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## **Treatment Planning:**

**Integrating Tobacco Use Interventions into  
Chemical Dependence Services**

**Trainer's Manual  
Module 4**



**PROFESSIONAL DEVELOPMENT PROGRAM**  
ROCKEFELLER COLLEGE UNIVERSITY AT ALBANY State University of New York

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## About This Training

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### **PDP Background**

Since its founding in 1976, the Professional Development Program (PDP) has been committed to making extended learning and public engagement a reality for the public service and not-for-profit workforces through its ongoing education and training programs. The mission of the Professional Development Program is to make a difference in a changing world by linking the learning, applied research, and evaluation resources of the university with the continuing professional education needs of the public service.

Over the past 30 years, PDP has had a wide variety of partners and has secured funding in excess of \$350 million to help organizations meet their workforce development needs. Current programs and services offered by PDP include:

- Child Welfare Training
- Computer Training Services
- HIV/AIDS Training Center
- Instructional Technologies
- Temporary Assistance Training
- Tobacco Interventions Project
- Media Production

For further information on the programs and services offered by the Professional Development Program, contact us at:

University at Albany  
University Administration Building, 3<sup>rd</sup> Floor  
1400 Washington Avenue  
Albany, New York 12222

[www.pdp.albany.edu](http://www.pdp.albany.edu)

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## About This Training, Continued

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### **About the New York Tobacco Control Program**

The New York Tobacco Control Program, located at the New York State Department of Health, envisions all New Yorkers living in a tobacco-free society and works aggressively to reduce the morbidity and mortality, and alleviate the social and economic burden, caused by tobacco use in New York State.

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### **About the Tobacco Interventions Project**

In August 2007, the New York Tobacco Control Program, in collaboration with the New York State Office of Alcoholism and Substance Abuse Services (OASAS), released a Request for Applications entitled *Integrating Tobacco Use Interventions into New York State Chemical Dependency Services*.

In January 2008, this contract was awarded to PDP to serve as the Development, Management, and Oversight Agency (DMOA). PDP oversaw the six Regional Technical Assistance and Training Centers (RTATC) across the state, and developed all classroom-based training curricula, web-based learning, technical assistance tools, and the Tobacco Recovery Resource Exchange website. Classroom training and technical assistance was completed in December 2009, and online training was continued.

The Tobacco Interventions Project provided training and technical assistance to all NYS Office of Alcoholism and Substance Abuse Services (OASAS) funded and/or certified chemical dependence service providers to implement integrated tobacco use interventions (tobacco-free environment policies, tobacco education, and tobacco dependence treatment) into existing treatment protocols.

Visit the project website: [www.tobaccorecovery.org](http://www.tobaccorecovery.org) for online learning and other resources.

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## About This Training, Continued

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### **Tobacco Use: A Serious Public Health Problem**

Tobacco use is a serious public health problem. Tobacco use is the most preventable cause of death in the United States. Over 440,000 Americans die each year from tobacco-related disease. Cigarette use alone results in 25,500 deaths in New York State.

People who breathe in second-hand smoke from cigarettes also suffer adverse health consequences. In June 2006, the US Surgeon General issued a comprehensive scientific report, which concluded that there is no safe level of exposure to secondhand smoke (US Surgeon General, 2006). In 1993 and 2006, the US Environmental Protection Agency (EPA) concluded that environmental tobacco smoke (ETS) is responsible for approximately 3,000 lung cancer deaths annually among adult U.S. nonsmokers, and contributes to the risk of heart disease. Furthermore, among infants and young children, ETS exposure causes:

- An increased risk of lower respiratory tract infections such as bronchitis and pneumonia. EPA estimates that 150,000 to 300,000 cases annually in infants and young children up to 18 months are attributable to ETS.
- An increased prevalence of fluid in the middle ear, symptoms of upper respiratory tract irritation, and small reductions in lung function.
- Additional episodes and increased severity of symptoms in children with asthma. EPA estimates that up to 1 million asthmatic children have their condition worsened by exposure to ETS.

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## About This Training, Continued

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### **The Cost of Tobacco Use**

Tobacco use is also a costly problem. Research has clearly shown that the annual health care costs in New York directly caused by smoking total \$8.17 billion, with \$5.41 billion covered by New York Medicaid funding (CDC, 2008). The state and federal tax burden to New York State amounts to \$842 per household annually for government expenditures that are related to tobacco use (Campaign for Tobacco-Free Kids, 2008).

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### **Tobacco Use and Chemical Dependence**

Nationally, approximately 19.8% of all adults use tobacco (CDC, 2009). This is a decline over the past 5 years from a tobacco use rate of over 21%. People with substance use and co-occurring mental disorders, more than other populations, are likely to be addicted to tobacco. Historically, chemical dependence treatment agencies have not treated tobacco dependence concurrently with other chemical dependencies.

Among people with drug or alcohol problems, the rate of tobacco use ranges from 75% to 100% (Campbell et al., 1998).

People with substance use disorders who smoke are much more likely to die from their tobacco use than from their drug or alcohol addiction (Hurt et al., 1996; Hser, 2001).

Until recently, many chemical dependence treatment agencies have not addressed patient tobacco use. Some agencies have expressed concern that patients who are denied access to tobacco may choose to leave treatment. Other agencies have been unsure how to institute a tobacco use policy, or how staff would react.

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## About This Training, Continued

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### Addressing the Issue

Current research shows that many staff and patients are in favor of tobacco abstinence. Tobacco abstinence is also associated with improved treatment completion rates and improved post-treatment abstinence from alcohol and other drugs (Prochaska et al., 2004). Tobacco relapse is shown to trigger relapse to alcohol and other drug use and vice-versa (Stuyt, 1997; Sobell et al., 1995), a concern that was also noted by early pioneers of the treatment for alcohol and narcotic dependence (White, 1998).

Tobacco dependence is chemical dependence and addiction service providers already possess much of the essential knowledge and many of the skills necessary to incorporate tobacco use interventions into chemical dependence services.

This training and technical assistance initiative was designed to help agencies use a multidisciplinary approach to integrate tobacco interventions into chemical dependence agencies. PDP supported OASAS certified and/or funded agencies as they addressed tobacco dependence treatment and recovery.

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### Original Project Goals

- Create and maintain a tobacco-free environment in buildings, vehicles, and on the grounds of chemical dependence service programs
  - Integrate tobacco use interventions into chemical dependence services
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## Background Information for the Trainer

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### **Trainer Note**

The trainer is an integral part of making this workshop format successful. This manual was designed to be a guide for creating and facilitating the training entitled *Module 4 - Treatment Planning: Integrating Tobacco Use Interventions into Chemical Dependence Services*. The suggested scripts and activities in each Unit will guide you through the entire training process. It is important that you become familiar with both the Trainer and Participant Manuals so that you can easily direct participants to particular pages as they are being discussed.

This training is designed to be presented in a three and three quarter hour session, which will include a short break. The training includes both large and small group activities, which will require preparation prior to the training. It is divided into three Units and is prefaced by an Introduction.

Unit 1 provides participants an opportunity to examine the knowledge and skills required to successfully write a treatment plan that includes tobacco dependence interventions. This unit uses an electronic version of Jeopardy, and draws on material presented in Modules 1, 2, and 3 of this curriculum. Further discussion is suggested to draw out participants' existing knowledge.

Unit 2 allows participants to review and discuss the components of a treatment plan that integrates tobacco dependence interventions. The basics of treatment planning, which includes problem statements, goal statements, objectives, and interventions are discussed in this section to stimulate clinicians' thinking about how to best integrate tobacco assessment, treatment, and recovery support into existing programming.

Unit 3 provides a review of a sample treatment plan, and the use of a case study activity. Since each agency or program represented in the training has a unique treatment planning process, it should be emphasized that the integration of tobacco interventions will look different in each setting.

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## Background Information for the Trainer, Continued

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### **Trainer Note**

The content in italics in this manual is intended to provide the trainer with a context and basis for developing his or her presentation. It is not intended to be read aloud, word-for-word. Adaptations such as professional experiences and personal observations, and using the trainer's style of expression, are expected. The acronym **PM** refers to the Participant Manual and indicates the page number and **Slide** refers to the Slide Number in the PowerPoint Presentation.

The purpose of this training is to build awareness and provide participants with the knowledge they need to begin to successfully integrate tobacco use interventions into the addiction services continuum. This training is designed to build specific clinical skills necessary to treat tobacco dependence.

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## Trainer Tips and Responsibilities

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### Trainer Tip

#### Adult Learning Principles:

There are specific learning principles that are based on the needs of adult learners:

- Emphasize how the learning can be applied to practice
- Relate the learning to the goals of the learner
- Relate the materials to the past experiences of the learner
- Allow debate and challenge of ideas
- Listen to and respect the opinions of learners
- Encourage learners to be resources to the trainer and to one another
- Treat learners as adults

### Trainer Tip

#### As learners, adults:

- Decide for themselves what is important to be learned
- Need to verify the information based on their beliefs and experiences
- Expect what they are learning to be immediately useful
- Have much past experience upon which to draw - may have fixed viewpoints
- Have significant ability to serve as a knowledgeable resource to the trainer and fellow learners

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## Trainer Tips and Responsibilities, Continued

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### **Trainer Responsibility**

In a trainer-led, learner-centered training, you should:

- Provide learners with resources and models to help them develop their own correct approaches and solutions
- Help them develop better ways of relating to stakeholders
- Limit lecture and maximize use of active learning methods and participation
- Demonstrate belief and confidence in the learners' ability to learn and change
- Respect learners by starting and ending on time and using the learners' names
- Encourage the learners to interact with each other during the learning process. As the facilitator, you can encourage this by mixing learners into different groups for small group activities, as appropriate.
- Expand learners' questions/issues to include the larger group
- Ask learners to examine their attitudes and beliefs
- Lead by example; be enthusiastic, positive and considerate
- Value and allow differing viewpoints, even if you do not agree with those viewpoints
- Exercise self-discipline and avoid topping off comments by adding your own opinion

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## Trainer Tips and Responsibilities, Continued

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**Timeframes**      These timeframes are approximate.

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<u>Units</u>	<u>Time</u>
Welcome and Introduction	15 minutes
Unit 1 – Knowledge and Skills Review - Jeopardy Game	45 minutes
Break (Trainer Discretion)	15 minutes
Unit 2 – Treatment Planning	45 minutes
Unit 3 – Treatment Plan Case Study	1 hour 45 minutes
Total Time	3 hours, 45 minutes

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## Trainer Tips and Responsibilities, Continued

### Materials and Supplies Needed

- Laptop
- LCD Projector
- PowerPoint Slides
- Trainer Manual
- Participant Manuals
- Flipcharts
- Easels
- Sticky notes
- Masking tape
- Markers
- Pre-prepared newsprint for activities
- Workshop Evaluation Forms (WEF)
- Certificates of Attendance
- Rosters/Sign-in Sheets

### Optional

- Name tags or table tents
- Pre-tests, Post-tests and Answer Sheets (can be used to evaluate participant learning and to evaluate the impact of training)

### Option of Pre-Test and Post-Tests

Pre-tests and post-tests were originally designed for this training as a measure of the training effectiveness, and not as an evaluation of the participants.

If using pre-tests and post-tests, provide participants with the test questions and answer sheet and then ask them to complete the pre-test before the class begins. Ask participants to write responses on the answer sheet and make their best guess if they are not sure of the correct answer.

Collect the pre-test questions and ask participants to hold on to their double-sided answer sheet to complete the post-test at the end of class.

## Welcome and Introductions

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**Trainer Note** After welcoming the participants to the training, explain the following information:

**Slides 1 - 3**

*The Tobacco Recovery Resource Exchange, at the Professional Development Program, University at Albany also developed online versions for all the classroom-based training modules. The online modules allow you to learn at your own pace and earn additional professional education hours. To access this, go to [www.tobaccorecovery.org](http://www.tobaccorecovery.org).*

- Introduce the trainer(s).
- Explain that the training was part of a project sponsored by the NYS Department of Health, Tobacco Control Program.
- An introduction about the original project can be crafted based on the information found on page 4 of this Trainer Manual.

**Trainer Note** Review Housekeeping Issues

**Slide 4**

- Training Schedule
- Breaks
- Restrooms - location and access
- Tobacco use policy for the training location
- Cell phones - off or silent mode
- Active participation encouraged
- Complete pre-test/post-test (If this evaluation method is being used)
- Complete training evaluation

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## Welcome and Introductions, Continued

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**Trainer Note** Refer participants to their PM and ask them to introduce themselves by stating their name, role, agency, and modality.  
**Slide 5**

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**Trainer Note** After introductions are completed, ask participants:

- By a show of hands, how many of you have previously taken the classroom training of Modules 1, 2, or 3?
- How many of you have taken any of the modules online at [www.tobaccorecovery.org](http://www.tobaccorecovery.org)?

**Summarize** by stating, *Module 4 will build upon the information and skills learned in the previous three modules.*

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## Overview of the Training Modules

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<b>Trainer Note</b>	<b>Review</b> the training topics for each module and refer participants to the topics listed under each module within their PM.
<b>Slide 6</b>	
<b>PM 8</b>	<b>Emphasize</b> the e-learning versions of each module, which they can access at <a href="http://www.tobaccorecovery.org">www.tobaccorecovery.org</a> .

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### Modules and Topics

#### **Module 1 - The Foundation**

Attitudes and Beliefs  
History and Rationale  
Tobacco Dependence  
OASAS Regulation Part 856

#### **Module 2 - Assessment, Diagnosis, and Pharmacotherapy**

Assessment, Screening, and Diagnosis  
Stages of Change and Readiness to Change  
Pharmacotherapy  
Case-based Applications

#### **Module 3 - Behavioral Interventions**

Counseling Techniques  
Facilitating a Tobacco Awareness Group

#### **Module 4 - Treatment Planning**

Treatment Plan Components  
Writing a Treatment Plan and Case Study

#### **Module 5 - Co-occurring Disorders**

Attitudes and Beliefs, Challenges and Barriers  
Prevalence and Basic Neurobiology  
Treatment Strategy Review and Case Studies

#### **E-Learning - All Modules** [www.tobaccorecovery.org](http://www.tobaccorecovery.org)

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## Module 4 Agenda and Objectives

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**Trainer Note**     **Introduce Module 4** and review the agenda and module objectives.  
**Slides 7 - 8**     **Refer** participants to the PM to review the agenda and objectives  
**PM 9**

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**Module 4  
Treatment  
Planning  
Agenda**

- Skills and Knowledge - Jeopardy
- Treatment Planning
- Case Study Activity

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**Module 4  
Objectives**

Identify the knowledge and skills necessary to write a comprehensive treatment plan that includes tobacco dependence interventions

Explain the biopsychosocial nature of substance dependence, including tobacco dependence

Identify the elements of a comprehensive assessment for substance dependence

Identify tobacco dependence interventions in the participants' agencies or programs

Identify the components of a comprehensive treatment plan that integrates tobacco use interventions

Using a sample case study, identify a patient's stage of change, diagnosis, problem statements, goals, objectives, and a plan for therapies and activities

Using a case study, demonstrate the ability to write the key components of a treatment plan, which integrates tobacco use interventions

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## Unit 1

### Knowledge and Skills Review

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**Trainer Note**  
**Slide 9**  
**PM 11**

Explain to the participants that this unit is designed as a review of content covered in Modules 1, 2, and 3, which is needed for writing comprehensive treatment plans. It is not a comprehensive review of content covered in the three prior modules and will use a Jeopardy game activity to review highlights of Modules 1, 2, and 3. The activity is designed to be fun and to help participants to recognize their existing level of knowledge and skills. The trainer can encourage participants to recall other content presented from the three modules, if not mentioned.

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**Purpose**

Participants will learn and identify the knowledge and skills necessary in order to write a comprehensive treatment plan that integrates tobacco dependence interventions.

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**Objective**

Identify the knowledge and skills necessary to write a comprehensive treatment plan that includes tobacco dependence interventions

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## Jeopardy Style Exercise

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**Trainer Note**

**Slide 10**

**PM 12**

**Ask** participants how many are familiar with the TV show Jeopardy. Briefly explain that the Jeopardy show provides contestants with the answers to questions, and asks them to respond by stating the correct question. Explain that this exercise will help serve as a review activity, and the class will work in teams, rather than as individuals.

Divide the participants into two, three, or four small groups, using your discretion and the size of the overall class as a guide.

**Explain** that one team will begin by selecting an answer from the screen, the answer is then revealed, and the selected team will have 10 seconds to state the correct question. If they are incorrect, the next team will get a chance to respond. Opportunities for each team will be rotated for each answer, so each team gets an equal number of chances.

**Demonstrate** using the two examples below and add additional examples if needed.

*Answer: A chronic, progressive, and often fatal disease that is characterized by compulsive use of psychoactive substances, serious life problems, and a high risk of relapse.*

*Question: What is addiction? or What is chemical dependence?*

*Answer: A commonly used drug that is naturally found in coffee, tea, and cola beverages and which produces mental alertness and a short boost in energy.*

*Question: What is caffeine?*

Once the groups are selected, assign each a number, Team 1, Team 2, etc. Select a team to go first, and ask them to select a topic and value, such as “Because I Said So” for 100. Using small groups in this way avoids putting one person “on the spot” and reduces the risk of any participant being embarrassed. Continue until you complete all questions on the main board.

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## Jeopardy Style Exercise, Continued

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### Jeopardy Style Exercise

You may be familiar with the TV show Jeopardy. The Jeopardy show provides contestants with the answers to questions, and asks them to respond by stating the correct question. All responses must be in the form of a question.

