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Kick It California Services & 211 Clients

211 Conference
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Agenda



Kick It California (KIC)



KIC Staff



Intervention Approach & Rationale



Working with 211 Clients

Kick It California



- **FREE** statewide cessation program
- All services are confidential
- Started in 1992 by UCSD researchers
- Validated in randomized controlled trials
- Trained quit coaches help with a tailored plan and offer support
- Multiple languages
- Open Mon-Fri (7a-9p); Sat (9a-5p)
- >26,000 registered users in 2022

Who Calls Kick It California?



- Since 1992, over 900,000 Californians have registered
- In 2022:
 - 58 of 58 counties represented
 - Ethnically diverse (59% non-white)
 - 9% non-English languages
 - 54% female
 - All ages, but 42% between 45-64
 - 74% Medi-Cal
 - 8% no insurance

Chronic Conditions Among Callers

- In a recent Helpline study (N=714):
 - 52.0% had self-reported behavioral health condition
 - 38.7% had a physical disability
 - 37.3% had cardiovascular disease
 - 32.2% had a chronic respiratory condition
 - 13.6% had diabetes
 - 79.0% had at least one of the above
 - Average was 3.6 conditions

Kick It Staff



Kick It Staff

- Clinical
 - 55 Quit Coaches
 - Most are bilingual (Spanish, Mandarin, Cantonese, Korean, Vietnamese)
 - Most have a bachelor's or master's degree in psychology or health-related field
 - **Special Action coaches**
 - 6 Quit Coach Supervisors
 - Service delivery manager, Clinical director, Medical director
- Research, Communications, IT, Admin

Quit Coach Training

- 60-hour, in-house training
 - Procedures
 - Tobacco cessation
 - Motivation
 - Planning
 - Urges
 - Relapse
 - Diversity and coaching
 - Tobacco and physical health
 - Principles of counseling
 - Motivational Interviewing
 - Tobacco cessation for clients with mental illness
- Varied formats: lecture, discussion, role play, etc.

Quit Coach Training Continued

- Intensive, 1-month “apprenticeship”
 - Live monitoring of coaching calls & feedback
- Ongoing live and recorded monitoring of coaching calls
- Continuing education

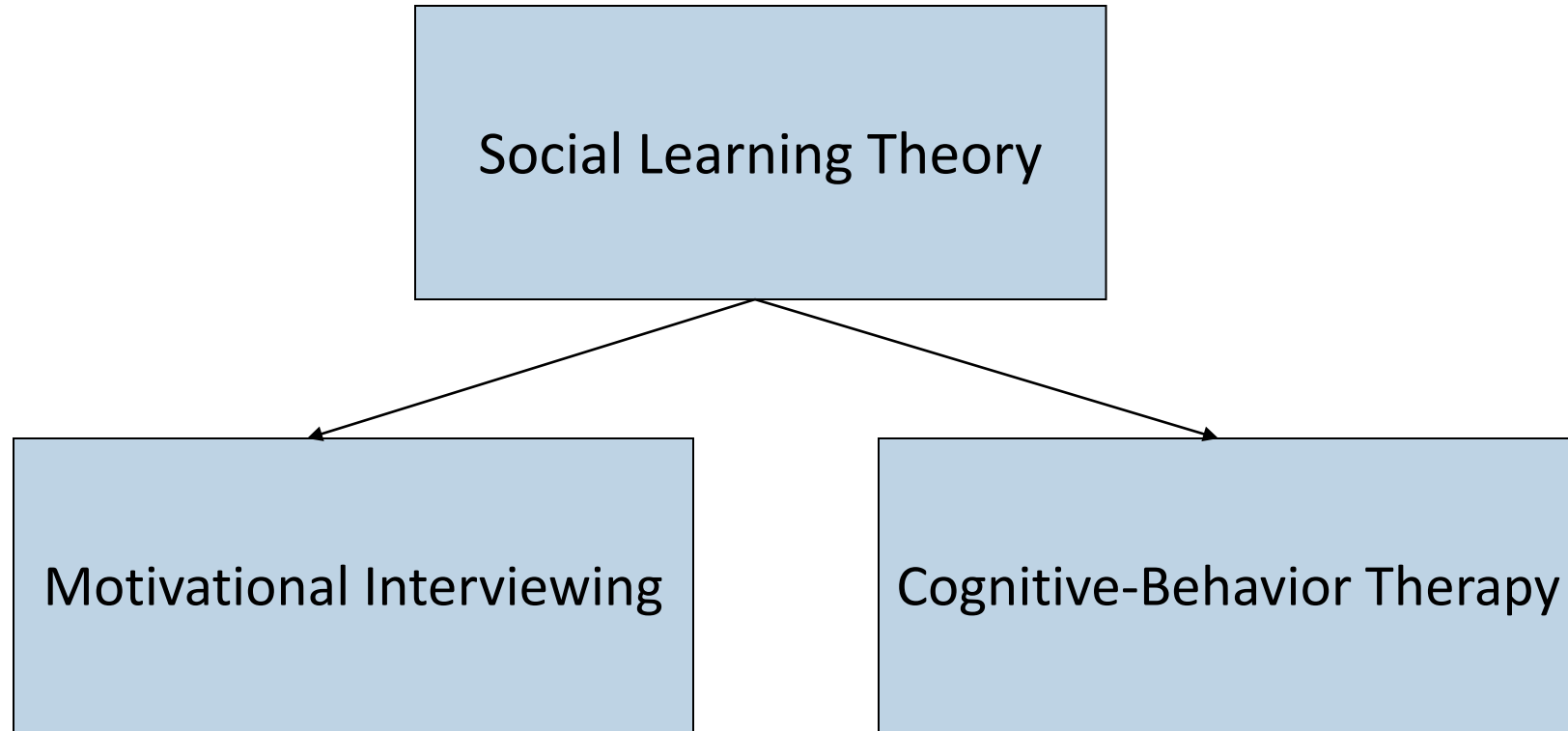
Quit Coach Training: Continuing Education

