Questionnaire Script

A. <u>Interviewee's role at agency</u>. Let's start with making sure I understand what you do here.

1. Tell me about your job here. What are your main responsibilities?
    a. Do you have direct contact with patients? In what ways? If LIP/AT, what is your caseload?
    b. How long have you worked in this program? in the field?
    c. What is your highest degree or certification?

B. <u>Attitudes about smoking cessation</u>. Now I'm going to ask some questions about smoking cessation.

2. What do you know about treatment for smoking cessation? Can you tell me some evidence-based practices for smoking cessation?

3. Do you have an opinion about whether or how tobacco treatment should be used with patients in substance abuse treatment?
    a. Do you think it's important for people recovering from substance abuse to also quit smoking? Why or why not?
    b. Do you think it would be helpful to provide integrated tobacco treatment in your program? Why or why not?

4. In your view, is tobacco treatment compatible with your personal philosophy of treatment?
    a. Do you think that quitting tobacco in early treatment could jeopardize a patient's sobriety?
    b. Do you think what clinicians here say about smoking has an impact on patients?
    c. What do patients think about smoking cessation during substance abuse treatment? Do your patients want to quit smoking?

5. Do you see advantages to staff or patients in implementing smoking cessation treatment?
    a. Do you feel you have the required skills to help your patients quit smoking? [for technicians – do you feel you have the required skills to encourage and support patients in the program who want to quit smoking?]
    b.
    c. Are there benefits to implementing integrated tobacco treatment in the program?

6. Have you received training specifically regarding interventions for smoking cessation?
    a. What kind of training have you received? [If domiciliary/technicition: Have you had any training about interacting with patients day to day?]
    b. Do you use that training here?
    c. Is there support from the management here for implementing that training with your patients?
    d. What kind of training would be useful (e.g., workshops, ongoing consultation or supervision, on site clinical champion)?
    e. What kind of training materials/toolkits would be useful? (e.g., videos for therapist training, patient handouts, therapist counseling manuals, therapeutic intervention suggestions, information about pharmacotherapies, materials included in the new treatment planning software for intake progress and discharge, clinical reminders, screening instruments)
    f. What kinds of materials/toolkits have you used that were helpful in your treatment setting/for your patient population?

C. Agency processes regarding smoking cessation screening and interventions. Next I would like to walk through patient services at your program regarding smoking cessation.

7. When new patients come in to your clinic, is there a process for *screening them for smoking*?
    a. What does this process look like? (part of screening survey, question during intake)
    b. Are <u>all</u> patients asked whether they smoke? If not, which groups are targeted (e.g., patients with mental health disorders, patients with cardiovascular issues)?
    c. How is tobacco use/smoking status documented in the patient record (e.g., as part of history, as part of problem list)?
    d. What is the agency's procedure for what clinicians should do if a patient is a smoker (e.g., provide brief intervention, note in record, referral out)?
    e. How is smoking cessation prioritized in the treatment plan?
    f. How is smoking status updated in progress notes? The VA recommends that every patient is screened and clinicians encourage every patient who smokes to quit. Do you agree with this idea?
    g. Have there been efforts made at your clinic to improve tobacco screening and brief intervention? What have you found that works/doesn't work?
    h. Are there barriers to making this happen/keeping this up at your clinic?
    i. What might make it easier for this to happen at your clinic?
    j. What has been useful in the past to facilitate smoking screening and intervention?
    k. What would it take to make these things happen at your clinic?

8. These next questions are about the kinds of clinical interventions, if any, your program does help patients quit using tobacco. For each of these clinical interventions, please indicate how much this intervention was used with your patients who smoke in the past month, **from 0% of your patients to 100% of your patients and whether these services are offered in your clinic or are referred out (e.g., in the Smoking Cessation Clinic, community provider).**
    a. Ask your patients whether they smoked (screening for smoking status)
    b. Document smoking status
    c. Advise patients who do smoke to quit smoking (brief intervention)
    d. Offer self help materials such as quitlines, i.e., http://www.ucanquit2.org/ (DoD/VA quitline)
    e. Assist patients who wanted to stop smoking with referrals and advice to quit
    f. Arrange a follow-up visit or phone call to discuss quitting
    g. [Provide/arrange for your patient to receive] Bupropion
    h. [Provide/arrange for your patient to receive] Nicotine replacement therapy (e.g., gum, patch, inhaler)
    i. [Provide/arrange for your patient to receive] Varenicline
    j. [Provide/arrange for your patient to receive] in-person counseling regarding smoking cessation
    k. [Provide/arrange for your patient to receive] motivational counseling regarding smoking cessation
    l. [Provide/arrange for your patient to receive] a combination of medication and counseling
    m. For interventions that you arrange for your patients to receive, how long does it take patients to get into those programs?