The training will use a similar approach as a review activity, and the class will work in teams, rather than as individuals.

To begin, one team will select an answer from the screen. The team will then have 10 seconds to state the correct question. If they are incorrect, the next team will get a chance to respond. Opportunities for each team will be rotated for each answer, so each team gets an equal number of chances.

Here are two examples:

*Answer: A chronic, progressive, and often fatal disease that is characterized by compulsive use of psychoactive substances, serious life problems, and a high risk of relapse.*

*Question: What is addiction? Alternatively, What is chemical dependence?*

*Answer: A commonly used drug that is naturally found in coffee, tea, and cola beverages and which produces mental alertness and a short boost in energy.*

*Question: What is caffeine?*

Once the groups are selected, one team will go first and will select a topic and value, such as “Because I Said So for 100”. The teams will be rotated so that each team has roughly an equal number of chances. If a team’s response is incorrect, the next team will have a chance to respond. The selections will continue until the game is completed.

The Final Jeopardy Question will be shown after the last question is completed.

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## Jeopardy Style Exercise, Continued

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**Trainer Note**

A timekeeper and scorekeeper need to be selected before beginning the activity. The trainer(s) may prefer to keep all scores and keep time.

**Jeopardy style and Final Jeopardy Style Slides**

The Jeopardy style slides cannot be integrated into the Module 4 training slides, therefore the Jeopardy and Final Jeopardy slides should be opened and minimized until ready for use.

To use the main board, select an item score on the screen to reveal the answer, and then allow the group to respond with a question. To show the correct question for that answer, go to the lower left of the screen and click the “Right Arrow.” To return to the main board, select the “House” icon in the lower right corner. Each answer selected will change from red to orange.

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**Trainer Note, cont’d**

Ask Team 1 to choose an answer. When the answer is shown, the clock begins and the team has 10 seconds to provide the question. If the first team’s response is incorrect or not given within 10 seconds, the next team is given a chance, and if they are incorrect or run out of time, the third or fourth team is given an opportunity. If no team gives the correct response, the trainer reveals the correct question.

Rotate each opportunity by asking a different team to select a topic and value. Continue to rotate each opportunity between teams for all questions.

Record the scores for each team on newsprint and tally the total, at the end.

The Final Jeopardy Question is a separate set of slides that should be opened and minimized until ready for use. Each team should record a number not to exceed their total score and made before the Final Jeopardy Answer is given. To reveal the Final Jeopardy answer, simply click to advance the screen. Allow all the groups 30 seconds to write down their answer, and then advance to the question. Add or subtract the recorded number from the total score (depending on a right or wrong question) to arrive at the final score.

The highest final score determines the winning team. A small prize for the highest score group is optional, but if given be sure to give some small consolation prize to the other teams.

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## Jeopardy Style Exercise, Continued

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**Trainer Note**  
**Slide 10**

Briefly, process the activity with a large group discussion of the knowledge and skills identified and needed to address tobacco dependence. To reinforce prior learning, it is helpful to ask participants to identify any other specific knowledge and skills that they learned from completing other modules, or already know from prior training and experience.

The trainer has the option to record responses on newsprint for this debriefing, and then summarize the key items identified.

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## Knowledge and Confidence Self Rating

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**Trainer Note**      Ask participants to identify the specific knowledge and skills they possess about tobacco dependence or which can be adapted for treating tobacco dependence.

**Slide 11 - 12**

**PM 13**

Ask participants to take a minute to complete the following questions, and then explain that you will revisit these questions again at the end of Unit 2.

It is suggested that you ask for a show of hands and then tally how many people themselves rate as 1, 2, 3, etc. for each question.

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**Knowledge and Confidence for Completing Treatment Plans**

After completing the review exercise, identify the specific knowledge and skills you already possess about tobacco dependence or which can be adapted for treating tobacco dependence.

Then consider the discussion about knowledge and skills you already have and what you need to complete a comprehensive treatment plan. Now please answer the following questions:

Using a 10-point scale with 1 being low and 10 being high, how knowledgeable are you about writing treatment plans? Explain?

Low 1      2      3      4      5      6      7      8      9      10 High

Using a 10-point scale with 1 being low and 10 being high, how confident are you about your ability to write a comprehensive treatment plan that integrates tobacco interventions? Explain?

Low 1      2      3      4      5      6      7      8      9      10 High

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## Unit 2

### Treatment Planning Basics

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**Trainer Note**  
**Slide 13**  
**PM 15**

Unit 2 begins with a brief review of the biopsychosocial nature of tobacco dependence. Having an understanding of the disease model is a crucial first step in the treatment planning process. Next, the comprehensive assessment (also known as a comprehensive evaluation) process is reviewed, which was also mentioned in Module 2. Participants will then have the opportunity to examine their own programs and the tobacco use interventions (Integrated Program of Therapies and Activities or IPTA) that their agencies have integrated to date. This will be accomplished using the Modality, Assessment, and Treatment Plan (MAT) Activity.

**Refer to PM** regarding purpose and objectives of this unit

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**Purpose** Unit 2 will review the components needed for writing a treatment plan and discusses how to integrate tobacco use interventions.

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**Objectives**

- Explain the biopsychosocial nature of substance dependence, including tobacco dependence
- Identify the elements of a comprehensive assessment for substance dependence
- Identify tobacco dependence interventions in the participants' agencies or programs
- Identify the components of a comprehensive treatment plan that integrates tobacco use interventions

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## Elements for Writing Treatment Plans

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<b>Trainer Note</b> <b>Slide 14</b> <b>PM 16</b>	<p><b>Explain</b> that there are three elements necessary to write a treatment plan that integrates tobacco dependence interventions - an understanding of the biopsychosocial nature of substance dependence (including tobacco), the completion of a comprehensive assessment, (also known as a comprehensive evaluation), and a supportive program structure, known as the Integrated Program of Therapies and Activities (IPTA).</p> <p><b>Mention</b> that the basics of most treatment plans include problem statements, goal statements, and objectives, and therapy or activities. In addition, diagnoses and the stage of change for each problem may be included. These items will be covered later in the unit.</p> <p><b>Conclude</b> that since each agency or program represented in the training has a unique treatment planning process, emphasize that the integration of tobacco interventions will look different in each setting.</p>
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### Three Key Elements to Treatment Plans

There are three elements necessary to write a treatment plan in order to integrate tobacco dependence interventions.

- An understanding of the biopsychosocial nature of substance dependence (including tobacco)
- The completion of a comprehensive assessment, (also known as a comprehensive evaluation)
- A supportive program structure, known as the Integrated Program of Therapies and Activities (IPTA)

Most treatment plans include problem statements, goal statements, and objectives, and therapy or activities, along with diagnoses and may include the stage of change for each problem.

Each program will have a unique treatment planning process and the exact integration of tobacco interventions may look different in each modality of care.

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## Biopsychosocial Approach to Chemical Dependence

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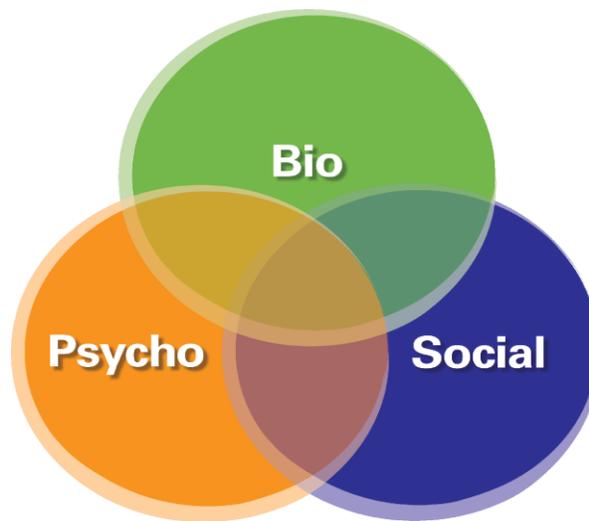
**Trainer Note** Refer to PM and review the biopsychosocial nature of the disease of tobacco dependence with the participants using the three-sphere diagram shown below. Ask participants to review the biopsychosocial model, and then read the biological, psychological, and social reasons why people use tobacco.

**Slide 15**

**PM 17**

### Tobacco Dependence

As with other forms of substance dependence, tobacco dependence is a chronic biopsychosocial disease characterized by persistent use, inability to limit or control use, withdrawal symptoms when use is stopped abruptly, frequent relapse after attempts at abstinence, and continued use despite serious consequences.



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## Biopsychosocial Approach to Chemical Dependence, Continued

**Trainer Note**     **Refer to PM**

**Slide 15**  
**PM 18**

Below is a list of responses from the Module 1 exercise “Why Do People Use Tobacco?” While not all participants will have taken this earlier module, explain that if these biopsychosocial reasons for tobacco use are identified in the comprehensive assessment, then these items should be taken into consideration on the individual’s treatment plan.

Biological Reasons	Psychological Reasons	Social Reasons
psychoactive substance	medicate depression and/or anxiety	belong to a group
stimulates release of many neurotransmitters	improve concentration	feel grown-up
avoid withdrawal	relaxation	look cool
reduce stress	coping mechanism	identify with other users
relaxation	behavior pattern	ritual
dependence	control anger	media/marketing
genetic predisposition	moderating effects from mental illness	
craving	rebellion	

All three areas should be assessed, and wherever problems are identified, they need to be taken into consideration in the individualized treatment plan

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## Biopsychosocial Approach to Chemical Dependence, Continued

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**Trainer Note**      **Refer to PM**

**Slide 16**  
**PM 19**

The trainer has the option to ask participants to write a brief answer to the three questions in their PM, or the trainer can pose these questions and review the responses as part of a larger discussion. The key reminders for each question are on the next page.

---

**Questions to Consider**

If you consider the reasons why people use tobacco, and you then replaced it with the names of other drugs (such as alcohol, cocaine, heroin, etc.), would the reasons for using change or be different?

Why is it important to treat tobacco dependence in chemical dependence programs?

When working with patients, why use the term “tobacco dependence” rather than nicotine dependence?

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## Biopsychosocial Approach to Chemical Dependence, Continued

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**Trainer Note**     **Refer to PM** and mention these as reminders about tobacco dependence, which participants may have learned in prior training or already know.

**Slide 16**

**PM 20**

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**Key Reminders**

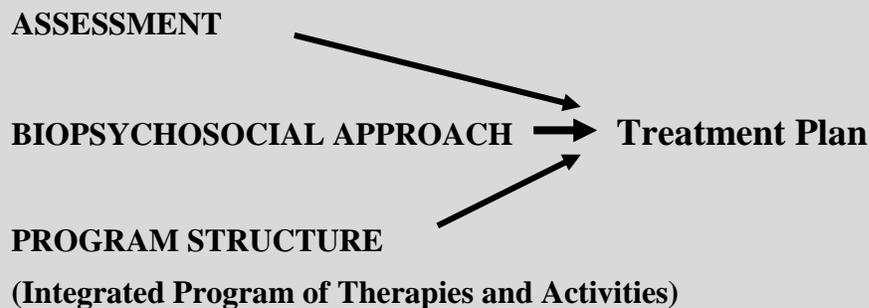
- The reasons why people use tobacco versus other drugs, such as alcohol, cocaine, heroin, etc., do not really differ
  - Tobacco dependence is key factor in relapse to other drug use and negatively affects recovery from other chemical dependence
    - Treatment outcomes and long-term recovery can be improved if tobacco dependence is treated concurrently while treating other substance dependence
    - Tobacco use causes more illness and death than the other forms of substance use, and is important for treating the whole person
    - Most clinicians already possess much of the knowledge and many of the skills necessary to treat tobacco dependence
  - Using the term tobacco dependence rather than nicotine dependence has value for several reasons
    - Smoking of tobacco involves more than just obtaining the effects of nicotine; it also includes the many psychological, emotional, social, and behavioral aspects of using tobacco
    - The thinking, emotions, behavior, and rituals of psychoactive drug use are also associated with smoking tobacco
    - While nicotine causes the withdrawal symptoms, it is tobacco smoke that causes the many diseases
    - Tobacco smoke includes at least 4,000 chemicals and compounds, some of which affect emotions and thinking
    - While DSM-IV uses nicotine dependence and this term is used in the documentation of treatment records, the many physical, psychological, behavioral, and social problems of tobacco use need to be addressed
-

## Comprehensive Assessment and Integrated Program of Therapies and Activities

**Trainer Note**     **State** there are the two additional factors needed to develop treatment plans. These are the comprehensive assessment and the program structure (sometimes referred to as an Integrated Program of Therapies and Activities or IPTA).

**Slide 18**

**PM 21**



Assessment is briefly reviewed to refresh participants' knowledge.

**Remind** participants that the assessment of tobacco use was addressed in Module 2, which can also be taken online.

Explain that a comprehensive assessment of substance use disorders, mental health disorders, and problem gambling is essential to determine diagnosis, to develop a treatment plan, and to make referrals during or after completion of treatment. Further, the assessment of the patient should be revisited and updated during their involvement in treatment.

**Remind** participants that in addition to interviewing patients about their tobacco use, they can also use short screening tools such as the Fagerström Test for Nicotine Dependence and the Hooked On Nicotine Checklist (HONC). These tools were discussed in Module 2 and can help clinicians to integrate tobacco use into the assessment process.

**Explain** that regardless of the assessment tools or methods that their programs use, all chemical dependence patients should be screened and assessed for tobacco use/dependence, and treatment should be made available.

*Continued on next page*

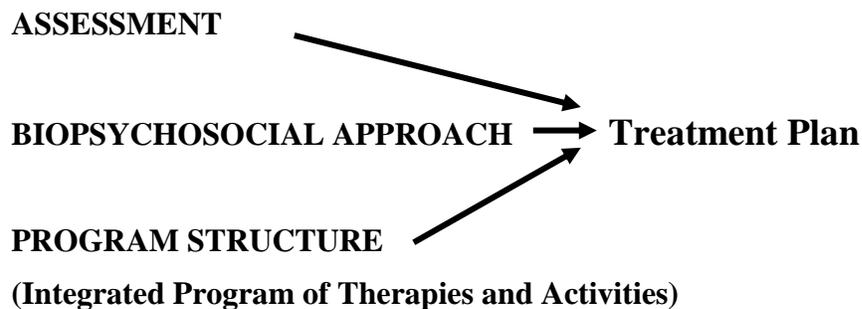
## Comprehensive Assessment and Integrated Program of Therapies and Activities, Continued

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### What Drives the Treatment Plan?

Understanding that tobacco dependence is a chronic biopsychosocial disease (and is inter-related with other chemical dependencies, problem gambling, and mental health disorders) is the first step in developing a comprehensive treatment plan.

There are two additional factors that are needed to develop treatment plans: the assessment (also called an evaluation) and the program structure (sometimes referred to as an Integrated Program of Therapies and Activities or IPTA).



### Assessment

Comprehensive assessment of substance use disorders, mental health disorders, and problem gambling is essential for diagnosis, treatment planning, and referral to supportive services during or after completion of treatment. Further, the comprehensive assessment, should be revisited and updated during a patient's involvement in treatment.

Regardless of the assessment tools or methods that your program uses, all chemical dependence patients should be screened and assessed for their tobacco use/dependence, and treatment for tobacco use/dependence should be made available.

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## Assessment Domains

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**Trainer Note**

**Slide 18**

**PM 22**

**Remind** participants that they are not “re-inventing the wheel” for tobacco use interventions in their programs. Viable assessment, treatment planning, treatment interventions, and recovery support services already exist. The task is to integrate tobacco use interventions into existing treatment.

**Refer to PM and review** with the participants the typical assessment domains that are routinely examined with their patients.

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**Typical  
Assessment  
Domains**

- Chemical use, abuse, and dependence history
  - Previous treatment experiences
  - Previous abstinence attempts
  - Impact of chemical use on significant others
  - Education
  - Employment
  - Legal involvements
  - Medical problems and medications
  - Mental health
  - Gambling
  - Lethality assessment
  - Readiness to change
  - Willingness and ability to change
-

## Tobacco Use Assessment Areas

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**Trainer Note**

**Slide 18**

**PM 23**

**Refer to PM and remind** participants that only a few years ago, asking detailed questions about tobacco use when conducting a chemical dependence or problem gambling evaluation were not common. The exception was asking “Do you smoke?” and “How much?”

*In order to write an effective treatment plan that incorporates tobacco use, you need more information. The following list of tobacco assessment areas should be integrated into all chemical dependence and problem gambling assessments.*

**Ask** participants to review and add to the list.

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**Tobacco Use  
Assessment  
Areas**

- Level of tobacco dependence
  - Medical consequences from tobacco
  - Psychiatric and psychological consequences
  - Tobacco use by family/significant others
  - Financial implications of use
  - Stage of change/motivation
  - Abstinence attempts history
  - Most recent attempt to maintain abstinence
  - Prior attempts
  - Method(s) used for each abstinence attempt (for example: “cold turkey,” psychoeducation, counseling, medication, combination of counseling and medication)
  - Abstinence duration for each attempt
  - Withdrawal symptoms
  - Relapse factors and reasons
-

## Strengths, Barriers, Successes, and Stage of Change

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**Trainer Note**     **Remind** participants about the importance of identifying a patient’s strengths, past successes, barriers, and stage of readiness when conducting an assessment.

