



Introduction

Implementing treatment for tobacco use disorder and addressing tobacco in behavioral health settings is a treatment team activity. Everyone has a role to play in helping the client address their current tobacco use, not merely the staff member who is providing the direct tobacco treatment (i.e. “quit smoking”) services. Hearing a consistent message across providers will help the client to understand the importance of working towards being tobacco-free, even as an eventual goal, to improve health and well-being. Everyone should understand basic information about the impact of tobacco use consequences in order to provide education and feedback to clients. Similarly, even basic MI skills in reflective listening and using the spirit of MI to talk to clients in an engaging way about tobacco is essential.

Although settings and roles may vary, we developed some guidance on skills and competencies that key members of the treatment team should possess. In addition to core knowledge on understanding tobacco as a co-occurring substance use disorder there are unique skills that each treatment team member brings. Nurses and prescribers like physicians, for example, are treatment team leaders on health issues and can help enhance the client’s use of tobacco treatment medications most effectively. Peer providers can share their own lived experience and provide a variety of support, education, and care options. Clinical therapists from a variety of disciplines may be the primary providers of tobacco counseling services. This counseling is similar to other types of counseling provided in behavioral health settings, but individuals may want to receive specialized training as a Certified Tobacco Treatment Specialist to have additional expertise. Administrators help to move the system forward and support the clinical activities as well as other program changes that may be happening to support a tobacco free environment. Ideally everyone on the treatment team is in their own recovery from tobacco use and can model this achievement and consider sharing their own story.

We hope this document can provide some guidelines for skills and competencies in 5 different roles. This was done for simplicity and streamlining, acknowledging that other individuals and treatment team members contribute to the goal of addressing tobacco. We also provide suggested educational activities and resources, which may vary by professional role. Most of these are recorded webinars and many include free continuing education credits.



Guidance for Peer Providers

Peer providers, ideally those who are in their own recovery from tobacco use, can provide a variety of support, education, and care options. Depending on the setting, peer providers and their supervisors can decide which of the following tasks fit within their scope of practice. Peers in tobacco recovery can also serve as valuable role models for a tobacco free lifestyle. These are just suggestions, and one does not need to complete all of them to support a program’s efforts to become tobacco recovery friendly.

Skills	Competencies	Suggested Training Opportunities
<ul style="list-style-type: none"> • Understanding tobacco as a co-occurring substance use disorder • Avoiding abstinence-only language • Engagement/using the “spirit” of MI (starting the conversation; raising the topic) • Education (impact of smoking) • Providing Support • Making referrals to evidence-based treatment (e.g., to prescribing clinician and quitline) • Sharing a Recovery Narrative (if a former tobacco user) • Organizing or leading mutual aid support groups 	<ul style="list-style-type: none"> • Ask Open ended questions • Do Basic reflections to demonstrate listening • Ask permission to provide information • Avoid confrontation • Avoid “quit” or “cessation” language • Provide basic knowledge of impact consequences of tobacco use (on health, finances, etc) • Take carbon monoxide (CO)monitor readings and provide feedback • Provide non-judgmental coaching • Tobacco recovery storytelling • Facilitate peer interactions individually or in groups 	<ul style="list-style-type: none"> • NYC TCTTAC live training (12 hours)* Recorded Trainings/ Webinars • FIT Motivational Interviewing Module: Engaging (20 minutes) • Academy of Peer Services Talking about Tobacco Series (3 hours) • Becoming Tobacco Free Video (7 min) • Be Free with NRT Video (15 min) • SAMHSA digital storytelling guide Websites • TCTTAC (https://nyctcttac.org). • NJ CHOICES (njchoices.org) Peer newsletter and other resources
<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> •

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Guidance for Psychiatrist or Nurse Practitioner

Prescribing clinicians are key to helping people with behavioral health conditions address tobacco. The evidence shows that medications to treat tobacco use are critical to support tobacco recovery in this population. Below are some areas to support prescribing clinicians.

