S&E Webinar Series: Evaluating Health Systems Change in Behavioral Health Settings

Tuesday, February 9, 2021

3:00 p.m. – 4:00 p.m.

Having trouble connecting?

Dial into the session by calling: +1 929 205 6099

Meeting ID: 846 9207 7369
Passcode: 963819

Behavioral Health & Wellness Program

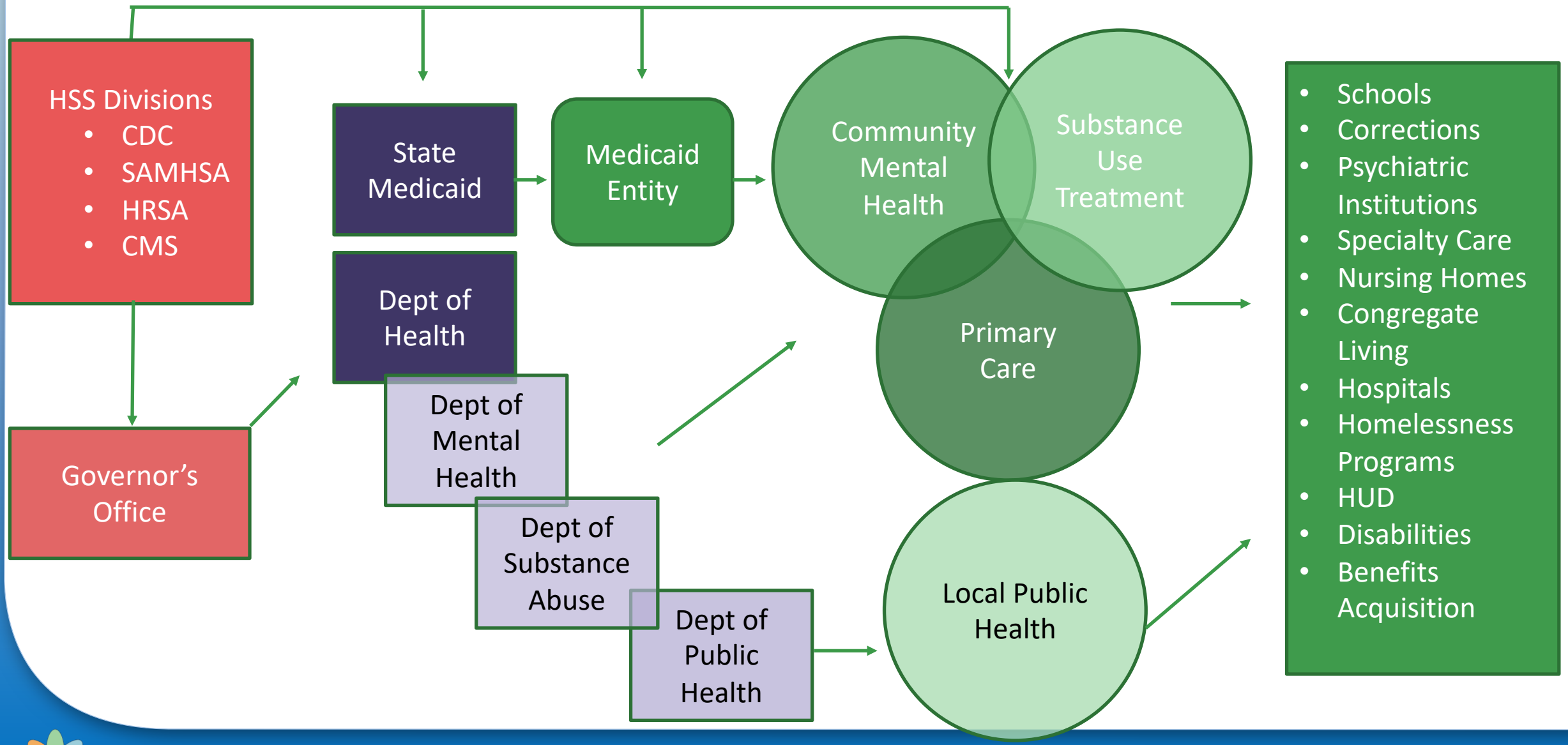
Evaluating Health Systems Change in Behavioral Health Settings

Chad Morris, PhD

February 9, 2021

School of Medicine
UNIVERSITY OF COLORADO
ANSCHUTZ MEDICAL CAMPUS

Public System Complexity & Fragmentation



National Mental Health Services Survey (N-MHS)
https://www.samhsa.gov/data/sites/default/files/2016_National_Mental_Health_Services_Survey.pdf.

National Survey of Substance Abuse Treatment Services (N-SATSS)
https://www.samhsa.gov/data/sites/default/files/2016_NSSATS.pdf

HSS Operating Divisions
- CDC
- SAMHSA
- HRSA
- CMS

2020 DIRECTORY OF MENTAL HEALTH FACILITIES — **COLORADO**

Shiloh Home Inc
FRP
9700 East Easter Lane
Englewood, Colorado 80112
Phone: (720) 213-1399
Intake: (303) 932-9599
① MH SUMH ② PHDT RES ③ RTCC ④ CBT GT IPT PTM TT ⑥ PVTN ⑧ CLF MD ⑩ SED ⑪ CM ⑬ SMPD ⑭ CHLD

Steven A Cohen Military Family Clinic
University of CO Anschutz Med Campus
7800 East Orchard Road
Suite 150
Englewood, Colorado 80111
Phone: (303) 724-4255
① MH SUMH ② OP TELE ③ OMH ④ CBT CFT GT IDD IPT PTM TT ⑥ PVTN ⑧ MC MD MI PI SF ⑨ PA SS ⑩ TAY SE GL VET MF CO TRMA PTSD ⑪ CM FPSY SPS ⑬ SMPD ⑭ ADLT CHLD SNR YAD

ESTES PARK

SummitStone Health Partners
Estes Park Branch

FORT COLLINS

Cheyenne VA Medical Center
Fort Collins Community Based OP Clinic
2509 Research Boulevard
Fort Collins, Colorado 80526
Phone: (970) 224-1550
Intake: (888) 481-8828
① MH SUMH ② OP TELE ④ CBT CFT DBT ECT GT PTM TT ⑤ WI ⑥ VAMC ⑧ MC PI VAF ⑩ SE VET ADM CO TRMA PTSD SMI ⑪ ACT CM COOT DEC FPSY HS IPC SEMP SPS VRS PEER ⑫ NRT NSC STU TCC ⑬ SMON ⑭ ADLT SNR YAD ⑮ VO

Poudre Valley Hospital Mountain Crest
4601 Corbett Drive
Fort Collins, Colorado 80528
Phone: (970) 207-4800x4811
Intake: (970) 207-4800
① MH SUMH ② HI OP TELE ③ PSY ④ CBT CFT DBT GT IDD IPT PTM TT ⑤ CIT WI ⑥ PVTN ⑧ MC MD MI PI SCJJ SEE SE SI SWFS VAF ⑩ CO SMI ⑪ CM DEC FPSY SPS ⑫ NRT STU ⑬ SMON ⑭ ADLT CHLD SNR YAD ⑯ AH

⑬	Facility Smoking Policy
SMON	Smoking not permitted
SMOP	Smoking permitted without restriction
SMPD	Smoking permitted in designated area

Predictors of Tobacco Use Among Persons With Mental Illnesses in a Statewide Population

Chad D. Morris, Ph.D.
Alexis A. Giese, M.D.
Jennifer J. Turnbull, B.A.
Miriam Dickinson, Ph.D.
Nancy Johnson-Nagel, Ph.D.

Dept of Mental Health

Colorado Client Assessment Record

Required across the Behavioral Health System

- n = 111,984 across 2 years
- Demographics and Provider DSM Diagnoses
- Tobacco use- ”yes” or “no”

2006 Psychiatric Services, 57: 1035-1038

Drug and Alcohol Dependence 136 (2014) 63–68

Contents lists available at ScienceDirect

Drug and Alcohol Dependence

journal homepage: www.elsevier.com/locate/drugalcdep

Dept of Public Health

Smoking cessation behaviors among persons with psychiatric diagnoses: Results from a population-level state survey

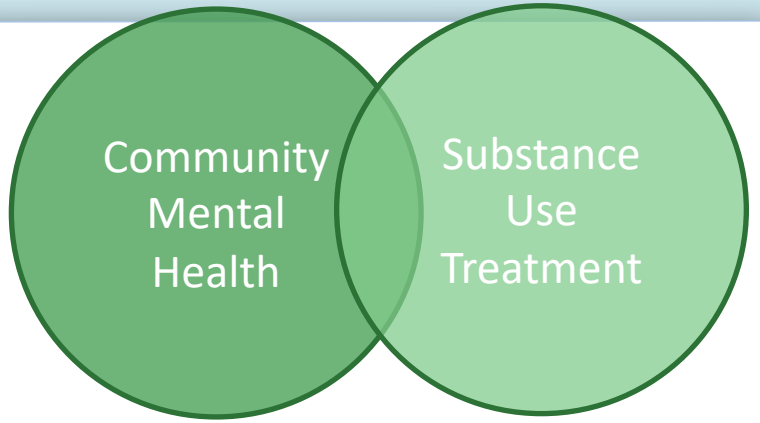
Chad D. Morris[a,*], Emily K. Burns[b,1], Jeanette A. Waxmonsky[c], Arnold H. Levinson[d]

The Attitudes and Behaviors Survey on Health (TABS)

Random Sample of Coloradoans

- n = 14,156
- Self Report
  - Smoking Behaviors
  - Quit Attempts
  - Mental Health Status

Tobacco Control Self-Assessment Survey



Eight Domains (29 Indicators) for Evidence-Based Practices

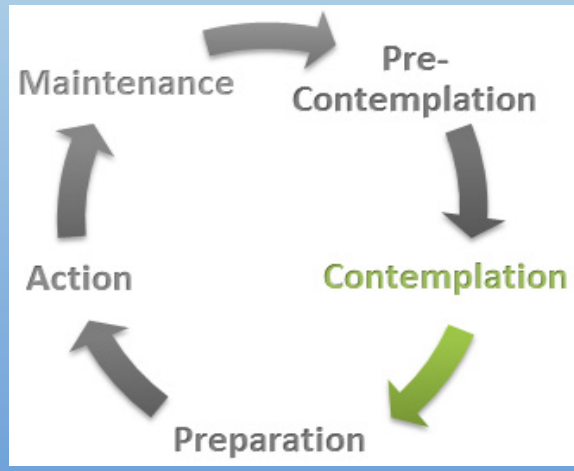
- TOBACCO EDUCATION AND SUPPORT
- SCREENING AND TREATMENT PLANNING
- ONSITE MEDICATION PRESCRIBING
- ONSITE PSYCHOSOCIAL INTERVENTIONS
- COMMUNITY REFERRALS
- PEER RECOVERY SERVICES
- TOBACCO-FREE POLICY
- SUSTAINABILITY PLANNING

Scores for each individual item		
Response to item	Value	Stage of readiness
Not currently considering/decided against	1	PRE-CONTEMPLATION
Considering but not yet actively planning	2	CONTEMPLATION
Actively planning for 3-6 months from now	3	PREPARATION
Scheduled in the next 3-6 months	4	ACTION
Currently occurring	5	MAINTENANCE

Tobacco Control Self-Assessment Survey

30 Colorado Behavioral Health Agencies

Survey Items	Pre-Contemplation	Contemplation	Preparation	Action	Maintenance
READINESS TO PROVIDE TOBACCO EDUCATION AND SUPPORT					
Provide tobacco education to consumers	10%	5%	5%	0%	70%
Provide training to staff on evidence-based tobacco cessation strategies and interventions	20%	15%	15%	0%	50%
Development of tobacco cessation materials	10%	30%	10%	0%	50%
READINESS TO PROVIDE TOBACCO SCREENING AND TREATMENT PLANNING SERVICES					
Ask/Document tobacco use for all clients at intake	20%	10%	0%	5%	65%
Ask/Document tobacco use for all clients at every visit	25%	15%	0%	5%	55%
Advise tobacco users to quit at every visit and document	25%	15%	0%	5%	55%
Treatment plans include tobacco cessation goals	25%	20%	5%	5%	45%



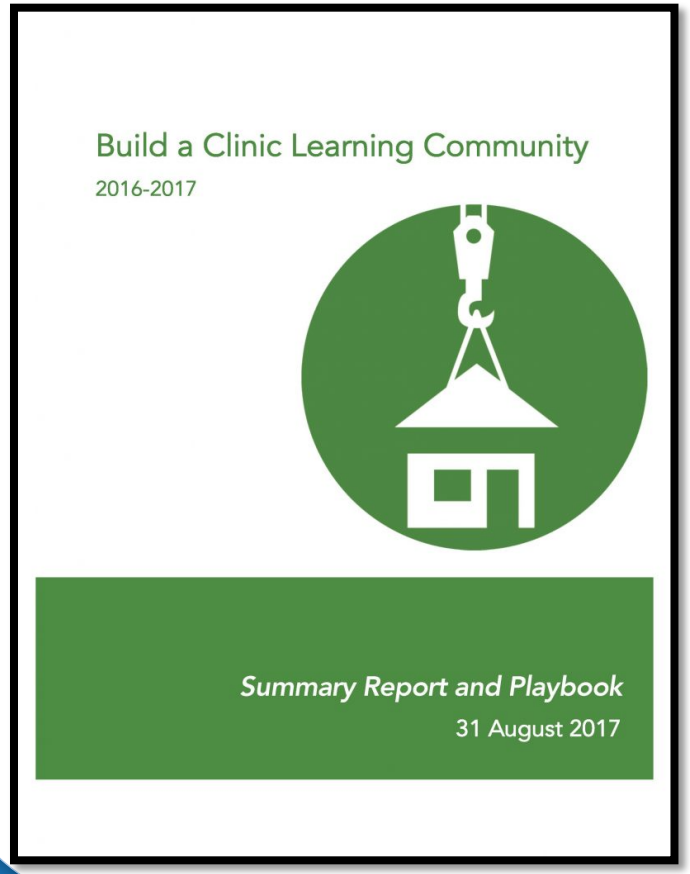
Survey Items	2014	2015	Change in "Readiness"
READINESS TO PROVIDE TOBACCO EDUCATION AND SUPPORT			
Provide tobacco education to consumers	4.4	4.7	+
Provide training to staff on evidence-based tobacco cessation strategies and interventions	3.3	4.4	+
Development of tobacco cessation materials	3.8	4.3	+

