Center for Evidence Based Practices at Case Western Reserve University Ohio Tobacco: Recovery Across the Continuum Model Fidelity Measure

Part I: Organizational Characteristics

TO1.	Organizational Philosophy
TO2.	Organizational Policies and Procedures
TO3.	Evidence of Individualized Treatment Plan
TO4.	Organization Wide Training
TO5.	Tobacco Unit Staff
TO6.	Inter-Disciplinary Communication
TO7.	Supervision
TO8.	Process Monitoring
TO9.	Outcomes Monitoring
TO10.	Quality Improvement (QI)
TO11.	Participant Choice

Part II: Treatment Characteristics

TT1.	Identification and Assessment
TT2.	Continuum of Stage-Wise Tobacco Treatment Interventions
TT3.	Motivational Interventions
TT4.	Comprehensive Integrated Physical and Behavioral Health
TT5.	Tobacco Specific Treatment Curriculum Content
TT6.	Pharmacological Treatment
TT7.	Abstinence Based Skill Development
TT8.	Involvement of Social Support Network

 These materials were developed with funding from the Ohio Departments of Health, Mental Health, and Alcohol and Drug Addiction Services.

Part I: Organizational Characteristics:

TO1. Organizational Philosophy

Definition: The organization is committed to a clearly articulated philosophy and strategic plan for implementing the Tobacco: Recovery Across the Continuum (TRAC) Model that includes a whole-health approach to recovery.

Sources of information:

1) Senior staff (e.g., Ex. Dir., Clinical Services Dir.)
2) Medical Director
3) Random sampling of direct service providers
4) Tobacco "unit"
5) Written materials (e.g., agency policy, brochures)]

*Principles articulated should include: stage-appropriate approaches, motivational interventions, pharmacological interventions, and integrated whole health wellness approach. When rating this item, the expectation is that sources should clearly articulate and convey *intention* to implement TRAC principles.

**One or more representative(s) from a given source group count(s) as one source (e.g., two case managers, a therapist, and the CEO = 2 source groups); where views within a source group differ, calculate an average for the group.

1	1 or less of the sources display a clear understanding of and intent to implement core principles of the Tobacco: Recovery Across the Continuum (TRAC) Model
2	2 of the 5 sources display a clear understanding of and intent to implement core principles of the Tobacco: Recovery Across the Continuum (TRAC) Model
3	3 of the 5 sources display a clear understanding of and intent to implement core principles of the Tobacco: Recovery Across the Continuum (TRAC) Model
4	4 of the 5 sources display a clear understanding of and intent to implement core principles of the Tobacco: Recovery Across the Continuum (TRAC) Model
5	All 5 sources display a clear understanding of and intent to implement core principles of the Tobacco: Recovery Across the Continuum (TRAC) Model

TO2. Organizational Policies and Procedures

Definition: The organization's policies and procedures reflect a whole-health philosophy, including the establishment of a workplace that is 100% tobacco-free.

Components of policies and procedures:

1) Use of tobacco products on **agency property** (beyond the facility to campus grounds)
2) Use of tobacco products in **agency or personal vehicles when transporting consumers, staff, or visitors** on authorized business
3) **Displaying tobacco paraphernalia**
4) Being **"identifiable" as a tobacco user** by consumers, staff, or visitors of agency
5) **Resources for staff**

Displaying tobacco paraphernalia ("paraphernalia" refers to evidence of ashtrays, lighters, packs of cigarettes, chew tins, etc.) in view of consumers, visitors, or staff.

"Identifiable" refers to individuals who can be identified as a tobacco user through smelling of smoke or other tobacco products or promoting tobacco by wearing clothing or using coffee mugs (for example) that advertise products.

Resources for staff: Staff are offered resources for their own cessation efforts. Resources may include but are not limited to: educational materials; lists of phone numbers, websites, and/or addresses of local, regional, and national tobacco cessation resources; negotiated options through health insurance carriers or EAP; free or reduced cost NRTs; access to fitness or wellness programs; on site health fair; EAP addresses specific tobacco related needs and services; and tobacco cessation education sessions available to all staff.

Note: Compliance with local or state ordinance prohibiting the use of tobacco products in public buildings is presumed and does factor into these components.

