

Intake, Assessment, and Treatment Planning

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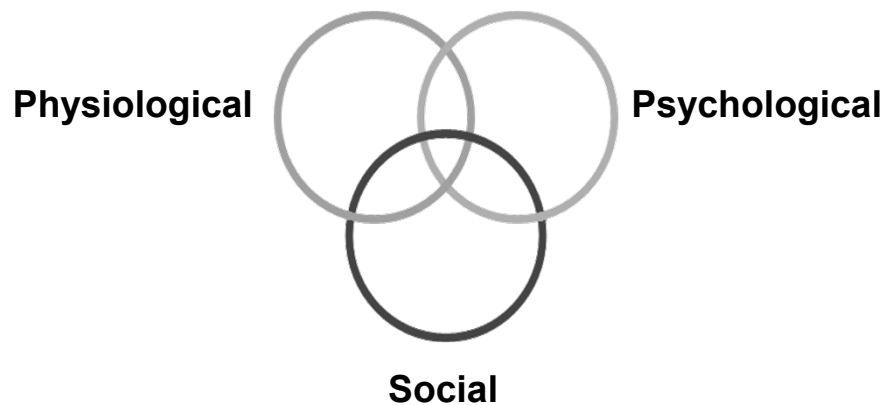
Goals of This Module

- Describe the key components of a comprehensive intake process including demographics, current tobacco use, quitting history, medical/psychiatric history, dependence, and social, cultural, and environmental factors.
- Assess a tobacco user from a bio/psycho/social model
- Identify strengths and potential barriers
- Conduct interviews in a manner which advances stage of change and promotes self-efficacy
- Develop a tailored treatment plan based on the assessment



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The "Biopsychosocial" Model of Tobacco Dependence: A Review



The Intake and Assessment Process

- ▶ How and when will assessment be conducted in your system? Who will do the assessment?
- ▶ Examples:
 - Paper forms completed prior to initial session?
 - Information collected during interview?
- ▶ Sample – MGH Intake Form

Assessment Components

- Demographics
- Tobacco Use History
- Quitting History
- Level of Tobacco Dependence
- Social/Cultural/Environmental Factors
- Medical/Psychiatric History
- Beliefs/Stage of Change/Self-Efficacy



Demographics

- What do you want to know about your client?
- Why would it be helpful?



Demographics

- Age
- Gender
- Race/Ethnicity
- Relationship status
- Residence
- Educational level
- Employment
- Insurance
- Primary Care MD?



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Tobacco Use History

- What do you want to know about your client?
- Why would it be helpful?
- How can you gather this information using open ended questions?



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Tobacco Use History

- Age started
- How did you start
- Cigarettes per day
 - Lifetime
 - Current
- Brand (Menthol?)
- Other tobacco or e-cigarette/vaping use
- What do they like about it



Prior Quit Attempts

- Number of attempts
- Time and timing: Why then?
- Specifics on longest and most recent
- Pharmacotherapy
- Other methods like groups, acupuncture
- Withdrawal symptoms
- Reason for relapse



Level of Tobacco Dependence: Assessment Tools (review from TTS Part 1, Module 4)

- ▶ The DSM 5 includes 11 criteria for Tobacco Use Disorder that include cognitive, behavioral and physiological symptoms
- ▶ Commonly used checklists for assessing TUD include
 - Fagerstrom Test for Nicotine Dependence (FTND) and Heaviness of Smoking Index
 - HONC for smoking and vaping
 - Promise-E
 - Seversons Smokeless Tobacco Dependence Scale
- ▶ Expired Carbon Monoxide (CO) and Cotinine provide biological data related to tobacco use levels

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Using a CO Monitor



<https://www.youtube.com/watch?v=HtW8YRq0Xfg>

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Social and Environmental Factors

- ▶ Who smokes at home
- ▶ Can you smoke in the home/car
- ▶ What about friends/co-workers
- ▶ Smoking policy at work?
- ▶ How does smoking fit into your social life
- ▶ What supports/stressors exist right now



Cultural Factors

- ▶ Avoid cultural 'blindspot' syndrome
- ▶ Influence of religious or cultural beliefs
- ▶ Cultural reasons that support tobacco use
- ▶ Respect boundaries
- ▶ Always ask permission
- ▶ Recognize differences/Build on similarities



Example of How Environmental and Demographic Factors May Impact Tobacco Use:
Tobacco Industry's Deliberate Targeting of Menthol Products to Communities of Color



<https://www.youtube.com/watch?v=Eeg5BNx--uQ>



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Addressing Racial and Health Equity in Your Work

- ▶ As reviewed in Module 7 (online), disparities in tobacco use and health consequences result from many things, including:
 - ▶ Institutional racism
 - ▶ Unfair social policies and practices
 - ▶ Lack of health promotion resources
 - ▶ Increased exposure to risk factors
 - ▶ Neighborhood and built environment (such as housing, environmental conditions, and safety)
 - ▶ Reduced access to health care services, including tobacco dependence treatment

How do you address racial and health equity in your work/worksite? What makes it challenging to do so?