**Slide 18**

**PM 24**

**More about Assessment**     Your assessment will also yield clinically significant information about the patient:

- Strengths
- Previous successes
- Barriers to treatment and recovery
- Stage of change
- Other considerations

**Trainer Note**     **Summary and Transition to Modality, Assessment, and Treatment Plan Activity (MAT)**

**Slide 18**

**PM 24**     Summarize the assessment section by explaining that knowing this information helps the clinician to make appropriate recommendations on the treatment plan. The next step is to examine the third major factor that determines what the treatment plan will look like, the program structure or the Integrated Program of Therapies and Activities (IPTA). To address this, the next activity is called Modality, Assessment, and Treatment Plan (MAT).

**Integrated Program of Therapies and Activities (IPTA)**     The Integrated Program of Therapies and Activities (IPTA) also known as treatment interventions or treatment methods, describe what the treatment team does to help the patient successfully complete their objectives and reach their goals. The following activity will help clarify what your agencies IPTA is for treating tobacco dependence. This activity is called Modality, Assessment, and Treatment Plan (MAT).

## Modality, Assessment, and Treatment Plan

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**Trainer Note      The MAT Activity - Modality, Assessment, and Treatment Plan**

**Slide 19**

**PM 25 - 26**

**Refer to PM and explain** that in this activity, the participants will use the chart on next page to identify tobacco treatment interventions that have been integrated into their respective treatment programs.

Participants attending the training from the same agency may find it most helpful to complete this as a small group activity. Alternately, this can be completed by a mixed group or by an individual. The objective of the exercise is to have the participants consider from a treatment planning perspective, the resources that are already available to treat tobacco dependence within their agencies, or in other words, what is their agencies' IPTA. Participants may become aware of other tobacco interventions that could be integrated into their programs.

**Instructions for the MAT Activity are as follows:**

- Participants should first circle the modality where they work, located at the top of the grid.
- Under the "Assessment" section, participants should circle those elements where tobacco use interventions have been integrated into their assessments (for example, circle Psychosocial Evaluation if tobacco use assessment questions have been added).
  - Under "Assessment," in the blank boxes, participants may write-in additional items that are not listed, but used in their program (for example, Fagerström Test).
- Under the "Treatment Plan" section, participants should circle those elements where interventions for addressing tobacco use have been integrated into their programs (example, circle "Tobacco Awareness Group", if it was added to your program, circle "Individual Counseling" if it is being provided for addressing tobacco use, etc.).
  - Under "Treatment Plan," in the blank boxes, participants may write in any additional items not listed, but used by their program.

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## Modality, Assessment, and Treatment Plan, Continued

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### **The MAT Activity - Modality, Assessment, and Treatment Plan**

#### Integrated Program of Therapies and Activities (IPTA)

In this activity, you will use the chart on next page to identify tobacco treatment interventions that have been integrated into your respective treatment programs.

- First, circle the Modality where you work, located at the top of the grid.
- Under the “Assessment” section, circle those elements where tobacco use interventions have been integrated into your patient assessment (for example, circle Psychosocial Evaluation or Intake if tobacco use assessment questions have been added).
  - Under “Assessment,” in the blank boxes you can write-in additional items that are not listed but used by your program (example: Fagerstrom Test, etc.).
- Under the “Treatment Plan” section, circle those items where interventions for addressing tobacco use have been added or integrated into your program (example, circle “Tobacco Awareness Group”, if it was added to your program, circle “Individual Counseling” if it is being provided for addressing tobacco use, etc.).
  - Under “Treatment Plan,” in the blank boxes you can also write-in any additional items not listed but used in your program.

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*Continued on next page*

## MAT Activity Grid

<b>Modality (Select one)</b>						
<b>Outpatient</b>	<b>Medication-Assisted</b>	<b>Crisis</b>	<b>Half-Way House</b>	<b>Inpatient</b>	<b>Community Residential</b>	<b>Intensive-Residential</b>
<b>Tobacco Interventions Integrated into Assessment (Select all that apply)</b>						
<b>Releases of Information</b>	<b>Intake</b>	<b>Medical Exam</b>	<b>Urine/Breath Tests</b>	<b>CO Monitor</b>	<b>Psychosocial Evaluation</b>	<b>Mental Status Exam</b>
<b>Tobacco Interventions Integrated into Treatment Plan (Select all that apply)</b>						
<b>Special Issues Group includes tobacco use</b>	<b>Therapeutic Recreation</b>	<b>Physical Fitness</b>	<b>Co-occurring Recovery Group includes tobacco use</b>	<b>Referral to Specialists including tobacco use</b>	<b>Other Evidence-Based Treatment for tobacco</b>	<b>Tobacco Medication (NRT and Non-NRT)</b>
<b>Family Sessions includes tobacco use</b>	<b>CO Monitoring</b>	<b>Tobacco Self-Help Groups</b>	<b>Addiction Treatment Medication</b>	<b>Individual Counseling includes tobacco</b>	<b>Nutritional Counseling includes tobacco use</b>	<b>Community Meetings includes tobacco use</b>
<b>Group Therapy includes tobacco use</b>	<b>Psycho-education includes tobacco use</b>	<b>Tobacco Recovery Group</b>	<b>Psychiatric Medication</b>	<b>Tobacco Awareness Group</b>	<b>Other Interventions in program</b>	<b>Urine, Blood, Hair for Cotinine</b>

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Modality, Assessment, and Treatment Plan

**Trainer Note**

**Slide 19**

**PM 27**

**Process the activity** using the following questions as a guide. These questions are listed in the PM.

Use a scale of 1 to 10 (1 being low and 10 being high) for the first question and request brief answers for the other two questions. The trainer has the option to record the answers to the questions on an easel pad or conduct a report out and summary.

- *How successful has your agency been with integrating tobacco use interventions into your assessment and treatment process?*
- *What tobacco treatment interventions are working well at your agency?*
- *What barriers has your program encountered while working to integrate tobacco treatment interventions?*

---

**Questions to Consider**

Respond to the following questions using a scale of 1 to 10 (1 being low and 10 being high)

- How successful has your agency been with integrating tobacco use interventions into your assessment and treatment process?  
Low 1    2    3    4    5    6    7    8    9    10 High
- What tobacco treatment interventions are working well at your agency?
- What barriers has your program encountered while working to integrate tobacco treatment interventions?

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## Treatment Plan Principles

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**Trainer Note****Slide 20****PM 29 - 30**

Participants should now be aware of the three basic elements necessary to begin writing a comprehensive treatment plan that includes tobacco interventions: a basic understanding of the biopsychosocial nature of substance dependence; a comprehensive assessment (also called a comprehensive evaluation); and an Integrated Program of Therapies and Activities (IPTA).

The next section presents some treatment plan basics. Acknowledge that this may be a review for many participants, but for others this may be new, and it is important to review how to develop comprehensive treatment plans.

**Refer to PM and ask** participants to read the next two pages and identify what they believe are most important. Then reveal the slide with the four key points to emphasize are:

- The treatment plan should address **biological, psychological, and social needs or problems**, which will have been identified in the comprehensive assessment.
- Treatment plans should be **individualized** and **patient-driven**, and should not be a “one size-fits all” or “program-driven” plan.
- The treatment plan should be considered a “**living document.**” It is a document that needs to be revised as the patient progresses through treatment or as their needs change.
- Treatment plans should be developed **collaboratively with the patient**, and reflect what he/she is willing to do; it is not something that is simply imposed upon the patient.

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## Treatment Plan Principles, Continued

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### Treatment Plan Principles

- An individualized treatment plan is a vital agreement between the patient and the treatment agency.
  - It clarifies the patient's reasons for seeking treatment, the needs or problems that will be addressed, the type of care that will be provided, the specific activities in which the patient will participate, and the expected outcomes.
- Comprehensive assessments should examine biological, psychological, and social areas of the patient's life, and treatment plans should draw upon data from all three areas.
  - Patient problems are as diverse as the population of patients that are served. Substance use disorders have biological, psychological, and social components, and each these areas will vary in severity depending upon each patient.
- In the past, treatment for was often presented using a "one size fits all" approach ("program-driven" approach). Most patients participated in the same activities and clinicians used limited tools, often without the patient's involvement in developing the treatment plan. The unique patient's needs or wants were often not reflected and the patient was expected to fit into the program's schedule.
- In recent years, a philosophical shift has moved treatment and treatment planning from being "program driven" to "individualized" and "patient-driven" treatment plans.
  - Patients vary in the amount of care and level of care needed. With a growth of evidenced-based behavioral and pharmacological interventions, treatment providers are now able to target a patient's needs more effectively.
  - Individualized treatment plans should be designed or "sized" to match a patient's problems and needs. Individualized treatment improves patient retention and outcomes.
- Collaboration between the patient and the clinician is vital and helps to improve the patient's willingness to follow-through and complete the treatment plan objectives.

Adapted from the Northwest Frontier Addiction Technology Transfer Center, May 2006.

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*Continued on next page*

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## Treatment Plan Principles, Continued

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### Treatment Plan Principles, cont'd

- “Treatment plans are living, continuously evolving documents intended to guide treatment interventions and track the patient’s progress” (Joint Commission on Accreditation of Health Care Organizations, *Patient Records in Addiction Treatment - Documenting the Quality of Care*, 1992).
- A patient must be assessed periodically and the treatment plan modified as necessary to ensure that the plan meets the patient's changing needs and circumstances.
- A patient may require varying combinations of services and treatment components (Integrated Program of Therapies and Activities, IPTA), during the course of treatment and recovery. In addition to counseling or psychotherapy, a patient may require medications, other medical services, family therapy, parenting instruction, vocational rehabilitation, social, and/or legal services.
- It is critical that the treatment approach be appropriate to the individual's age, gender, ethnicity, and culture.

Adapted from National Institute on Drug Abuse, 2000.

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### Trainer Note Slide 20

**Summarize** that writing an effective treatment plan is not simply an exercise in paperwork or a task that must be completed for the sake of regulatory compliance. The treatment plan is an important activity in the treatment process, which identifies and guides treatment activities, serves as the monitor of patient progress, and is the standard used to assess treatment outcomes.

Treatment plans should be developed in collaboration with the patient at each step in the process. The treatment plan is not static; it is a “living document” that is meant to be re-visited and revised throughout the treatment process. Reviewing the plan at critical treatment junctures and revising goals and objectives to match the current situation affirms the patient’s progress and keeps the clinician focused on the appropriate treatment interventions.

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## Common Treatment Plan Components

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**Trainer Note**

**Slide 21**

**PM 31**

**Refer to PM and explain** that the basics for writing a treatment plan include diagnoses, problem statements, goal statements, objectives, and interventions, and that these components are common to most treatment plans. If the program is using the Stages of Change, the treatment plan should indicate the patient's stage of change for each problem, as this guides the type of interventions that should be used.

These items will be further discussed and practiced in order to help participants integrate tobacco assessment, treatment, and recovery support into existing programming. Since each agency or program represented in the training has a unique treatment planning process, it should be emphasized that the integration of tobacco interventions will look different in each setting.

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**Common  
Treatment  
Plan  
Components**

Treatment plans typically have several components. In addition to being written in compliance with agency guidelines and policies, regulatory requirements, and payer expectations, treatment plans will include:

- Diagnoses
- Problem statements
- Goal statements
- Objectives
- Treatment interventions (IPTA)

Indicating a patient's stage of change for each problem is helpful towards guiding the type of interventions that should be used.

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## OASAS Regulations and Treatment Plans

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**Trainer Note**

**Slide 21**

**PM 32**

**Refer to PM and conclude** that the OASAS operating regulations require that all treatment plans minimally address the following functional areas: addiction, social, emotional, family, educational, vocational, employment, legal, mental health, and physical health.

While there are many common elements in treatment plans across different modalities, OASAS providers should familiarize themselves with the OASAS operating regulations that are specific to their service type.

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**OASAS  
Regulations**

OASAS operating regulations require that all treatment plans minimally address the following functional areas:

- Addiction
- Social
- Emotional
- Family
- Educational
- Vocational
- Employment
- Legal
- Mental Health
- Physical Health

While there are many common elements in treatment plans in different modalities, OASAS providers should familiarize themselves with the OASAS operating regulations specific to their service type.

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## Unit 3

### Treatment Plan Case Studies

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<b>Trainer Note</b>	<b>Refer to PM and review</b> the purpose and objectives of the unit.
<b>Slide 22</b>	Explain that this unit will focus on reviewing a sample tobacco treatment plan, followed by a review of each key component of a treatment plan, and practice with writing each component using a case study. By the end of the unit, participants should have the basic knowledge and skills to write a treatment plan that integrates tobacco interventions.
<b>PM 33</b>	

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**Purpose** Unit 3 allows participants to review the components of a treatment plan. This will be accomplished by reviewing a sample case study and treatment plan, followed by the practice of writing each of the required components using a case study activity.

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**Objectives** Using a sample case study, identify a patient's stage of change, diagnosis, problem statements, goals, objectives, and plan for therapies and activities

Using a case study, demonstrate the ability to write the key components of a treatment plan, that integrates tobacco use interventions

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## Treatment Plan Case Study for Mary Ann

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<b>Trainer Note</b> <b>Slide 23</b>	<b>Refer participants to PM</b> and ask them to read the instructions for Case Study 1
<b>PM 34 and PM Appendix</b>	<b>Refer</b> participants to Case Study 1 - MaryAnn and the completed Case Study Activity Worksheet, located in the PM Appendix  Allow participants about 5 -10 minutes to read this content.

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<b>Case Study 1</b> <b>MaryAnn</b>	Read Case Study 1 (MaryAnn) and the completed Case Study Activity Worksheet for MaryAnn in the Appendix of your manual.  The treatment plan activity will only focus on MaryAnn’s tobacco problems. <ul style="list-style-type: none"><li>• Please read about Mary Ann and read the completed Case Study Activity Worksheet (which is a treatment plan).</li><li>• As you read this example, make note of the components of a treatment plan, including stage of change, diagnoses, problem statements, goal statements, objectives, and IPTA.</li><li>• You can use this example about MaryAnn as a model when your small group practices writing a case study treatment plan later in this unit.</li></ul>
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<b>Trainer Note</b> <b>Slide 23</b>	<b>Ask</b> participants to point out the components of a typical treatment plan, which include the stage of change for stopping tobacco, diagnoses, problem statements, goal statements, objectives, and IPTA.  <b>Explain</b> that this case example about MaryAnn can be used as a model when the participants practice writing their own case study.
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## Case Study Application Activity

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**Trainer Note** **Slide 24**  
**PM 35** **Explain** that for this next activity, participants will be working in groups to examine the treatment plan components, and will then practice how to apply each component using the blank case study activity sheet located in their Appendix.

**Note** that that while each case may include tobacco and non-tobacco problems, writing a complete treatment plan for all problem areas is not the objective of this activity. The focus is on tobacco-related issues for stage of change to stop tobacco, tobacco -related diagnosis, problems, goals, objectives, and interventions.

**Slide 25**  
**PM Appendix** Depending upon class size, divide the participants into triads or small groups (three to five participants are suggested) and assign the same case study to all groups, or alternately assign a different case to each group.

**Refer to PM Appendix** for Case Studies 2-5 and the blank Case Study Activity Worksheet. Each case is for a different modality: Alvin is Inpatient, Jorge is Crisis Clinic, Barbara is Therapeutic Community, and Bill is Outpatient.

**Explain** that each step will be discussed with the large group, there will be short practice writing that step, then a brief processing of the activity. The steps are:

- Step One - Assessing stage of change for tobacco
- Step Two - Diagnosing tobacco use disorders
- Step Three - Writing problem statements
- Step Four - Writing goal statements
- Step Five - Writing objectives
- Step Six - Determining IPTA

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*Continued on next page*

## Case Study Application Activity, Continued

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### Case Study Practice Activity

For this activity, your small group will be assigned a case study (Case Study 2, 3, 4, or 5) found in the Appendix and will use the Case Study Activity Worksheet.

You and your small group will be working through this activity in steps. This will include a review of each step and practicing how to write each section by drawing from an assigned case study. The steps are:

- Step One - Assessing stage of change for stopping tobacco
- Step Two - Diagnosing substance use disorders
- Step Three - Writing problem statements
- Step Four - Writing goal statements
- Step Five - Writing objectives
- Step Six - Integrated Program of Therapies and Activities (IPTA)

For each step, there will be discussion, practice, and process.

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## Step One - Assessing Stage of Change

Trainer Note	Discussion
<p><b>Slide 26</b> <b>PM 36</b></p>	<p><b>Refer to PM and remind</b> participants that it is important to assess the patient's stage of change in order to make appropriate treatment recommendations (IPTA). Treatment interventions should be matched to the patient's stage of change. For example, motivational approaches work well for precontemplation and contemplation, and are effective during latter stages of change to address ambivalence. Cognitive-behavioral approaches are most effective in the later stages of preparation, action, and maintenance.</p> <p>If the participants are not familiar with stages of change, the trainer may wish to discuss the characteristics of each stage or ask the participants to describe the stages of change. You can use the following questions as guide</p> <ul style="list-style-type: none"> <li>• <i>What characteristics, behaviors, or statements might you expect to see or hear from a patient who is in the Precontemplation Stage and in the Contemplation Stage?</i></li> <li>• <i>How do you know when a patient is moving to the Preparation Stage?</i></li> <li>• <i>How do you know when a patient is ready to "take action?"</i></li> </ul>

### Review - Stages of Change

The important point for this review is that treatment interventions should be matched to the patient's stage of change.

- Precontemplation
- Contemplation
- Preparation
- Action
- Maintenance

As explained in other modules, motivational interviewing approaches work best in the earlier stages of change (precontemplation and contemplation) however, motivational approaches can be useful during any stage to address ambivalence or to help build a sense of collaboration. In general, cognitive-behavioral approaches are more effective in the later stages of preparation, action, and maintenance.

