



## **II Integrated Approach**

Tobacco use has a significant impact on all areas of one's life. Providing education and information about the consequences of tobacco use and its effects are integrated with individual and group interactions with: mental condition, substance use, and physical health conditions; positive and challenging social implications of use; finances; housing; employment; identity; and independent functioning

### **Considerations and next steps:**

- 1. Convene medical professionals and clinical supervisors to determine where tobacco fits in current service array.**
  - Identify the services/programs currently offered that integrate substance use and/or mental health with other service domains.
  - Determine where tobacco can be incorporated into treatment content. (e.g., is the impact of tobacco use discussed presently in education and treatment groups?)

### **Implementation planning notes:**

- 1. What next steps are necessary to accomplish this task in our organization?**

- 2. Who will be responsible to ensure these steps are taken?**

- 3. What is the time frame for completion of this task?**



#### IV Stage-based Approach

All behavior change occurs in stages. Consequently, tobacco treatment interventions must be consistent with the consumer's stage of readiness to change (pre-contemplation, contemplation, preparation, action, and maintenance). The task is to match interventions to the consumer's stage of readiness to change with the goal of helping individuals move progressively through stages toward tobacco cessation. Relapse can be expected in the change process and is used as a learning opportunity rather than allowing it to be demoralizing. Inherent in a stage-based approach is a respect for consumer preferences and cultural differences.

<b>Tobacco Interventions by Stage of Change</b>	
<b>Stage of Change</b>	<b>Intervention</b>
Pre-contemplation	Assess use and readiness to change, brief motivational conversations, raise the issue, offer practical help, relationship building, utilize natural discussion opportunities related to personal goals
Contemplation	Develop motivation for change, understand consumer goals and tip ambivalence, provide structured health-based curriculum, ongoing assessment, peer support
Preparation	Deeper education about tobacco use, discuss alternatives to use; plans for change
Action	Tobacco-specific group and individual skills training, pharmacological management and relapse prevention planning; contingency management (abstinence recognition)
Maintenance	Ongoing skills training, social support, health and wellness focus, peer support, contingency management (abstinence recognition)
Relapse	Help consumer learn from relapse and recycle through the stages of contemplation, preparation, and action

#### **Considerations and next steps:**

- 1. Is a stage based approach used in addressing behavior change at your organization?**
  - a. How does the Tobacco Model fit in with what your organization is currently doing with stage-based treatment?**
- 2. Are client interventions being offered in a stage appropriate manner?**
- 3. Explore a whole organization approach to stage wise care**
  - a. Explore how a stage-based approach fits current program and supervisory structure.**
  - b. Develop competency based care expectations and professional development activities to support its implementation**

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**IV. Stage-based Approach cont'd.**

**Implementation planning notes:**

**1. What next steps are necessary to accomplish this task in our organization?**

**2. Who will be responsible to ensure these steps are taken?**

**3. What is the time frame for completion of this task?**









## **IX Psychopharmacological Interventions**

Nicotine Replacement Therapies (NRTs) and certain medications have been shown to be essential in helping people quit smoking. Physicians and nurses fulfill a pivotal role in prescribing medications and NRTs, increasing medication adherence, offering education, assessing and monitoring medication dosages and side effects as consumers reduce use of tobacco products. Special consideration needs to be paid to the unique cessation issues that exist for those with severe mental health and substance use conditions.

### **Considerations and next steps:**

- 1. Convene a meeting with organization medical staff to develop consensus regarding commitment and approaches to tobacco treatment.**
- 2. Evaluate current employee insurance policies re: pharmacological interventions for tobacco.**
- 3. Advocate for and seek out sources for free or discounted NRTs and pharmacological interventions.**

### **Implementation planning notes:**

- 1. What next steps are necessary to accomplish this task in our organization?**

- 2. Who will be responsible to ensure these steps are taken?**

- 3. What is the time frame for completion of this task?**

## **X Implementation and Intervention Monitoring**

A consistent feedback process is imperative to foster successful implementation of the tobacco model. Outcomes data collection, reporting, and analysis are important to measure the impact of interventions (on consumers and staff) as well as the efficacy of the model. Outcomes will allow for further model development and evaluation to steer improvements. Fidelity assessment will be used in consultation with the organization to ensure a consistent implementation process and thus contribute to determining model efficacy. As always when learning a new model, organizations and staff will require consultation, training, and adequate supervision to begin and continually support the implementation process.

### **Considerations and next steps:**

- 1. Convene implementation work team**
- 2. Develop an implementation plan.**
- 3. Arrange and complete a baseline fidelity visit with the Center for Evidence Based Practices.**

### **Implementation planning notes:**

- 1. What next steps are necessary to accomplish this task in our organization?**

- 2. Who will be responsible to ensure these steps are taken?**

- 3. What is the time frame for completion of this task?**