Build A Clinic

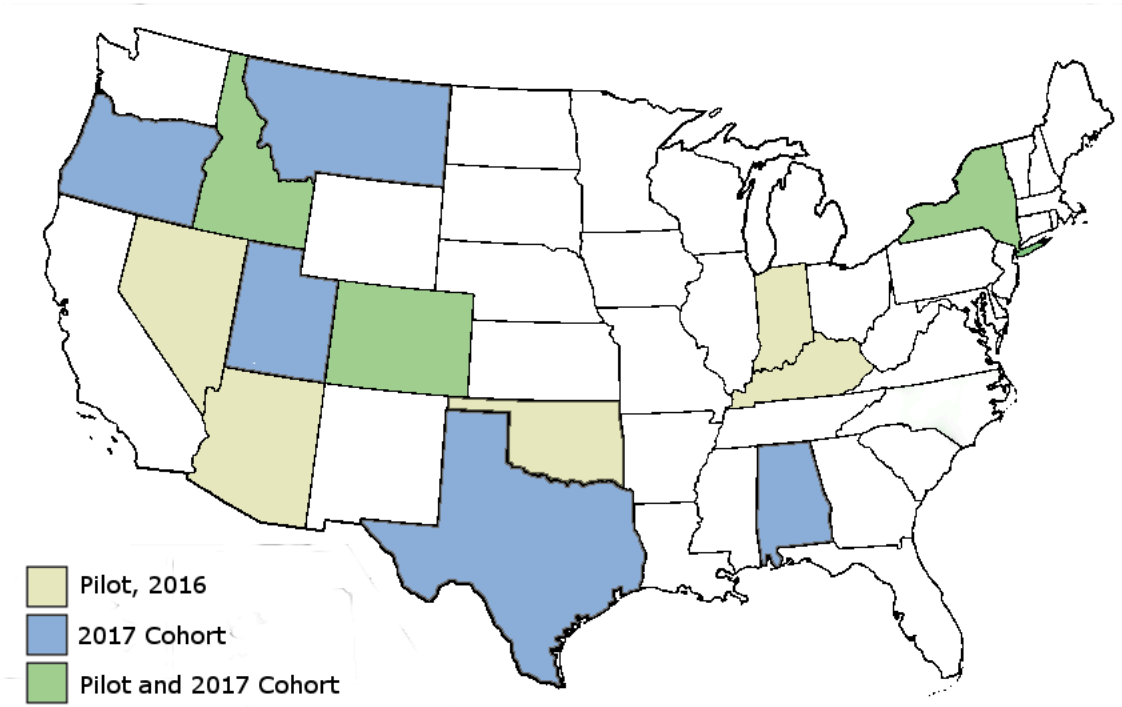
Learning Community | Tobacco Cessation | Primary Care Settings

Integrating Tobacco Cessation Screening, Assessment, Brief Intervention and Referral into Daily Practice

Primary Care

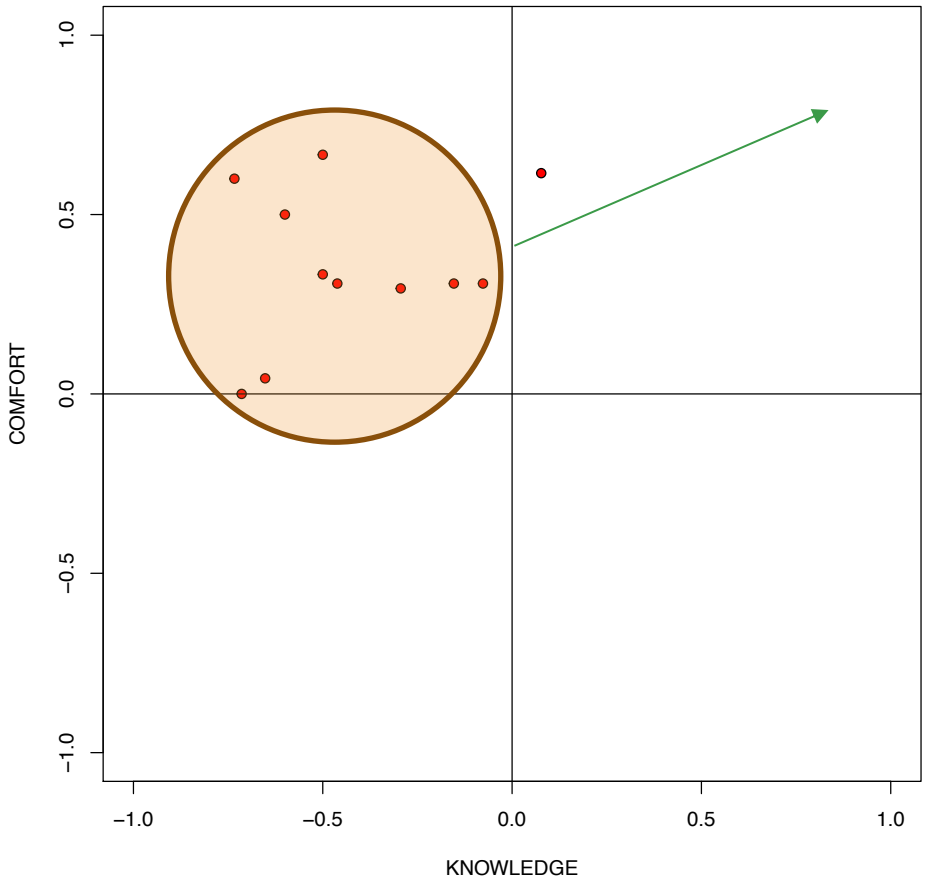


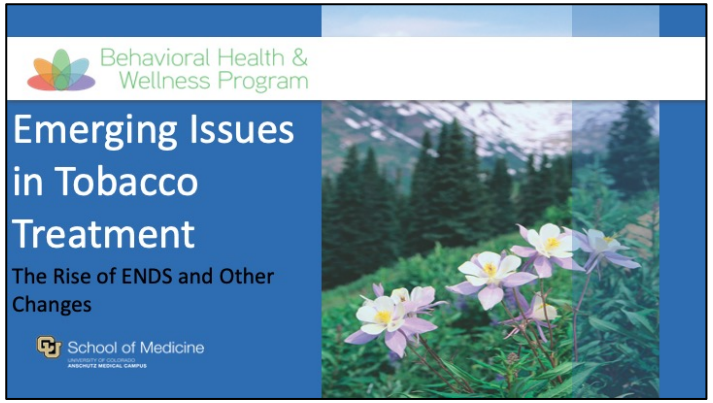
Build-a-Clinic Geographic Reach, 2016-2017

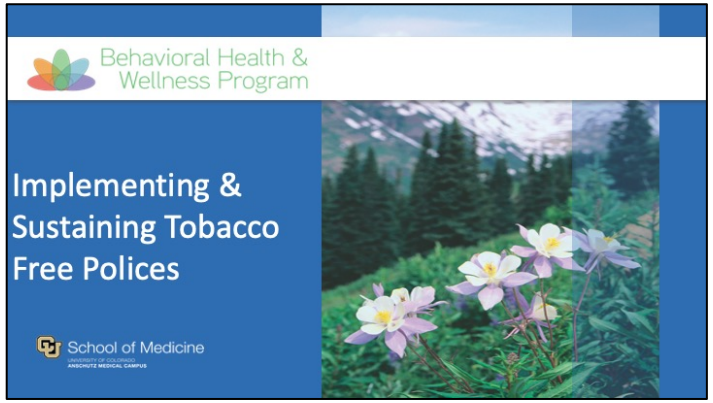


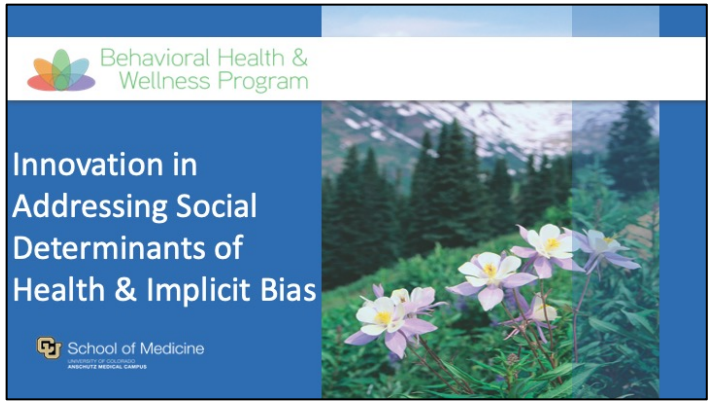
https://www.bhwellness.org/wp-content/uploads/BAC-Playbook-FINAL.pdf

Staff Training Assessment





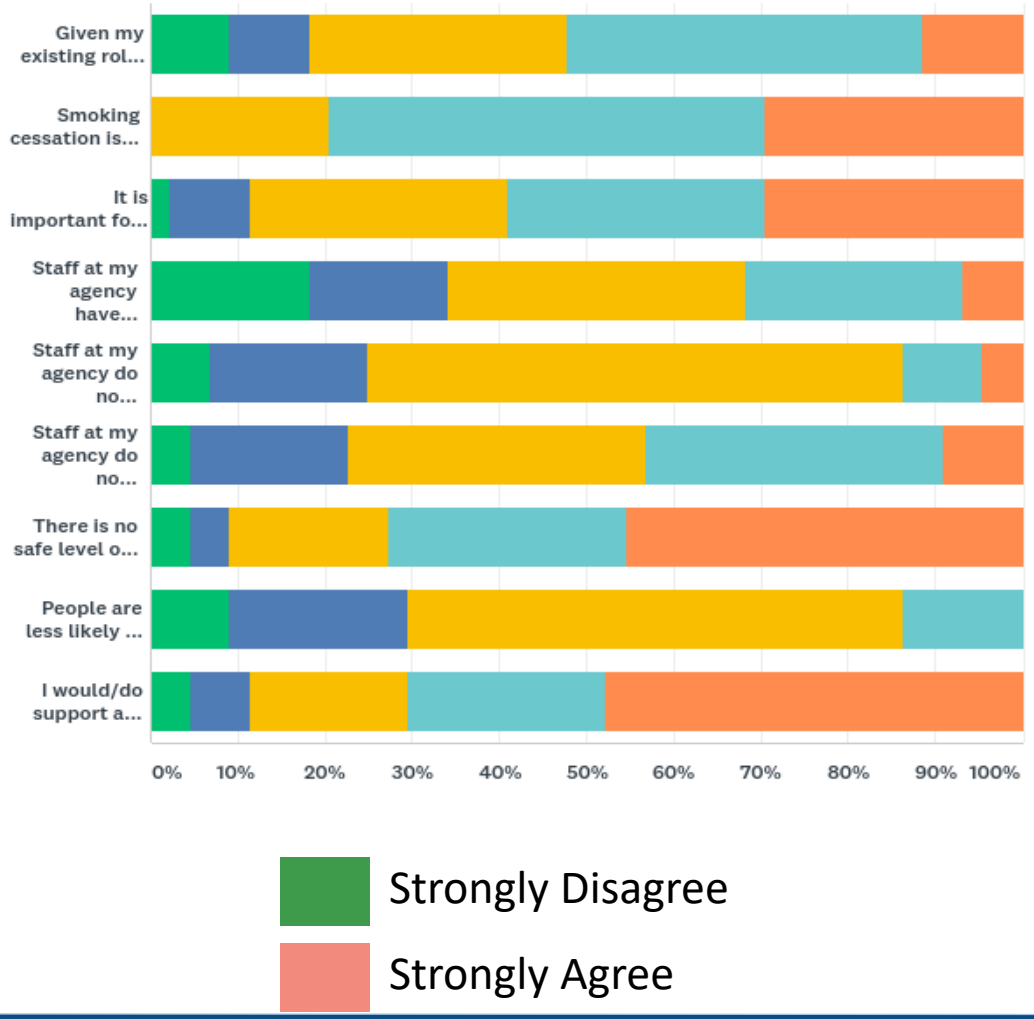




Behavioral Health & Wellness Program

Staff Attitudes

Corrections



Highest:

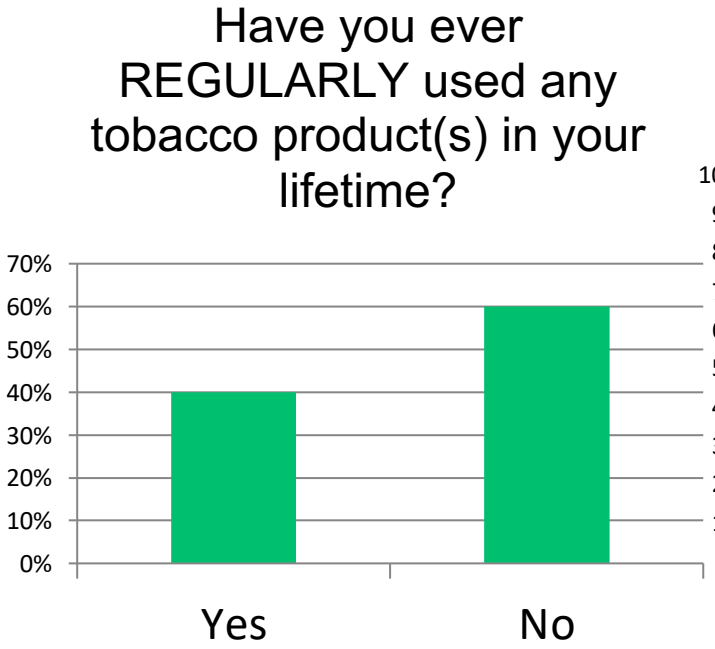
- No safe level of secondhand smoke
- Support a tobacco-free policy
- Smoking cessation possible

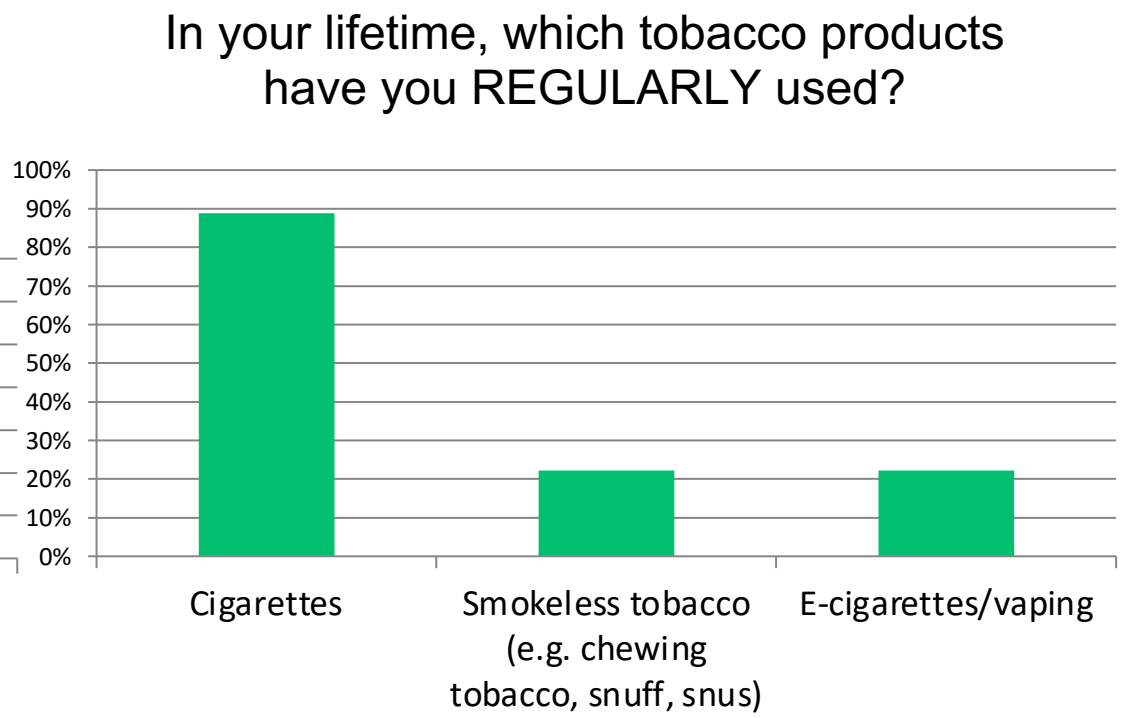
Lowest:

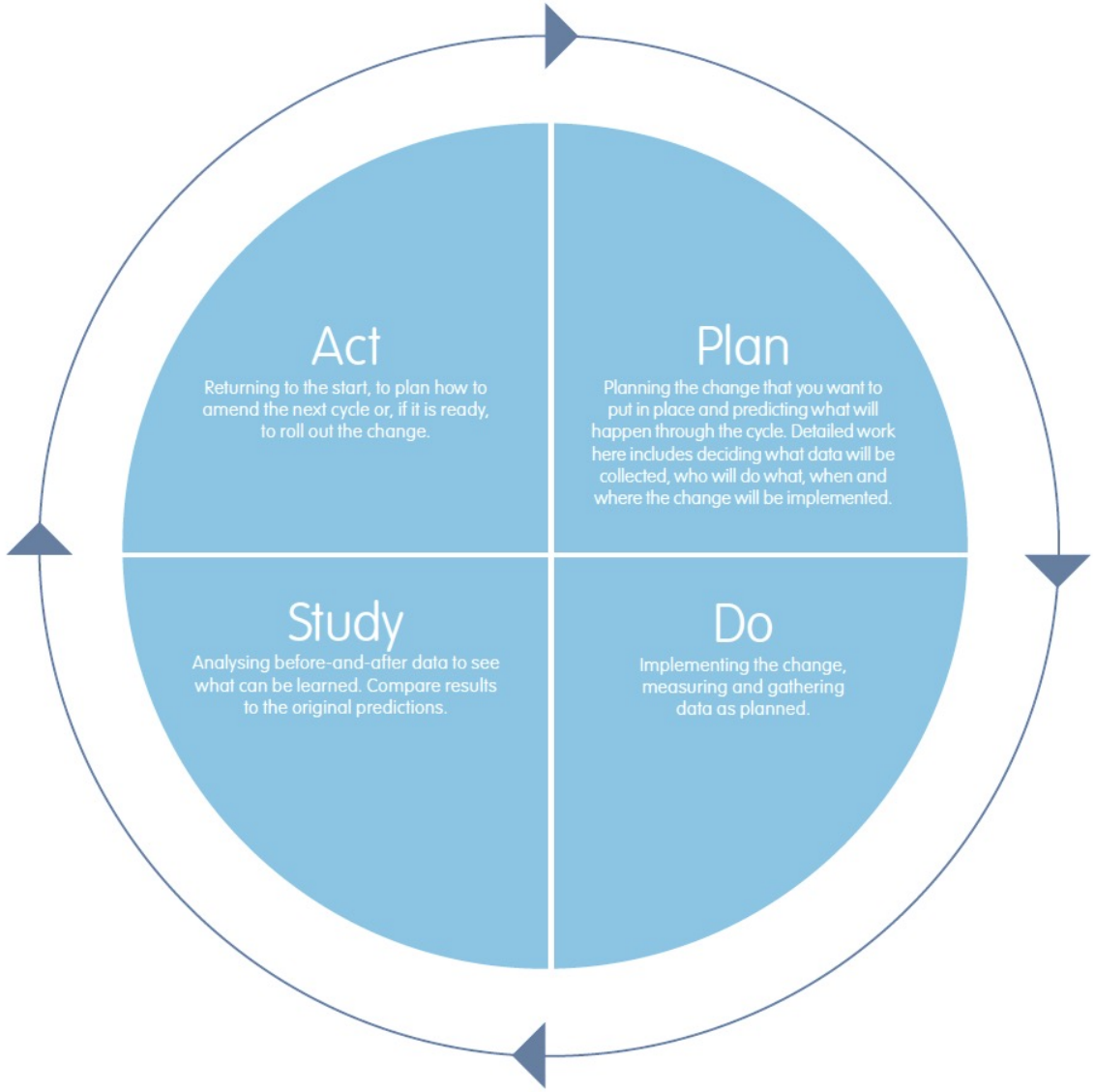
- Staff at my agency have sufficient time

Staff Tobacco Use

- 40% of respondents are ever tobacco users







DIMENSIONS Action Plan

Reset Form

Name: _____ **Date:** 03-15-17

Training Location: Build a Clinic

Organization Name: N/A

Best Way to Contact You:

☑ Email: _____

☑ Phone: _____

Position (check all that apply):

☐ Administrator ☐ Other (specify): _____
☐ Peer Advocate _____
☐ Provider _____

DIMENSIONS training attended:

☐ Tobacco Free Policy – Fundamentals
☐ Tobacco Free Program – Advanced Techniques
☐ Tobacco Free Program – Fundamentals
☐ Well Body Program – Advanced Techniques
☐ Well Body Program – Fundamentals
☑ Other (specify): Build a Clinic

Readiness for change (check one):

☐ Pre-contemplation: *Not considering change*
☐ Contemplation: *Considering change*
☐ Preparation: *Making concrete plans for change*
☑ Action: *Actively taking steps toward change*
☐ Maintenance: *Sustaining changes already made*

Based on readiness for change, I will work to achieve the following goal(s) over the next 3-6 months.
Consider SMART goal criteria (**S**pecific, **M**easurable, **A**chievable, **R**ealistic, **T**imely).

Goal #1:
Will immediately put in place a process by which new patients who use tobacco and are "willing to talk to a professional about it" will be called a week after their clinic appointment. Success of this process will be reviewed during the next TA call. CARD should track how many clients (1) set a quit date with them on the phone (2) are referred to the quit line (3) ask for a pharmacotherapy or a pharmacotherapy consult.

Completion of Goal #1 will be evidenced by:
Record of the enumerated list above.

Potential barriers to achieving Goal #1:
None?

Goal #2:
Tracy and Mary Karen will review the BHWP Tobacco Free Policy Toolkit and begin the process of filling out worksheets to design their long range plans in better detail. Long range plan will be reviewed with BHWP during next TA call and supportive short term goals will be picked at that time.

Completion of Goal #2 will be evidenced by:
Filled out worksheets from Toolkit. Brief written description (or itemized list of services and supports to be put in place as a result of the long term goal).

Potential barriers to achieving Goal #2:
Time.

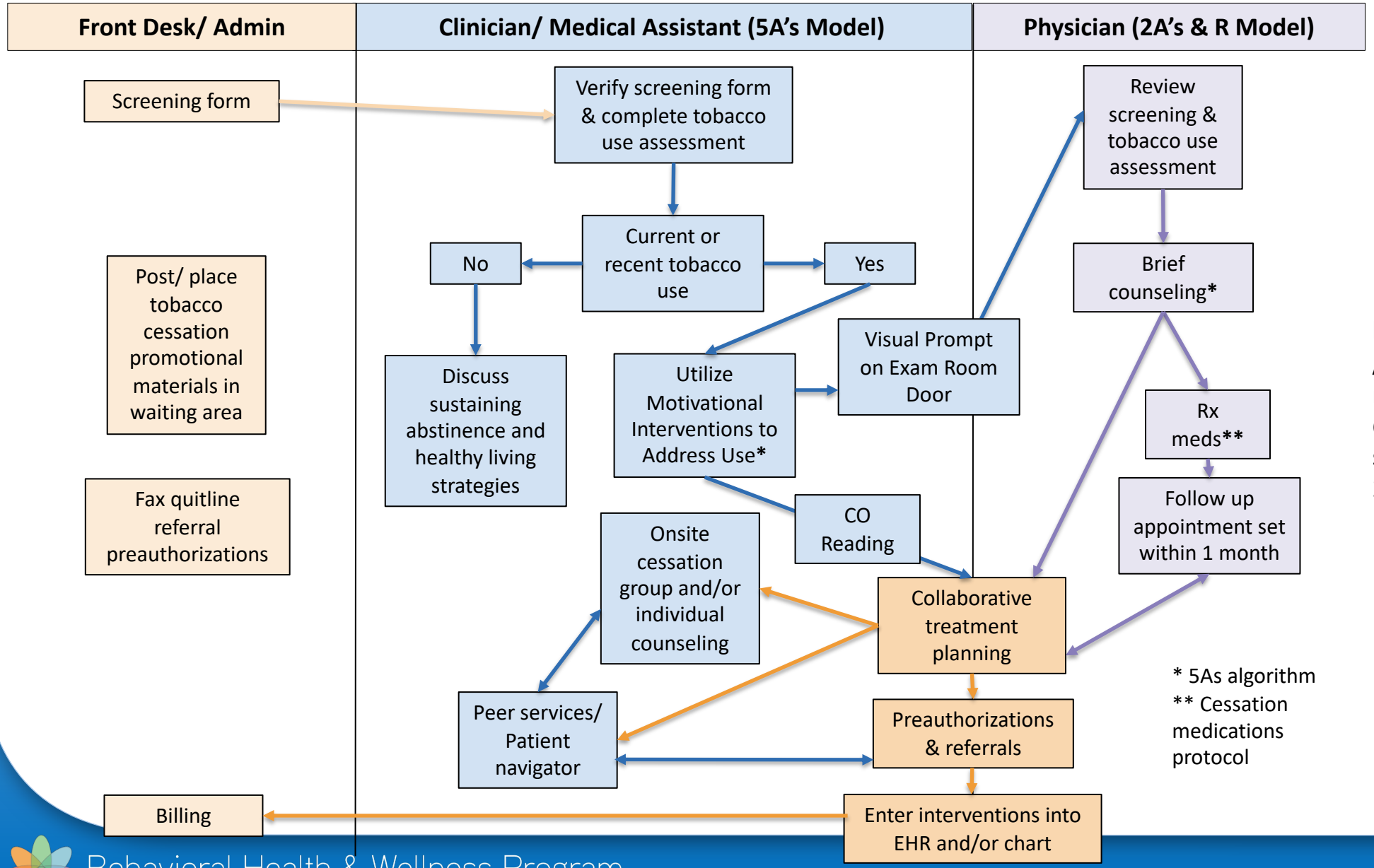
Signature: _____

Chronic Care Model

Behavioral Health & Wellness Program

Wagner, E. H., Austin, B. T., & Von Korff, M. (1996). Organizing care for patients with chronic illness. The Milbank Quarterly, 74, 511-544.