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## Step One - Assessing Stage of Change, Continued

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**Trainer Note**

**Practice**

**Slide 27**

**Instruct** the small groups to read their assigned case study. Instructions for this are on PM 37.

**PM 37 and  
PM Appendix**

**Explain** that their first task is only to identify the stage of change for tobacco use about their assigned patient.

**Ask** the participants to complete Section I “Stage of Change” on the blank Case Study Activity Worksheet.

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**Step One -  
Assessing  
Stage of  
change**

**Practice**

As a small group, please read your assigned case study, then identify the stage of change regarding tobacco use for the patient.

Now complete Section I “Stage of Change” on the blank Case Study Activity Worksheet.

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## Step One - Assessing Stage of Change, Continued

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**Trainer Note**      **Process this activity**

**Slide 27**  
**PM 37**      Use the following questions or similar questions, which are also contained in the PM:

- *How easy (or difficult) was it to assess stage of change for your case study patient?*
- *What was the evidence from the case that you used to support the stage selected?*

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**Step One-  
Assessing  
Stage of  
change, cont'd**

- How easy (or difficult) was it to assess stage of change for your case study patient?
  - What was the evidence from the case that you used to support the stage selected?
-

## Step Two - Diagnosing Tobacco Use Disorders

Trainer Note	Discussion
<b>Slide 28</b> <b>PM 38</b>	<p><b>Refer to PM and explain</b> the DSM-IV-TR diagnosis code for nicotine dependence is 305.1 and the DSM-IV-TR diagnosis code for nicotine withdrawal is 292.0.</p> <p><b>Remind</b> participants that while nicotine is the primary psychoactive drug in tobacco, the term is “tobacco dependence” is used and is helpful when discussing tobacco use with patients. It is similar to the DSM-IV-TR referring to cannabis dependence, rather than tetrahydrocannabinol dependence.</p> <p><b>Explain</b> it is also helpful to use “tobacco dependence”, when discussing nicotine replacement therapy, so that patients are not as prone to argue, “Why should I take nicotine in order to stop using nicotine?”</p> <p><b>State:</b> While tobacco dependence is useful for discussion with patients, the DSM-IV-TR codes and terms must be used in treatment record documentation and for treatment planning.</p>

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### Diagnosing Tobacco Use Disorders

It is important to understand the Diagnostic and Statistical Manual of Mental Disorders IV, Text Revision (DSM-IV-TR) criteria, terminology, and coding for nicotine dependence, nicotine withdrawal, and for other substance use disorders.

The DSM-IV-TR diagnosis code for nicotine dependence is 305.1 and the DSM-IV-TR diagnosis code for nicotine withdrawal is 292.0.

As explained earlier, nicotine is the primary psychoactive drug in tobacco, but for many reasons previously noted, the term “tobacco dependence” is used.

This term is especially helpful when discussing tobacco use with patients and are similar to DSM-IV-TR referring to cannabis dependence, rather than tetrahydrocannabinol (the main psychoactive chemical in marijuana) dependence. It is also helpful to use the term “tobacco dependence”, when discussing nicotine replacement therapy, so that patients are not as prone to argue, “why should I take nicotine in order to stop using nicotine?”

However, for chart documentation and treatment planning purposes, the DSM-IV-TR terms “nicotine dependence” and “nicotine withdrawal”, along with their assigned codes must be used.

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## Step Two - Diagnosing Tobacco Use Disorders, Continued

Trainer Note	Discussion
Slide 28	<p><b>Refer to PM and ask</b> participants to review the Diagnostic and Statistical Manual for Mental Disorders, IV, Text Revised (DSM-IV-TR) diagnostic criteria for nicotine withdrawal and nicotine dependence listed in their manuals. While the term “tobacco dependence” is used, for purposes of documentation and billing, DSM-IV terminology and codes for nicotine dependence and nicotine withdrawal must be used.</p>
PM 39 - 40	<p><b>Remind</b> the participants that due to a lack of empirical evidence, DSM-IV-TR does not have criteria or codes for nicotine abuse or nicotine intoxication.</p> <p><b>Explain</b> that there are no additional criteria for nicotine dependence (305.1); it does require applying the DSM-IV-TR criteria for substance dependence.</p>

**Reminder** Due to a lack of empirical evidence, the Diagnostic and Statistical Manual for Mental Disorders, IV, Text Revised (DSM-IV-TR) does not have criteria or codes for nicotine abuse or nicotine intoxication.

**DSM-IV-TR Criteria for Nicotine Withdrawal**

- A. Daily use for several weeks.
- B. Abrupt cessation in use or reduction in use is followed by four (4) or more of the following specific symptoms within 24 hours after cessation or reduced use of the nicotine: dysphoric mood, insomnia, irritability, anxiety, difficulty concentrating, restlessness, decreased heart rate, increased appetite, or weight gain.
- C. The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.
- D. Symptoms are not due to a general medical condition and are not accounted for by another mental disorder.

(American Psychiatric Association, 2000)

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## Step Two - Diagnosing Tobacco Use Disorders, Continued

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### **DSM-IV-TR Criteria for Nicotine Dependence**

It is important to remember there are no additional criteria for nicotine dependence (305.1). Diagnosing tobacco dependence requires applying the DSM-IV-TR criteria for substance dependence which are:

- A maladaptive pattern of substance use, leading to clinical significant impairment or distress, with 3 or more of the following in any 12 month period
- Three or more of the following has occurred in the previous 12 months:
  1. Tolerance - either an increased amount use to obtain desired effect or diminished effect from continued use of same amount.
  2. Withdrawal - symptoms occur after cessation of substance and the symptoms cause clinically significant impairment in social, occupational, or other important area of functioning.
  3. Larger amounts used or used for longer periods than intended.
  4. Persistent desire or unsuccessful effort to cut down or control use.
  5. Great deal of time spent in substance-related activities, to obtain substance or to recover from effects of using substance.
  6. Important social, occupational, or recreational activities given up or reduced due to use substance.
  7. Substance use continues despite knowledge of persistent physical or psychological problems caused or exacerbated by substance use.

**Note:** a substance dependence diagnosis is specified with or without physiological dependence, however in most cases, people with nicotine dependence (tobacco dependence) will have withdrawal if they abruptly stop using tobacco or try to “cut down” their use.

(American Psychiatric Association, 2000)

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*Continued on next page*

## Step Two - Diagnosing Tobacco Use Disorders, Continued

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<b>Trainer Note</b>	<b>Practice</b>
<b>Slide 28</b>	<b>After reviewing the DSM-IV-TR criteria, instruct</b> the small groups to return to their case study (They can refer to PM 41 for directions). Explain that their task at this time is to decide if there should be a diagnosis of nicotine dependence or nicotine withdrawal (tobacco dependence or withdrawal) based upon the DSM-IV-TR diagnostic criteria.
<b>PM 41 and PM Appendix</b>	While each case may have evidence of other substance use disorders, the focus is solely on nicotine for this exercise.
	<b>Ask</b> the participants to complete Section II “Diagnoses” on their Case Study Activity Worksheet. There is also a summary of DSM-IV-TR criteria on nicotine dependence and withdrawal on page 80 of the PM.

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<b>Step Two - Diagnosing Substance Use Disorders</b>	<b>Practice</b>
	After reviewing the DSM-IV-TR criteria and codes, return to your case study and decide if there should be a diagnosis of nicotine dependence or nicotine withdrawal (tobacco dependence or withdrawal).
	Please complete Section II “Diagnoses” on the blank Case Study Activity Worksheet. There is also a summary of DSM-IV-TR criteria on nicotine dependence and withdrawal on page 80.

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<b>Trainer Note</b>	<b>Process this activity</b>
<b>Slide 28</b>	<b>Ask</b> the small groups to share their answers and identify evidence that supports their diagnoses for tobacco dependence or nicotine withdrawal.
<b>PM Appendix</b>	

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## Step Three - Writing Problem Statements

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### Trainer Note

### Discussion

Slide 29

PM 42

**Refer to PM and explain** that while a variety of problems may emerge because of the comprehensive assessment, it is often not possible to address all of the problems during the course of treatment, especially if it is time-limited. Some problems will need to be prioritized and addressed during treatment, while others will need to be identified but deferred. Which problems need to be prioritized and which can be deferred occurs through the collaborative process between the clinician and patient. In this case study activity, participants should focus on tobacco-related problems.

### Problem Statements

It is important to list all of the problems identified in the assessment, but is often not possible to address all of the problems during the course of treatment. Some problems will need to be priorities and others will be deferred.

Prioritizing of problems occurs through the collaborative process between the clinician and patient. In addition, the patient's readiness, ability, and willingness to address problems will vary. For example, a patient may be able and willing to address alcohol use but not tobacco use. The result is that tobacco use is not a high priority for the patient nor is he/she ready to address this problem. However, by listing all problems, the process of addressing the patient's ambivalence has begun and you may begin to build discrepancy through appropriate treatment interventions.

Problem statements should be:

- Specific
- Observable
- Measureable
- Non-judgmental
- Avoiding the use of jargon

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*Continued on next page*

## Step Three - Writing Problem Statements, Continued

**Trainer Note** Refer to PM and discuss the two statements below with respect to meeting the criteria needed to write problem statements.

Slide 29

PM 43

- Specific
- Observable
- Measureable
- Non-judgmental
- Avoiding the use of jargon

*Patient is in denial that tobacco use is a problem for him.*

and

*Patient continues to use tobacco despite being advised by his physician that tobacco use is making his asthma and hypertension worse.*

The first example is not specific, is not measureable, it is not observable, it uses a judgmental tone, and uses jargon - it refers to patient being “in denial.”

The second example meets the criteria by being specific, observable, it is measureable, it is non-judgmental, and avoids use of jargon.

**Problem  
Statement  
Examples**

Compare the two problem statements below:

*Patient is in denial that tobacco use is a problem for him.*

and

*Patient continues to use tobacco despite being advised by his physician that tobacco use is making his asthma and hypertension worse.*

What are the differences between statement 1 and statement 2?

*Continued on next page*

## Step Three - Writing Problem Statements, Continued

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**Trainer Note**     **Refer to PM and ask** participants to read the problem statements and ask if there is anything wrong with this first example:

**Slide 29**

**PM 43**

“Patient is resistant to engaging in a dialogue about her tobacco use.”

*Uses jargon, is judgmental, not measurable, defines patient behavior in a negative way, defines problem as to what the clinician thinks the patient needs to do.*

**Ask** participants to re-write this problem statement in their manuals and review the examples.

**Ask** *Is there anything wrong with this example:*

“Patient states that addressing her other alcohol and cocaine dependence is more important at this time than addressing her tobacco use.”

*The answer is nothing is wrong. The second statement is specific, it is observable, it removes jargon, avoids using a judgmental tone, it references a present time frame, and identifies what problem the patient is ready to address and what he/she is not ready to address. This second example is a corrected version of statement 1.*

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**Problem Statement Exercise**

Please look at this problem statement and explain what is wrong with this example:

*Patient is resistant to engaging in a dialogue about her tobacco use.*

Re-write the above problem statement:

Is there anything wrong with this problem statement?

*Patient states that addressing her other alcohol and cocaine dependence is more important at this time than addressing her tobacco use.*

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*Continued on next page*

## Step Three - Writing Problem Statements, Continued

Trainer Note	Practice
<p>Slide 29 PM 44 and PM Appendix</p>	<p><b>After reviewing the section on problem statements, instruct the small groups to return to their case study.</b></p> <p><b>Explain</b> that their task at this time is to write three problem statements that are related to the patient’s tobacco use. Instructions are on PM 44.</p> <p><b>Ask</b> the participants to complete Section III “Problem Statements” on the Case Study Activity Worksheet.</p>

**Step Three - Writing Problem Statements** Please return to your case study and write three problem statements that are related to the patient’s tobacco use. Complete Section III “Problem Statements” on the Case Study Activity Worksheet.

- Practice**
- Your problem statements should be:
- Specific
  - Observable
  - Measureable
  - Non-judgmental
  - Avoiding the use of jargon

*Continued on next page*

## Step Three - Writing Problem Statements, Continued

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**Trainer Note**     **Process this activity**

**Slide 29**

**PM Appendix**

**Ask** the small groups to share their problem statements. Ask the entire group to assess the statements based on the following:

- Specific
- Observable
- Measureable
- Non-judgmental
- Avoiding the use of jargon

Participants may want to suggest additional problem statements, if time permits.

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## Step Four - Writing Goal Statements

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**Trainer Note****Discussion****Slide 30****PM 45**

**Refer to PM and explain** that after the development of problem statements, the treatment planning process moves forward with the development of treatment goals. Discuss with participants the following guidelines for treatment goals:

- Goal is clear and easy to understand
- Goal is free of clinical jargon
- Goal is attainable while the patient is in the program
- Goal should reflect the patient's stage of change
- Clinician and patient understand and agree on the goal

**Explain** that OASAS operating regulations require that the treatment plan address at a minimum the following functional areas: addiction, social emotional, family, educational, vocational, employment, legal, mental, and physical health. Therefore, goals should be formulated for each of these areas, and be clearly reflected on the treatment plan.

**Explain** that for this exercise the goals created are only specific to the patient's tobacco use.

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*Continued on next page*

## Step Four - Writing Goal Statements, Continued

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### Goal Statements

Collaboration with the patient is important to establishing treatment goals.

After reviewing the problem statements with the patient to assure its completeness and accuracy, the clinician and the patient need to prioritize the list and agree which problems will initially be addressed in the treatment plan.

It is important that the clinician and the patient agree on the goals and that the patient “buys in” to the goal. By using the following guidelines, consensus and buy-in will be enhanced.

- Goal is clear and easy to understand
- Goal is free of clinical jargon
- Goal is attainable while the patient is in the program
- Goal should reflect the patient’s stage of change
- Clinician and patient understand and agree on the goal

OASAS operating regulations require that the treatment plan address at a minimum the following functional areas: addiction, social, emotional, family, educational, vocational, employment, legal, mental, and physical health. Therefore, goals should be formulated for each of these areas, and be clearly reflected on the treatment plan.

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## Step Four - Writing Goal Statements, Continued

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<b>Trainer Note</b>	<b>Refer to PM and explain</b> that one strategy for writing goal statements is to take the tobacco problem statements and reframe them into goal statements. Have participants look at the examples in their PM.
<b>Slide 30</b>	
<b>PM 46 - 47</b>	<b>Ask</b> participants to complete the reframing exercise in PM with the large group to ensure participant examples are clear and accurate.

---

**A Strategy for Writing Goal Statements** One strategy for writing goal statements is to take the tobacco-specific problem statements and reframe them into goal statements. Look at the example listed below:

**Problem Statement:**

*Patient states that addressing her alcohol and cocaine dependence is more important to her at this time than addressing her tobacco dependence.*

**Reframed into a Goal Statement:**

*Patient will increase her awareness about how continued tobacco use has a negative effect on her recovery from alcohol and cocaine dependence.*

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*Continued on next page*

## Step Four - Writing Goal Statements, Continued

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**Reframing  
Problem  
Statements**

Look at the first example and how it is reframed.

**Problem Statement:**

*Patient continues to use tobacco despite being advised by his physician that the tobacco use is making his asthma and hypertension worse.*

**Reframed as a Goal Statement:**

*Patient will identify the negative effects of his tobacco use on his health problems, such as asthma and hypertension.*

---

**Reframing  
Exercise**

Now reframe these two tobacco-specific problems statements into goal statements:

*Patient has received two verbal warnings and one written warning at work due to excess smoking breaks and his job is in jeopardy.*

*Child Protective Services completed two investigations and decided that the patient was leaving her children alone to go outside to smoke and leaving the house to purchase cigarettes.*

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*Continued on next page*

## Step Four - Writing Goal Statements, Continued

<b>Trainer Note</b>	<b>Practice</b>
<b>Slide 30</b> <b>PM 48 and</b> <b>PM Appendix</b>	<p><b>Refer to PM and instruct</b> the small groups to return to their Case Study Activity Worksheet. Explain that their task at this time is to re-frame the three problem statements that they wrote in the last step into goal statements. Instructions on are on page 48 of the PM.</p> <p><b>Ask</b> the participants to complete Section IV “Goal Statements” on the Case Study Activity Worksheet.</p>

<b>Step Four -</b> <b>Writing Goal</b> <b>Statements</b>	<b>Practice</b>
	<p>After reviewing the section on goal statements, return to your Case Study Activity Worksheet and reframe the three problem statements that you wrote into goal statements.</p> <p>Complete Section IV “Goal Statements” on the Case Study Activity Worksheet”</p>

<b>Trainer Note</b>	<b>Process this activity</b>
<b>Slide 30</b> <b>PM Appendix</b>	<p><b>Ask</b> the small groups to share a few of their goal statements. Ask the entire group to assess the statements based on the following:</p> <p>Are the goals:</p> <ul style="list-style-type: none"> <li>• Clear and easy to understand?</li> <li>• Free of clinical jargon?</li> <li>• Attainable while the patient is in the treatment program?</li> <li>• Reflecting the patient’s stage of change?</li> <li>• Understood and agreed upon by the clinician and patient?</li> </ul>

## Step Five - Writing Objectives

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Trainer Note	Discussion
Slide 31 PM 49	<p data-bbox="418 443 1427 661"><b>Refer to PM and explain</b> that after developing the problem statements and goal statements, the next step in the treatment planning process is the development of objectives. Objectives are statements of action about what the patient will do to work towards achieving the goals that have been collaboratively established. They are concrete, measureable representations of a clinical goal.</p> <p data-bbox="418 695 1427 877">In a blended initiative, the National Institute on Drug Abuse (NIDA) and the Substance Abuse and Mental Health Services Administration (SAMHSA), developed a framework that operationalizes objective development, called SMART. The SMART model for developing objectives is a useful tool to guide the clinician in this process. Characteristics of effective objectives are:</p> <ul data-bbox="418 905 641 1157" style="list-style-type: none"><li>• Specific</li><li>• Measureable</li><li>• Attainable</li><li>• Realistic</li><li>• Time-limited</li></ul> <p data-bbox="418 1184 1427 1253">In this step, participants will write objectives that meet the SMART standards.</p>

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## Step Five - Writing Objectives, Continued

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### **SMART Objectives**

After developing the problem statements and goal statements, the next step in the treatment planning process is the development of objectives. Objectives are statements of action about what the patient will do to work towards achieving the goals that have been collaboratively established. They are concrete, measureable representations of a clinical goal.

