

# 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

#### X WinOue

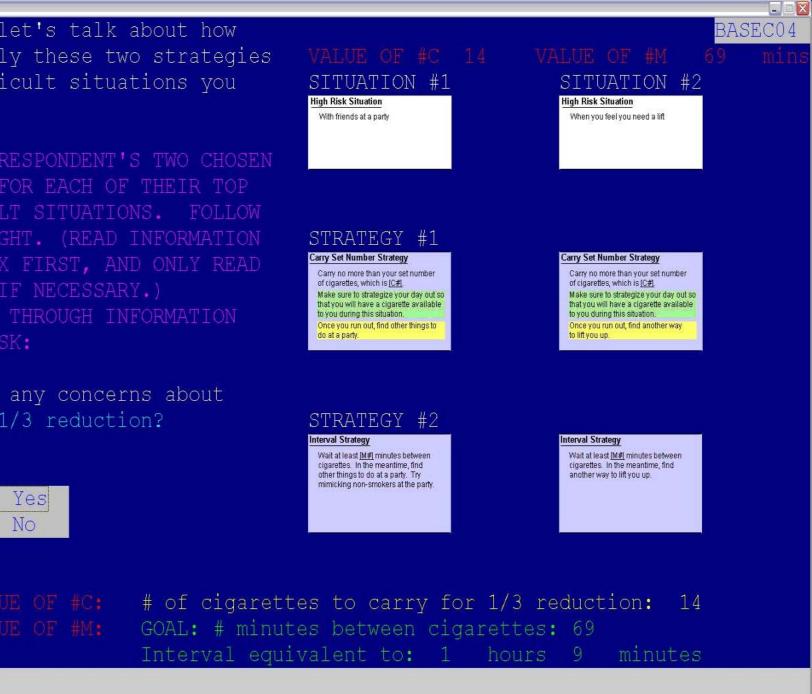
Great! Now let's talk about how you can apply these two strategies to the difficult situations you identified.

(READ INFORMATION BOX FIRST, AND ONLY READ BOX IF NECESSARY.) AFTER GOING THROUGH INFORMATION

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

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.

# ACKNOWLEDGEMENTS

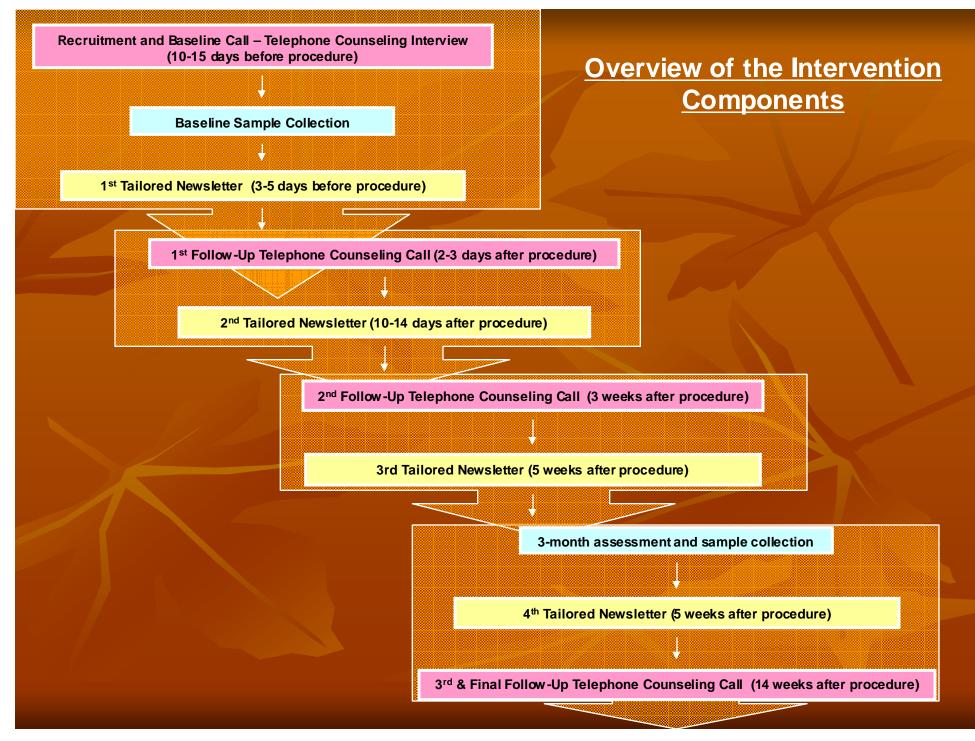
The interviewers from AMC Cancer Research Center

The study participants

NCI for funding this study

 My colleagues in Denver: Drs. Russell Glasgow, Debra Ritzwoller, Paul Estabrooks, Arnold Levinson, Al Marcus and Tammy Smith, Erica Ferro, Holly Whitesides, Allison Edwards, Dan Winn, Anna Sukhanova





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