9. When you think about the *medications* – including bupropion, varenicline, and nicotine replacement therapies, including gum and patches – how does that work for you as a [clinician/administrator/supervisor]?
    a. Do you support or not support this idea?
    b. Why might your colleagues support or not support this idea?

c. Are medications offered from staff affiliated with your clinic or are patients referred to other providers?
d. Are there barriers to making this happen/keeping this up at your clinic?
e. What might make it easier for this to happen at your clinic?
f. What has been useful in the past to facilitate use of medications at your clinic?
g. What kind of training would be useful (e.g., workshops, ongoing consultation or supervision, on site clinical champion)?
h. What kind of training materials/toolkits would be useful?
i. What kinds of materials/toolkits have you used that were helpful in their treatment setting/for their patient population?
j. What would it take to make these things happen at your clinic?

10. Can you tell me about support and *counseling* for smoking cessation that's offered at your agency:
    a. How do domiciliary staff address tobacco use – do they provide support or encouragement to patients to quit smoking? Encourage patients to use program resources for quitting smoking? Agree to offer encouragement and support for specific patients that are trying to quit?
    b. How do counselors address smoking cessation – as part of treatment overall, as a separate topic, not at all?
    c. How is smoking cessation addressed in individual sessions? (how often do patients get individual sessions and what percentage of these might include attention to smoking?)
    d. How is smoking cessation addressed in groups? (Relapse prevention groups, dual diagnosis groups, etc.)
    e. Is smoking cessation addressed in the clinic or are patients referred out (community provider, VA smoking cessation clinic)?
    f. Do you support/not support providing counseling for smoking cessation to patients in residential substance abuse treatment?
    g. Why might your colleagues support or not support this idea?
    h. If you counseled all of your patients who smoke, what percentage to you think would *try to quit smoking* for more than 6 months?
    i. If you counseled all of your patients who smoke, what percentage to you think would *successfully quit smoking* for more than 6 months?
    j. Are you trained in smoking-specific counseling techniques, like motivational interventions/supportive counseling/problem solving or cognitive behavioral therapy for smoking cessation? Have you ever followed a treatment manual for smoking cessation? Others in your program?
    k. Do you incorporate family members into treatment for smoking cessation, such as if your patient wants to quit smoking and his or her spouse smokes?
    l. Are there barriers to smoking cessation counseling at your clinic?
    m. What might make it easier for this to happen at your clinic?
    n. What kind of training would be useful (e.g., workshops, ongoing consultation or supervision, on site clinical champion)?
    o. What kind of training materials/toolkits would be useful?
    p. What kinds of materials/toolkits have you used that were helpful in their treatment setting/for their patient population?
    q. What would it take to make integrated smoking cessation counseling happen at your clinic?

11. When patients are about to be discharged, is there a process to address smoking in their *discharge planning*?
    a. What does this process look like? (part of discharge plans)

b. Are <u>all</u> patients asked whether they smoke at discharge for another chance for screening/brief intervention/referral? If not, which groups are targeted (e.g., patients with mental health disorders, patients with cardiovascular issues)?
c. How is smoking status documented in the discharge summary (e.g., as part of history, as part of problem list)?
d. How is smoking cessation prioritized in the discharge plan?
e. Have there been efforts made to improve discharge planning for your patients? What have you found that works/doesn't work?
f. Are there barriers to making this happen/keeping this up at your clinic?
g. What might make it easier for this to happen at your clinic?
h. What kind of training would be useful (e.g., workshops, ongoing consultation or supervision, on site clinical champion)?
i. What kind of training materials/toolkits would be useful?
j. What kinds of materials/toolkits have you used that were helpful in their treatment setting/for their patient population?
k. What would it take to make these things happen at your clinic?

D. <u>Organizational approaches to smoking cessation</u>. We're also interested in knowing what your program does to work with smoking cessation among your patients.

12. For each of these organizational issues, please say whether this is [true/not true] for your clinic.
    a. The clinic has written guidelines that require staff to address patients' smoking.
    b. Use the phrase "alcohol, tobacco, and other drugs" when discussing substance use disorders.
    c. Assessment forms include tobacco use and motivation to address smoking.
    d. Smokers must be identified in the clinical chart.
    e. Tobacco dependence is required to be listed on the problem list.
    f. Educational materials about tobacco dependence and treatment are provided to DOMICILIARY STAFF (i.e., technicians).
    g. Educational materials about tobacco dependence and treatment are provided to LIP STAFF (psychologists, social workers, nurses and psychiatrists).
    h. Educational materials about tobacco dependence and treatment are provided to PATIENTS.
    i. "Smoke breaks" are referred to as "breaks."
    j. There are signs posted that refer to the clinic or facility as a non-smoking area.
    k. There are written guidelines that limit hours or places for staff smoking.
    l. There are written guidelines that limit hours or places for patient smoking.
    m. Sales of cigarettes on facilities are banned.
    n. Smoking on facilities is banned for staff.
    o. Smoking on facilities is banned for patients.
    p. Staff are allowed to smoke with patients. (reverse)
    q. Toolkit files including patient and staff materials are available on site
    r. Smoking is permitted only in less visible places.
    s. Staff who smoke are not allowed to give the appearance of smoking.
    t. The facility has regulations that limit or forbid smoking in substance abuse treatment facilities.
    u. Staff report on patient smoking status during supervision/staff meetings that discuss patient treatment plans.

