



UTILIZING TELEPHONE INTERVIEWERS AS COUNSELORS: LESSONS LEARNED FROM A SMOKING REDUCTION STUDY

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Purpose of Presentation

- Overview of study for context
- Focus on counseling call intervention component
- 3-month study results
- Feasibility and lessons learned from implementing tailored telephone “counseling calls” with data collection interviewers

THE SMOKING LESS, LIVING MORE STUDY

Behavioral - Smoking reduction study

- **Randomized Trial**
- **KPCO members scheduled for an outpatient procedure or diagnostic procedure**
- **18 years of age or older**
- **Smoked 10 or more cigarettes per day**
- **Intervention delivered over a 6-month period of time with a 12-month follow-up**

Tailored Interviews

Consisted of assessment of participants':

- Current level of smoking
- Goal setting
- Level of self-efficacy
- Barriers and strategies
- Environmental support
- Quit attempts

THE INTERVIEWERS

- 4 interviewers
- Age range early 20s to mid-50s
- No training or background in psychosocial and/or smoking cessation counseling
- Current data collection interviewers at AMC Cancer Research Center Survey Research Core

INTERVIEWER TRAINING

- **Use of Computer Assisted Telephone Interviewing (CATI) system**
- **Overview session of entire study**
- **Call-specific training for each counseling call**
- **Monitored live calls and real-time feedback for quality control and improvement**
- **Independent practice of scenarios not recently encountered, review of CATI call content, and to practice call scenarios using own language**

WinQue BASEC04

Great! Now let's talk about how you can apply these two strategies to the difficult situations you identified.

REVIEW THE RESPONDENT'S TWO CHOSEN STRATEGIES FOR EACH OF THEIR TOP TWO DIFFICULT SITUATIONS. FOLLOW ALONG AT RIGHT. (READ INFORMATION IN GREEN BOX FIRST, AND ONLY READ YELLOW BOX IF NECESSARY.) AFTER GOING THROUGH INFORMATION AT RIGHT, ASK:

Do you have any concerns about your first 1/3 reduction?

- 1. Yes
- 2. No

VALUE OF #C 14

SITUATION #1

High Risk Situation
With friends at a party

STRATEGY #1

Carry Set Number Strategy
Carry no more than your set number of cigarettes, which is [C#].
Make sure to strategize your day out so that you will have a cigarette available to you during this situation.
Once you run out, find other things to do at a party.

STRATEGY #2

Interval Strategy
Wait at least [M#] minutes between cigarettes. In the meantime, find other things to do at a party. Try mimicking non-smokers at the party.

VALUE OF #M 69 mins

SITUATION #2

High Risk Situation
When you feel you need a lift

STRATEGY #1

Carry Set Number Strategy
Carry no more than your set number of cigarettes, which is [C#].
Make sure to strategize your day out so that you will have a cigarette available to you during this situation.
Once you run out, find another way to lift you up.

STRATEGY #2

Interval Strategy
Wait at least [M#] minutes between cigarettes. In the meantime, find another way to lift you up.

VALUE OF #C: # of cigarettes to carry for 1/3 reduction: 14
 VALUE OF #M: GOAL: # minutes between cigarettes: 69
 Interval equivalent to: 1 hours 9 minutes

Previous Next

PARTICIPANT SATISFACTION

Satisfaction results ranged from 4.2 to 4.5

5 point scale (1= not characteristic to 5= very characteristic)

- * *“She was interested in my progress and very supportive.”*
- * *“The more often she called, the better I did with reducing and being aware of my attempts to smoke less.”*
- * *“I seem to go for a smoke right after each call.”*

QUALITATIVE RESULTS

- **Rapport Building**
 - **Personalizing**
 - **Realistic Philosophy**
 - **“Making the call your own”**
 - **Training provided by research staff**
 - **Personal experiences, realized could draw on these without actually sharing them with client**
- **Continuity of Interviewer and Research Staff**

LESSONS LEARNED

- **Getting interviewers out of “data collection” mind-set and in to “counseling” mind-set**
- **Adaptations made to assist interviewers with carrying out intervention**
- **Need for iterative training throughout deployment of intervention**

CONCLUSIONS

- Overall, the program was well received by outpatients who were unwilling or not ready to quit smoking.
- The program was proven feasible and successful to implement by telephone staff that had no previous counseling experience.
- Despite their lack of prior training, data collection interviewers were able to learn and successfully employ rapport-building skills and actively engage a majority of the individuals who participated in this smoking reduction study.

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Overview of the Intervention Components