Tobacco Cessation Workflow



https://www.bhwellness.org/fact-sheets-reports/A%20Patient-Centered%20Tobacco%20Cessation%20Workflow%20for%20Healthcare%20Clinics.pdf

* 5As algorithm
** Cessation medications protocol

Figure 2.

The 5A's

Clinician/ Medical Assistant

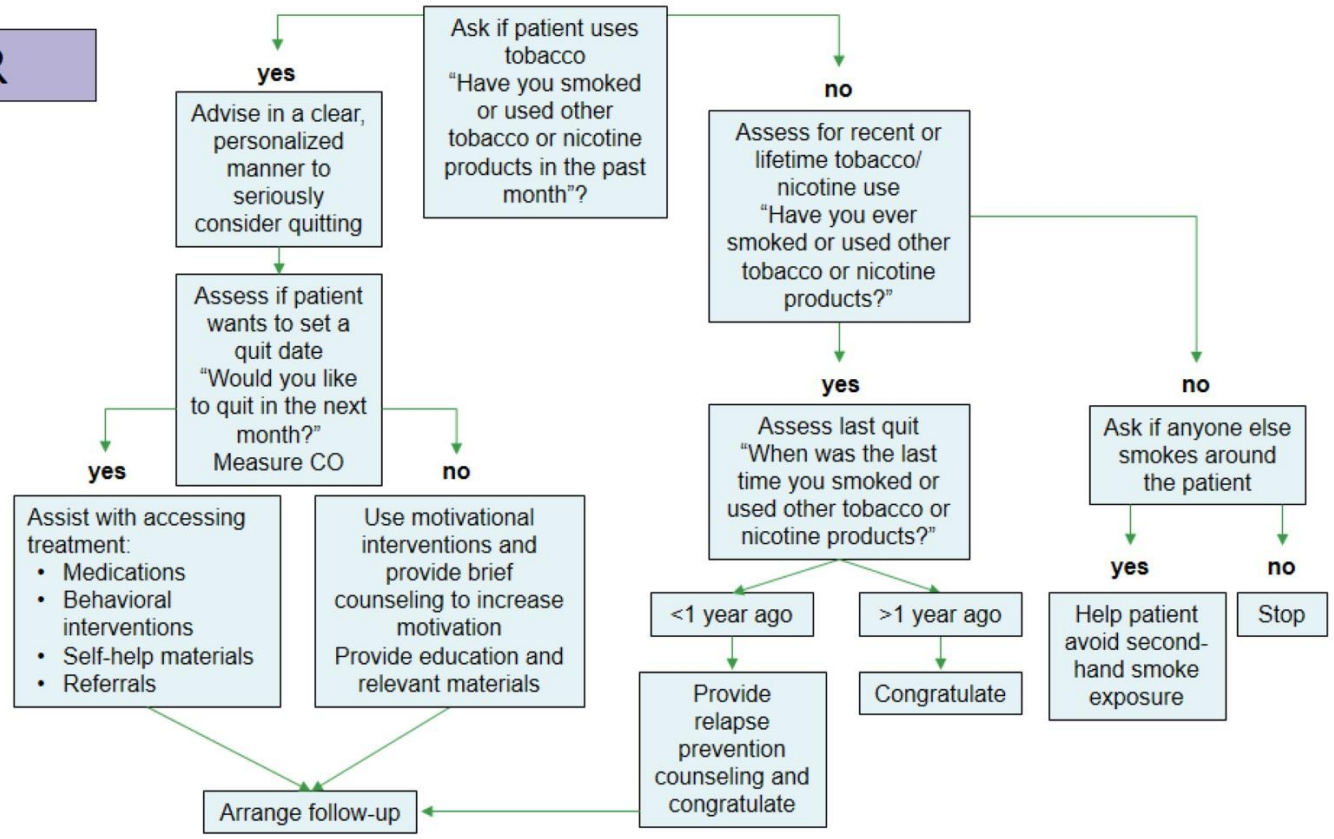
- **ASK** → Ask every patient at every visit, about tobacco use
- **ADVISE** → At every visit, in a clear, strong and personalized manner, advise every tobacco user to quit
- **ASSESS** → Assess willingness to make a quit attempt and outcomes of past quit attempts
- **ASSIST** → Help the patient with their plan to quit (see *figure 3* for further details)
- **ARRANGE** → Schedule follow-up contact

The 2A's & R

Physician

- **ASK**
- **ADVISE**
- **REFER**

The 5A's Model



Prepared Practices
Turning Up the Heat

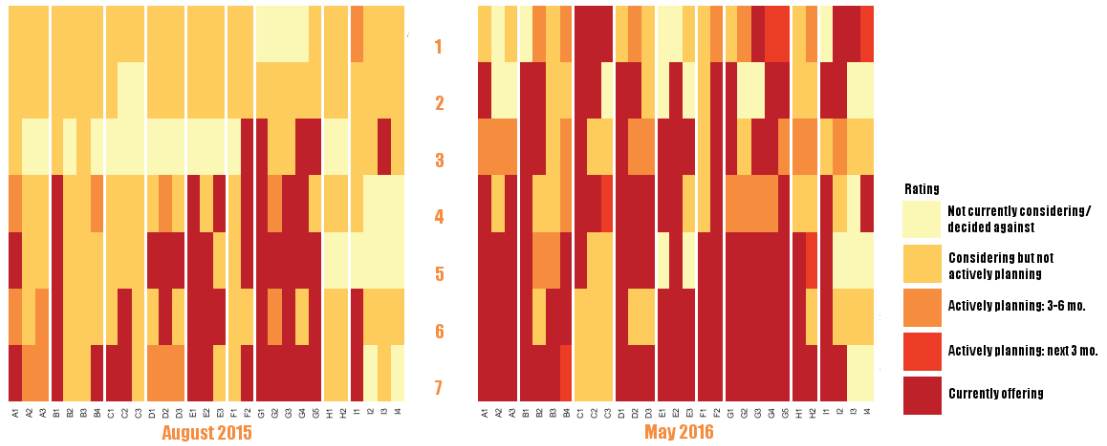
Substance Use Treatment

Wellness & Recovery Learning Community

EVALUATION REPORT

Prepared by Behavioral Health & Wellness Program,
University of Colorado, School of Medicine

AUGUST 1, 2016



HEATMAP
WRLC Progress
August 2015-May 2016

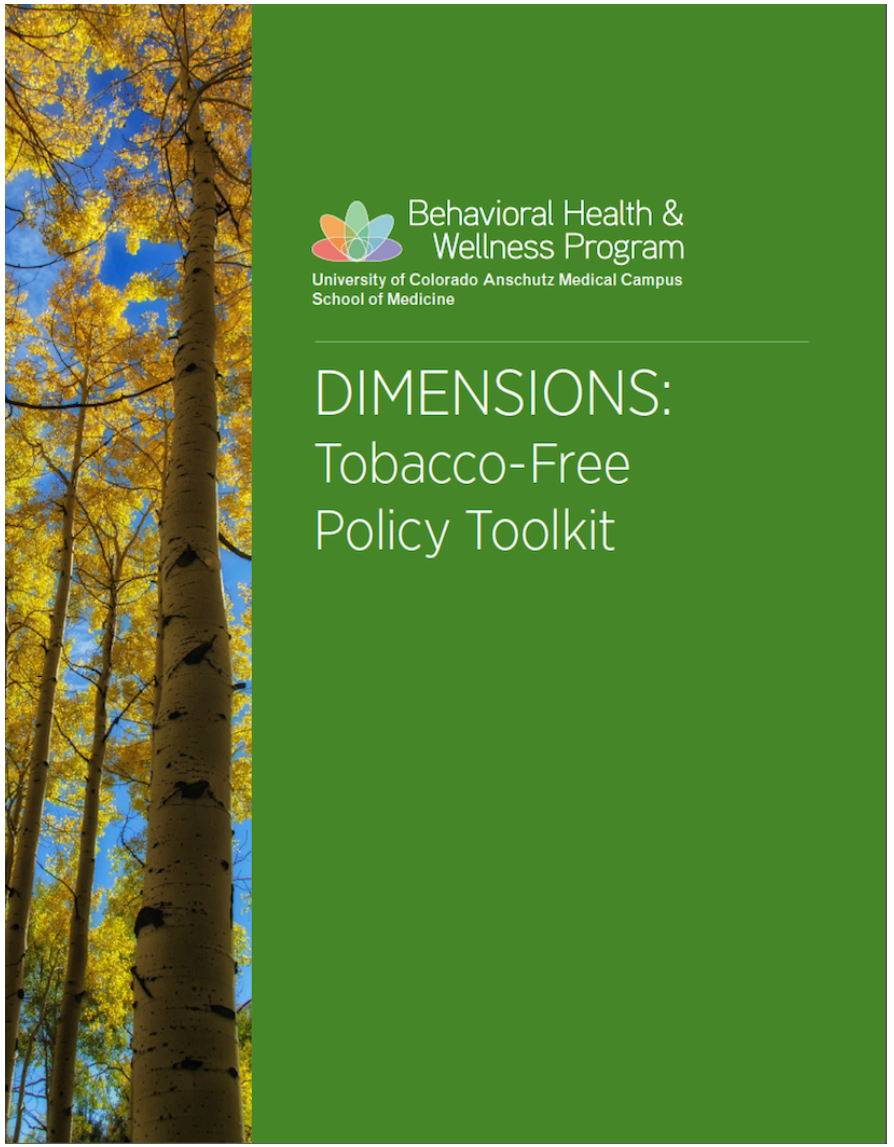
This heatmap is a grid made up of cells corresponding to responses to each of the 29 questions from the Organizational Self-Assessment. The WRLC sites are numbered 1-7 along the vertical axis. The questions are grouped into 9 categories (A-I) along the horizontal axis. Each category has two or more questions associated with it. So for example, Category A (Tobacco Education) has three questions associated with it A1, A2, and A3, on the heatmap).
Responses are coded in a color gradient ranging from pale yellow ("Not currently offering) to dark red ("Currently offering"). Progress is noted by the reddening of the entire grid.

This heatmap is not designed to show change within sites, but rather across the cohort as a whole. As such, both pre- and post-results are sorted with the least advanced site for each cohort at the top and the most advanced at the bottom. In other words, Site 1 (pre) and Site 1 (post) are not necessarily the same site.

See Appendix B for the OSA survey with complete questions.

Figure 1: Organizational Self-Assessment survey responses during the pre-and post-program periods

- Convene Your Wellness Committee
- Provide Education
- Create Your Change Plan
- Offer Tobacco Cessation Services
- Draft Your Policy
- Launch Your Policy
- Communicate Your Plan
- Enforce Your Policy
- Build Community Support
- Evaluate Your Program