1	The organization has policies and procedures that address one or less component
2	The organization has policies and procedures that address two components
3	The organization has policies and procedures that address three components
4	The organization has policies and procedures that address four components
5	The organization has comprehensive policies and procedures that address all five components establishing a workplace that is 100% tobacco free

TO3. Evidence of Individualized Treatment Plan

Definition: An individualized treatment plan specifically includes goals and objectives related to the consumer's tobacco use and stage appropriate interventions. Treatment plan goals reflect consumer preferences and are consistent with the tobacco assessment. The plan is updated as stage changes.

In earlier stages of change (prior to the individual identifying tobacco use as a problem), attention to other related issues should be documented in progress notes (e.g., health, financial, housing), as well as referrals to wellness groups, and/or attendance in wellness groups.

Critical components of an individualized treatment plan include:

1. **impact of tobacco use/reduction** on: other substance use, mental and/or physical health, psychiatric medications (with clear indication of medical necessity); housing, and money management
2. **evidence of consumer choice**
3. **stage appropriate interventions**

And, treatment plans are updated as the consumer progresses through stages of change.

1	There is no evidence of any of the critical components
2	There is evidence of one of the three critical components
3	There is evidence of two of the three critical components
4	There is evidence of all three critical components
5	There is evidence of all three of the critical components and treatment plans are updated as stage changes

TO4. Organization Wide Training

Definition: All agency personnel receive standardized tobacco related training for professional development in knowledge, skills, and attitudes appropriate to their role and function. A focus for staff is knowledge of the effects of tobacco on individual recovery and health, the addictive process, and motivational and active treatment interventions to assist consumers in the change process. Competency standards for professional development appropriate to role and function are established, monitored annually, and documented for all direct service staff and supervisors.

Elements of organization wide training includes:

A. Introductory training/tobacco model overview within 90 days of hire (or implementation of Tobacco: Recovery Across the Continuum (TRAC) Model at agency).
B. Basic level training (Brief MI, Effects of Tobacco on people with severe mental health conditions and/or other substance use disorders) for all staff within 6 months of hire (or implementation of Tobacco: Recovery Across the Continuum (TRAC) Model at agency).
C. Advanced level training for tobacco unit staff and tobacco supervisor
D. Booster training is provided according to role and function
E. Agency has implemented a plan for evaluating and maintaining ongoing competence

1	The organization meets A or less
2	The organization meets A and B
3	The organization meets A, B and C
4	The organization meets A, B, C, and D
5	The organization meets A, B, C, D, and E

TO5. Tobacco Unit Staff

Definition: The agency has identified a minimum of one clinician and one supervisor who have completed advanced level training in stage-appropriate tobacco interventions with people with severe mental health conditions and/or other substance use disorders. The tobacco unit staff are designated with time proportionate to the number of consumers in need. Potential members of the tobacco unit include Community Psychiatric Supportive Treatment personnel/case managers, peers, nurses, psychiatrists, and/or others involved in consumer services. Unit staff have proportionate duties and responsibilities including providing direct treatment (group or individual), and facilitating and ensuring evidence of communication among providers (within and outside of the unit) in order to meet the needs of consumers seeking tobacco assistance.

Key components of tobacco unit staff include:

1) Have proportionate duties
2) Facilitate communication about consumers' treatment progress among providers
3) Provide specific tobacco-related treatment interventions
4) Consult with and involve medical professionals

1	None of the key components are present
2	One of the four key components is present
3	Two of the four key components are present
4	Three of the four key components are present
5	All four of the key components are present

TO6. Inter-Disciplinary Communication

Definition: Communication among all staff occurs frequently and includes information such as the extent of consumer tobacco use, current consumer stage of change, attempted psychosocial and pharmacological interventions employed (over-the-counter and prescribed) and consumer response to those interventions. Further, communication may be verbal as well as written yet is accessible and utilized among all staff: psychiatrists, nurses, case managers, therapists and ancillary supports (e.g., peer supports, employment specialists, housing liaison, and group facilitators). Excellent communication is critical because it ensures that: 1) motivational approaches are appropriate to the consumers' stage yet avoid repetition that may be perceived by consumers as bothersome or harassing; 2) presenting symptoms and complaints are interpreted properly, e.g., symptoms of nicotine withdrawal might be incorrectly interpreted as psychiatric decompensation if the clinician is unaware that the individual has stopped tobacco use; 3) social supports and challenges are known and addressed.

