

**Rutgers, The State University of New Jersey  
(formerly University of Medicine and Dentistry of New Jersey)**

*A Statewide Implementation of the Treating Tobacco in Mental Health Settings Training*

January 7, 2015

**Please answer the following three questions and submit as a Word file or PDF (2 pages max.) via Dropbox:**

1. *What, if any, proposed activities were not completed? Briefly describe those activities, the reasons they were not completed and your plans for carrying them out.*

We developed a 3-day curriculum and delivered this via live training events to three large training audiences of NJ behavioral health professionals in October 2013, December 2013 and March 2014. Curriculum emphasized motivational and pharmacotherapy techniques for treating mentally ill smokers and the New Jersey 13 Step Model for Systems Change. Continuing education credits were provided to all participants (physician, nursing, social work, counselor, certified alcohol & drug counselor, psychology, certified tobacco treatment specialist). Upon on line registration, participants were required to complete a pretest and survey of attitudes and beliefs. Conference participants were requested to complete daily program evaluation forms and a post-test at the end of the 3 day course. All participants were invited to complete an on-line 3 month follow-up survey to evaluate changes in practices after receiving our training.

Trainings were completed as described. A total of 323 participants attended.

1. October 28<sup>th</sup>, 29<sup>th</sup>, & 30<sup>th</sup>, 2013      N= 82
2. December 9<sup>th</sup>, 10<sup>th</sup>, & 11<sup>th</sup>, 2013      N= 101
3. March 10<sup>th</sup>, 17<sup>th</sup>, & 14<sup>th</sup>, 2014      N= 140

2. *Briefly tell us about any other unexpected issues, concerns or successes you have had during this reporting period.*

Overall the trainings were a success but there were a few minor logistical issues that occurred. A snowstorm on Dec 10 led to low attendance for Day 2 of the second training but we allowed people to make up the training day on March 17, 2014. Most people did the makeup day but this may have led to completion of fewer posttests than anticipated.

3. *Is there anything else you want to tell SCLC or Pfizer?*

Out of these only 310 eligible to participate in evaluation study which was defined as having some form of clinical work in a behavioral health setting. Participants included 19 physicians, 44 nurses, 9 psychologists, 79 social workers, 117 other counselors, 32 other (non-credit seeking). Most participants reported never smoking (176; 59%) or quitting more than 1 month ago (106; 35%) although a few quit recently (6; 2%) or were still using tobacco (12; 4%).

Two hundred ninety eight completed a pretest and 221 did a posttest. Knowledge acquisition increased significantly in participants as a result of the training. Baseline knowledge assessed via the pretest is poor in all areas including tobacco assessment and treatment. Mean pretest scores were

0.43 (43% correct; SD 0.15). Mean posttest scores increased to 0.63 (63% correct; SD 0.16; paired t test,  $t(-16.63)$ ;  $df\ 208$ ,  $p<0.001$ ).

At 3 months after the training date, training participants were contacted by email with a link to an online survey to be completed. Subjects were given a \$10 gift card incentive to complete the 3 month follow-up survey.

One hundred thirty six completed the 3 month follow-up which is a 44% survey completion rate. Participants were asked to report if the following tobacco practices or policies were in effect at their agency. Rates of most of these practices was increased at the 3 month follow-up (although not statistically significant) and data is somewhat limited by low follow-up rate.

	Baseline	3 Months
	YES Number (%)	YES Number (%)
Peer specialist delivered services that educate about tobacco, engage tobacco users into treatment or peers that provide tobacco treatment services	82 (27.3)	45 (33.1)
Standardized assessment of all tobacco users with questions that ask about nicotine dependence or desire to stop using tobacco	157 (52.3)	83 (61.0)
Onsite clinical services to help tobacco users to quit (group or individual counseling)	146 (48.7)	77 (56.6)
Onsite prescribers who currently help tobacco users to quit by prescribing nicotine replacement or another tobacco treatment medications	136 (45.3)	68 (50.0)
A written policy at your agency that says that all tobacco users are offered treatment	113 (37.7)	51 (37.5)
A written policy that prohibits tobacco use, <i>not only in buildings</i> , but outside on all adjacent property (tobacco-free grounds)	163 (54.3)	78 (57.4)
A written policy that prohibits staff from using tobacco alongside with clients	152 (50.7)	74 (54.8)
Onsite access to a carbon monoxide meter to take readings from smokers	51 (17.0)	30 (22.1)
Treatment or referrals are made available for staff members who currently use	164 (54.7)	65 (47.8)

Two hundred forty nine training evaluations were completed. These were very positive. Most indicated some plan for practice change based on the training.

	Answered Yes (Agree or Strongly Agree)
Information presented today will be applied to my practice/workplace.	91% (226)
Information presented today will contribute to achieving my personal or professional goals.	92% (229)
Information presented today will help me improve patient care/my job performance.	93% (231)
Information presented today was educationally sound and scientifically balanced.	95% (237)

If you anticipate changing one or more aspects of your practice/professional responsibilities as a result of your participation in today's program, please briefly describe how you plan to do so. (selected from many)

- I plan to discuss treatment options with clients and provide information.
- Educate prescribers at my job about NRT and myths associated with them.
- Address issues related to tobacco more often with clients.
- Educating administration on importance and benefits to tobacco program.
- Implement change in treatment planning when focusing on tobacco treatment.
- Make some changes to new employee orientation materials. Consider developing employee ed based on their training.
- Discuss tobacco dep. Treatment with clients and including it on the treatment plan.
- Gather support and propose a continuous tobacco cessation program for clients and staff. Also, restart the conversation on a smoke-free campus.