

Quitline Behavioral Health Advisory Forum

Competency and Training Recommendations for Quitline Staff: Callers with Mental Illnesses or Addictions

Introduction

The Quitline Behavioral Health Advisory Forum’s overarching opinion is that awareness of and attention to the behavioral health issues is an integral component of individualized quitline care. Mental health and addictions disorders, just like other commonly assessed health conditions, may have implications for callers’ ability to quit tobacco. The below recommendations suggest ways to promote a “whole person” perspective through competencies, training, continuing education, supervision, and evaluation. As such, many of the recommendations made below for behavioral health issues would be the same key points we would make regarding individualizing treatment as required by other health conditions or cultural diversity.

1) Competencies

Develop competency in the areas of awareness, knowledge, and skills:

Awareness

- Heighten awareness of relationship between smoking, smoking cessation and behavioral health issues (e.g., bio-psycho-social inter-relationships).
- Debunk myths related to these individuals’ desire and ability to quit, as well as the common notion that cessation will exacerbate psychiatric symptoms and/or lead to relapse with other addictions.
- Demonstrate understanding and awareness of the types of mental health and addictions conditions/ challenges that may affect the ability of tobacco users to quit and stay quit.

Knowledge

- Review the existing knowledge base related to use of quitlines among persons with mental illnesses and addictions, and service outcomes for these individuals.
- Recognize indicators of potential mental illnesses and addictions (e.g., overview of diagnostic categories, symptoms, and common presentations).
- Overview of evidence-based tobacco cessation treatment for this population- including NRT or other FDA approved medications and counseling.

- Stress the need of community partnerships to serve and advocate for this population; and demonstrate an understanding of when and how to refer participants with mental illnesses and addictions to their health care provider(s) (e.g., national 211 system).

Skills

- Train staff to properly utilize any screening questions specific to behavioral health (e.g., might suggest need for further structured assessment).
- Develop comfort in working with people who disclose or who may have behavior health diagnoses.
- Based on expert opinion, prepare staff for tailoring interventions based on individual client characteristics, including adjustments to treatment protocols (e.g., modify intervention pacing, frequency/number of calls, content, and communication style), types of interventions (e.g., adaptations of CBT/MI, medications adjustments), and considerations for risk management or emergency situations.
- Train staff to appropriately use supervision or internal referrals to behavioral health experts for complex cases (e.g., scope of practice and professional boundaries).
- Build a working knowledge of how public behavioral health services are structured (e.g., Medicaid and community agency structure) and primary means of contacting/coordinating care with relevant public service agencies.

2) Training and Continuing Education Timing and Frequency

- New hires should receive the above training as a core component of orientation.
- Regular training should occur as necessary to maintain competency. The above training areas should be built into the continuing education/ in-service rotation.
- Structured continuing education needs to be augmented by self-directed training expectations.
- Quitlines should make salient resources available (e.g. articles, research, staff Q & A).

3) Supervision

- Regular review of calls by supervisors, and/or managers.
- Case reviews by a licensed behavioral health professional (e.g., review group meetings, individual call monitoring and debriefing).

4) Internal Evaluation of Competencies, Training & Supervision

- Measurable reduction of myths regarding cessation and callers with mental illnesses and substance use disorders.
- Demonstrated comfort among quitline staff when working with this clientele.
- Assessment of regular clinical supervision to address behavioral health issues.
- Assessment of whether interventions match individual caller's needs.
- Evidence of quitline coaches' effectiveness in intervening with persons with mental illnesses and addictions, either through direct service and/or by facilitating referral to appropriate community resources is comparable to effectiveness in working with other populations.

- Increased awareness of behavioral health issues and clinically relevant factors among Quitline staff.
- Evidence of ongoing training and continuing education for this population.