The SMART model for developing objectives is a useful tool to guide the clinician in this process. Characteristics of effective objectives are:

- **S**pecific
  - **M**easureable
  - **A**ttainable
  - **R**ealistic
  - **T**ime-limited
- 

### **The Value of SMART Objectives**

Using the SMART method of developing objectives has several advantages:

- Makes it easier to document progress
  - Identifies objectives that can be completed within the level of care provided and move closer to reaching the goals
  - Increases the patient's self-efficacy
  - Are easily understood by the patient and clinician
  - Identifies the need for referral to outside agencies
- 

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## Step Five - Writing Objectives, Continued

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<b>Trainer Note</b>	<b>Refer to PM and instruct</b> participants to look at the two examples of objectives below.
<b>Slide 31</b>	
<b>PM 50</b>	<b>Ask:</b> <i>Do these objectives pass the SMART test?</i> Ask participants to explain their answers based upon the SMART test components.

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### **SMART Objectives Exercise**

Please look at the following two objectives: Do they pass the SMART test? Why or why not?

*Patient will attend group therapy per program schedule to increase his knowledge about how tobacco use affects his other chemical dependence.*

*Upon completion of the Tobacco Awareness Group, patient will be able to verbalize the importance of addressing her tobacco use, in order to achieve a healthy change.*

- **Specific**
  - **Measureable**
  - **Attainable**
  - **Realistic**
  - **Time limited**
- 

*Continued on next page*

## Step Five - Writing Objectives, Continued

<b>Trainer Note</b>	<b>Practice</b>
<b>Slide 31</b>	<b>Instruct</b> the small groups to return to their Case Study Activity Worksheet. Instructions are on page 51 of the PM.
<b>PM 50 and PM Appendix</b>	<b>Explain</b> that their task at this time is to write three objectives (specific to tobacco) that pass the SMART test. Participants may use their own agency's IPTA or use a theoretical IPTA. Ask the participants to complete Section V "Objectives" on the Case Study Activity Worksheet.

<b>Step Five - Writing Objectives</b>	<b>Practice</b>
	After reviewing the section on objectives, return to your Case Study Activity Worksheet. Complete Section V "Objectives" on the Case Study Activity Worksheet

<b>Trainer Note</b>	<b>Process this activity</b>
<b>Slide 31</b>	<b>Ask</b> the small groups to share some of their objectives. Ask the entire group to assess the objectives based on the SMART criteria:
<b>PM Appendix</b>	<ul style="list-style-type: none"> <li>• Specific</li> <li>• Measureable</li> <li>• Attainable</li> <li>• Realistic</li> <li>• Time limited</li> </ul> <p>Participants may want to suggest additional versions of the objectives if time permits.</p>

## Step Six - Integrated Program of Therapies and Activities

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Trainer Note	Discussion
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Slide 32

PM 51

**Refer to PM and explain** the Integrated Program of Therapies and Activities defines the clinician's role and the resources available at a treatment facility to help the patient meet their goals.

**Ask** participants to draw upon the MAT activity, which was completed earlier in the unit. In this step, participants will be defining the IPTA needed to address the tobacco use and tobacco dependence issues of their case study patient. In the event that a participant is not from a treatment agency, they may use a theoretical (made-up) IPTA.

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**Integrated Program of Therapies and Activities (IPTA)**

The Integrated Program of Therapies and Activities (IPTA) defines the clinician's role, the services, and the resources available at your treatment agency to help the patient meet their goals.

In the MAT activity completed earlier in Unit 2, you identified the specific tobacco treatment interventions at your agency.

In this next step, you will use the IPTA identified to address the tobacco use and tobacco dependence issues of your case study patient.

In the event that you are not from a treatment agency, you may use a theoretical IPTA.

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**More About an Integrated Program of Therapies and Activities (IPTA)**

These are some examples of IPTAs:

- Tobacco Awareness Group, 90 minutes, once per week for 5 weeks.
- Individual counseling sessions (25 - 30 minutes) once per week for 5 weeks.
- Nicotine patch: 21 mg/24 hours for 4 weeks; then 14 mg/24 hours for 2 weeks; then 7 mg/24 hours for 2 weeks.
- Nicotine gum, 2mg, ad libitum (as needed).

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## Step Six - Integrated Program of Therapies and Activities, Continued

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Trainer Note	Practice
<b>Slide 32</b> <b>PM 52 and</b> <b>PM Appendix</b>	<p data-bbox="406 436 1411 598"><b>Refer to PM and instruct</b> the small groups to return to their Case Study Activity Worksheet. Explain that their task at this time is to write three specific tobacco treatment interventions (IPTA) for their case study patient. Instructions are on page 52 of the PM.</p> <p data-bbox="406 619 1411 730">Participants may use their own agency’s IPTA or use a theoretical (made-up) IPTA. Ask the participants to complete Section V “IPTA” on the Case Study Activity Worksheet.</p>

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<b>Step Six -</b> <b>Integrated</b> <b>Program of</b> <b>Therapies and</b> <b>Activities</b> <b>(IPTA)</b>	<p data-bbox="406 842 535 882"><b>Practice</b></p> <p data-bbox="406 913 1430 1018">After reviewing the section on IPTA, return to your Case Study Activity Worksheet and write three specific tobacco treatment interventions (IPTA) for your case study patient.</p> <p data-bbox="406 1050 1430 1092">Please complete Section VI “IPTA” on the Case Study Activity Worksheet.</p>
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## Step Six - Integrated Program of Therapies and Activities, Continued

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**Trainer Note**      **Process this activity**

**Slide 32**

**PM 52 and  
PM Appendix**

**Ask** the small groups to share some of their tobacco treatment interventions for their assigned case study. The questions (or similar questions) listed below can be used to facilitate the discussion. These questions are contained in the PM.

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**Step Six -  
Integrated  
Program of  
Therapies and  
Activities  
(IPTA), cont'd**

Why did you choose these specific tobacco treatment interventions?

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## Treatment Plan Review

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**Trainer Note**     **Explain** that as a living document, the treatment plan should be reviewed often and revised as needed, and requires the patient to collaborate with its development. If a goal is not achieved, the objectives and therapy/activities need to be revised, and may include being continued as follow-up, post-treatment activities.

**Slide 33**

**PM 53**

**Treatment Plan Review**     A patient's completion of an IPTA does not by itself signify that the goals and objectives have been achieved. If the goal as stated in a specific functional area of the treatment plan has not been achieved, then objectives and integrated therapies and activities need to be revised or added. This process takes place during a treatment plan review. A treatment plan revision is done in collaboration with the patient and should describe how the goals and objectives will be achieved.

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## Illustrating the Treatment Plan Process

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**Trainer Note** This section illustrates the treatment planning process using a version of a flow chart. It is a visual representation of how all of the pieces talked about today come together.

**Slide 33**

**PM 54**

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**Summarizing  
the Treatment  
Planning  
Process**

### Treatment Plan Development Process

*Problem Statements* (identified from the comprehensive assessment)



*Goal Statements* (broad outcomes, which can be created by reframing the problem statements into a goal)



*Objectives* (what specific and measureable actions or steps the patient will take to reach each goal)



*IPTA* (what the clinician/agency will do to help the patient complete his/her objectives and achieve the goals)

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## Module Summary

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<b>Trainer Note</b> <b>Slide 33</b> <b>PM 55</b>	<p>The main components of the treatment plan, i.e., the stages of change, diagnosis, problem statements, goal statements, objectives, and interventions, will be similar across many agencies. In order to integrate tobacco use interventions, clinicians must collaborate with their patients, understand DSM-IV-TR criteria and the biopsychosocial nature of tobacco dependence, be able to explain tobacco treatment medications, and use behavioral interventions in order to write a comprehensive treatment plan.</p>
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### Module Summary

Successfully integrating tobacco use interventions into chemical dependence programs requires knowledge of the biopsychosocial nature of tobacco dependence, the ability to perform an accurate comprehensive assessment, and the availability of effective treatment interventions (Integrated Program of Therapies and Activities, IPTA).

Diagnoses for substance use disorders need to be made based upon DSM-IV-TR criteria and treatment interventions should then be matched to the stage of change for each patient.

The components of a comprehensive treatment plan, i.e., problem statements, goal statements, objectives, and interventions, will often be consistent across many agencies and modalities. The degree of integration of tobacco treatment interventions will likely vary among treatment programs.

The Clinical Practice Guideline, 2008 Update (Fiore, Jaen, Baker, et al., 2008), states that the combination of medication and supportive counseling is the most effective way to treat tobacco dependence.

In Modules 1, 2, and 3 of this training series, key material was presented including the assessment and diagnosis of tobacco dependence, the use of tobacco treatment medications (nicotine replacement therapy and non-nicotine medications), and the use of effective behavioral treatment interventions. As a clinician, you will need this knowledge and skill set in order to write a comprehensive treatment plan that includes tobacco treatment interventions.

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## Reassessing Knowledge/Skills and Confidence to Write Treatment Plans

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**Trainer Note** Now ask participants to revisit the two scaling questions that they answered in Unit 1.

**Slide 34**

**PM 56**

*Using a 10-point scale with 1 being low and 10 being high, how knowledgeable are you now about writing treatment plans?*

*Using a 10-point scale with 1 being low and 10 being high, how confident are you now about your ability to write a comprehensive treatment plan, which integrates tobacco interventions?*

*Ask: How much did your scores change and what helped your scores to change?*

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*Continued on next page*

## Reassessing Knowledge/Skills and Confidence to Write Treatment Plans, Continued

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### Re-assessing Knowledge and Skills for Completing Treatment Plans

Please revisit the two scaling questions that you answered in Unit 1.

Using a 10-point scale with 1 being low and 10 being high, how knowledgeable are you now about writing treatment plans?

Low 1    2    3    4    5    6    7    8    9    10 High

Using a 10-point scale with 1 being low and 10 being high, how confident are you now about your ability to write a comprehensive treatment plan, which integrates tobacco interventions?

Low 1    2    3    4    5    6    7    8    9    10 High

How much did your scores change and what helped your scores to change?

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## Module Closure

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**Trainer Note** Be sure that participants know how to access e-Learning and web resources at [www.tobaccorecovery.org](http://www.tobaccorecovery.org)  
**Slides 35 -36**

If using the post-tests, distribute the post-test questions and training evaluation form. Thank participants for their participation, and remind them that the post-test is a measure of the training and that their thoughtful completion of the evaluation is appreciated.

When participants hand in completed evaluation (and if required a post-test) provide participants with a Certificate of Completion.

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## Resources

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**Resource Directory**      **Tobacco Recovery Resource Exchange** (<http://www.tobaccorecovery.org>) can be used to access e-learning opportunities, resources, web tools, and more.

**New York State Office of Alcoholism and Substance Abuse Services Tobacco Independence** <http://www.oasas.state.ny.us/tobacco/index.cfm>

**New York State Tobacco Dependence Resource Center**  
<http://www.tobaccodependence.org>. A wealth of resources including sample policies, research articles, and more.

**Treating Tobacco Use and Dependence: Clinical Practice Guideline 2008 Update:** call to order a copy at 1-800-358-9295 or go to <http://www.surgeongeneral.gov/tobacco/default.htm>.

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## Resources, Continued

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**Resource  
Directory,  
cont'd**

### **NYS Medicaid Policy Smoking Cessation Policy**

- Smoking cessation therapy consists of prescription and non-prescription agents. Covered agents include nasal sprays, inhalers, Zyban® (bupropion), Chantix® (varenicline), over-the-counter nicotine patches and gum.
- Two courses of smoking cessation therapy per recipient, per year are allowed. A course of therapy is defined as no more than a 90-day supply (an original order and two refills, even if less than a 30 day supply is dispensed in any fill).
- If a course of smoking cessation therapy is interrupted, it will be considered one complete course of therapy. Any subsequent prescriptions would then be considered the second course of therapy.
- Some smoking cessation therapies may be used together. Professional judgment should be exercised when dispensing multiple smoking cessation products.
- Duplicative use of any one agent is not allowed (i.e., same drug and same dosage form and same strength).
- For all smoking cessation products, the recipient must have an order. A prescription is the terminology for an order of a prescription product. A fiscal order refers to an order, which looks just like a prescription - written on a prescription blank, for an over-the-counter product.
- NYS Medicaid reimburses for over-the counter nicotine patches. Prescription nicotine patches are not reimbursed.
- Name brand Zyban® requires a prior authorization, but generic bupropion does not.

NYS Smokers Quitline (866) NY-QUITS (866-697-8487)

American Cancer Society 1-800-227-2345

American Lung Association 1-800-586-4872

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## References

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- American Psychiatric Association (2000). *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision*. Washington, DC, American Psychiatric Association, 2000.
- Campaign for Tobacco-Free Kids (2006). The toll of tobacco in New York. Available online. Retrieved April 17, 2008 from <http://www.tobaccofreekids.org/reports/settlements/toll.php?StateID=NY>.
- Campbell, B.K., Krumenacker, J., and Stark, M.J. (1998). Smoking cessation for clients in chemical dependence treatment. *Journal of Substance Abuse Treatment, 15:4: 313-318*.
- Centers for Disease Control and Prevention (CDC). (2009). State-Specific Prevalence and Trends in Adult Cigarette Smoking - United States, 1998 - 2007. *MMWR* 2009; 58(09);221-226. Retrieved September 1, 2009 <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5809a1.htm>
- Centers for Disease Control and Prevention (CDC). (2008). National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP). *Targeting tobacco use: the nation's leading cause of preventable death, at a glance 2008*. Retrieved July 25, 2008 from [www.cdc.gov/NCCDPHP/publications/aag/osh.htm](http://www.cdc.gov/NCCDPHP/publications/aag/osh.htm).
- Centers for Disease Control and Prevention (CDC) (2007). *Cigarette smoking among adults -- United States (2006)*. *MMWR* 2007; 56(44); 1157-1161. Retrieved April 17, 2008 from <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5644a2.htm>.
- Fiore M.C., Jaen, C.R., Baker, T.B., et al.,(2008). *Treating tobacco use and dependence: 2008 Update. Clinical Practice Guideline*. Rockville, MD: U.S. Department of Health and Human Services. Public Health Service. May 2008.
- Hurt et al.,(1996) .Hurt, R.D., Offord, K.P., Croghan, I.T., Gomez-Dahl, L., Kottke, T.E., and Morse, R.M., Melton, J. (1996). "Mortality following inpatient addictions treatment: role of tobacco use in a community-based cohort." *Journal of the American Medical Association 10, 275 (14):1097-1103*.
- Hser, et al., (2001). Hser,Y-I, Hoffman, V., Grella, C.E., and Anglin, M.D. (2001). "A 33-year follow-up of narcotics addicts." *Archives of General Psychiatry, 58: 503-508*.
- Joint Commission on Accreditation of Health Care Organizations, *Patient Records in Addiction Treatment - Documenting the Quality of Care*, 1992. Chicago, Illinois.
- National Institute on Drug Abuse. (2000). *Principles of Drug Addiction Treatment: A Research Based Guide*. National Institute of Health. NIH Publication No. 00-4180. Accessed December 15, 2008 from <http://www.nida.nih.gov/podat/PODATIndex.html>

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## References, Continued

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- Northwest Frontier Addiction Technology Transfer Center. (2006). *Addiction Messenger*, Volume 9, Issue 5, May 2006. Accessed December 15, 2008  
<http://www.attcnetwork.org/userfiles/file/NorthwestFrontier/Vol.%209%20Issue%205.pdf>
- Prochaska et al., (2004). Prochaska, J. J., Rossi, J.S., Redding C.A., Rosen A.B., Tsoh, J.Y., Humfleet G.L., Eisendrath S.J., Meisner, M.R. and Hall S.M. (2004). Depressed smokers and stage of change: implications for treatment interventions. *Drug and Alcohol Dependence*, 76: 143-151.
- Prochaska et al. (2008). Prochaska, J.J., Hall, S.M., Tsoh, J.Y., Eisendrath, S., Rossi, J.S., Redding, C.A., Rosen, A.B., Meisner, M., Humfleet, G.L., Gorecki, J.A., (2008). Treating tobacco dependence in clinically depressed smokers: effect of smoking cessation on mental health functioning. *American Journal of Public Health*, 98(3), 446-448.
- Sobell, M.B., Sobell, L.C., and Kozlowski, L.T. (1995). Dual recoveries from alcohol and smoking problems. In: Fertig, J.B., and Allen, J.P. eds.; *Alcohol and Tobacco: From Basic Science to Clinical Practice*. National Institute on Alcohol Abuse and Alcoholism Research Monograph 30. Bethesda, MD: National Institute on Alcohol Abuse and Alcoholism, 207-224.
- Stuyt, E.B. (1997). Recovery rates after treatment for alcohol/drug dependence: tobacco users vs. non-tobacco users. *American Journal on Addictions* 6 (2):159-167.
- U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Coordinating Center for Health Promotion, National Center for Chronic disease Prevention and Health Promotion, Office on Smoking and Health. *The health consequences of involuntary exposure to tobacco smoke: A report of the Surgeon General*. Washington, DC 2006. Retrieved April 17, 2008 from [www.surgeongeneral.gov/library/secondhandsmoke/report](http://www.surgeongeneral.gov/library/secondhandsmoke/report).
- U.S. Environmental Protection Agency. *Environmental tobacco smoke*. Children's Environmental Health Research Centers. Washington, D.C.: Office of Health and Environmental Assessment, 2006.
- U.S. Environmental Protection Agency. "EPA designates passive smoking a 'class a' or known human carcinogen respiratory health effects of passive smoking: lung cancer and other disorders." Washington, D.C. Office of Health and Environmental Assessment. 1-7, 1993.
- White, W.L., (1998). *Slaying the Dragon The History of Addiction Treatment and Recovery in America*. Bloomington, Ill. Chestnut Health Systems.
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## Glossary