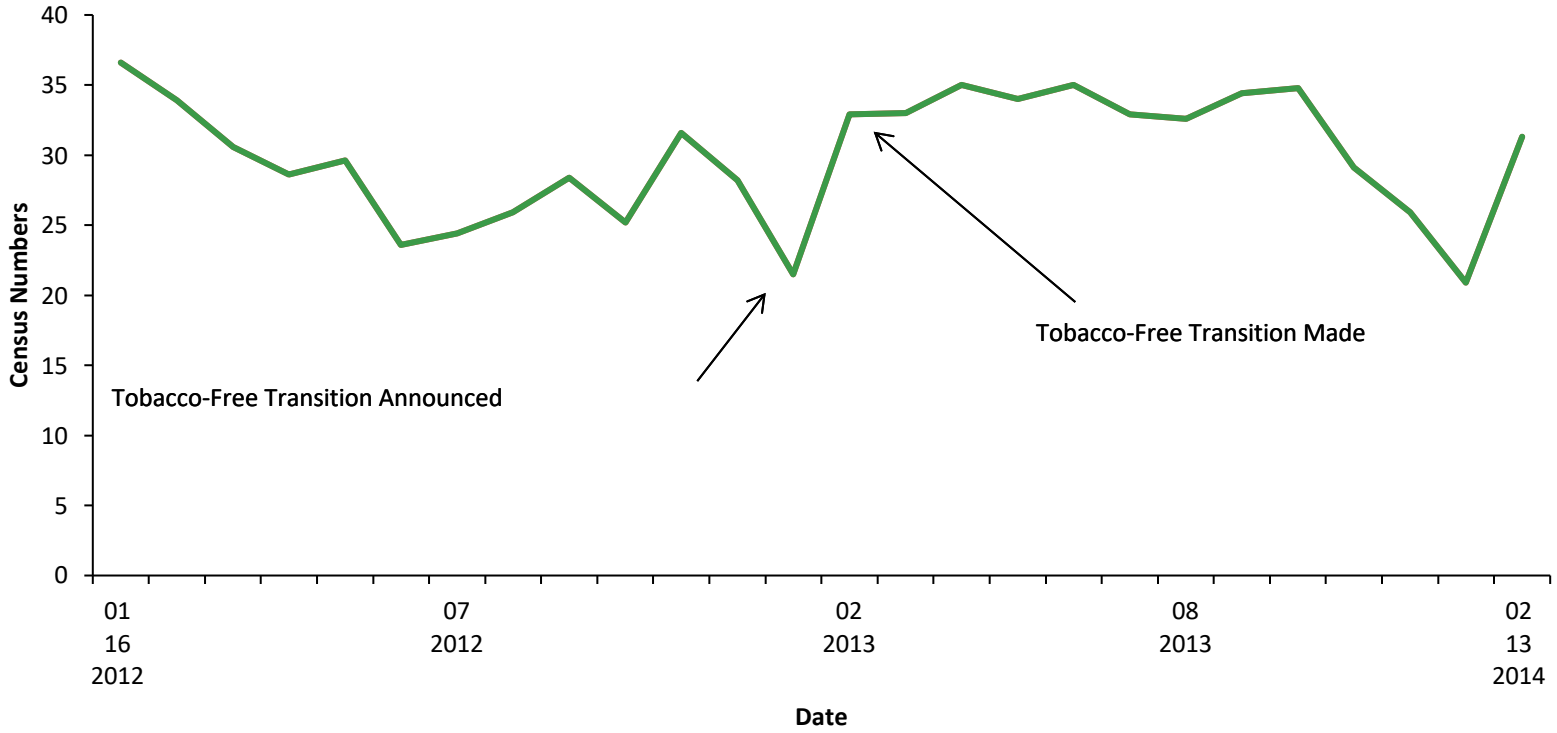


https://www.bhwellness.org/resources/toolkits/BHWP-Tobacco-Free-Toolkit.pdf

Substance Use Treatment

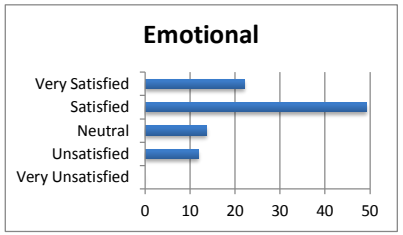
Tobacco-Free Policy Outcomes for an Inpatient Substance Abuse Treatment Center

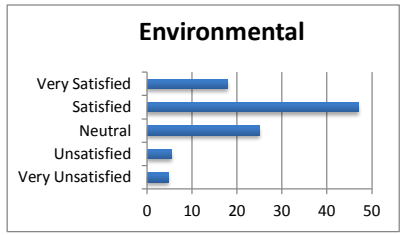
Richey R, Garver-Apgar C, Martin L, Morris C, Morris C (2017). Tobacco-Free Policy Outcomes for an Inpatient Substance Abuse Treatment Center. *Health Promotion Practice*, online first doi:10.1177/1524839916687542

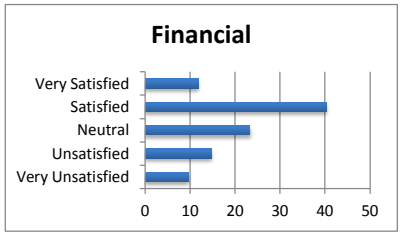


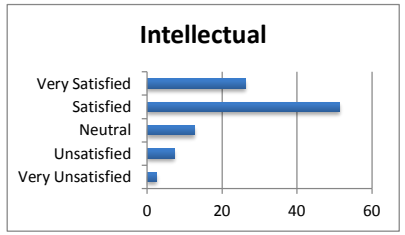
Survey Results: Overall Wellness

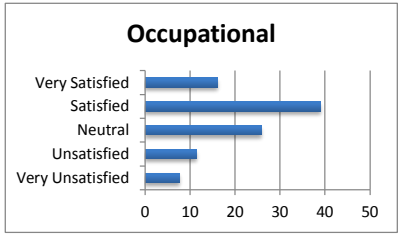
The following 8 summary charts provide the **percentages** of responses for an overall wellness question addressing each of the 8 dimensions of wellness. For example participants were asked, "When you consider your overall wellness, including both personal and workplace, how satisfied are you with your overall emotional wellness?"

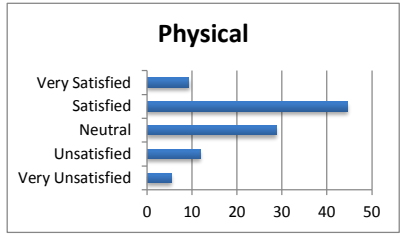


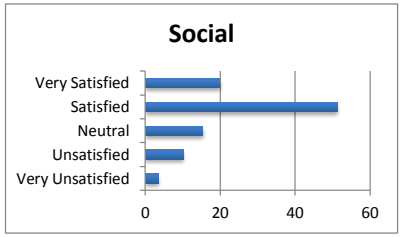


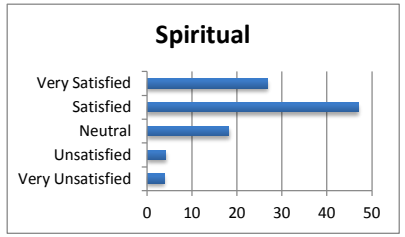








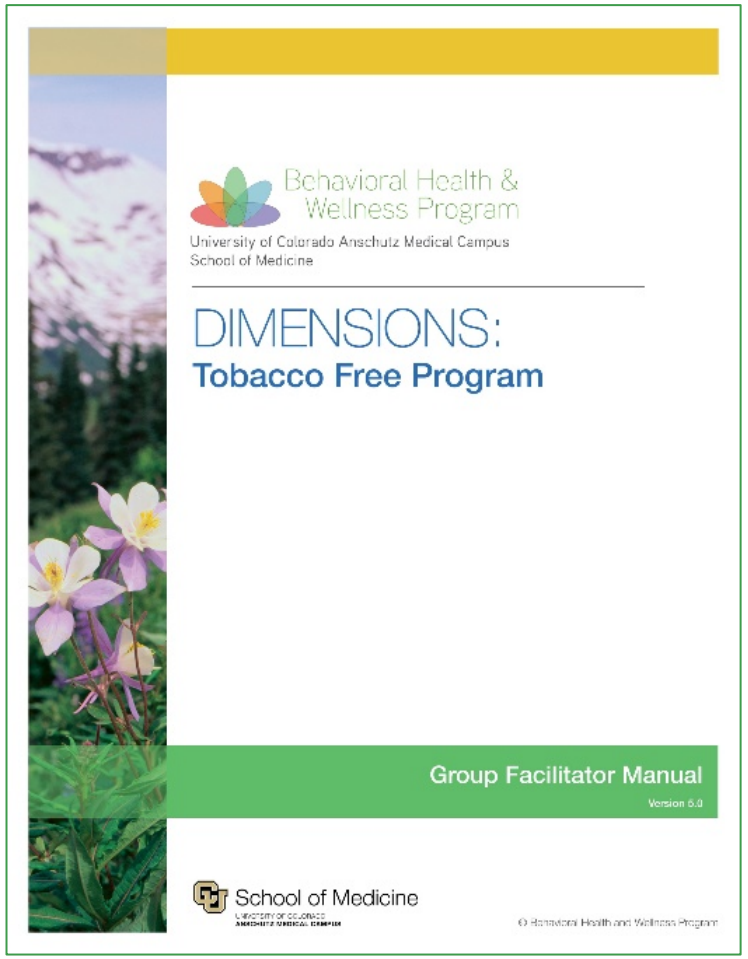




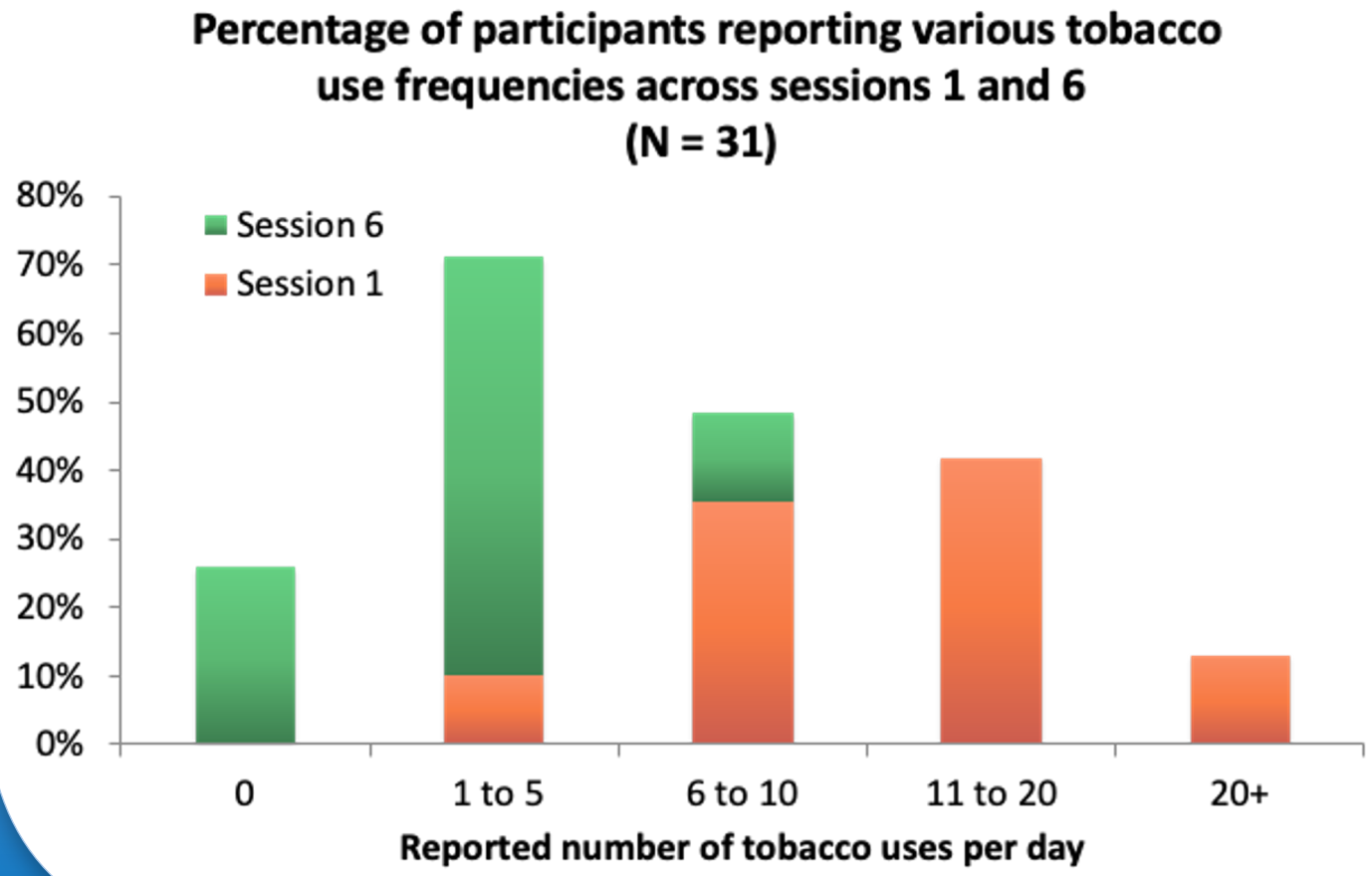
DIMENSIONS Tobacco Free Advanced Techniques Curriculum

Corrections

- Curriculum
  - Six 60-90-minute sessions, flexible format
  - Curriculum is tailored for specific populations
- Facilitation
  - Provider or peer facilitator
- Cessation Medications
  - Variable sources



DIMENSIONS
Personal Progress Form



Behavioral Health & Wellness Program
University of Colorado • Anschutz Medical Campus • School of Medicine

Please send completed forms to:
Email: bh.wellness@ucdenver.edu
Fax: 303.724.3717
US Mail: BHWP
MS F478, 1784 Racine St.
Aurora, CO 80045

DIMENSIONS: Personal Progress Form

Date of Group: __ __ / __ __ / __ __ (Month / Day / Year)

Participant Initials: ☐ ☐ ☐

Birth Date: __ __ / __ __ (Month / Day)

Are you Hispanic or Latino? ○ Yes ○ No

Race (check all that apply):
- ○ American Indian or Alaskan Native
- ○ Asian
- ○ Black or African American
- ○ Native Hawaiian or Pacific Islander
- ○ White

Gender:
- ○ Female
- ○ Male
- ○ Prefer not to say
- ○ Prefer to self-describe _____

If you have NEVER been a tobacco user, please check this box ☐ and do NOT complete the rest of this form.

During the past week, which type(s) of tobacco or nicotine did you use? (Check all that apply)
- ○ Cigarettes
- ○ Chew
- ○ Cigars
- ○ Snuff/Snus
- ○ E-cigs/Vape
- ○ Hookah
- ○ None

During the past week, how many cigarettes (or other tobacco products) did you smoke or use **in an average day?**
- ○ None
- ○ 1 - 5
- ○ 6 - 10
- ○ 11 - 20
- ○ 21+

During the past week, did you use NRT? ○ Yes ○ No

IF YES, how often did you use NRT?
- ○ Multiple times per day
- ○ Once per day
- ○ Less than once per day

Have you made a quit attempt **since the last group** you attended?
○ Yes ○ No ○ This is my first group

IF YES, what was the longest time you stayed quit since the last group?
○ < 1 day ○ 1 - 2 days ○ 3 - 7 days ○ > 1 week

Please complete the following EVEN IF you have successfully quit using tobacco products.