Excellent inter-disciplinary communication includes attention to these four elements:

1) **Communication content** includes extent of use, current stage of change, attempted psychosocial and pharmacological interventions (over-the-counter and prescribed) employed and consumer response to those interventions
2) **Includes all staff** involved in consumer care
3) Is **documented**
4) Staff **accesses and utilizes information** and discusses in team meetings, individually with other staff, and in supervision

1	None of the four elements are present
2	One of the four elements are present
3	Two of the four elements are present
4	Three of the four elements are present
5	All four communication elements are present

 These materials were developed with funding from the Ohio Departments of Health, Mental Health, and Alcohol and Drug Addiction Services.

TO7. Supervision

Definition: Staff providing direct tobacco cessation services have access to regular structured supervision (individual or group) from a clinician proficient in tobacco interventions (that is, the supervisor meets training requirements outlined in TO4. Organization Wide Training). Content of supervision should be consumer-centered and explicitly address the model and its application to specific consumer situations. Expectation is that the supervisor is maintaining a supervisory log, documenting ongoing issues, training needs, and assessment of individual practitioner competencies.

Requirements for effective supervision:

1) Regularly scheduled (at least monthly) supervision
2) Discussing clinical aspects rather than administrative aspects of treatment
3) Supervisor processes referrals
4) Supervisor assesses staff competencies and training needs
5) Supervisor reviews current consumer outcomes with unit staff and sets goals to improve program performance at least quarterly

1	Supervision meets one or less of the above requirements.
2	Supervision meets two of the above requirements.
3	Supervision meets three of the above requirements.
4	Supervision meets four of the above requirements.
5	Supervision meets all five of the above requirements.

TO8. Process Monitoring

Definition: Supervisors and program leaders monitor the process of implementing and sustaining tobacco cessation services. Process monitoring involves an explicit plan to address how the tobacco services are being delivered. Examples of process monitoring include an action plan with explicit goals and objectives based on findings and/or recommendations made during the fidelity assessment. Goals should be clearly stated, measurable, assigned to specific responsible party/parties, and reviewed for progress or change by a standing workgroup on a set schedule. The purpose of process monitoring is to assist organizations in making decisions about how to improve their services. Optimally, staff providing direct tobacco services are involved in the review and development of the plan.

Key components of process monitoring include:

1) An identified workgroup (e.g., an existing management team charged with implementation of clinical practices)
2) Goals and objectives are clearly stated, measurable, and assigned to specific responsible party/parties
3) Evidence/documentation of specific action steps taken to improve services
4) At least quarterly meetings
5) A communication mechanism to direct service providers OR one of the direct service providers on the workgroup

1	One or less of the five key components is present
2	Two of the five key components are present
3	Three of the five key components are present
4	Four of the five key components are present
5	All five key components are present

TO9. Outcomes Monitoring

Definition: Supervisors/program leaders/quality improvement personnel monitor change over time for consumers receiving interventions using a standardized set of outcomes indicators. Individual consumer outcomes are shared with key stakeholders, funders, agency administration, consumers and staff providing direct tobacco cessation services and at the program level with other stakeholders. Primary outcomes are related specifically to the tobacco cessation intervention and are measured in a consistent and systematic manner over time (e.g., decrease of tobacco use and cessation, consumer movement through the stages of treatment, use of NRTs/medications). Outcomes collected are utilized to guide treatment.

Characteristics of effective outcomes monitoring

1) Standardized
2) Monitoring occurs semiannually (every 6 months)
3) Results are shared with consumer to guide individual clinical care
4) Outcomes are used to improve and evaluate services

1	None of the four characteristics are present.
2	One of the four characteristics is present.
3	Two of the four characteristics are present.
4	Three of the four characteristics are present.
5	All four of the characteristics are present.

TO10. Quality Improvement (QI)

Definition: The organization has a QI structure (i.e., committee or representative) that includes an explicit plan to review clinical and organizational components of the tobacco services at least semiannually as part of the routine QI procedures. The QI plan is used to improve services through involvement in both Process Monitoring and Outcomes Monitoring.

Examples for quality improvement review include: utilization of services; integration of services; evidence of tobacco screening and assessment; presence in treatment plan; diagnosis of Nicotine Dependence, when appropriate; prescription of NRTs; evidence of motivational/stage appropriate interventions; and evidence of participation in cessation groups.

Characteristics of effective quality improvement include:

1) Standardized
2) Monitoring occurs semiannually (every 6 months)
3) Results are shared with program managers and clinicians to guide individual consumer care
4) Process and consumer outcomes are used to improve and evaluate services

1	None of the four characteristics are present.
2	One of the four characteristics is present.
3	Two of the four characteristics are present.
4	Three of the four characteristics are present.
5	All four of the characteristics are present.