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**Agonist:** A medication that stimulates an action on a given receptor

**Ambivalence:** Uncertainty or inability to make choices caused by having thoughts or feelings that oppose or contradict each other

**Antagonist:** A medication that acts against or blocks an action on a given receptor

**AOD:** Alcohol and Other Drugs

**Articulate:** Clearly explain, describe, or talk about

**ASAP:** Alcoholism and Substance Abuse Providers of New York State ([www.asapnys.org](http://www.asapnys.org))

**ATC:** New York State Office of Alcoholism and Substance Abuse Services (OASAS) Addiction Treatment Centers (<http://www.oasas.state.ny.us/atc/index.cfm>)

**ATOD:** Alcohol, Tobacco, and Other Drugs

**Autonomy:** Personal capacity to consider alternatives, make choices, and act without undue influence or interference from others

**Blended Learning:** The combination of multiple approaches to learning, for example, a combination of technology-based materials and classroom sessions to deliver instruction

**Bupropion (Zyban® or Wellbutrin ®):** A first-line non-nicotine medication used in the treatment of tobacco dependence

**CASAC:** New York State Credentialed Alcoholism and Substance Abuse Counselor (<http://www.oasas.state.ny.us/sqa/credentialing/CASACCover.cfm>)

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## Glossary, Continued

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**CBT:** Cognitive-Behavioral Therapy. CBT is a form of counseling that emphasizes the important role of thinking in how we feel and what we do

**CDC:** Centers for Disease Control, U.S. Department of Health and Human Services

**Cessation Centers:** NYS Department of Health -funded contractors that provide technical assistance, training, and follow-up to health care institutions in their catchment areas in implementing the Clinical Practice Guideline, 2008 Update (CPG). The main task is to help screen patients for tobacco use and prompt health care providers to offer brief interventions for stopping tobacco use  
([http://www.health.state.ny.us/prevention/tobacco\\_control/community\\_partners/tobacco\\_cessation\\_centers.htm](http://www.health.state.ny.us/prevention/tobacco_control/community_partners/tobacco_cessation_centers.htm))

**Change Talk:** Patient statements (e.g., desire, ability, reasons, and need to change) that indicate a patient's beginning to commit to change

**CIAA:** NYS Clean Indoor Air Act, in effect July 24, 2003  
([http://www.health.state.ny.us/nysdoh/clean\\_indoor\\_air\\_act/general.htm](http://www.health.state.ny.us/nysdoh/clean_indoor_air_act/general.htm))

**Cognitive:** The use of mental activities such as perception, thinking, remembering, reasoning, mental images, and taking information to create new ideas

**CO Monitor:** A breath carbon monoxide (CO) monitor is a non-invasive device that estimates the amount of carbon monoxide in a person's blood, providing evidence of one of the harmful consequences of smoking

**Co-morbid Condition:** Two or more disorders or illnesses occurring in the same person, simultaneously or sequentially (example: opiate dependence and HIV)

**Co-morbidity:** Describes the negative interaction between the two or more illnesses, which affects the progression and prognosis of each disorder

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## Glossary, Continued

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**Competency:** The required knowledge, skills, and attitudes of addiction professional practice. (See Technical Assistance Publication (TAP) Series 21, which is available online at <http://www.kap.samhsa.gov/products/manuals/pdfs/TAP21.pdf>)

**Co-occurring Disorders:** Co-occurring substance use (abuse or dependence) and mental health disorders (example: alcoholism and depression)

**CPD:** Cigarettes Per Day

**CPG:** Clinical Practice Guideline, *Treating Tobacco Use and Dependence*, U.S. Department of Health and Human Services, Public Health Service, 2008 Update ([http://www.surgeongeneral.gov/tobacco/treating\\_tobacco\\_use08.pdf](http://www.surgeongeneral.gov/tobacco/treating_tobacco_use08.pdf))

**CPP:** New York State Credentialed Prevention Professional

**CPS:** New York State Credentialed Prevention Specialist

**Craving:** An urgent, seemingly overpowering desire to use a substance, which often is associated with tension, anxiety, or other dysphoric, depressive, or negative affective states

**DARN-C:** An acronym for how to increase change talk. Used to encourage patients to make statements that tell about their **D**esire, **A**bility, **R**easons, and **N**eed to change, which leads to stronger language for making a **C**ommitment to change

**Discrepancy:** A variance or difference between present behavior and a desired goal, or the difference between what is happening now and how one wants things to be. The larger the discrepancy, the greater the importance of change

**DMOA:** Development, Management, and Oversight Agency

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## Glossary, Continued

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**DOH:** NYS Department of Health ([www.health.state.ny.us](http://www.health.state.ny.us))

**Dopamine:** An important neurotransmitter (messenger) in the brain that can trigger feelings of pleasure

**DSM-IV-TR:** Diagnostic and Statistical Manual of the American Psychiatric Association, Fourth Edition, Text Revision

**Effectiveness:** The outcome achieved from a treatment that is provided in a “real-world setting” (in a clinic or community)

**Efficacy:** The power to produce a desired effect. Efficacy is the outcome achieved from a treatment provided under near-ideal circumstances of control (for example treatment provided during a controlled research study)

**E-Learning:** Self-paced instruction or professional development activities provided over the Internet

**Empathy:** Nonjudgmental understanding, compassion, and acceptance of the patient's experience. Empathy requires understanding another person’s experience and effectively communicating that understanding

**ETS:** Environmental Tobacco Smoke, also known as second hand smoke

**Evidence-Based Practice:** Interventions that have been repeatedly documented in the scientific literature as effective in treating tobacco dependence

**Expectancy:** A learned anticipation of an effect from a cause

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## Glossary, Continued

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**FDA:** U.S. Food and Drug Administration ([www.fda.gov](http://www.fda.gov))

**First-Line Medications:** Medications approved by the FDA for a specific use and which have an established empirical record of effectiveness

**Functional Analysis:** A behavior analysis (or assessment) problem-solving process that identifies why a person behaves in a certain manner. It identifies triggers for the behavior, patterns of the behavior, and the consequences or benefits from the behavior

**Individualized Intervention:** Tailoring an intervention to fit the needs of a particular patient. For example, relapse prevention can be individualized based on information obtained about problems the patient has encountered in maintaining abstinence

**Intervention:** An action or program that aims to bring about identifiable outcomes. In tobacco dependence treatment, the intervention generally is clinical in nature and may consist of counseling and the use of medications. Also referred to as "treatment"

**LCSW:** Licensed Clinical Social Worker

**LGBT:** Lesbian/Gay/Bisexual/Transgender

**Medication Assisted Treatment:** The use of medications, in combination with counseling and behavioral therapies, to provide a whole-patient approach to the treatment of substance use disorders

**Metabolism:** The chemical processes occurring within a living cell or organism that are necessary for the maintenance of life

**MI:** Motivational Interviewing. Motivational interviewing is an effective evidence-based approach to overcoming the ambivalence that keeps people from making desired changes in their lives (<http://motivationalinterview.org>)

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## Glossary, Continued

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**Modality:** A treatment modality is any specific treatment method or procedure used to relieve symptoms or motivate behaviors that lead to recovery

**Modulate:** To alter the function or status of something in response to a drug effect

**Module:** A self-contained component of an instructional system. PDP instruction is broken into modules to make the instruction easy to access and deliver  
**Negative Reinforcement:** A behavior is reinforced when a negative condition is stopped or avoided as a consequence of the behavior (example: use of tobacco to avoid withdrawal symptoms). Negative reinforcement should not be confused with punishment, which weakens a behavior when a negative condition is introduced

**Neuron:** A cell specialized to conduct and generate electrical impulses and to carry information from one part of the brain to another

**Neurotransmitter:** A natural chemical in the body released by one neuron to influence or communicate with another. Examples include dopamine, serotonin, norepinephrine, and acetylcholine, GABA, glutamate, beta-endorphin, and others

**New York State Clean Indoor Air Act:** Effective July 24, 2003, the New York State Clean Indoor Air Act (Public Health Law, Article 13-E) prohibits smoking in virtually all workplaces, including restaurants and bars

**Nicotine:** The psychoactive and highly addictive substance found in tobacco products

**NIDA:** The National Institute on Drug Abuse (NIDA), part of the National Institutes of Health (NIH) organized within the U.S. Department of Health and Human Services

**NRT:** Nicotine Replacement Therapy, including the nicotine patch, gum, lozenge, inhaler, and nasal spray

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## Glossary, Continued

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**NYS Smoker's Quitline:** A free statewide helpline through which tobacco users can obtain information, services, and nicotine medication to support an attempt at tobacco abstinence ([www.nysmokefree.com](http://www.nysmokefree.com))

**OARS:** An acronym from Motivational Interviewing that refers to the counseling micro-skills of Open Questions, Affirmations, Reflective Listening, and Summarizing

**OASAS:** NYS Office of Alcoholism and Substance Abuse Services ([www.oasas.state.ny.us](http://www.oasas.state.ny.us))

**OASAS Regulation Part 856:** Requires all New York State OASAS funded and/or certified providers of prevention, treatment, or recovery services for chemical dependence and/or gambling to implement tobacco-free policies as of July 24, 2008 (<http://www.oasas.state.ny.us/tobacco/providers/reg856.cfm>)

**OTC:** Over the Counter, a medication for which a prescription is not needed

**Partial Agonist:** Bind and activate a given receptor, but have only partial efficacy at the receptor relative to a full agonist

**PDP:** Professional Development Program, Rockefeller College, University at Albany ([www.pdp.albany.edu](http://www.pdp.albany.edu))

**Pharmacotherapy:** The treatment of disease using medications

**Positive Reinforcement:** A behavior is reinforced as a consequence of experiencing a positive response from the behavior (example: use of tobacco provides a pleasurable effect, increasing the likelihood that the behavior will be repeated)

**PPD:** Packs Per Day (of cigarettes)

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## Glossary, Continued

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**Promising Interventions Partners:** Funded community partners who worked to demonstrate the effectiveness of promising, but not yet established, tobacco control interventions

**Rapport:** The degree to which trust and openness are present in the relationship between counselor and patient; an essential element of the therapeutic relationship

**Readiness:** A person's stage of awareness of the need and willingness to change. Can be influenced by external pressure (family, legal system, employer) or internal pressure (physical health concerns)

**Receptor:** A structure on the surface of a neuron (or inside a neuron) that selectively receives and binds a specific substance

**Recovery:** Achieving and sustaining a state of health or actively working to regain a state of health (i.e., stopping tobacco use and non-medical psychoactive drug use), and establishing a lifestyle that embraces healthy behaviors.

**Relapse Prevention Therapy (RPT):** A clinical approach that helps patients to anticipate obstacles and high-risk situations when working to maintain a change, and when such obstacles or situations occur, to use effective coping strategies

**Route of Administration:** The path by which a substance is taken into the body (i.e., by mouth, injection, inhalation, rectum, or by topical application)

**RPT:** An acronym for Relapse Prevention Therapy, which is a clinical approach that helps patients to anticipate obstacles and high-risk situations when working to maintain a change, and when such obstacles or situations occur, to use effective coping strategies

**RTATC:** An acronym for Regional Technical Assistance and Training Center

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## Glossary, Continued

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**SAMHSA:** Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services (<http://www.samhsa.gov>)

**Screening:** Gathering and sorting of information to determine if a person may have a problem with substance use ( i.e., Fagerström Test for Nicotine Dependence) and, if so, whether a more detailed clinical assessment is appropriate

**Second-Line Medications:** Medications that have not been approved by the FDA for a specific purpose but which health practitioners prescribe as “off- label” drugs to treat a disease or condition (i.e., nortriptyline, an antidepressant, is sometimes used for helping some people stop tobacco use, but is not FDA approved for this purpose)

**Self-efficacy:** One’s beliefs about his or her capability to successfully act to achieve specific goals or influence events that affect one’s life

**SES:** Socioeconomic Status

**SOC:** an acronym for Stages of Change (i.e., precontemplation, contemplation, preparation, action, and maintenance)

**Stages of Change:** The Transtheoretical Model of Change or Stages of Change (SOC) is a theory developed by James Prochaska and Carlo DiClemente, which suggests that most people progress through five different stages on their way to successful change. The stages are precontemplation, contemplation, preparation, action, and maintenance

**TAG:** Tobacco Awareness Group

**Tailored Interventions:** Treatments based on a dimension or a subset of dimensions of the patient (e.g., weight concerns, dependency). See also Individualized Interventions

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## Glossary, Continued

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**TC:** Therapeutic Community, a drug-free residential setting where the community (treatment staff and patients in recovery) interact in structured and unstructured ways to influence attitudes, perceptions, and behaviors associated with drug use. This approach is often referred to as “community as method”

**TCP:** Tobacco Control Program, within the NYS Department of Health ([http://www.health.state.ny.us/prevention/tobacco\\_control](http://www.health.state.ny.us/prevention/tobacco_control))

**Technical Assistance:** Help, resources, practical advice, problem-solving, and guidance to establish, strengthen, or enhance a program’s capacity to implement tobacco use interventions provided by Regional Technical Assistance and Training Centers (RTATCs)

**Titration:** The process of gradually adjusting the dose of a medication until the desired effect is achieved

**Tobacco Awareness Group:** A treatment modality primarily helpful for patients in the precontemplation and contemplation stages of change. The goal of the group is to help patients resolve their ambivalence about their tobacco use and move on to the next stage of change. The tobacco awareness group develops interest, elevates importance, and enhances motivation

**Tobacco dependence:** A chronic biopsychosocial disease characterized by persistent use, inability to limit or control use, withdrawal symptoms when use is stopped abruptly, frequent relapse after attempts at abstinence, and continued use despite knowledge of serious physical and psychological consequences

**Tobacco Interventions Project:** NYS Department of Health Tobacco Control Program, state-wide, Technical Assistance and Training grant awarded to the Professional Development Program (PDP) to support NYS addiction service providers to integrate tobacco interventions into chemical dependence and gambling programs

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## Glossary, Continued

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**Tobacco Recovery Group:** A treatment modality primarily helpful for patients in the preparation, action, and maintenance stages of change. The goal of the group is to define tobacco recovery and teach recovery tools in the physical, behavioral, and emotional arenas. The tobacco recovery group helps patients develop skills, elevate confidence, and embrace lifestyle change

**Tolerance:** There are different forms of tolerance, and in this manual the term refers to metabolic tolerance, a need for increased amounts of a substance to achieve the desired effect

**Treatment:** An action or program that aims to bring about identifiable outcomes. For tobacco dependence, the treatment generally is clinical in nature and may consist of counseling and the use of medications. Also may be referred to as "intervention"

**UMDNJ:** University of Medicine and Dentistry of New Jersey (<http://www.umdnj.edu/>)

**Varenicline (Chantix®):** A first-line non-nicotine medication used in the treatment of tobacco dependence

**Withdrawal:** Symptoms of discomfort and distress when use of a substance is abruptly stopped, and may include intense craving for the substance

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## **Appendix A (Listed as Appendix in Participant's Manual and excludes Trainer Version/Notes)**

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Case Study 1 (MaryAnn)

Completed Case Study Activity Worksheet for MaryAnn

Case Studies 2 - 5 (Alvin, Jorge, Barbara, and Bill)

Completed Case Study Activity Worksheets-for Case Studies 2 - 5 - **Trainer Version and Notes**

Case Study Activity Worksheet (Blank) - **Trainer Version and Notes**

Case Study Activity Worksheet (Two Blank Copies) - Participant Version

DSM-IV-TR Criteria for Substance Withdrawal and Substance Dependence

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### **Case Study 1 (MaryAnn) - Medication Assisted Treatment Program Example**

MaryAnn P. is a 30-year-old separated white female who is referred to your methadone clinic by her social worker. MaryAnn lives with her two children, ages four and three, in an apartment in an urban area. She is currently in a relationship with a man but doesn't talk much about him.

