



Original article

Substance Use Disorder Counselors' Reports of Tobacco Cessation Services Availability, Implementation, and Tobacco-related Knowledge

Jessica L. Muilenburg, Ph.D.^a, Tanja C. Laschober, Ph.D.^{b,*}, and Lillian T. Eby, Ph.D.^c^a Department of Health Promotion and Behavior, University of Georgia, Athens, Georgia^b Owens Institute for Behavioral Research, University of Georgia, Athens, Georgia^c Owens Institute for Behavioral Research, Industrial-Organizational Psychology Program, University of Georgia, Athens, Georgia

Article history: Received December 16, 2014; Accepted June 2, 2015

Keywords: Addiction treatment; Addiction counselors; Adolescent smoking cessation; Substance abuse treatment; Treatment adoption and implementation

A B S T R A C T

Purpose: Adolescence is a prime developmental stage for early tobacco cessation (TC) intervention. This study examined substance use disorder counselors' reports of the availability and implementation of TC services (behavioral treatments and pharmacotherapies) in their treatment programs and the relationship between their tobacco-related knowledge and implementation of TC services.

Methods: Survey data were collected in 2012 from 63 counselors working in 22 adolescent-only treatment programs. Measures included 15 TC behavioral treatments, nine TC pharmacotherapies, and three tobacco-related knowledge scales (morbidity/mortality, modalities and effectiveness, pharmacology).

Results: First, nine of the 15 behavioral treatments are reported as being available by more than half of counselors; four of the 15 behavioral treatments are used by counselors with more than half of adolescents. Of the nine pharmacotherapies, availability of the nicotine patch is reported by almost 40%, bupropion by nearly 30%, and clonidine by about 21% of counselors. Pharmacotherapies are used by counselors with very few adolescents. Second, counselors' tobacco-related knowledge varies based on the knowledge scale examined. Third, we only find a significant positive relationship between counselors' implementation of TC behavioral treatments and TC modalities and effectiveness knowledge.

Discussion: Findings suggest that more behavioral treatments should be made available in substance use disorder treatment programs considering that they are the main treatment recommendation for adolescents. Counselors should be encouraged to routinely use a wide range of available behavioral treatments. Finally, counselors should be encouraged to expand their knowledge of TC modalities and effectiveness because of the relationship with behavioral treatments implementation.

© 2015 Society for Adolescent Health and Medicine. All rights reserved.

IMPLICATIONS AND CONTRIBUTION

This study investigates counselors' reports of the availability and implementation of tobacco cessation behavioral treatments and pharmacotherapy in adolescent-only substance use disorder treatment programs, which showed great variability based on type of service. Tobacco-related knowledge also varied, with tobacco cessation modalities and effectiveness knowledge being associated with behavioral treatment implementation.

Conflicts of Interest: This study was supported by Award Number R01 DA028188 from the National Institute on Drug Abuse awarded to J.L.M. and L.T.E. (multiple principal investigators).

Disclaimer: The content is solely the responsibility of the authors and does not represent the official views of the National Institute on Drug Abuse or the National Institutes of Health.

* Address correspondence to: Tanja C. Laschober, Ph.D., Owens Institute for Behavioral Research, University of Georgia, 325 Psychology Building, Athens, GA 30602.

E-mail address: tanja@uga.edu (T.C. Laschober).

Tobacco use is a public health concern that frequently starts during early adolescence and continues across the lifespan [1]. Approximately 2.6 million adolescents smoke cigarettes, and 3.3 million use tobacco products. Furthermore, about 3,800 adolescents start smoking each day [1], 25% of high-school seniors smoke cigarettes regularly [1], and 40% of high-school seniors have tried cigarettes [2]. Among adults, about 18% smoke [3] and around 90% state that they started smoking by age 18 years [1,3].

Tobacco use often goes hand in hand with use and abuse of other substances [2,4,5]. For example, 66% of adolescents in treatment for substance use disorders (SUDs) are also smokers [6]. About half of adolescent smokers also engage in illicit drug use compared with about 6% of nonsmokers [2]. Importantly, tobacco cessation (TC) is associated with increased abstinence from other substances, decreased substance use overall, and lowered risk for relapse [7,8]. Realizing that adolescence is a vital developmental period for early intervention, treating tobacco use alongside other substances is an important goal in SUD treatment [9].

Surprisingly, little is known about counselors' implementation of evidence-based TC services (TCS) in SUD treatment programs that focus on adolescents. Yet, more than any other professionals in this treatment setting, SUD counselors are the frontline professionals who directly work with patients on a daily basis and are in charge of recommending and delivering a wide range of services [10]. Thus, counselors should be knowledgeable and trained in various evidence-based treatments (EBTs) [11] including TC [12]. Nonetheless, SUD counselors tend to receive little training in treating tobacco dependence because TC is not a standard requirement in the counselor licensure and credentialing process [12–14].