13. When you think about these policies, how do these work for you as a [clinician/administrator/supervisor/staff member]?
    a. Do you support or not support these ideas? Which do you support/not support?
    b. Why might your colleagues support or not support these ideas?

c. Of the policies that your program has in place, how are they enforced?
d. Are there barriers to making this happen/keeping this up at your clinic?
e. What might make it easier for this to happen at your clinic?
f. Are there specific types of training that could influence these policies?
g. What would it take to make these things happen at your clinic?

14. Can you tell me about what kinds of support is available if staff want to quit smoking?

15. Can you tell me what kinds of resources are available to patients or family members about smoking? (pamphlets, quitlines, websites, books, other)
    a. Do staff actively offer these to patients who want to quit smoking?
    b. Are they placed in the waiting room for patients to pick up?

16. Which of the following methods does your facility use to track your patients' quit rates?
    a. No tracking
    b. Self-report
    c. Objective measures: CO monitor or cotinine levels
    d. Scheduled follow-up at 6 months or more for self-report
    e. Scheduled follow-up at 6 months or more for cotinine levels or CO test

17. How does your agency solicit patient perspectives related to smoking cessation?

E. <u>Facilitators and Barriers to Change</u>. These questions are about aspects of implementing changes at your organization.

18. Tell me about agency efforts to improve smoking cessation practices.
    a. Are there activities underway to make changes? (and what changes)
    b. Have there been activities recently to make changes? (and what changes)
    c. How have changes been received?
    d. What would it take for changes to be more effective (go more smoothly, have more acceptance, etc.)?

19. There are various reasons that might limit the capacity to implement smoking cessation activities. Please rate how important these barriers are to your clinic on a scale of 0=not at all important to 3=very important.
    a. Patients are not interested
    b. Patients do not comply
    c. Smoking cessation doesn't impact patients
    d. Smoking cessation doesn't work with our patients
    e. Staff feel it's too much to ask patients to give up
    f. Lack of staff time given current workloads
    g. Lack of community resources to refer patients
    h. Lack of patient education materials
    i. Lack of training on integrating smoking cessation into SUD treatment
    j. Lack of training on smoking cessation treatment
    k. Smoking with patients occasionally is a good way to bond with them
    l. Complexity of smoking cessation guidelines
    m. Other mental health problems require more attention
    n. Staff who smoke and don't want to counsel patients to quit smoking
    o. Concern patients would leave the program

p. Union resistance
q. Political influence
r. Challenges with enforcement
s. Space constraints
t. Wait times for services

20. Are there any concerns about your patient population, such as co-morbidities or cultural issues that might make smoking cessation particularly easy or difficult in your clinic?

21. Can you tell me what issues may be unique to residential treatment regarding smoking cessation?
    a. Are there specific considerations regarding what is most useful when thinking about residential treatment?
    b. Are there materials you've used in the past that would be useful with modifications for residential treatment?
    c. What recommendations do you have for how smoking cessation interventions can best be implemented in residential treatment?

22. We're interested in how to encourage support and involvement in integrated smoking cessation treatment.
    a. How can Veterans be encouraged to take advantage of smoking cessation programs? What works? What could help?
    b. Are there ways to raise consciousness, raise awareness, and encourage staff to understand the benefits of quitting smoking?
    c. Are there ways to raise consciousness, raise awareness, and encourage staff to integrate smoking cessation into treatment?
    d. Are there differences in how to work with licensed staff compared to unlicensed staff to increase consciousness and awareness of smoking cessations?
    e. What are ways to help programs believe that smoking cessation is a critical component of treatment?

Wrap Up

23. If you are comfortable, could you tell me your smoking status? (never smoked, former smoker, current smoker, prefer not to say)

24. If you are comfortable, could you tell me your recovery status (not in recovery, in recovery, prefer not to say)

25. We are especially interested in your expertise on smoking cessation. Is there anything else that we didn't specifically ask about that would be important for us to know?

26. We are creating materials to help clinics implement tobacco cessation activities. Would you be willing to review these materials?

I: Those are all of our questions. We really appreciate the information we received from you. If you are interested in receiving a summary of this information, please tell me your email or street address.

I: Do you have any questions for me about what we've talked about?

I: Thank you so much for your time!