- In-Service (Quarterly)
 - Tobacco Use Among Veterans
 - Cultural Competency for Working with American Indian Populations in Tobacco Cessation
 - Substance Use Disorders
 - LGBTQ+ Clients and Tobacco Cessation
- Advanced Seminar (Bi-annually)
 - Suicide Risk Assessment
 - Schizophrenia and Tobacco Use
- Special Action Case Review (Quarterly)

How Do We Help People Quit?



Theoretical Framework



Theoretical Framework

- Social Learning Theory (SLT)
 - Increase self-efficacy and self-regulation
 - Smoking/vaping/dipping is a learned behavior – can learn new behaviors
- Motivational Interviewing (MI)
 - Help clients resolve ambivalence
 - Empower clients to choose change
- Cognitive-Behavioral Therapy (CBT)
 - Help clients try new behaviors & change thoughts
 - Create a solid quitting & relapse prevention plan

Intervention Philosophy

- Encourage quit attempts
 - Multiple attempts are the norm; keep trying!
- Prevent relapse

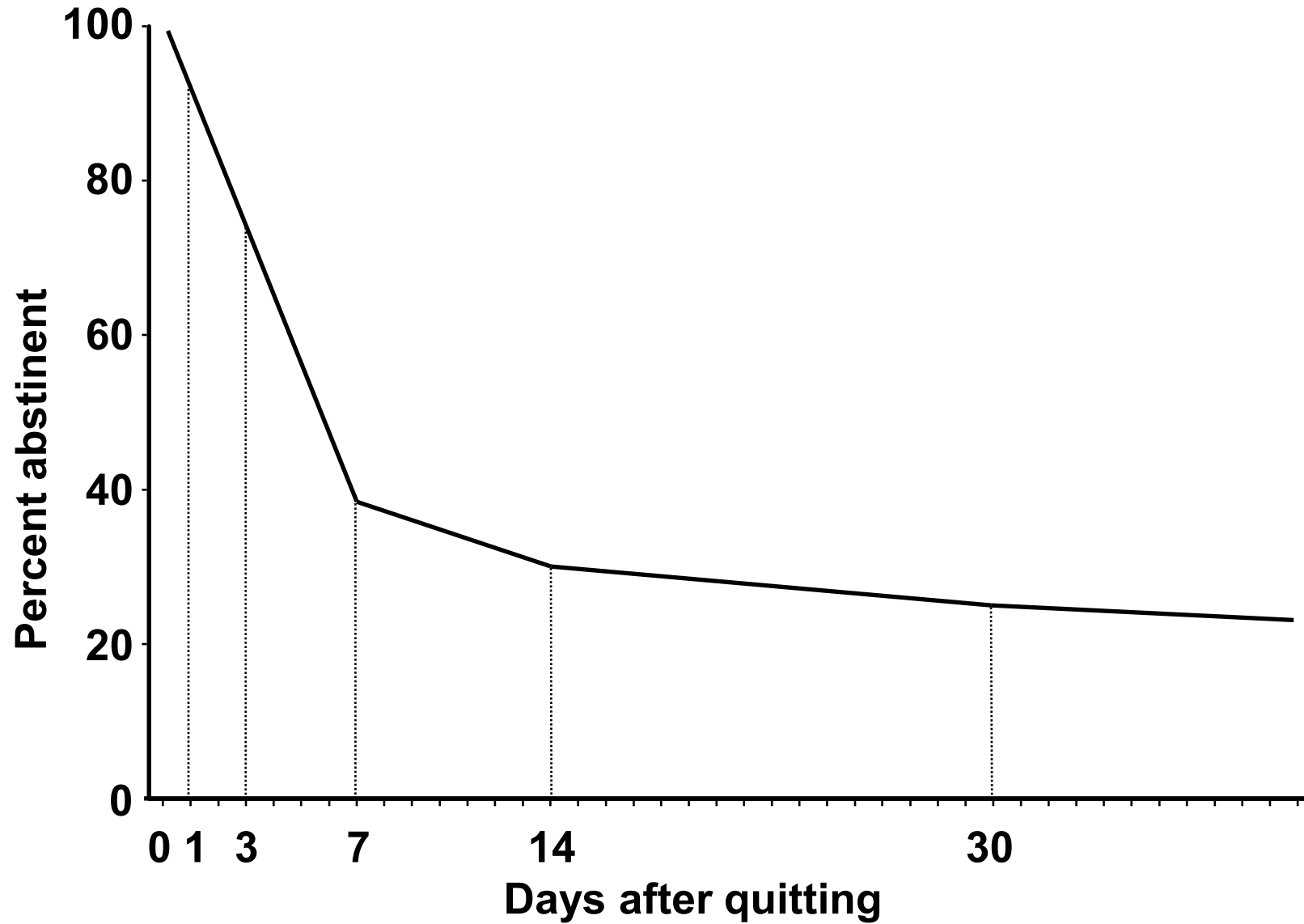
Protocol Change Principles

- Encourage quit attempts
 - Nonspecific counseling effects
 - Hope, rapport, motivation, self-efficacy, social support, ambivalence, & accountability
 - Proactivity
 - » Addresses client ambivalence, reduces attrition, provides social support, creates accountability
 - Specific counseling effects
 - Share knowledge, assist with planning

Protocol Change Principles (cont.)

- Prevent Relapse
 - Relapse-sensitive call scheduling

Relapse-Sensitive Scheduling



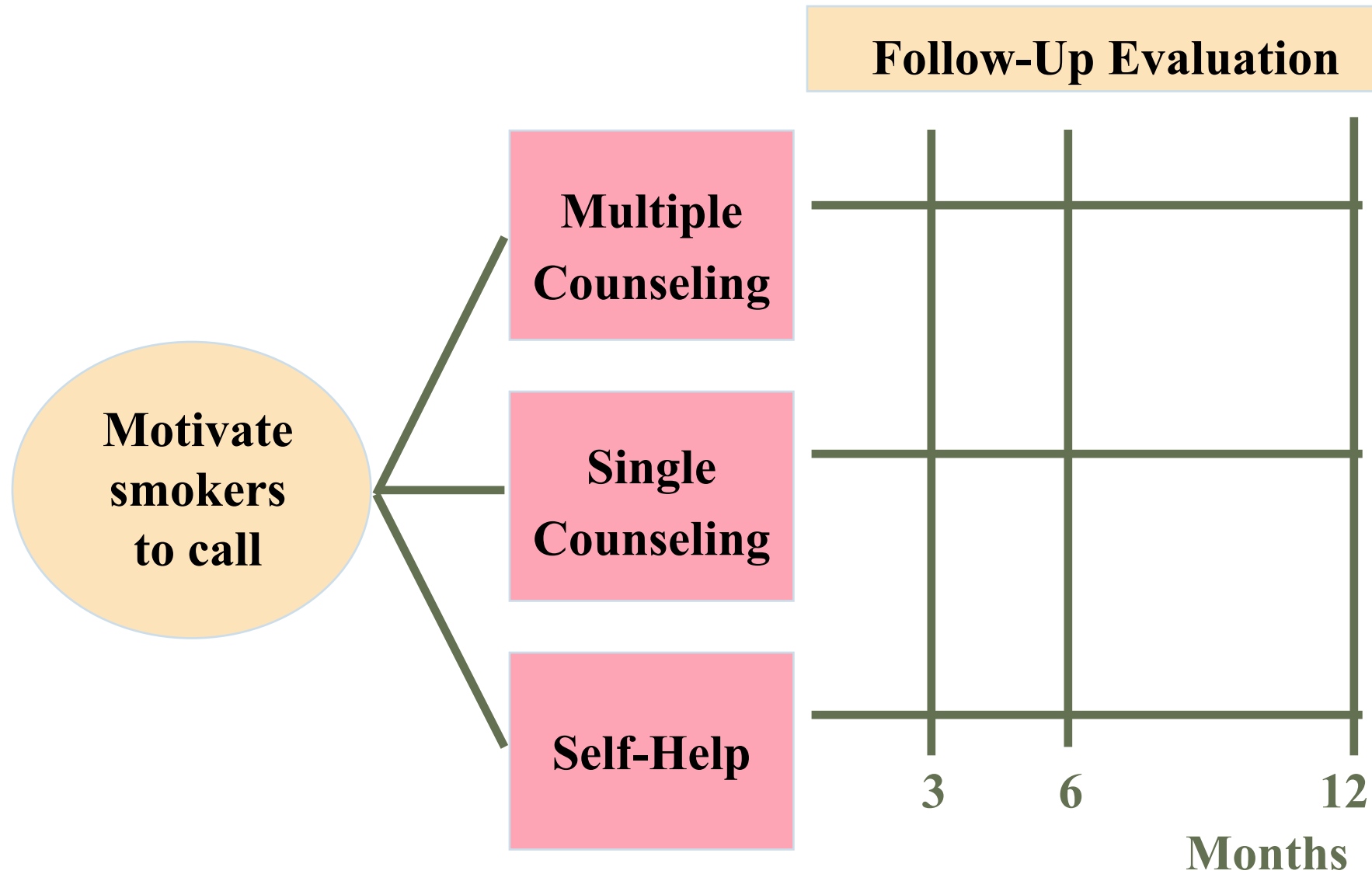
Protocol Change Principles (cont.)