Having NRT available when I need it is important for helping me live a tobacco-free life.
Strongly Disagree 0 1 2 3 4 5 6 7 8 9 10 Strongly Agree

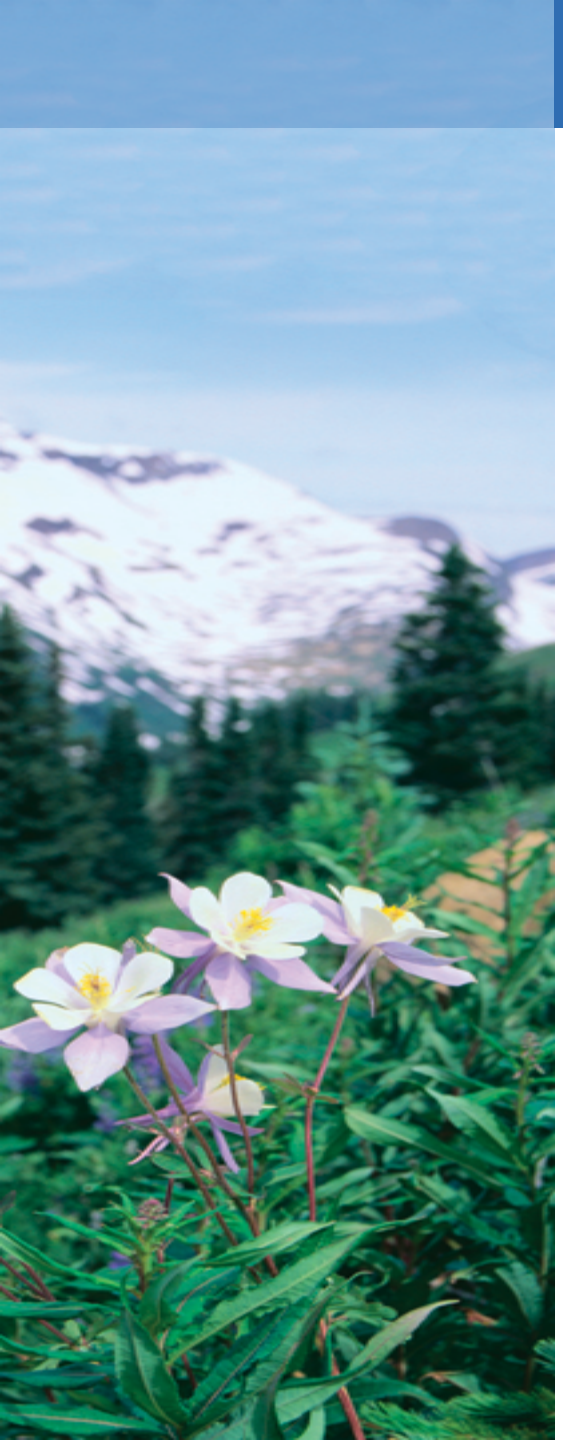
I have the **knowledge** I need to lead a tobacco-free life after my release.
Strongly Disagree 0 1 2 3 4 5 6 7 8 9 10 Strongly Agree

I **plan** to take steps toward living a tobacco-free life after my release.
Strongly Disagree 0 1 2 3 4 5 6 7 8 9 10 Strongly Agree

I am **motivated** to live a tobacco-free life after my release.
Strongly Disagree 0 1 2 3 4 5 6 7 8 9 10 Strongly Agree

I am **confident** I have the ability to live a tobacco-free life after my release.
Strongly Disagree 0 1 2 3 4 5 6 7 8 9 10 Strongly Agree

I know I will have the **support** I need to live a tobacco-free life after my release.
Strongly Disagree 0 1 2 3 4 5 6 7 8 9 10 Strongly Agree



Behavioral Health & Wellness Program

303.724.3713

bh.wellness@ucdenver.edu

www.bhwellness.org

Behavioral Health and Wellness Program

BHWP_UCD

UW-CTRI
UNIVERSITY OF WISCONSIN
Center for Tobacco Research & Intervention

Collecting Data to Measure the End Outcome of System Changes that Integrate Tobacco Policy and Treatment into Behavioral Health

February 9, 2021

Bruce Christiansen, PhD

Our (Partial) Causal Model

Finish Line: People coping with a mental illness and/or other addiction quit smoking

Does this create an imperative to assess the end beneficiary of all our integration work– the smoker?

Maybe Not:

We know that all the evidence-based tobacco dependence interventions are effective for smokers coping with a mental illness and/or other addictions. So, if system changes result in behavioral health clinicians providing these evidence-based tobacco interventions, can't we *assume* that system changes work?

Not so fast:

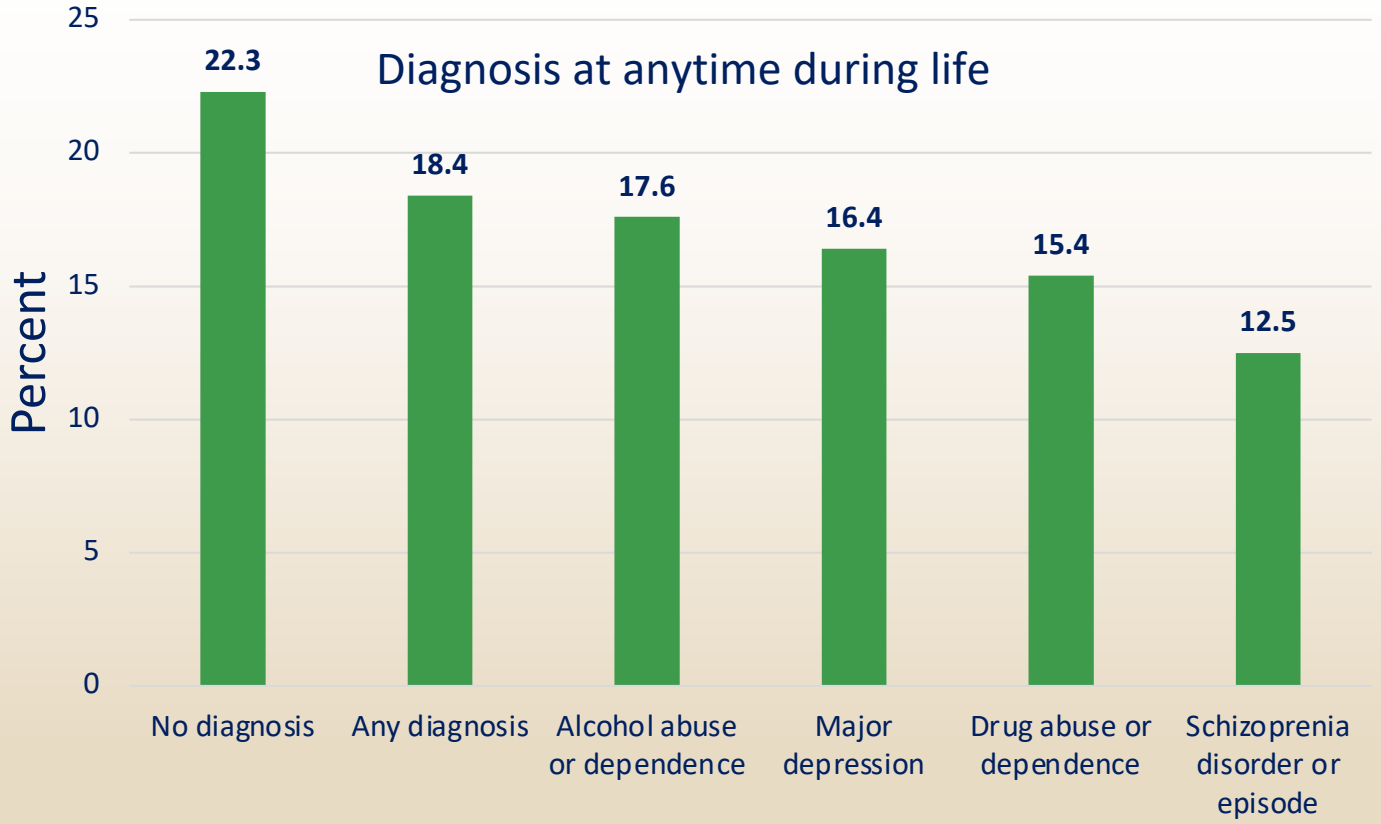
While this assumption is a strong hypothesis, it is just a hypothesis and has to be proven.

- Maybe our system change wasn't implemented with fidelity or has no effect
- Maybe the system changes don't change clinician behavior
- Maybe clinicians provide tobacco interventions, but not effectively

Besides measuring whether our clients are quitting, two other compelling reasons to measure system change outcome at the level of the smoker:

1. We need to learn how to adapt standard evidence-based tobacco dependence treatment for this population.

Quit Rate Over Three Years



National Epidemiologic Survey on Alcohol and Related Conditions

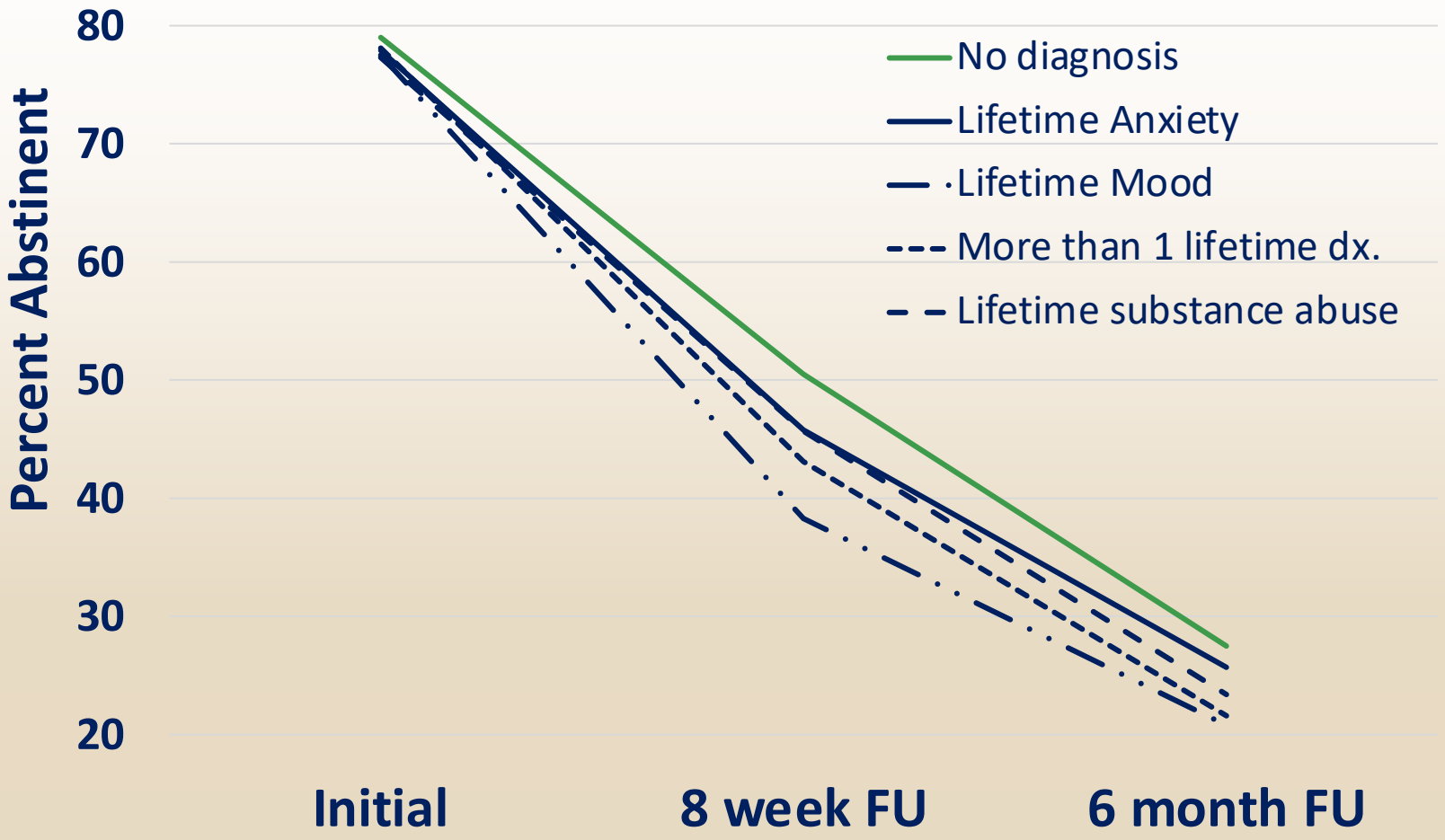
Smith, Mazure, McKee "Smoking and Mental illness in the US Population" *Tobacco Control* 2014 Nov.: 23(0) e147 - e153

Psychiatric comorbidities in a comparative effectiveness smoking cessation trial: Relations with cessation success, treatment response, and relapse risk factors

- Randomized Control Trial (RCT)
- Enrolled 1051
- 6 counseling sessions and varenicline, combination NRT, or patch
- Excluded:
  - moderate or severe depression
  - no current suicidal ideation
  - no suicide attempts in past 5 years
  - no dx. or tx. for psychosis in past 10 years

Johnson, et al *Drug and Alcohol Dependence* 207 (2020) 107796

Treatment Related Abstinence and Behavioral Health



Besides measuring whether our clients are quitting, two other compelling reasons to measure system change outcome at the level of the smoker:

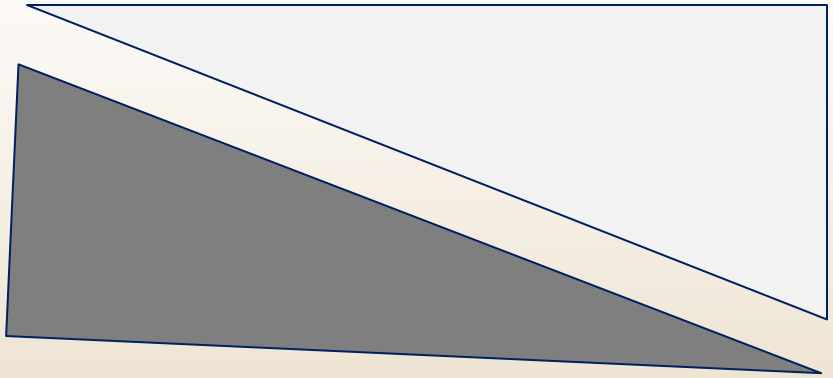
1. We need to learn how to adapt standard evidence-based tobacco dependence treatment for this population.

