

5

Staffing a Quitline

Overview

The first step in assessing the appropriate level and types of staffing a contractor should use to operate a quitline is to estimate the intensity, timing, and composition of the call volume that the quitline is likely to receive. This can be accomplished by comparing the planned promotional effort with similar efforts previously conducted within the state or elsewhere. Fortunately, the collective experience among states in promoting and running quitlines provides reference points for estimating the impact of any new promotional effort on the volume of calls.

A primary goal in staffing any organization is to assemble a group of people with the right skills and characteristics for their respective duties. When staffing a quitline, an additional goal is to strike a balance between ensuring that there is enough staff to respond quickly to a sudden wave of incoming calls and ensuring that staff time overall is efficiently engaged in actually helping callers. This chapter addresses ways to achieve these goals.

Staffing for Intake

Staffing Level

A caller's first contact with a quitline typically involves answering some basic questions about smoking status, consumption level, choice of service, and providing other personal and demographic information. Information gathered during the first contact is used to establish a record of the caller in the quitline's database, to which additional data will be added throughout that person's participation in the program. The responsibility for handling and triaging incoming calls falls either to the quitline counselors themselves or, in some cases, to intake specialists. Either way, quitlines must always have sufficient staff available to answer incoming calls during operating hours.

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The number of staff available to answer incoming calls should be based not on the total number of calls received over weeks or months, but on the number needed to respond effectively to the “clusters” of calls that occur immediately after the airing of media spots. Reaching a voice mail system rather than a live person can pose a serious barrier for first-time quitline users, many of whom are experiencing considerable ambivalence about quitting. Although voice mail is often used as a backup when a staff member is not available, many callers will simply hang up rather than leave a message, and it cannot be assumed that they will call a second time. Because the outlay of media dollars required to generate calls can be considerable, it is important from the standpoint of maximizing limited tobacco control resources that the quitline be staffed sufficiently to achieve a high live-answer rate. A quitline that is consistently answering 90% to 95% of calls live during normal hours of operation can be considered to be providing very good coverage.

Achieving this goal requires coordination with the media campaign so that calls to the quitline are spread across the hours of staff availability to the greatest extent possible. Experienced quitline operators have found that television ads generate calls in clusters and that the quitline may need to have as many as 10 or more staff members available to answer them. (These numbers can vary widely from market to market, depending on the number of people exposed to the ads and other factors discussed in Chapter 9.)

If the quitline fails to achieve at least a 90% live pick-up rate, more intake staff should be made available. The program should also explore ways of spreading out the calls by changing the media plan (for example, by running several less-expensive radio spots instead of one expensive television spot). For quitlines that offer services in more than one language, bilingual staff members are particularly valuable because they provide coverage for two lines.

Staff Skills

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Staff who perform intake must have an excellent telephone manner, good customer service skills, and an ability to triage calls from a wide range of callers. These include tobacco users who want counseling, those who only want printed materials or referral to a local program, repeat callers who want to speak to a specific counselor, people calling on behalf of a family member, health professionals inquiring about services, students doing school projects, prank callers, and others.

In times of heavy call volume, an intake specialist should be prepared to serve up to 10 or more callers in an hour. This rate is seldom

sustained for long, however, because of fluctuations in the call volume. If a quitline employs intake specialists, they can be provided with other duties to be performed when the telephones are not ringing, such as fulfilling requests for mailed materials or calling local programs to make sure referral listings are accurate and up-to-date.

Staffing for Counseling

Most quitlines offer callers who request counseling a first session immediately after intake, whenever possible. This is a straightforward process when the person conducting the intake interview is a counselor. When intake specialists are used, the caller must be transferred to an available counselor. Sometimes, either the caller does not have time for a complete counseling session or a counselor is not available. In these cases, the caller may be scheduled for a later appointment or added to a callback queue for same-day or next-day service.

Staff Skills

Quitlines do not need to be staffed with licensed counselors to have a significant effect on callers' tobacco use. In fact, evidence for the efficacy of proactive quitlines rests mostly on the work of paraprofessional counselors using structured protocols.

Employing staff with basic counseling skills such as empathy, reflective listening, and the ability to guide clients through a structured problem-solving process appears to be key to the success of a quitline. Whether graduate training or extensive clinical experience would impart added benefits is an open question; however, given the desire of most states to fully leverage their limited funds for cessation, it is encouraging that having a successful quitline does not depend on access to the services of comparatively high-paid therapists or other licensed counselors.