Skills	Competencies	Suggested Training Opportunities
<ul style="list-style-type: none"> • Understanding tobacco as a co-occurring substance use disorder • Avoiding abstinence-only language • Advanced knowledge of medications to treat tobacco use disorder • Advanced knowledge of the interaction between tobacco smoke and psychiatric medications • Advanced knowledge of health consequences of tobacco use • Basic assessment and counseling to engage tobacco users 	<ul style="list-style-type: none"> • Knowledge of, dosing, side effects, and contraindications of medications to treat tobacco use disorder • Knowledge of emerging stepped-care algorithms (e.g., varenicline or combination NRT as first line) • Knowledge of how people use NRT and other medications optimally and in combination with tobacco use • Shared decision-making and working with people at different motivational levels • Understand how to assess people for of tobacco use disorder severity (level of dependence) • Taking carbon monoxide (CO) monitor reading and providing feedback • Basic counseling (e.g., set a quit date, relapse prevention, understand consequence of smoking/benefits of quitting) • Coordinating with the treatment team 	<p>Includes CME:</p> <ul style="list-style-type: none"> • FIT Module 37: Understanding the Use of Medications to Treat Tobacco Dependence (1 hour) • Archived TCTTAC: webinar for prescribing clinicians (1.5 hours) • FIT Archived Webinar: Pharmacology for Treating Tobacco: Advanced Topics and Updates (1.5 hours) • NYC TCTTAC live training (12 hours)* <p><u>Additional Training:</u></p> <ul style="list-style-type: none"> • FIT Motivational Interviewing: Engaging (20 minutes) • FIT Motivational Interviewing: Focusing: The Strategic Direction (15 minutes) • FIT: Stages of Change and Stages of Treatment (20 minutes) • Shared decision-making for prescribers (15 min) <p>Website</p> <ul style="list-style-type: none"> • TCTTAC (https://nyctcttac.org). • American Psychiatric Nurses Association: https://www.apna.org/resources/?fwp_resource_categories=tobacco-nicotine&pageid=3643

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Guidance for Nurses

Nurses are key to helping people with behavioral health conditions address areas that impact their health, including tobacco. Below are some areas to support nurses to address tobacco as part of overall wellness.

Skills	Competencies	Suggested Training Opportunities
<ul style="list-style-type: none"> • Understanding tobacco as a co-occurring substance use disorder • Avoiding abstinence-only language • Advanced knowledge of medications to treat tobacco use disorder • Advanced knowledge of the interaction between tobacco smoke and psychiatric medications • Advanced knowledge of health consequences of tobacco use • Basic assessment and counseling to engage tobacco users 	<ul style="list-style-type: none"> • Knowledge of, dosing, side effects, and contraindications of medications to treat tobacco use disorder • Knowledge of how people use NRT and other medications optimally and in combination with tobacco use • Working with people at different motivational levels • Understand how to assess people for of tobacco use disorder severity (level of dependence) • Taking carbon monoxide (CO) monitor reading and providing feedback • Basic counseling (e.g., set a quit date, relapse prevention, understand consequence of smoking/benefits of quitting) • Coordinating with the treatment team 	<p>Includes CME:</p> <ul style="list-style-type: none"> • FIT Module 37: Understanding the Use of Medications to Treat Tobacco Dependence (1 hour) • NYC TCTTAC live training (12 hours)* <p><u>Additional Training:</u></p> <ul style="list-style-type: none"> • FIT Motivational Interviewing: Engaging (20 minutes) • FIT Motivational Interviewing: Focusing: The Strategic Direction (15 minutes) • FIT: Stages of Change and Stages of Treatment (20 minutes) <p>Website</p> <ul style="list-style-type: none"> • TCTTAC (https://nyctcttac.org). • American Psychiatric Nurses Association: https://www.apna.org/resources/?fwp_resource_categories=tobacco-nicotine&pageid=3643

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Guidance for Clinician

Clinicians, ideally those who do not use tobacco, can provide a variety of support, education, and treatment options. Depending on the setting, clinicians and their supervisors can decide which of the following tasks fit within their scope of practice. These are just suggestions, and one does not need to complete all of them to support a program’s efforts to become tobacco recovery friendly.