- Prevent Relapse
 - Relapse-sensitive call scheduling
 - Motivation assessment
 - Plan revision as needed
 - Self-image
 - Perseverance

Intervention Protocol

- Intake Call
 - 8-10 minutes
 - Determine needs
- Initial Coaching Call
 - 25-30 minutes
 - Preparation to quit
- Proactive Follow-up Calls
 - Up to 4 calls, 5-10 minutes
 - Relapse sensitive schedule
 - Relapse prevention

A Randomized Trial



Summary of Evidence

- RCT showed:
 - Telephone counseling can increase quit attempts and prevent relapse
 - Single session can be efficacious; multiple sessions even more so
- Further research has:
 - Replicated original results
 - Validated protocols for sub-populations

CSH Randomized Trials

- Early demonstration study (N>3,000)
- Replication trial (N>3,000)
- Teen smokers (N>1,400)
- Pregnant smokers (N>1,100)
- Smokers using NRT (N>3,000)
- Asian language speakers (N>2,200)
- Depressed smokers (pilot N>90)
- Patch distribution study (N=4,200)
- Smokeless tobacco users (N>1,600)
- Voucher-patch study (N=3,710)
- Project BEST (N>3,100; Smoker-Nonsmoker pairs)

What's in a Call?



First Session

- Call overview & rationale
- Motivation

Top Motivators to Quit

- Health
 - current illness or fear of illness
- Social
 - includes quitting for family members and responding to nonsmoking norm in CA
- Cost
 - e.g., tax increase = call increase

First Session (cont.)

- Call overview & rationale
- Motivation
- Health considerations
- Smoking & quitting history
- Quitting methods
- Self-efficacy
- Self-image
- Planning
- Setting a quit date

Proactive Follow-up Sessions

- Quit status
- Withdrawal review
- Pharmacotherapy review
- Challenges & smoking events (slip or relapse)

Top Relapse Triggers

- Highly emotional situations (stress)
- Being around smokers
- Alcohol

Proactive Follow-up Sessions (cont.)

- Quit status
- Withdrawal review
- Pharmacotherapy review
- Challenges & smoking events
- Motivation
- Self-efficacy
- Support
- Planning for future
- Self-image

Protocol Summary

- 1 planning call (25-30 minutes)
- Up to 4 follow-up calls (5-10 minutes)
- Help clients to:
 - Identify a strong reason (Motivation)
 - Bolster belief in ability (Confidence)
 - Develop a solid plan (Skills)
 - Adopt a new view of self (Self-image)
 - Keep trying (Perseverance)



211 Callers: Counseling Considerations

- Quit Coach Training
 - Stages of change
 - Increase awareness of the problem, tip the balance towards change
 - Roll with resistance
 - Empathy
 - Evocative questions
 - Protocol adaptation
 - Modify/adjust protocol based on reported readiness to change
 - Offer a variety of behavior change options, encourage client goal setting
 - Mental health conditions
 - Resources & needs
 - Provide a positive experience to all clients



Thank you!

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