ Emphasis on informing clients that QL is not a mental health provider.
- ❑ Ethical and legal concerns regarding the need for referrals – may limit assessment question.

Quitlines: Results

- Treatment Planning

- All used standard treatment protocols but make adjustments.
- Adjustments include:
 - Pre-quitting step of contacting primary provider – determine stability – before continuing.
 - Extend number of calls.
 - Shorter, more focused calls.

- Treatment approaches and follow-up

- Need to be supportive and flexible; more than other clients.
- Best approach is to be concrete and focused vs. facilitative or insight oriented.

Quitlines: Results

- Treatment approaches and follow-up
 - Good therapeutic relationships to help sustain treatment.
 - Stop smoking medications important.
- Training and supervision
 - Additional training is important.
 - May have counselors with mental health/substance use backgrounds.
 - Supervision, continuing education is necessary to handle complex cases.

Interview Survey: Mental Health Providers

- 7 Mental Health providers interviewed.
- Assessment:
 - Tobacco history is part of overall mental health assessment.
 - Stage of readiness and level of dependence assessed.

Mental Health Providers: Results

- Treatment planning
 - Behavioral health model.
 - Integrate tobacco dependence treatment concurrently within mental health services. (Especially when facilities are tobacco-free.)
 - Voluntary enrollment in treatment.
 - Develop tailored treatment plan that includes mental health status, stability, level of functioning, tobacco use history, readiness to quit, cessation medications (interest in varenicline).

Mental Health Providers: Results

- Treatment planning
 - ❑ Stability of mental illness determines timing of tobacco treatment.
 - ❑ Education provided on effects of nicotine on other medications.
 - ❑ Usually group treatment with option for individual counseling sessions.

Mental Health Providers: Results

- Treatment approaches and follow-up
 - Often longer behavioral and pharmacologic treatment, sometimes without focus on specific quit date.
 - Treatment focus may be more on overcoming obstacles to quitting; develop confidence.
 - Some facilities are smoke free which aids in Tx goal for clients **and** smoking staff.
 - Clients often have long-term relationships with programs that can be helpful when quitting smoking.
 - Mental health and tobacco dependence treatment often provided in same facility by same providers.

Mental Health Providers: Results

- Training and Supervision

- ❑ Training on tobacco dependence treatment varied.
- ❑ Some were trained and certified as specialists and provided training for others.
- ❑ Some training was more informal.
- ❑ Ongoing supervision for tobacco treatment not as common in this group.

Interview Survey: Substance Use Providers

- 7 treatment providers interviewed.
- Inpatient and outpatient facilities.
- Many smoke-free within last 7 years.
- Some also provide mental health services.

Substance Use Providers: Results

■ Assessment

- ❑ Completed prior to admission by phone or on admission in person.
- ❑ History of all substance use is assessed; tobacco use is incorporated.
- ❑ Fagerström test is sometimes included to assess level of dependency.

Substance Use Providers: Results

- Treatment planning
 - Tobacco dependence treatment is included in the overall treatment plan but may be based on the level of motivation and interest.
 - When admitted to a smoke-free facility, treatment is more automatic.
 - Cessation pharmacotherapy is very important; when in a tobacco free facility it may be handled more aggressively.
 - In outpatient settings, education and treatment is offered; cessation meds are discussed.
 - Smokers in recovery have only recently been encouraged to quit. More education and preparation are needed than for other smokers.

Substance Use Providers: Results

- Treatment approaches and follow-up
 - Emphasis on education and information (preparation). Also discussion of tobacco use in maintaining abstinence from other substances.
 - Included in both individual and group treatment.
 - Some programs have separate tobacco treatment groups, most do not.
 - Emphasis on coping skills other than using.
 - Smokefree policies have pushed treatment programs.
 - Ongoing follow-up, group support is common.
 - Some controversy on use of NRT, but not varenicline.

Substance Use Providers: Results

- Training and supervision
 - ❑ Specialized training in tobacco dependence treatment is important.
 - ❑ Clinical supervision, team meetings about clients is common.
 - ❑ Continuing education on tobacco dependence is less common.

What Works: Tobacco Dependence Programs

Intake and assessment	Treatment planning	Treatment approach and follow-up	Written materials	Training and supervision
<ul style="list-style-type: none"> ■ Determine MI or SA through assessment of meds (or may come up when counseling). ■ Ask MI and SA history questions directly – more likely with more training. 	<ul style="list-style-type: none"> ■ Need multiple formats to help tailor to client. ■ Need to work with PCP – med management. ■ Cessation pharmacotherapy essential. 	<ul style="list-style-type: none"> ■ More sessions help ■ Longer follow-up ■ Option for flexible quit date – may need more preparation. ■ Content more flexible and client centered. ■ Stay away from stimulus control – build confidence. ■ Supplement group time with individual for more support. 	<ul style="list-style-type: none"> ■ Not used a lot. ■ If used, simple and concrete. 	<ul style="list-style-type: none"> ■ Additional training is important. ■ Background in addiction or behavioral health improves comfort of treatment specialist. ■ Ongoing supervision and case review.