Furthermore, diffusion of innovations theory by Rogers [15] suggests that counselors have to be aware of EBTs (e.g., availability of TC treatments in their program) and understand the importance of implementing EBTs (e.g., TC-related knowledge) for diffusion to occur. Thus, the present study examines SUD counselors' reports of the availability of TCS and the implementation of these TCS with their patients who smoke and assesses the relationship between counselors' tobacco-related knowledge and their implementation of TCS.

Adolescent tobacco use and treatment recommendations

Tobacco and other substance use tends to start during adolescence often due to peer pressure, heightened sensation-seeking behaviors, difficulty with impulse control, parental smoking, and advertisements and media [1,9]. Moreover, adolescents experience greater problems quitting smoking and a smaller percentage quit compared with adults [9]. Fortunately, research suggests that most adolescents benefit from EBTs for TC [9].

The clinical practice guideline published by the Public Health Service notes that TC efforts for adolescents should focus primarily on behavioral treatments [9] (e.g., counseling). For adolescents, counseling is associated with a 50% increase in long-term tobacco abstinence although rates of abstinence are low overall [9]. TC pharmacotherapy (e.g., nicotine replacement therapy [NRT]) is generally not approved by the Food and Drug Administration (FDA) for adolescents [9]. Nonetheless, some clinicians do use pharmacotherapy “off-label” to help adolescents quit smoking [16]. The recommended pharmacotherapies for adults include seven first-line treatments (nicotine gum, nicotine patch, nicotine inhaler, nicotine lozenge, nicotine nasal spray, bupropion, varenicline) and two second-line treatments (clonidine, nortriptyline) [9].

Tobacco cessation services availability, implementation, and tobacco-related knowledge

Research on the availability of TCS in adolescent-only SUD treatment programs is limited, and counselors' implementation

and tobacco-related knowledge is lacking altogether. We are aware of only two published studies on TCS availability in SUD treatment programs. One study that used program manager reports to investigate the availability of four intake/assessment practices showed that less than half of programs offered these services [17]. Another study using data from 12 interviews with staff members working in adolescent residential programs found that about 42% offered NRT and TC-related counseling [6].

We could not locate any published studies examining counselors' implementation of these EBTs in adolescent treatment programs. Yet, identifying both the availability and implementation of TCS is important for understanding adolescents' access to treatments and areas that may benefit from interventions to promote TC in adolescents receiving treatment for other SUDs. Notably, EBT adoption does not automatically translate into implementation, although adoption has to precede implementation [15,18].

The goals of the present study were threefold. First, we examine counselors' reports of the availability of the most comprehensive list of recommended EBTs for TC [9] including 15 behavioral treatments and nine pharmacotherapies in their SUD treatment programs that offer TCS and solely serve adolescents. Unlike other studies, we focus on counselor reports because they are the frontline people who have direct contact with patients, make treatment recommendations, and deliver services; and their awareness of available treatment options is essential to their use of TCS [10,15,18].

Second, we investigate counselors' reports of the extent of their implementation of these TCS with their adolescent patients who smoke. Third, we assess counselors' tobacco-related knowledge (morbidity and mortality, TC modalities and effectiveness, and nicotine's pharmacological effects) and the relationship with TC implementation because lack of clinician knowledge has been identified as a major barrier to the use of TCS [12,15,18,19].

Methods

Study design and sample

Data were obtained in 2012 from counselors working in randomly sampled SUD treatment programs that participated in the Managing Effective Relationships in Treatment Services III project. Managing Effective Relationships in Treatment Services III is a longitudinal study with the goal of assessing the effect that treatment program processes have on the adoption, implementation, and sustainability of TC services. All procedures were approved by the University of Georgia's Institutional Review Board, and informed consent was obtained from all participants.

The sampling frame came from the 2010 Substance Abuse and Mental Health Services Administration National Directory. Substance Abuse and Mental Health Services Administration required treatment facilities to be licensed, certified, or otherwise approved for inclusion in the Directory by their State Substance Abuse Agencies. A total of 11,153 treatment programs were located across the United States and included Federal, State, local government, and private facilities. Treatment programs were selected from the Directory with a random number generator. A brief screening phone call first identified eligible (provide SUD counseling services in a community setting) treatment programs. Veterans Administration programs, Halfway Houses, Driving Under the Influence education, and

Download English Version:

<https://daneshyari.com/en/article/10511505>

Download Persian Version:

<https://daneshyari.com/article/10511505>

[Daneshyari.com](https://daneshyari.com)