- MaryAnn was prescribed “painkillers” after the birth of her second child and tells you that until a few months ago, she was “doing the doctor thing” and seeing multiple physicians to obtain narcotic medications.
- Anita, MaryAnn’s mother, is concerned about MaryAnn’s chain smoking in the apartment and how this may aggravate the oldest child’s asthma. Mary Ann smokes from 1 to 1½ packs (20 - 30 cpd) per day.
- Sometimes when Anita visits there is no food in the apartment, so she goes out and stocks up MaryAnn with groceries and necessities, including a supply of cigarettes.
- MaryAnn gets frantic, when she runs out of cigarettes and cannot concentrate until she has obtained more cigarettes. She has even left the children alone at times to go to the store to obtain more.
- Anita has expressed concerns to the social worker that MaryAnn is often depressed, irritable, and restless when she runs out of cigarettes.
- She shares with you that she has been injecting heroin for several months. This has increased from a few times per week to daily use.
- She states that she smokes more tobacco when she is using heroin. MaryAnn also shared that she is about two months pregnant, and is worrying about the effects of her smoking and heroin use on her pregnancy.
- MaryAnn states she is feeling powerless and hopeless. She tells you she has thought about “ending it all,” but is worried what will happen to the children.
- She states she has tried to stop using tobacco so many times she can’t remember how often. She has been without cigarettes for 16 hours and is feeling frustrated and angry.

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## Case Study Activity Worksheet - for MaryAnn

**Patient:** MaryAnn P.

### I. Stage of Change for Tobacco Use: *Precontemplation or Contemplation*

**Reminder:** It is important to assess the stage of change in order to match the Integrated Program of Therapies and Activities (IPTA) to the patient's readiness to change.

### II. Diagnoses

DSM-IV tobacco diagnosis: *Nicotine (Tobacco) Dependence, 305.1*

*As evidenced by:*

- *Tolerance*
- *Withdrawal*
- *Great deal of time spent using tobacco*
- *Persistent desire/unsuccessful efforts to cut down or control tobacco use*
- *Continued tobacco use despite knowledge of consequences*

DSM-IV tobacco diagnosis: *Nicotine (Tobacco) Withdrawal, 292.0*

*As evidenced by:*

- *Depressed or dysphoric mood*
- *Irritability*
- *Anxiety*
- *Restlessness*
- *Difficulty concentrating*

### III. Problem Statements

**This list includes tobacco-related problems only.**

1. *MaryAnn chain smokes cigarettes in her apartment when her children are present, thereby exposing them to the harmful effects of second-hand smoke.*
2. *MaryAnn experiences nicotine withdrawal symptoms when she discontinues the use of tobacco.*

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### III. Problem Statements, continued

3. *MaryAnn is pregnant and continues to smoke tobacco, exposing her unborn child to possible harmful effects.*

### IV. Goal Statements

**The following goal statements are reframes of the problem statements listed above. These statements assume the patient is willing and agreeable to these goals.**

1. *MaryAnn will assure that her apartment is a “smoke-free” space.*
2. *MaryAnn will successfully manage withdrawal from tobacco.*
3. *MaryAnn will achieve abstinence from tobacco to minimize the dangers to herself and her unborn child.*

### V. Objectives (Specific, Measurable, Attainable, Realistic, and Time-limited)

**This section shows an example of at least one objective for each goal that is listed in Section IV. These assume the patient is willing and agreeable to these objectives.**

1. *MaryAnn will sign an agreement with her primary counselor to maintain a “smoke-free” apartment while in the treatment program. Weekly check-ins will be made by her caseworker to ensure compliance.*
2. *MaryAnn will comply with taking her tobacco treatment medication as recommended by the agency physician.*
3. *MaryAnn will attend group and individual counseling sessions per her individualized treatment plan.*
4. *After five (5) weeks in the program, MaryAnn will list at least three (3) reasons why her tobacco use may cause problems for her unborn child.*

### VI. Integrated Program of Therapies and Activities (IPTA)

**This example only shows therapies and activities for tobacco. Additional therapies and activities would be included for other problems identified.**

1. *Individual counseling, for 30 minutes, 1x every other week for 12 weeks*
2. *Group counseling focused on all substance use, 90 minutes, 1x per week for 12 weeks*
3. *Tobacco awareness group, 90 minutes, 1x/week for 5 weeks*
4. *Bupropion, 150 mg daily for 3 days, then 150 mg 2 times per day for 12 weeks.*
5. *Carbon monoxide monitoring, 1x/week for 12 weeks*

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## Case Study 2 (Alvin C.) - Inpatient Example

Alvin C. is a 44-year-old African-American male who presents at your inpatient treatment center. Alvin was referred by his physician due to being a heavy marijuana user, plus daily use of alcohol that has increased significantly.

- Alvin said that he is not ambitious and doesn't see "what all the fuss is about". He enjoys his job, works hard, and has no desire to "move up the management ladder".
- He stated that his supervisor likes him, he shows up every day, and is always on time, although he has been spoken to about taking too many smoke breaks. Alvin admits that he gets jumpy and irritable when he "goes too long" between cigarettes.
- Alvin began using marijuana at 19 years of age and has been a daily user for several years. Alvin has also been using tobacco since age 13, and smokes "a few joints" of marijuana plus two packs of cigarettes a day.
- He admits despite efforts to control his drinking, over the years his alcohol use increased from an occasional beer to "five or six a night".
- Alvin's daily routine revolves around tobacco and marijuana use, beginning with smoking 1 or 2 cigarettes within five minutes of waking and smokes several more before he goes to work at 9:00 a.m.
- Alvin smokes cigarettes on work breaks as often as he can and on non-work days, smokes cigarettes throughout the day. When he gets home from work at about 6:00 p.m., he smokes many cigarettes before and after dinner, and then sits in front of the TV smoking marijuana and drinking beer before going to bed.
- Alvin states that his wife and physician are making too big a deal about his marijuana and tobacco use, and states he uses both substances to help him relax.
- He knows that tobacco isn't good for his health, and it is getting expensive, but he enjoys smoking and is not sure he could quit anyway.
- He is wondering if his "drinking is getting out of control" and if he should stop.

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## Treatment Planning - Case Study Activity Worksheet - Trainer Guide for Alvin

**Patient:** Alvin C.

### I. Stage of Change for Tobacco Use: *Precontemplation to contemplation*

### II. Diagnoses

DSM-IV tobacco diagnosis: *Nicotine (Tobacco) Dependence, 305.1*

*As evidenced by:*

- *Tolerance, two packs of cigarettes per day (40 cpd), using since age 13*
- *Spend a great deal of time using tobacco including as he awakens in morning, throughout day, immediately after work, and until bedtime.*
- *Continued use despite knowledge of health consequences*
- *Reports feeling “jumpy and irritable” if not able to smoke*

*There is not enough evidence to diagnose nicotine withdrawal, however withdrawal should be expected and planned for due to high tolerance and reports of feeling jumpy and irritable when going for prolonged periods without tobacco.*

### III. Problem Statements

**Trainer Note: This includes all tobacco problem areas from the case study**

- 1. Alvin uses tobacco upon awakening and regularly throughout the day, has been cautioned by his employer about taking excess smoking breaks.*
- 2. Alvin’s tobacco and marijuana smoking is negatively affecting his relationship with his wife, resulting in her complaining about his behavior and health.*
- 3. Alvin is using at least 2 packs of cigarettes per day indicating high tolerance and severe tobacco dependence.*

### IV. Goal Statements

**Trainer Note: These are tobacco problem statements reframed as goal statements**

- 1. Alvin will gain an increased understanding about the negative effects of his tobacco use.*
- 2. Alvin will maintain abstinence from tobacco while in the inpatient program.*
- 3. Alvin will successfully manage his tobacco withdrawal symptoms by using tobacco treatment medications.*

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## V. Objectives

**Trainer Note: This section has examples of an objective for each goal listed.**

- 1. Alvin will comply with a regimen of tobacco treatment medication as recommended by the agency physician to control his anticipated nicotine withdrawal while in the inpatient program.*
- 2. Alvin will attend individual and group sessions per his individualized treatment plan for the duration of the program.*
- 3. After four weeks in the program, Alvin will be able to list at least 4 reasons how tobacco use is negatively affecting his health, his spousal relationship, and his employment.*

## VI. Integrated Program of Therapies and Activities (IPTA)

**Trainer Note: IPTA should be limited to tobacco only for this exercise**

- 1. Individual counseling, 1x per week for 4 weeks*
- 2. Group counseling focused on all substance use, 5x per week for 4 weeks*
- 3. Tobacco awareness group, 1x/week for 4 weeks*
- 4. Carbon monoxide monitoring, 1x/week for 4 weeks*
- 5. Nicotine patch, 21 mg per day, and 14 mg at night, plus nicotine gum or lozenges as needed for 4 weeks.*

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### Case Study 3 (Jorge R.) - Crisis Clinic

Jorge R. is a 27-year-old Hispanic/Latino male who is referred to your crisis clinic. He was brought to the emergency room in the early morning by his girlfriend, who discovered him passed out. It is believed he took some hydrocodone pills and smells of alcohol.

- Jorge's BAC at the emergency room is .26% when he becomes conscious, but as his alcohol level decreases to .15% he becomes agitated, his pulse rate increases, he has mild sweating and mild hand tremors.
- Jorge indicates that he has been thinking about "getting some help for my drinking" and this idea has been on his mind for a while.
- He values his relationship with his girlfriend and didn't want to ruin it with too much drinking.
- Jorge has a strong tobacco smell, and a pack of cigarettes in his shirt pocket.
- He states he is a daily drinker but the amount he uses varies, and sometimes he loses track of how much he drinks. He has passed out before and thinks this is what happened during another incident were he woke up in the ER.
- It appears he has been drinking more over the last several months, and has been sneaking beers in the morning.
- He received the hydrocodone after an impacted tooth was pulled but doesn't remember taking any before he passed out.
- Jorge is surprised when asked about his tobacco use, stating he really wants to address his drinking and that tobacco helps him to relax.
- When he doesn't smoke, he is very anxious and "jittery" and when he was in the ER for several hours, he was "jonesing" for a cigarette.
- He describes himself as a chain smoker using more than two packs per day (greater than 40 cpd) and more when he is drinking heavily.
- He acknowledges that tobacco use is harmful and has developed a chronic cough, but can't imagine stopping tobacco use, much less quitting tobacco and alcohol at the same time.
- His girlfriend with whom he lives, is not concerned about his tobacco use, and she also smokes. She states that smoking together is the only time the two of them can be at ease with each other.
- Jorge's job may be in jeopardy as he has missed two important work deadlines, and has a pattern of missing work on Mondays.

---

## Treatment Planning - Case Study Activity Worksheet - Trainer Guide for Jorge

**Patient:** *Jorge R.*

### I. Stage of Change for Tobacco Use: *Precontemplation*

### II. Diagnoses

DSM-IV tobacco diagnosis: *Nicotine (Tobacco) Dependence, 305.1*

*As evidenced by:*

- *Tolerance*
- *Withdrawal symptoms of anxiety when stopping use*
- *Continued use despite knowing negative health consequences*
- *Great deal of time spent using, chain smoking*

### III. Problem Statements

**Trainer Note: This includes all tobacco problem areas from the case study**

1. *Jorge's tobacco use indicates severe dependence, with risk of nicotine withdrawal after cessation.*
2. *Jorge continues using tobacco despite experiencing harmful health effects.*
3. *Jorge's tobacco use increases when he is using alcohol.*
4. *Jorge reports that tobacco is important to help him to relax*
5. *Jorge and his girlfriend, Carmen, use tobacco and report that smoking together allows them to be "at ease" with each other.*

### IV. Goal Statements

**Trainer Note: These are tobacco problem statements reframed into goal statements.**

1. *Jorge will successfully manage his withdrawal from tobacco while in the treatment program.*
2. *Jorge will gain awareness about the negative effects of tobacco on his health, recovery,*
3. *Jorge will gain awareness about how his tobacco use and alcohol use are inter-related.*
4. *Jorge and Carmen will learn to use methods of relaxation that does not include tobacco.*

- 
5. *Jorge and Carmen will identify how his living environment supports and cues his tobacco use and how it affects his recovery.*

## **V. Objectives**

**Trainer Note: This section has an objective for each tobacco goal listed.**

1. *Jorge will comply with a regimen of tobacco treatment medication to control his nicotine withdrawal, as recommended by his physician or the program physician while at the Crisis Clinic.*
2. *While at the Crisis Clinic, Jorge will attend a tobacco awareness group and after its completion will be able to identify how tobacco use negatively affects his health and recovery.*
3. *After 5 days at the Crisis Clinic Jorge will be able to describe at least 3 facts about how his tobacco use and alcohol use are inter-related*
4. *Jorge will participate in stress management groups to learn alternative methods of relaxation.*
5. *Jorge will list three reasons why it is important to have a tobacco-free living environment.*

## **VI. Integrated Program of Therapies and Activities (IPTA)**

**Trainer Note: IPTA should be limited to tobacco only for this exercise**

1. *Individual counseling, 30 minutes, 1x per day for 7 days*
2. *Tobacco awareness group 3x in 7 days*
3. *Carbon monoxide monitoring daily 7 days*
4. *Nicotine patch, 21 mg during the day, 21 mg patch for evening plus nicotine gum or lozenges as needed during Crisis Clinic stay*

---

## Case Study 4 (Barbara G.) - Therapeutic Community

Barbara G. is 29-year-old single white female and was referred by her probation officer to a therapeutic community (TC). She was arrested after trying to buy cocaine. She currently lives with her parents and was fired a week ago after she was caught on the surveillance camera stealing money from the cash register.

- Barbara was on probation for cocaine possession and was again arrested after a traffic stop resulting in the discovery that she possessed cocaine. She agreed to enter a TC instead of taking a jail sentence.
- She asks if it's OK to smoke and is told "no", so asks to go outside to smoke because she gets "really shaky and nervous" if she can't smoke, and "had a really hard time without cigarettes" when she was in jail for 3 days after her arrest.
- After smoking off grounds, she returns and is much calmer when she comes back in.
- She lives with her parents and can't afford her own place as she spent most of her money on cocaine. She has traded sex for drugs and even cigarettes.
- She uses cocaine often, usually a few times per week. The only reason she didn't use every day was lack of money and owing money to a dealer. She sold her used car for cocaine and cigarettes.
- Barbara has tried to stop using cocaine twice without success, but has never tried to stop smoking. She states that would be too stressful, even though she knows how smoking is harmful.
- She gets very anxious and nervous if she runs out of cigarettes, or cannot "pawn off someone". She has driven to the store late at night to get more. She uses at least a pack a day, sometimes twice that when stressed or without cocaine.
- The only time she has been completely drug and tobacco-free has been in rehab as an adolescent and as an adult, and while in jail.
- She has never had a stable relationship, as she always attaches herself to other drug users all who smoke tobacco. She lacks friends and her social life revolves around use of cocaine and tobacco.
- She is extremely fearful that she cannot smoke while in the program and fears she will not be able to stay and avoid jail.

---

## Treatment Planning - Case Study Activity Worksheet - Trainer Guide for Barbara

**Patient:** *Barbara G.*

### I. Stage of Change for Tobacco Use: *Precontemplation*

### II. Diagnoses

**Trainer Note: This includes only tobacco related diagnoses**

DSM-IV tobacco diagnosis: *Nicotine (Tobacco) Dependence, 305.1*

*As evidenced by:*

- *Tolerance to tobacco*
- *Withdrawal*
- *Continued use despite knowing negative health consequences*
- *Social and occupational activities given up or reduced due to tobacco use*

### III. Problem Statements

**Trainer Note: This includes only tobacco problem areas from the case study**

1. *Barbara continues to use tobacco despite knowing the harmful health effects.*
2. *Barbara has never attempted to stop her tobacco use and is fearful about not being able to smoke while in the program.*
3. *Barbara lacks a normal social life and has no friends.*
4. *Barbara has a history of engaging in unstable relationships with people who are also tobacco users.*

### IV. Goal Statements

**Trainer Note: These are tobacco problem statements reframed into goal statements.**

1. *Barbara will gain awareness about the negative effects of tobacco on her recovery and how her tobacco use connects to her cocaine use.*
2. *Barbara will successfully manage her withdrawal from tobacco while in the treatment program.*
3. *Barbara will learn to engage in normal social and recreational activities without using tobacco.*
4. *Barbara will develop some positive relationships with non-drug using and non-tobacco using peers.*

---

## V. Objectives

**Trainer Note: This section has an objective for each tobacco goal listed.**

1. *Barbara will attend the program of scheduled sessions, including group counseling and psychoeducation groups and other scheduled activities over the next 10 months.*
2. *Barbara will comply with a regimen of tobacco treatment medication to control her nicotine withdrawal, as recommended by her physician or the program physician.*
3. *Within three months, Barbara will identify three reasons why tobacco-free and healthy relationships are good for long term recovery.*
4. *Barbara will develop positive social skills without using tobacco, by practicing two scenarios of starting a conversation with other residents each week*

## VI. Integrated Program of Therapies and Activities (IPTA)

**Trainer Note: IPTA should be limited to tobacco only for this exercise**

1. *Individual counseling, 1x per week for 6 weeks, then twice per month for 6 weeks*
2. *Tobacco awareness group, 1x/week for 6 weeks*
3. *Carbon monoxide monitoring, 1x/week for 12 weeks*
4. *Nicotine patch, 21 mg during the day, plus nicotine gum or lozenges as needed for 4 weeks, then*
5. *Nicotine patch, 14 mg during the day, plus nicotine gum or lozenges as needed for 4 weeks, then*
6. *Nicotine patch, 7 mg during the day, nicotine gum or lozenges as needed for 4 weeks*

---

### Case Study 5 (Bill J.) - Outpatient Example

Bill J. is a 36-year-old white male coming with his wife Amy to the outpatient clinic. Bill is employed full-time and is annoyed about being mandated to attend the session. Amy's son John, who is nine years old, also lives with them.