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Personal Medical History

- ▶ Current tobacco use related symptoms
- ▶ Tobacco-related illnesses
 - Life threatening
 - Impairing function
- ▶ Chronic pain
- ▶ Precautions to pharmacotherapy choice
- ▶ Medications affected by quitting tobacco



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Screening for Substance Use

- ▶ Current or past use/dependence of other drugs such as:
 - Alcohol
 - Cocaine
 - Heroin and other opioids
 - Marijuana
- ▶ If past use:
 - How long off substance
 - Method used to stop
 - Ongoing supports in place



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Tobacco/Nicotine and Cannabis Co-use

- Among tobacco users rates of cannabis co-use range from 20–30%
- Among young adults (age 18–25) nicotine–cannabis co-use rates are estimated to be above 50% (includes alternate nicotine products)
- Cannabis use among adolescents predisposes to later cigarette and e-cigarette use and vice versa
- Mental health problems are more likely in adolescent dual users of cannabis and tobacco



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Why Use Nicotine and Cannabis Together?

- High school e-cigarette users also using cannabis via dab pen, vaping, joints, blunts, or bongs reported:
 - More intense high
 - Less nicotine hits needed to feel the psychoactive effects of nicotine
- In tobacco treatment trials we need to ask about cannabis use. Cannabis users were often excluded from tobacco treatment trials in the past.
- Noncombustible cannabis use is becoming more common



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Does Cannabis Use Adversely Impact Tobacco Treatment?

- ▶ Mixed results; this is an understudied area
- ▶ Continued cannabis use may impact cessation treatment:
 - Cannabis can act as a trigger for tobacco
 - Intense withdrawals if quitting both substances together
 - Drug substitution
- ▶ Research challenges include:
 - How to define co-use, such as number of days per month? methods of cannabis use? patterns of co-use?
 - Biochemical verification:
 - CO measurement is impacted by all combustibles
 - Blood/urine cotinine measurements are expensive
 - Type of wrapper used to prepare “blunts” may or may not contain nicotine (cigar/cigarillo wrapper vs hemp wrapper)
 - THC measurements



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Screening for Alcohol Abuse: the CAGE Test

- C: Have you ever felt you should cut down on your drinking?
- A: Have people annoyed you by criticizing your drinking?
- G: Have you ever felt bad or guilty about your drinking?
- E: Have you ever had an eye-opener first thing in the morning (or when you get up) to steady your nerves or get rid of a hangover



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Working With The Client in Recovery

- Identify through assessment that the client is in recovery
- Ask questions to allow discussion of other major lifestyle changes that the client has made, including recovery
- “Many roads, one journey” (Charlotte Kasl)
 - Alcoholics Anonymous/other 12-step programs
 - SMART Recovery, Women for Sobriety, SOS, Religious support, family support, psychotherapy



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Being Aware of Behavioral Health Conditions

- Has your client disclosed a behavioral health condition?
- Be aware of the possibility of an undiagnosed condition
 - If you have concerns, referral to a behavioral health provider
 - There is a relationship between quitting tobacco and having other behavioral health conditions
- Get permission to talk with other providers
- Be aware of HIPAA – privacy of personal health information



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Assessment Questions when Clients Have Mental Health Disorders

- ▶ Prompt/how to ask –
 - Normalize asking about behavioral health conditions; questions are asked of everyone
 - Explain why the information may be useful when developing a treatment plan
- ▶ Things you will want to discuss with your clients:
 - Current medications
 - Therapist/Psychiatrist
 - Day to day functioning
 - Social supports
 - Acute stressors
 - Speech pattern/Nonverbal cues
 - Contribution of medical problems



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Screening for Depression

- What depression screening do you use at your site?
- PHQ-2 is common initial screener:

Over the last 2 weeks , how often have you been bothered by the following problems?	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	<input type="radio"/> 0	<input type="radio"/> +1	<input type="radio"/> +2	<input type="radio"/> +3
2. Feeling down, depressed or hopeless	<input type="radio"/> 0	<input type="radio"/> +1	<input type="radio"/> +2	<input type="radio"/> +3

Interpretation: PHQ-2 score ranges from 0–6. If the score is 3 or greater, major depressive disorder is likely. Patients who screen positive should be further evaluated with the PHQ-9, other diagnostic instruments, or direct interview to determine whether they meet criteria for a depressive disorder.