TO11. Participant Choice

Definition: All consumers are offered choices that include referral to, provision of, as well the choice to refuse treatment. All consumers are offered a range of individual and group interventions and NRTs/medications with no arbitrary exclusion criteria or time limits. Practitioners consider and abide by consumer preferences for the type, duration, and frequency of services.

Sources of information: Consumers; Medical professionals; Random sampling of direct service providers; Tobacco unit staff; Clinical documentation

Key components include:

1) Consumers are informed of the range of services available – as evidenced by readily accessible materials for consumers and family members (e.g. brochure, "menu" of services shared at intake and throughout the course of involvement in services, flyers in lobby)
2) Range of services available
3) No arbitrary exclusion criteria
4) No arbitrary time limits on services
5) Evidence of consumer involvement in treatment plan

1	One or less of the five key components is present
2	Two of the five key components are present
3	Three of the five key components are present
4	Four of the five key components are present
5	All five key components are present

Part II: Treatment Characteristics

TT1. Identification and Assessment

Definition: All consumers served by the organization are assessed at intake and updated every six months using standardized tools and criteria to determine: whether they use tobacco products, history and current extent of use of all tobacco related substances, readiness for movement toward abstinence, prior attempts to quit, days of abstinence, current use of appropriate medications and/or Nicotine Replacement Therapy (NRT) known to reduce craving, and any physical health or psychiatric consequences of tobacco use. Assessment results in a diagnosis of Nicotine Dependence, where appropriate.

Key components include:

1) Standardized
2) Comprehensive (includes all of the elements identified in the definition above)
3) Completed with all consumers of the organization
4) Regular updates occur (minimum of every six months)
5) Assessment is used to inform treatment interventions

1	One or less of the five key components is present
2	Two of the five key components are present
3	Three of the five key components are present
4	Four of the five key components are present
5	All five key components are present

 These materials were developed with funding from the Ohio Departments of Health, Mental Health, and Alcohol and Drug Addiction Services.

TT2. Continuum of Stage-Wise Tobacco Treatment Interventions

Definition**:** Agency offers multiple treatment interventions on a continuum and is based on stage of readiness for tobacco cessation. These interventions are provided to consumers in group and/or individual sessions as clinically indicated.

Interventions:

1) Motivational interventions
2) Integrated physical and behavioral health services
3) Tobacco specific treatment curriculum content
4) Pharmacological treatment
5) Abstinence based skill development

1	One or less of the identified interventions is offered and no evidence they are stage-appropriate.
2	Two of the identified interventions are offered and interventions are stage-based.
3	Three of the identified interventions are offered and interventions are stage-based.
4	Four of the identified interventions are offered and interventions are stage-based.
5	Five of the identified interventions are offered and interventions are stage-based.

TT3. Motivational Interventions

Definition: Motivational Interventions (MI) is a set of techniques for people that have not yet decided to quit tobacco use and assists them in moving toward preparing for change and taking action. Staff who work with consumers who are ambivalent about changing tobacco use clearly embrace the spirit and philosophy of a motivational approach and use strategies such as: express empathy; develop discrepancy between goals and continued use; avoid argumentation/roll with resistance; instill self-efficacy and hope; and employ motivational incentives (contingency management). All staff understand and utilize stage appropriate MI principles. Documentation of such interventions occurs in the chart.

Staff levels include:

- tobacco unit
- medical professionals
- all other agency staff

1	No Motivational strategies are evident
2	Only 1 staff level employs motivational strategies
3	2 of the 3 staff levels employ motivational strategies
4	All 3 staff levels employ motivational strategies
5	All 3 staff levels employ motivational strategies and there is evidence of competency based supervision across levels of staff

TT4. Comprehensive Integrated Physical and Behavioral Health

Definition: Staff utilize information from the health assessment to assist the consumer to develop and employ a comprehensive wellness approach to care. Staff may provide these elements (outlined below) or connect consumers with community resources. Evidence of this approach is documented in the chart. An integrated approach is fully enacted, coordinated, and confirmed with community providers as necessary.