Skills	Competencies	Suggested Training Opportunities
<ul style="list-style-type: none"> • Understanding tobacco as a co-occurring substance use disorder • Avoiding abstinence-only language • Practicing stage-wise assessment and treatment • Engagement using MI skills • Advanced evidence-based counseling skills for active treatment and relapse prevention • Education (impact of smoking, benefit of treatment) • Knowledge of medications to treat tobacco use disorder • Knowledge of health consequences of tobacco use • Treatment planning and goal setting to address tobacco use 	<ul style="list-style-type: none"> • Open ended questions • Reflections • Affirmations • Summaries • Elicit-Provide-Elicit • Understand how to assess people for level of dependence • Take a tobacco history, use validated measures, understand cultural factors, understand preferences for treatment • Ask permission to provide information • Avoid confrontation • Don’t use “quit” or “cessation” language • Provide basic knowledge of impact consequences of tobacco use • Take CO monitor reading and provide feedback 	<p>Includes CE:</p> <ul style="list-style-type: none"> • NYC TCTTAC live training (12 hours)* • Treating Tobacco Use with People with Behavioral Health Conditions (2.25 hours) • FIT Motivational Interviewing Modules (1.75 hours) • Stage-wise Treatment Modules (1.25 hours) <p>Additional Training:</p> <ul style="list-style-type: none"> • Tobacco Treatment Specialist Training (https://www.attud.org/ttspa.php) • Tobacco Training and Tools Page <p>Websites</p> <ul style="list-style-type: none"> • Association for the Treatment of Tobacco Use and Dependence (attud.org)

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Guidance for Leadership

Leadership includes people within programs (e.g., supervisors and team leaders), agencies (e.g., president or CEO, vice president), county (e.g., County Commissioner, LGU leadership), and state (e.g., OMH and OASAS Central Office). Leadership buy-in is critical to the success of supporting systems efforts to become tobacco recovery friendly. Below are some areas that people in leadership positions can address.

Skills	Competencies	Suggested Training Opportunities
<ul style="list-style-type: none"> • Reinforce tobacco recovery as a priority (e.g., at state, county, agency and/or program) • Empower workgroup and identified champions to make decisions and/or implement and sustain changes • Oversee the initiative and workgroup activities, including communication with key stakeholders and anticipating/addressing challenges • Align processes (billing, clinical supervision, policy, EHR, environment) and workflow to support tobacco recovery initiatives 	<ul style="list-style-type: none"> • Knowledge of impact and consequences of tobacco use within the behavioral health population • Inspire and engage staff to address tobacco recovery as a priority (within themselves and the people they serve) • Support staff by ameliorating barriers 	<ul style="list-style-type: none"> • NYC TCTTAC environment and policy curriculum (1 hour) • FIT Module 38: Implementing Tobacco Dependence Treatment (30 minutes)



Guidance for Community Support Staff (e.g., Residential Counselor, Case Manager)

Community support staff play a large role in people’s lives and can provide a variety of support, education, and care options. Depending on the setting, support staff and their supervisors can decide which of the following tasks fit within their scope of practice. These are just suggestions, and one does not need to complete all of them to support a program’s efforts to become tobacco recovery friendly.

Skills	Competencies	Suggested Training Opportunities
<ul style="list-style-type: none"> • Understanding tobacco as a co-occurring substance use disorder • Avoiding abstinence-only language • Engagement/using the “spirit” of MI (starting the conversation; raising the topic) • Helping people comply with policy (e.g., smoke free housing) • Education (impact of smoking) • Provide a brief intervention • Referral and linking to resources (e.g., prescribing clinician, quit line) 	<ul style="list-style-type: none"> • Open ended questions • Basic reflections • Ask permission to provide information • Avoid confrontation • Don’t use “quit” or “cessation” language • Provide basic knowledge of impact consequences of tobacco use • Take CO monitor reading and provide feedback • Provide non-judgmental coaching • Knowledge of environmental impact of tobacco (e.g., on pets and other people) • 2 As and an R (Ask, Advise, Refer) 	<ul style="list-style-type: none"> • FIT Motivational Interviewing: Engaging (20 minutes) • NYC TCTTAC live training (12 hours)* • Becoming Tobacco Free (7 min) • Be Free with NRT (15 min)

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