What Works: Quitlines

Intake and assessment	Treatment planning	Treatment approach and follow-up	Written materials	Training and supervision
<ul style="list-style-type: none"> ■ Can assess indirectly through behavioral cues or med use. ■ Can assess directly – more likely if more training. ■ Need to establish that QL is not MH provider. 	<ul style="list-style-type: none"> ■ Important to determine stability before proceeding. ■ Important to link with PCP for med management. ■ Cessation pharmacotherapy essential. 	<ul style="list-style-type: none"> ■ Treatment needs to be concrete and focused. ■ MI not as helpful for these clients – too open ended. ■ May need more, shorter calls. 	<ul style="list-style-type: none"> ■ Not widely used. ■ Therapeutic relationship more important than materials. ■ Materials may have too many words for these clients. 	<ul style="list-style-type: none"> ■ Additional training is very important. ■ Supervision and expertise for case review also important.

What Works: Mental Health Programs

Intake and assessment	Treatment planning	Treatment approach and follow-up	Written materials	Training and supervision
<ul style="list-style-type: none"> ■ Add tobacco use and dependence questions to existing intake. ■ Determine readiness – (many clients are not). 	<ul style="list-style-type: none"> ■ Treatment plan is tailored to for stage of readiness. ■ Education about metabolic effects of quitting included. ■ Cessation pharmacotherapy strongly recommended. 	<ul style="list-style-type: none"> ■ Treatment from case manager or refer to tobacco specialist – individual or group program. ■ Wellness groups also. ■ First priority is to stabilize. ■ More extensive preparation often included (incremental) – based on readiness. ■ “Harm reduction” more common. ■ Smoke-free policies support cessation and reduction. ■ Prolonged support and follow-up. 	<ul style="list-style-type: none"> ■ Sometimes used. 	<ul style="list-style-type: none"> ■ Special training on tobacco treatment important.

What Works: Substance Use Programs

Intake and assessment	Treatment planning	Treatment approach and follow-up	Written materials	Training and supervision
<ul style="list-style-type: none"> ■ Add tobacco use and dependence questions to existing intake. ■ Determine readiness – (many are not). ■ Normalize substance use in intake process (not “if” but “how much.”) 	<ul style="list-style-type: none"> ■ Outpatients: services offered if interested – based on readiness. Provide concurrently with SA treatment. ■ Provide MI to move to next step if not interested. ■ Add tobacco dependence protocols to residential treatment if smoke-free. ■ Provide extensive education on nicotine dependence – new info and counter to conventional recovery treatment. 	<ul style="list-style-type: none"> ■ Individual counseling + group support. Need more than quitline. ■ Aggressive cessation pharmacotherapy. ■ Long-term support. ■ Smoke-free policies help support cessation. 	<ul style="list-style-type: none"> ■ Materials widely used – but not from tobacco industry. 	<ul style="list-style-type: none"> ■ Additional training and continuing ed in tobacco dependence important. ■ Clinician belief in quitting is very important. ■ Clinical supervision + team meetings and case review.

Overall Summary

- General agreement:

- ❑ Smokers with mental illness and substance use disorders want to and can quit.
- ❑ Quitting is more complex and may require more complex and longer treatment.
- ❑ Treatment needs to be tailored; initial assessment is important to tailoring.
- ❑ Treatment is more of a case management approach; primary provider needs to be involved, (referral networks?).

Overall Summary

- General agreement:
 - ❑ Both behavioral and pharmacotherapy treatment for patients/clients with mental illnesses (and often substance use) need to be adjusted compared to clients without.
 - ❑ Tobacco treatment providers working with these populations need additional/specialized and ongoing training.
 - ❑ Smoke-free policies have stimulated more quitting in these populations.

Overall Summary

■ Comments: Treatment

- Treatment needs to be tailored. Some of the tailoring is based on assessment of **stability**. Judging stability and addressing stability issues (e.g. medications) is a primary reason for more clinical involvement and for more clinical training.
- Achieving stability usually comes before initiating tobacco dependence treatment (exception might be in smoke-free residential facilities).
- Clients who are stable may only need somewhat more tailored (flexible) treatment compared to clients without mental illness or substance use histories (e.g. more concrete content, delayed quitting).
- Clients may participate in “standard” programs, but more on their own terms and on an individualized treatment plan.

Overall Summary

- **Comments: Medications**

- Clients usually need medications to manage withdrawal. They also may need more of them and in more combinations.
- Clients also need more medical management.
- Selection of medications based on the intake assessment, on what is available, and the familiarity of the treatment specialist.
- In general, those trained as tobacco treatment specialists were more comfortable with a wider range of cessation meds and combination of meds.
- There is enthusiasm about varenicline – doesn't interact with psychiatric meds and isn't nicotine.

Overall Summary

- **Comments: Behavioral Treatment**
 - ❑ “Standard” behavioral treatment may not work best for these clients, need flexibility.
 - ❑ Motivational interviewing may be too open-ended for clients with cognitive disorders but may work well for clients with substance use disorders.
 - ❑ Mastery of quitting skills may take more effort and more time. Motivation may be good but need to build confidence.
 - ❑ Some clients with mental illness may have more practice mastering behavioral skills and do well with concrete behavioral treatment.

Overall Summary

- Training and Supervision:
 - More clinical training may be necessary. Need to make more clinical decisions, have more contact with providers, participate in case management and make referrals.
 - Approach to treatment loosely follows the type of background and training. More training and background, more comfort and complexity. Also, follows professional standards under license.
 - Ongoing supervision is important for tobacco treatment specialists treating clients with mental illness and substance use.
 - Supervision for mental health and substance use professionals on tobacco treatment is unclear (but helpful?).