Kroenke K. et al (2003)



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Depression Screening Tools

- ▶ PHQ-9 (often follows PHQ-2)
 - <https://www.hiv.uw.edu/page/mental-health-screening/phq-9>
- ▶ CES-D
 - 16 or greater = possible depression
<http://www.chcr.brown.edu/pcoc/>

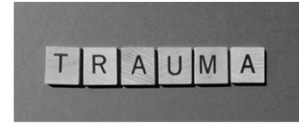


Screen for Other Mental Health Disorders

- ▶ Generalized Anxiety Disorder
- ▶ Panic Disorder
- ▶ PTSD
- ▶ Obsessive compulsive disorder
- ▶ Agoraphobia
- ▶ Bipolar Disorder
- ▶ ADHD
- ▶ Schizophrenia



Trauma-Informed Care



- ▶ Tobacco use is significantly associated with adverse childhood experiences (ACEs)
- ▶ Many people who use tobacco may also have been exposed to adverse community experiences
- ▶ Basic principles for providing trauma-informed care include:
 - Trauma awareness
 - Emphasis on safety
 - Consideration of cultural, historical, and gender issues
 - Give opportunities to rebuild control
 - Use a strengths-based approach

Budenz A, et al. 2021;
Hopper EK et al, 2010



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Trauma-Informed Care – Suggested Script

I have some questions to ask you about your history. As medical providers, we are becoming more and more aware of how past experiences can affect our health in the here and now. Sometimes knowing about difficult experiences in the past can help us to change our approach for you as a patient to make this a safe and comfortable place for your health care. How would you feel about answering a few brief questions about your personal and family history?

Difficult life experiences, like growing up in a family where you were hurt, or where there was mental illness or drug/alcohol issues, or witnessing violence, can affect our health. Do you feel like any of your past experiences affect your physical or emotional health? Trauma can continue to affect our health, including quitting smoking. If you would like, we can talk more about services that are available that can help.”

National Council for Behavioral Health, 2019
<https://www.thenationalcouncil.org/wp-content/uploads/2019/11/Script-Templates-for-Trauma-Informed-Inquiry.pdf?d4f=375ateTbd56>

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Family Medical History

- ▶ Is it motivating a quit attempt?
- ▶ Is it creating anxiety?
- ▶ Is there an emotional connection?



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Beliefs/Self Efficacy/Stage of Change

- ▶ Choosing what to reinforce with reflections is key
- ▶ What is their stage of change AND
- ▶ The etiology for that stage of change
- ▶ Listen for the DARN-C
- ▶ It all comes down to confidence and commitment



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Pulling It All Together

- Summarize key information with clients
- Focus on identifying strengths and potential barriers
- Collaborate on determining next steps

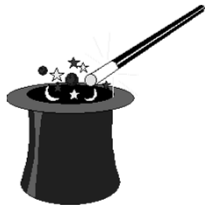


Building Motivation to Change...

Is building optimism and...

“Optimism is the faith that leads to achievement. Nothing can be done without hope and confidence”

Helen Keller



Role Play for Training Activity

- ▶ **Demonstration of an intake/assessment interview**
 - Instructors will role play
 - Participants will use the Role Play Feedback Form to take notes



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Now It's Your Turn . . .

- ▶ **Group Exercise – Part I**
 - Case study: Conducting and evaluating an intake/assessment interview



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Tailoring Treatment – Cultural Considerations

- ▶ Know your population and tailor your interventions culturally as best as possible
- ▶ Involve community members in planning and guiding your program if you can
 - Be transparent, build communication and buy-in
- ▶ Provide a welcoming environment
- ▶ Have native language clinicians available
- ▶ Have materials available in relevant languages
- ▶ See resources listed in Appendix

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Tailoring Treatment – Individual Plan

- ▶ Using assessment information to tailor the plan
- ▶ Strengths/Barriers
 - Special Considerations
 - Client preferences
- ▶ Incorporating strategies at all phases
 - Pre-Cessation
 - Cessation
 - Maintenance
 - Relapse Recycling



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Tailoring Treatment – Pharmacotherapy

- Be specific about recommended pharmacotherapy
- Consider the factors discussed in the pharmacotherapy module:
 - Medication factors, such as effectiveness, ease of use, accessibility including costs, side effect
 - Patient factors, such as level of nicotine dependence, prior experiences with medications, access to medications, preferences, confidence with using, beliefs, and cultural considerations
 - Medical issues, such as co-morbidities



Selecting a Treatment Modality

- Work with the options available at your site
 - 1:1
 - Group
 - Telephone
 - Supplement with other resources
 - Cultural considerations



Model Practice Exercise

Group Exercise – Part II

- ▶ Case study, Nancy Wexler: developing a treatment plan



Model Practice Exercise: Nancy Wexler Building a Treatment Plan

- ▶ Strengths
- ▶ Weaknesses
- ▶ Pre-Cessation
- ▶ Cessation
- ▶ Relapse Prevention/Recovery

Practice

Group Exercise – Part II

- ▶ Case study: developing a treatment plan



Group Exercise – Part III



- ▶ Your client has relapsed and has contacted you for support
- ▶ Read Nancy's relapse story together
- ▶ Observe roleplay between Nancy and TTS
- ▶ As a group, discuss a revised treatment plan for her relapse recovery
 - What would remain the same?
 - Add in at least 3 new changes based on the roleplay and the relapse story
- ▶ Now it's your turn! Same groups, same case study
 - Role play (5 minutes): 1 person is the client, 1 is the TTS and the other observe
 - As a group, discuss a revised treatment plan
 - What would remain the same? Discuss three new changes based on the roleplay and relapse story