- Amy states Bill drinks too much and stinks of cigarettes, and she has to “nag” him to stop. Bill claims if he weren't so depressed, that he would not drink so much.
- Bill drinks at least a six-pack of beer and often a few mixed drinks every day, and has been increasing the amount over the last several months, it never used to be daily.
- His tobacco use has increased over the years from about ½ a pack (10 cigarettes per day) (10 cpd) to a pack and a half per day (30 cpd). He has a chronic cough, which he attributes to allergies. However, his physician says it is smoking-related.
- Bill has a cigarette immediately when waking up and it's the last thing he does before going to bed. Because John has mild asthma, Bill smokes outside, however Amy complains that secondhand smoke comes in the house and Bill's clothes smell of smoke.
- Bill sees no reason to stop drinking or smoking, stating these are the only things that relax him and make him feel better.
- He used to work out at a local gym and play golf, but he has given those activities up in the past eight months, as he would rather have a few cold ones at the house. According to him, “smoking and drinking always go together.”
- They rarely go out socially and Bill refuses to go anywhere where he can't smoke.
- Bill argues he is not hurting anybody but himself, and states he has tried to stop smoking “a bunch of times but finally gave up”.
- As he is often drinking and driving, when Amy asks what would happen if he killed somebody driving drunk, he states maybe “everybody would be better off if I wasn't around”.

---

## Treatment Planning - Case Study Activity Worksheet - Trainer Guide for Bill

**Patient:** *Bill J.*

**I. Stage of Change for Tobacco Use:** *Precontemplation to Contemplation*

### II. Diagnoses

**Trainer Note:** This includes only tobacco related diagnoses

DSM-IV tobacco diagnosis: *Nicotine (Tobacco) Dependence, 305.1*

*As evidenced by:*

- *Tolerance, using 30 cigarettes per day (30 cpd) increase from 10 cigarettes per day (10 cpd)*
- *Continued use despite health consequences*
- *Social/recreational activities given up or reduced due to tobacco use*
- *Persistent desire/unsuccessful efforts to cut down or stop his tobacco use*

### III. Problem Statements

**Trainer Note:** This includes only tobacco problem areas from the case study

1. *Bill has developed a chronic cough that has not improved over time.*
2. *Bill's tobacco use causes second-hand smoke and is negatively affecting his stepson's asthma.*
3. *Bill has severe tobacco dependence and is using 10 cpd to 30 cpd and smokes immediately upon awakening.*
4. *Bill's tobacco use has led to stopping his exercise/recreational activity, and he avoids activities if he cannot smoke.*
5. *Bill reports several unsuccessful past attempts to cut down and control his tobacco use, but has not yet been successful.*
6. *Bill's tobacco use has increased along with his increased alcohol use.*

---

#### IV. Goal Statements

**Trainer Note: These are tobacco-related problem statements reframed as goal statements**

1. *Bill will have his chronic cough assessed by a medical practitioner.*
2. *Bill will assure that the house is a “smoke-free” space for his stepson and wife, including not smelling of smoke when at home.*
3. *Bill will increase his knowledge about the negative health effects of tobacco.*
4. *Bill will increase his social and recreational activity without using tobacco.*
5. *Bill will successfully manage his withdrawal from tobacco.*
6. *Bill will increase his understanding about how his increased tobacco use affects his increased alcohol use.*

#### V. Objectives

**Trainer Note: This section has examples of an objective for each tobacco specific goal listed.**

1. *Bill will meet with a primary care physician or nurse practitioner within the next 2 weeks about his cough.*
2. *Bill will sign an agreement with his primary counselor that he will maintain a “smoke-free” home and will discuss compliance during weekly sessions.*
3. *Bill will attend group and individual counseling specific to his tobacco use as outlined in his individual treatment plan.*
4. *Bill will list three reasons why identify three reasons why tobacco-free recreational and entertainment activities are good for long term recovery.*
5. *Bill will comply with his regimen for tobacco free medication as recommended or prescribed by his physician or the agency physician.*
6. *After attending six tobacco awareness groups, Bill will be able to list at least three reasons how his tobacco use is negatively affecting his health, his family, and his alcohol use.*

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## VI. Integrated Program of Therapies and Activities (IPTA)

### **Trainer Note: IPTA should be limited to tobacco only for this exercise**

1. *Individual counseling, 1x per week for 12 weeks, with spouse attending every other week*
2. *Tobacco Awareness Group, 1x/week for 6 weeks*
3. *Following the Tobacco Awareness Group, attend Tobacco Recovery Group, 1 x per week for 6 weeks*
4. *Carbon monoxide monitoring, 1x/week for 12 weeks*
5. *Bupropion, 150 mg daily for 3 days, then 150 mg 2 times per day for 12 weeks*
6. *Nicotine patch, 21 mg during the day, 14 mg at night at night, plus nicotine gum or lozenges as needed for 4 weeks, then*
7. *Nicotine patch, 14 mg during the day, 7 mg at night at night, plus nicotine gum or lozenges as needed for 4 weeks, then*
8. *Nicotine patch, 7 mg during the day, 7 mg at night at night, plus nicotine gum or lozenges as needed for 4 weeks*

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## Case Study Activity Worksheet - Trainer Instructions

Patient \_\_\_\_\_

### I. Stage of Change for Tobacco Use \_\_\_\_\_

**Trainer Note:** The patient's stage of change regarding their tobacco use is presented in the case study. Remind participants that it is possible that for some case studies, the patient is alternating between or wavering in between two stages regarding their tobacco use.

### II. Diagnoses

**Trainer Note:** Explain that the diagnoses for each case study should only include nicotine withdrawal (tobacco withdrawal) and/or dependence on nicotine (tobacco). There is no need to diagnose other substance use disorders.

### III. Problem Statements

**Trainer Note:** Ask participants to come up with at least three problem statements related to the patient's tobacco use. Explain that for this activity, they are looking only for tobacco-related problems, normally all other problems would be listed on a comprehensive treatment plan.

### IV. Goal Statements

**Trainer Note:** Ask participants to re-frame the patient's tobacco problem statements into goal statements.

### V. Objectives (Specific, Measurable, Attainable, Realistic, and Time-limited)

**Trainer Note:** Explain that for this section should have at least one objective for each tobacco-specific goal that is listed in Section IV.

### VI. Integrated Program of Therapies and Activities

**Trainer Note:** For the purposes of their case study, participants should limit the focus to the tobacco interventions of the IPTA that is appropriate to the program the patient is attending. The IPTA can include pharmacotherapy, tobacco awareness group (psychoeducation), individual or family counseling, tobacco recovery group (skills training), carbon monoxide monitoring, etc.

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**Case Study Activity Worksheet - Participant Version**

Patient \_\_\_\_\_

**I. Stage of Change for Tobacco Use** \_\_\_\_\_

**II. Diagnoses**

DSM-IV nicotine (tobacco) diagnosis(diagnoses \_\_\_\_\_

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**III. Problem Statements**

1. \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

**IV. Goal Statements**

1. \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

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**V. Objectives (Specific, Measurable, Attainable, Realistic, and Time-limited)**

1. \_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_\_\_  
\_\_\_\_\_

3. \_\_\_\_\_  
\_\_\_\_\_

**VI. Integrated Program of Therapies and Activities**

1. \_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_\_\_  
\_\_\_\_\_

3. \_\_\_\_\_  
\_\_\_\_\_

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**Case Study Activity Worksheet - Participant Version**

Patient \_\_\_\_\_

**I. Stage of Change for Tobacco Use** \_\_\_\_\_

**II. Diagnoses**

DSM-IV nicotine (tobacco) diagnosis (diagnoses) \_\_\_\_\_

\_\_\_\_\_

**III. Problem Statements**

1. \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

**IV. Goal Statements**

1. \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

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**V. Objectives (Specific, Measurable, Attainable, Realistic, and Time-limited)**

1. \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

**VI. Integrated Program of Therapies and Activities**

1. \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

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## **DSM-IV-TR Criteria for Substance Withdrawal**

1. Daily use for several weeks
2. Abrupt cessation in use or reduction in use followed by four (4) or more of the following specific symptoms within 24 hours after cessation or reduced use of the nicotine: dysphoric mood, insomnia, irritability, anxiety, difficulty concentrating, restlessness, decreased heart rate, increased appetite, or weight gain
3. The symptoms causes clinically significant distress or impairment in social, occupational, or other important areas of functioning
4. Symptoms are not due to a general medical condition and are not accounted for by another mental disorder

## **DSM-IV-TR Criteria for Substance Dependence**

It is important to know that there are no additional criteria for nicotine dependence (305.1); it requires applying the DSM-IV-TR criteria for substance dependence as follows:

A maladaptive pattern of substance use, leading to clinical significant impairment or distress, with 3 or more of the following in any 12 month period

1. Tolerance - either an increased amount use to obtain desired effect or diminished effect from continued use of same amount
2. Withdrawal - symptoms occur after cessation of substance and the symptoms cause clinically significant impairment in social, occupational, or other important area of functioning
3. Larger amounts used or used for longer periods than intended
4. Persistent desire or unsuccessful effort to cut down or control use
5. Great deal of time spent in substance-related activities, to obtain substance or to recover from effects of using substance
6. Important social, occupational, or recreational activities given up or reduced due to use substance
7. Substance use continues despite knowledge of persistent physical or psychological problems caused or exacerbated by substance use

Note: a substance dependence diagnosis is specified with or without physiological dependence, however in most cases, people with nicotine dependence (tobacco dependence) will have withdrawal if they abruptly stop using tobacco, indicating physiological dependence.

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## **Appendix B (For Trainer Only)**

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Pre-Test/Post-Test Questions

Pre-Test/Post-Test Answer Key

Pre-Test/Post-Test Answer Sheet

Workshop Evaluation Form

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## Module 4 Pre-Test and Post-Test Questions

**This instrument is used to evaluate the effectiveness of the training. It is not used to rate individual participants. Please complete the test anonymously and do not write on the test. Record your answers on the answer sheet that is provided.**

- 1. Which two factors help drive the elements of a treatment plan?**
  - a. collaboration and assessment
  - b. motivational interviewing and assessment
  - c. assessment and integrated program of therapies and activities
  - d. effective communication and program structure
  - e. all of the above
  
- 2. The biopsychosocial model of addiction is an important foundation for developing a treatment plan because:**
  - a. it emphasizes the behavioral aspects of addiction
  - b. it provides a comprehensive view of patient needs
  - c. it reflects the stages of change
  - d. it identifies problems, goals, and objectives
  - e. all of the above
  
- 3. Typical chemical dependence assessment domains include the following items:**
  - a. substance use, mental health and relapse history.
  - b. gambling issues, employment, legal problems
  - c. stage of change, medical conditions, and lethality assessment
  - d. prior addiction treatment and legal problems
  - e. All of the above
  
- 4. Which of the following are typical tobacco use assessment areas?**
  - a. severity of tobacco dependence and prior abstinence attempts
  - b. withdrawal symptoms
  - c. financial effects of using tobacco
  - d. relapse history
  - e. all of the above
  
- 5. Treatment plans should be based upon which of the following**
  - a. what the program has to offer and its location
  - b. the patient needs and what the patient is willing to do
  - c. directing the patient to follow counselor choices
  - d. the level of patient resistance to change
  - e. all of the above

- 
- 6. Which of the following are common components of a treatment plan**
- diagnosis, problem statements, goals and objectives
  - patient history, objectives, diagnosis, and relapse history
  - treatment history, employment history, and planned interventions
  - stage of change, comprehensive assessment, and interventions
  - all of the above
- 7. A well-written objective for a treatment plan has the following characteristics:**
- it is broadly focused and relevant
  - it has an open-ended time frame but it is measurable
  - it is measurable, open-ended, and broadly focused
  - it is specific, measurable, relevant, and attainable
  - none of the above
- 8. An effective goal statement will have the following characteristics except for:**
- it is easy to understand and free of clinical jargon
  - it is attainable and can be completed while the patient is in the program
  - it is based on the patient's stage of change readiness
  - it defines the problem and uses judgmental language
  - it is something the clinician and patient understand and agree on
- 9. One useful strategy to write a goal statement is to:**
- make it measureable, time-limited, and observable
  - include the use of judgmental language
  - reframe a problem statement into a goal
  - reframe an objective into a goal
  - none of the above
- 10. When developing a treatment plan, it is important to understand a patient's stage of change because:**
- highly resistant patients require more confrontation
  - the best intervention will depend on the stage of change
  - the clinician is a better position to pressure the patient to change
  - stage of change is not relevant for developing a treatment plan
  - none of the above

---

## Module 4 Pre-Test and Post-Test Questions- ANSWER KEY

1. **Which two factors help drive the elements of a treatment plan?**
  - a. collaboration and assessment
  - b. motivational interviewing and assessment
  - c. **assessment and integrated program of therapies and activities**
  - d. effective communication and program structure
  - e. all of the above
  
2. **The biopsychosocial model of addiction is an important foundation for developing a treatment plan because.**
  - a. it emphasizes the behavioral aspects of addiction
  - b. **it provides a comprehensive view of patient needs**
  - c. it reflects the stages of change
  - d. it identifies problems, goals, and objectives
  - e. all of the above
  
3. **Typical chemical dependence assessment domains include the following items:**
  - a. Substance use, mental health, and relapse history.
  - b. gambling issues, employment, legal problems
  - c. stage of change, medical conditions, and lethality assessment
  - d. prior addiction treatment and legal problems
  - e. **all of the above**
  
4. **Which of the following are typical tobacco use assessment areas?**
  - a. severity of tobacco dependence and prior abstinence attempts
  - b. withdrawal symptoms
  - c. financial effects of using tobacco
  - d. relapse history
  - e. **all of the above**
  
5. **Treatment plans should be based upon which of the following**
  - a. what the program has to offer and its location
  - b. **the patient needs and what the patient is willing to do**
  - c. directing the patient to follow counselor choices
  - d. the level of patient resistance to change
  - e. all of the above

- 
6. Which of the following are common components of a treatment plan
- diagnosis, problem statements, goals and objectives
  - patient history, objectives, diagnosis, and relapse history
  - treatment history, employment history, and planned interventions
  - stage of change, comprehensive assessment, and interventions
  - all of the above
7. A well-written objective for a treatment plan has the following characteristics:
- it is broadly focused and relevant
  - it has an open-ended time frame but it is measurable
  - it is measurable, open-ended, and broadly focused
  - it is specific, measurable, relevant, and attainable**
  - none of the above
8. An effective goal statement will have the following characteristics except for:
- it is easy to understand and free of clinical jargon
  - it is attainable and can be completed while the patient is in the program
  - it is based on the patient's stage of change readiness
  - it defines the problem and uses judgmental language**
  - it is something the clinician and patient understand and agree on
9. One useful strategy to write a goal statement is to:
- make it measureable, time-limited, and observable
  - include the use of judgmental language
  - reframe a problem statement into a goal**
  - reframe an objective into a goal
  - none of the above
10. When developing a treatment plan, it is important to understand a patient's stage of change because:
- highly resistant patients require more confrontation
  - the best intervention will depend on the stage of change**
  - the clinician is a better position to pressure the patient to change
  - stage of change is not relevant for developing a treatment plan
  - none of the above

---

**Module 4 - Treatment Planning Pre-Test Answer Sheet**

**Date:**

**Please circle the most appropriate response to each question using this page.**

**1.    a            b            c            d            e**

**2.    a            b            c            d            e**

**3.    a            b            c            d            e**

**4.    a            b            c            d            e**

**5.    a            b            c            d            e**

**6.    a            b            c            d            e**

**7.    a            b            c            d            e**

**8.    a            b            c            d            e**

**9.    a            b            c            d            e**

**10. a            b            c            d            e**

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## Module 4 Post-Test Answer Sheet

Please circle the most appropriate response to each question using this page.

1. a b c d e

2. a b c d e

3. a b c d e

4. a b c d e

5. a b c d e

6. a b c d e

7. a b c d e

8. a b c d e

9. a b c d e

10. a b c d e

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# PROFESSIONAL DEVELOPMENT PROGRAM ROCKEFELLER COLLEGE

UNIVERSITY AT ALBANY  
State University of New York

## Workshop Evaluation Form

Workshop Title \_\_\_\_\_ Date \_\_\_\_\_

Workshop Location \_\_\_\_\_

Instructor(s) Name(s) \_\_\_\_\_

Please use this form to evaluate the training you have just received. It is important for us to know whether the instruction is meeting the needs of the participants. Your comments will make a valuable contribution to course improvement. All responses are confidential. Thank you.

### - Section One -

**Instructions:** Please use the following scale to indicate your level of agreement with each of the following statements.

	Strongly Agree	Agree	Neither Agree Nor Disagree	Disagree	Strongly Disagree
1. The course objectives were very clear	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>1</sub>
2. The course content supported the objectives	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>1</sub>
3. The knowledge and skills gained from this course will help me perform my job more effectively	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>1</sub>
4. The instructor(s) was well prepared and well organized	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>1</sub>
5. The instructor(s) was very knowledgeable about the content	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>1</sub>
6. The instructor(s) demonstrated excellent communication skills	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>1</sub>
7. The instructor(s) allowed for and responded appropriately to questions	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>1</sub>
8. The materials and handouts were very helpful	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>1</sub>
9. The course was of overall high quality	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>1</sub>

Over

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Please complete items on back

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- Section Two -

**Instructions:** Please be as specific as possible when responding to the following two items.

**10. Which content areas or training methods do you feel were most helpful?**

**11. Do you feel any of the content areas or training methods should be changed?**

**12. What additional training would help you perform your job better?**

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