2. Quality assurance - We have to assess if behavioral health clinicians are effective as a group. We also need to identify which need more help, support, or training.

Where will this information come from?

Existing data:

Easy to come by, but often not useful



Collecting your own data:

Very useful, but very hard to come by

Head banging dilemma

Presentation Objective – Persuade you to consider collecting your own data by:

1. Very brief review of the common shortcomings of existing data

2. Suggestions to ease the burden of collecting your own data

3. Provide an example to demonstrate the value of collecting your own data

1. A Quick Review of the Limitation of Existing Data.

Existing data usually reflects roof tops while our integration work usually takes place at the foundational level

1. Not timely: It takes time for our foundational work to alter the roof tops. Often it takes years for a trend to emerge.
2. Roof top measurements reflect much more than the foundation. For example, they are affected by secular events.
3. Our foundation is often meant to affect only a small piece of one roof (sub-population).

2. Making collecting your own data feasible

A. Look for partners with capacity
B. Look for opportunities to add a few questions to existing data collection, especially at the treatment program level
C. Don't let "good enough" become the victim of "perfection"
    - Write your own questions (What do you want to find out?)
    - Convenience sample
    - High response rate is not essential
    - It need not cost a lot

3. Case Study: Evaluating a system change for treating tobacco dependence in behavioral health – the Bucket Approach

The Bucket Approach is evidence-based tobacco dependence treatment that has been tailored to smokers who are coping with a mental illness and who need more support and time for their tobacco journey and for behavioral health clinicians who have limited time to address this pressing need.

Community Support Programs (CSP) and Comprehensive Community Services (CCS) programs

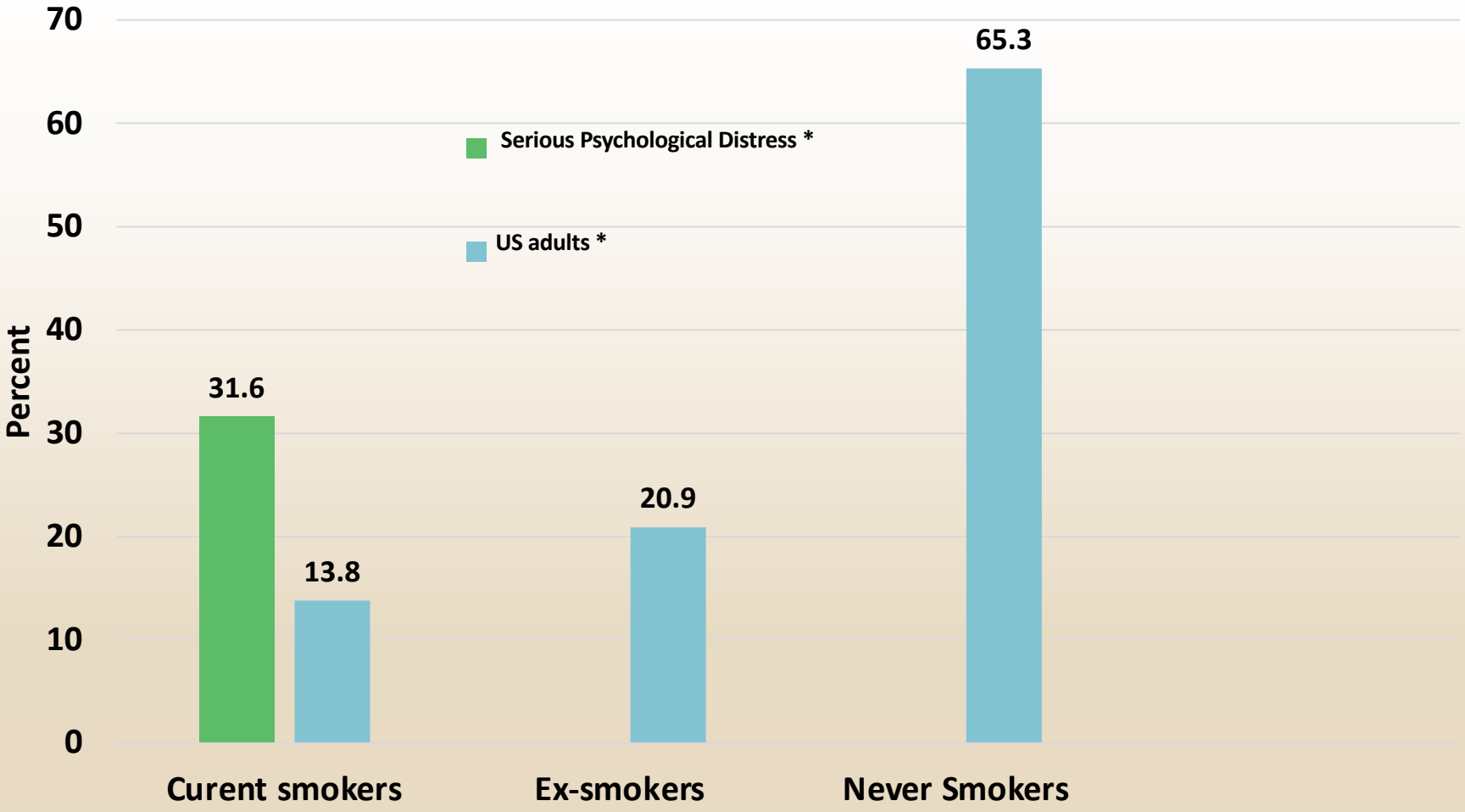
https://ce.icep.wisc.edu/bucket-approach#group-tabs-node-course-default4

Bucket Approach Baseline Survey

- Process
- Response rate – 50%

Value: Is the juice worth the squeeze?

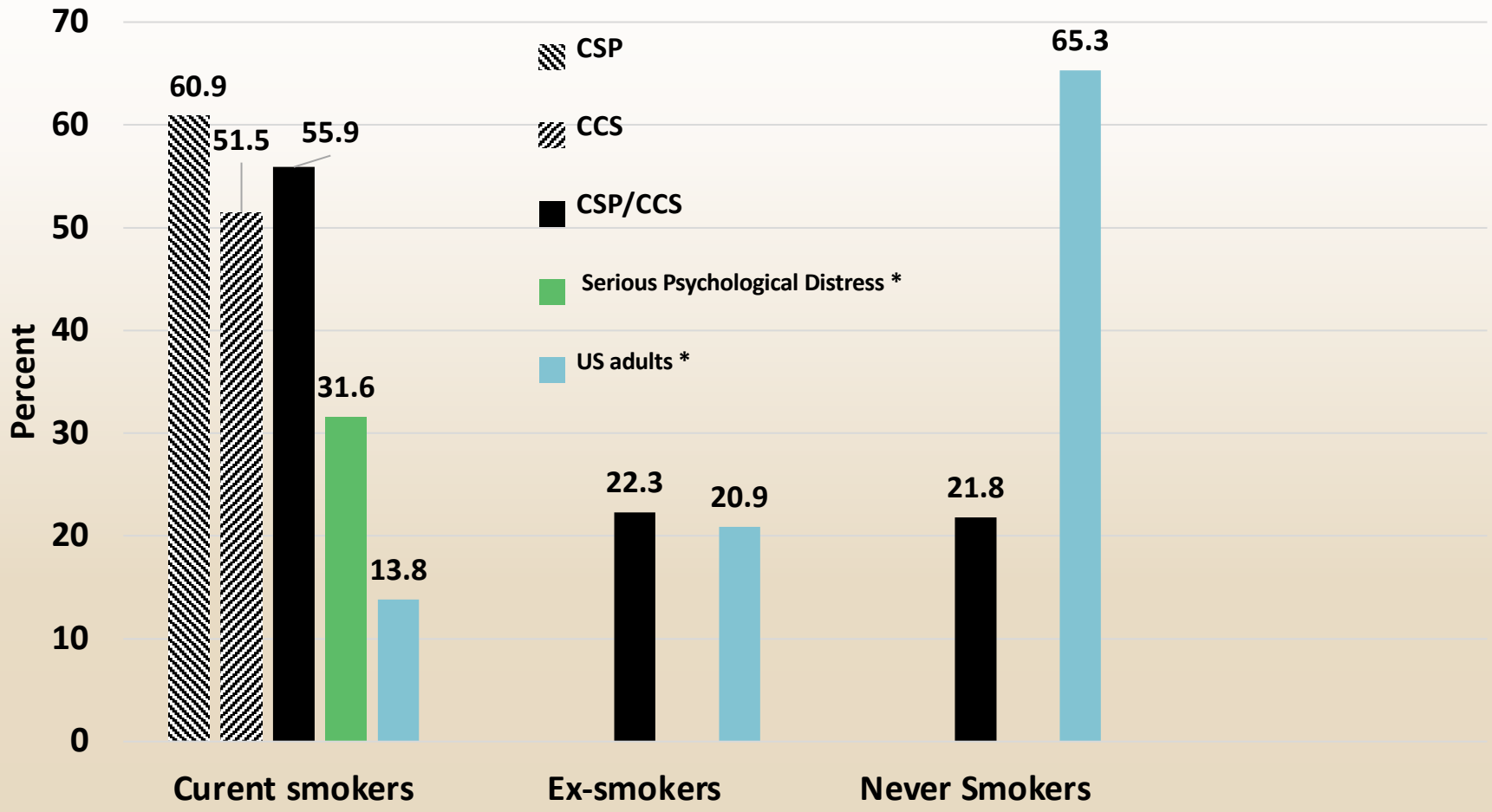
Value: Is the juice worth the squeeze? Smoking status as a Function of Psychological Distress



* 2018 National Health Interview Survey

Value: Is the juice worth the squeeze?

Smoking status as a Function of Psychological Distress



* 2018 National Health Interview Survey

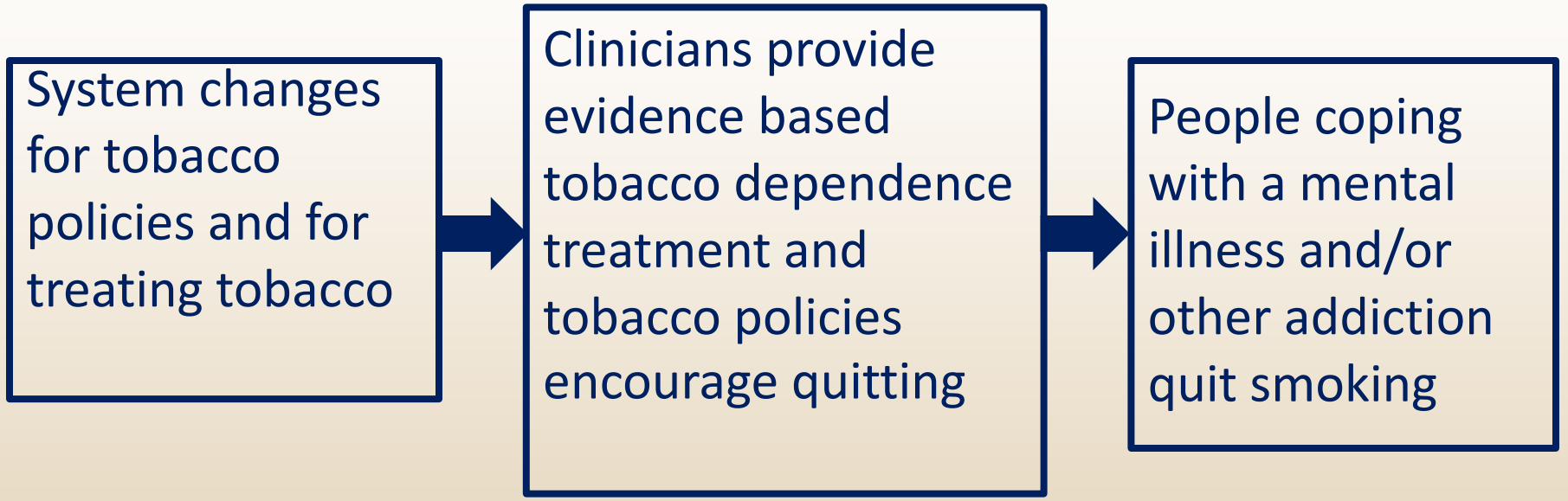
Value: Is the juice worth the squeeze?