Elements of a comprehensive wellness approach include:

1) Preventive health screening
2) Physical exams and dental checkups
3) Monitoring signs and symptoms of all chronic health conditions
4) Physical exercise
5) Proper nutrition

1	The wellness approach includes one or less elements
2	The wellness approach includes two elements
3	The wellness approach includes three elements
4	The wellness approach includes four elements
5	The wellness approach includes all five elements

TT5. Tobacco Specific Treatment Curriculum Content

Definition: Interventions and available resources for people more ready to quit tobacco cover the negative consequences of tobacco use including the physical, social, and financial effects; impact on other health conditions, issues of self-care; and independent functioning. Interventions are delivered either individually or in group as clinically indicated and according to consumer preference.

Content areas:

1) Impact of tobacco on mental health and wellness
2) Impact of tobacco on physical health and wellness
3) Proper use of NRTs and/or psychopharmacology
4) Content is standardized (e.g. a “curriculum” is employed)

1	Evidence of one or less content areas
2	Evidence of two content areas
3	Evidence of three content areas
4	Evidence of all four content areas
5	Evidence of all four content areas and consumers are allowed to repeat the curriculum as needed

TT6. Pharmacological Treatment

Definition: Physicians and/or nurses prescribing medications are trained in such therapies and work with the consumer and other staff to offer medications (such as nicotine replacement therapies, bupropion, and varenicline/Chantix) to help reduce craving and addictive behavior. Medical professionals assess and monitor both tobacco-related and psychotropic medication dosages and side effects as consumers reduce use of tobacco products.

Key elements of pharmacological treatment:

1) Agency offers NRT's
2) Agency offers education about NRT's
3) Agency assesses and diagnoses Nicotine Dependence, where appropriate
4) Medical professionals are trained in pharmacological interventions for tobacco
5) Documentation indicates monitoring psychotropic medications, dosage, and side effects in context of NRT's and tobacco cessation

1	One or less of the five key elements is present
2	Two of the five key elements are present
3	Three of the five key elements are present
4	Four of the five key elements are present
5	All five of the key elements are present

TT7. Abstinence Based Skill Development

Definition: The agency offers abstinence based skill development that addresses tobacco use for people that have decided to quit their use. Abstinence-based skill development integrates tobacco issues with mental health and substance use issues.

These skills include:

1) Analyzing using behaviors (e.g. identifying triggers and cues)
2) Skill building (relaxation, tobacco refusal, managing cravings, replacement behaviors) through role-playing and psychoeducation
3) Cognitive restructuring
4) Identifying positive social supports
5) Developing a written relapse prevention plan

1	One or less of the five skills is present
2	Two of the five skills are present
3	Three of the five skills are present
4	Four of the five skills are present
5	All five of the skills are present

TT8. Involvement of Social Support Network

Definition: Staff encourage consumers to identify members of their social support networks (e.g., family members, significant others, local Consumer Operated Services, employer, coworkers, sponsor, group home operator, etc.) for the purpose of identifying sources of support during recovery. Involvement is intended to educate supports about tobacco, engage them to support recovery, and to promote collaboration with the treatment team. Staff make meaningful attempts to engage those individuals in the tobacco cessation treatment process.

Strategies to involve social support network members include:

1) Communication about the consumer's progress
2) Involvement in treatment planning
3) Education about the impact of tobacco use on mental health and other substance use recovery (e.g., through written materials)
4) Learning how to actively support the consumer's recovery through participation in treatment groups and/or individual sessions
5) Linkage with community based educational sessions.

Sources of information: documentation in chart: e.g., assessment, release of information, progress notes; presence of educational handouts/pamphlets in waiting area and staff offices; interview with consumers and/or social support network members; group attendance logs; evidence of access to public groups/forums that provide education and/or treatment approaches (e.g. family educational groups, single-session educational forums).

1	No identification or involvement of social support network members
2	Two or less strategies are employed
3	Three strategies are employed
4	Four strategies are employed
5	Staff involve social support network members through an array of activities and options

---

For more information:

http://www.centerforebp.case.edu/practices/trac

Contact:

Patrick E. Boyle, LISW-S, LICDC (patrick.boyle@case.edu)
Director of Implementation Services
Debra Hrouda, LISW-S (debra.hrouda@case.edu)
Director of Quality Improvement/ TRAC Project Lead / IPBH Project Lead

Center for Evidence Based Practices at
Case Western Reserve University (CEBP)
10900 Euclid Avenue
Cleveland, OH 44106-7169
phone: 216-368-0808
fax: 216-368-2295