Behavioral Motivation	
Willing to make a quit attempt (Bucket A- Quit Now)	25.9%
Not willing to make a quit attempt, but willing to prepare to quit or reduce (Bucket B – Act Now)	43.4%
Only willing to talk about smoking (Bucket C – Only Talk)	11.1%
Prefer not to talk about smoking (Bucket D – Ask Later)	19.8%

Value: Is the juice worth the squeeze?

Smokers' Attitudes, Opinions, and Beliefs					
	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
I want to quit	12.7%	13.9%	18.7%	29.0%	25.7%
I want CSP/CCS help to quit	13.6%	17.7%	25.7%	28.8%	14.3%
Help from my CSP/CCS means they care	5.8%	4.1%	16.9%	44.8%	28.3%
I know I need help	9.3%	12.4%	17.2%	35.3%	25.8%
Reverse Scoring					
My smoking is of no concern to CSP/CCS	20.4%	33.1%	24.2%	14.6%	7.7%
I didn't come to address smoking so staff should not address	17.1%	26.3%	27.7%	18.3%	10.6%
But are you ready to quit?					
Not until in full recovery	13.2%	23.0%	23.9%	30.1%	9.8%
Not at all ready to quit	13.2%	16.3%	24.0%	31.3%	15.1%
I want to quit, but don't think I can	11.3%	24.1%	23.1%	31.3%	10.1%

Our Causal Model



Measuring Therapist Effectiveness to Provide Tobacco Dependence Interventions with just Three Questions

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Working Alliance Inventory (WAI)

- 3 item and 12 item
- Predicts psychotherapy outcome
- Focus on:
  - counselor-client agreement on goals
  - agreement on method to achieve goal
  - bond between counselor and client

Hatcher RL, Gillaspy JA. Development and validation of a revised short version of the Working Alliance Inventory. *Psychotherapy Res.* 2006;16:12-25.
Horvath AO, Del Re AC, Fluckiger C, Symonds D. Alliance in individual psychotherapy. *Psychotherapy (Chic).* 2011;48(1):9-16. doi: 10.1037/a0022186
Horvath AO, Greenberg LS. Development and validation of the Working Alliance Inventory. *J Counsel Psychol.* 1989;36(223).

Measuring Therapist Effectiveness to Provide Tobacco Dependence Interventions with just Three Questions

Working Alliance Inventory for Tobacco - 3 item (WAIT-3)

Below is a list of statements and questions about experiences people have had with their health care provider or professional, referred to below as a tobacco counselor, who talked to them about quitting smoking in the last 6 months. Think about your experience in this interaction, and decide which category best describes your own experience:

[1] Seldom; [2] Sometimes; [3] Fairly Often]; [4] Very Often; [5] Always

Goal: My tobacco counselor and I agreed on clear tobacco treatment goals for me.

Task: My tobacco counselor and I agreed on the method I would use to achieve my tobacco treatment goals.

Bond: I felt that my tobacco counselor appreciated me.

Warlick C, Richter KP, Catley D, Gajewski BJ, Martin LE, Mussulman LM. Two brief valid measures of therapeutic alliance in counseling for tobacco dependence. *J Subst Abuse Treat.* 2018;86:60-64. doi: 10.1016/j.jsat.2017.12.010

Measuring Therapist Effectiveness to Provide Tobacco Dependence Interventions with just Three Questions

Conversations with staff over the last six months show me that staff:

1. agree on clear tobacco treatment goals for me [**goal it**em]

2. agree on a method I will use to achieve my tobacco goals [**task item**]

3. appreciate my point of view on tobacco use [**bond item**]

Measuring Therapist Effectiveness to Provide Tobacco Dependence Interventions with just Three Questions

Mean (average score) = 8.84

Standard Deviation (variance) = 3.54

Range of scores = 3 to 15

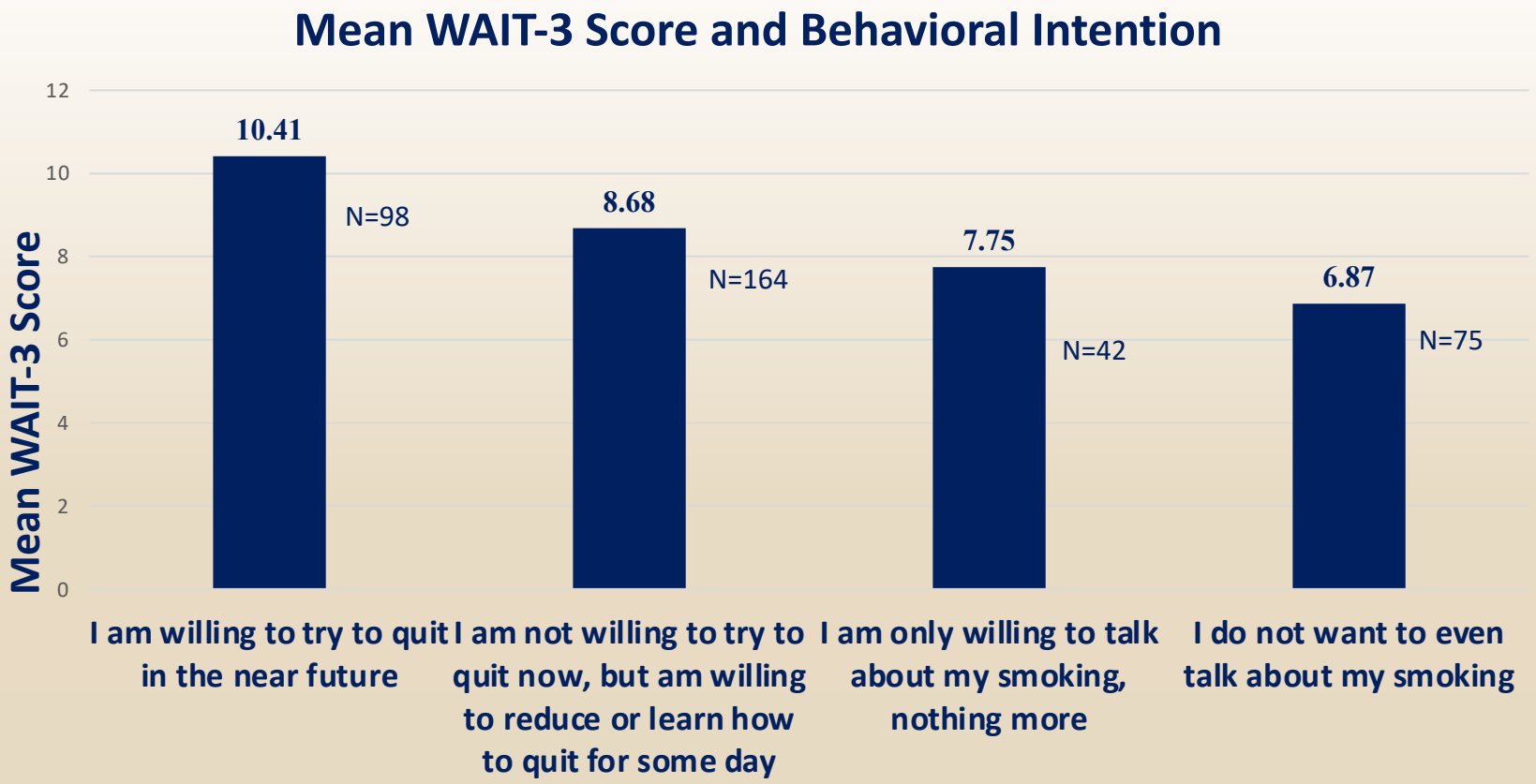
Coefficient alpha (interval consistency) = .85

Measuring Therapist Effectiveness to Provide Tobacco Dependence Interventions with just Three Questions

People who scored higher on the WAIT-3:

- were more likely to have tried to quit in the past 6 months
- were more likely to have reduced in the past 6 months
- were more likely to have a tobacco goal in their treatment/care plan
- have had more conversations about tobacco with their counselor

Measuring Therapist Effectiveness to Provide Tobacco Dependence Interventions with just Three Questions



Measuring Therapist Effectiveness to Provide Tobacco Dependence Interventions with just Three Questions

Correlation between WAIT-3 Scores and attitudes/beliefs

Belief/Attitude	Correlation	Significance
It is important for me to quit using tobacco.	.250	<.01
It is not a good idea for a person who is coping with a mental illness to try to quit using tobacco until in full recovery.	-.038	NS
My tobacco use is no concern of my CSP/CCS.	-.246	<.01
I want my CSP/CCS to help me to quit using tobacco.	.298	<.01
When my CSP/CCS addresses my tobacco use, I know that they care about the whole me.	.292	<.01
I want to quit using tobacco.	.335	<.01
It's OK for my CSP/CCS to help me quit using tobacco as long as doing so doesn't interfere with my other treatment goals.	.266	<.01
I know I need help to quit using tobacco.	.160	=.01
I didn't come to this CSP/CCS to quit using tobacco so staff should not address my tobacco use.	-.248	<.01
I want to quit using tobacco but don't think I can.	-.124	<.05
I'm not at all ready to quit using tobacco.	-.338	<.01

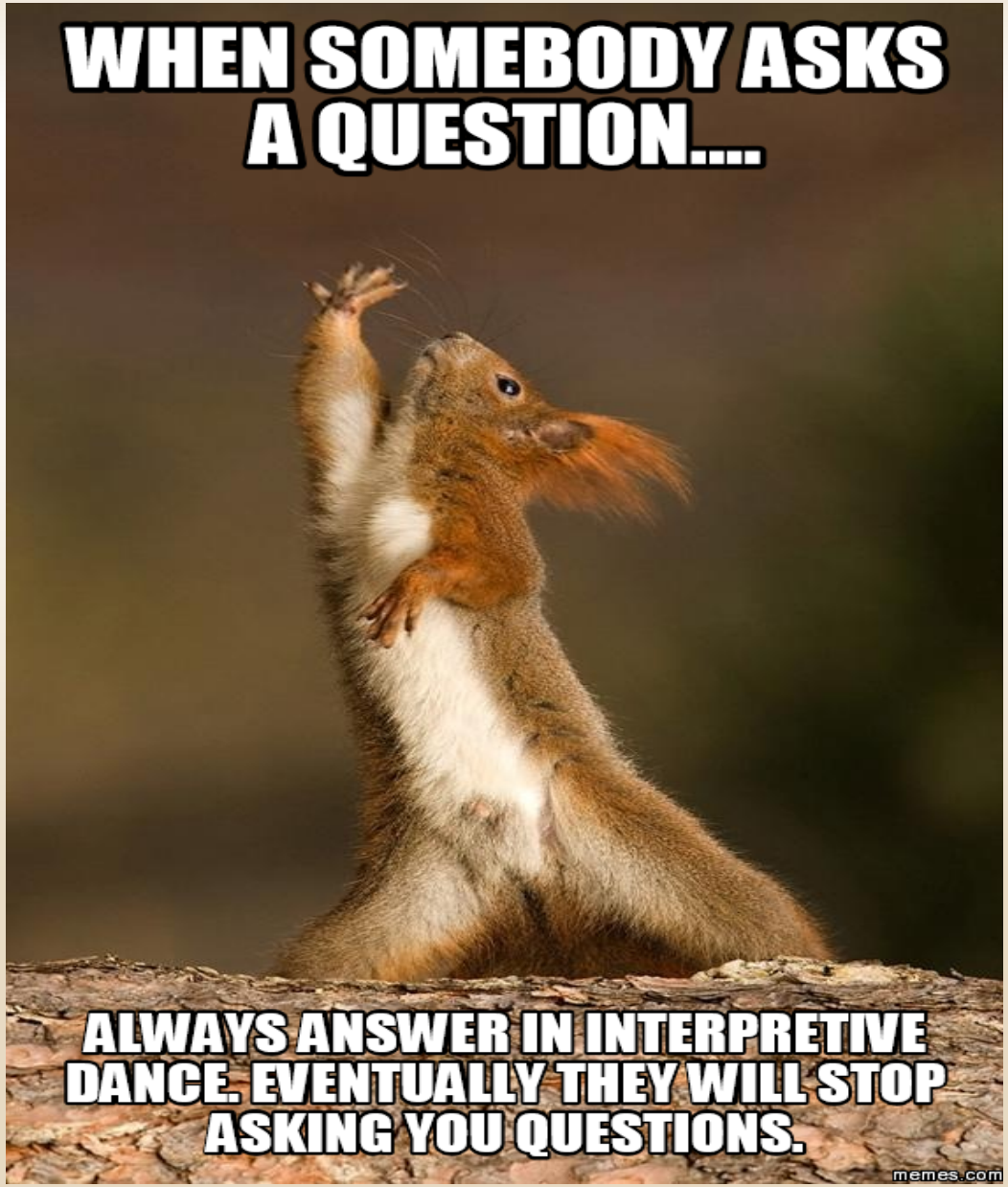
Conclusions

1. Like it or not, we have to measure the results of our integration efforts down to the level of the target of integration – the smoker
2. It is not likely that existing data will be sufficient for this measurement.
3. Fortunately, the barriers to collecting the needed data can be addressed such that collecting this data need not be overly burdensome.
4. Besides evaluating the impact of integration, such data can help understand the needs of smokers as well as the effectiveness of behavioral health clinicians to address tobacco.
5. Consider using the WAIT-3

Please contact me:

bc1@ctri.wisc.edu

Questions?


WHEN SOMEBODY ASKS A QUESTION....
ALWAYS ANSWER IN INTERPRETIVE DANCE. EVENTUALLY THEY WILL STOP ASKING YOU QUESTIONS.
memes.com

Announcements