There is another reason why it is fortunate that paraprofessionals work well in this position. Quitlines require their counselors to perform the same function repeatedly, and despite the variety in clients' histories and personalities, counseling on a single behavior-modification issue such as smoking cessation can be very repetitive work. For this reason the work may seem too limiting to many professional counselors who have training across a wide range of psychological issues. This can be particularly true in a high-volume, efficiently run quitline.

On the other hand, working as a quitline counselor allows staff who have less formal training or who are concurrently pursuing a graduate

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Training

Following up the hiring of candidates who have good natural counseling skills with thorough training is essential. Hiring and training are the most important elements of a quitline's quality assurance program. The initial training program for counselors, prior to allowing them to work with real callers, typically employs a range of formats, including classroom instruction and discussion, live or taped demonstrations of veteran counselors at work, exercises done in groups or pairs, role-playing with fellow trainees or veteran staff, and even an examination. The training programs of some quitlines are comparable in length and scope to college classes, though compressed into the space of a few weeks.

Training programs cover such topics as

- ◆ The psychology of tobacco use and the nature of addiction.
- ◆ General principles of counseling and theories identified as being helpful in behavior modification, such as cognitive-behavioral counseling and motivational interviewing.
- ◆ Other psychological concepts considered useful in understanding tobacco cessation, such as the abstinence violation effect (AVE), a phenomenon in which a single slip triggers a full relapse due to “all-or-nothing” thinking on the part of the quitter.
- ◆ Effective counseling techniques, such as reflective listening and paraphrasing.
- ◆ Challenging counseling scenarios, including crisis calls, co-morbid conditions, resistant behavior, and callers with psychological issues.
- ◆ Ethical and legal guidelines on such issues as mandated reporting and protecting the confidentiality of client information.
- ◆ Addressing diversity in clinical work, with respect to culture or ethnicity, education, gender, sexual orientation, religious belief, and other factors.
- ◆ Effective case management practices, including use of protocols and tools for setting and keeping appointments.

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- ◆ Health issues related to tobacco use and cessation.
- ◆ Withdrawal.
- ◆ NRT and other quitting aids.

Following up the initial training with a regular program of continuing education helps counselors continuously develop their skills and ensures that their knowledge of the field is up to date.

Scheduling

Coordination of counselors' schedules is needed to ensure adequate coverage across the quitline hours of operation. Staffing requirements for different shifts are partially a function of the quitline media campaign, as people tend to call a quitline soon after seeing an ad. It should be noted, however, that many people who call during one shift may actually prefer to receive counseling during another. For example, a smoker who calls the quitline on a break from work may prefer to receive counseling at home in the evening. In such cases, it is helpful if counselors and intake specialists are able to schedule appointments for counselors who work on other shifts. The assigned counselor can then take over to initiate the first session and all subsequent sessions.

Because of the repetitive nature of the work and therefore the "burnout factor," most quitlines hire counselors to work no more than 20 to 30 hours per week. Counselors hired full time may be given supplemental duties so they are not providing counseling 8 hours a day. Expectations of the number of new callers served per counselor vary widely from program to program and depend on numerous factors. These factors include the length and complexity of the counseling protocol used, the number and length of proactive followup sessions to be offered, and whether counselors are also expected to perform intake, take messages for each other, or accomplish other duties. Quitlines typically expect counselors to provide counseling for one to two new clients per hour.

In staffing for both intake and counseling, a quitline must strike a balance between two competing needs. On the one hand, sufficient staff must be available during normal operating hours to serve a wave of new clients calling the quitline in response to an ad. It is not unusual for 10 to 15 people to call within a few seconds of seeing an ad on TV, even though only half may want counseling right away. On the other hand, the quitline cannot afford to have staff sitting idle for too long.

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While striking a balance between these two competing needs is challenging for any quitline, it is less so for large quitlines or quitline vendors that serve multiple states. The reason is that at some point in a quitline's growth, the number of counselors who are between counseling sessions at any given moment becomes sufficient to handle a sudden wave of media-generated calls. Assuming that counselors are in session for 40 out of every 60 minutes, at any moment a third of the counselors are free to take a call. If a quitline has six counselors per shift, only two are available to deal with a sudden wave of callers. But if there are 30 counselors per shift, 10 are available to respond should a surge in calls occur. This suggests that as states identify additional resources to grow their quitlines, they will obtain a greater economy of scale and greater efficiency with the additional money.

Staffing for Supervision and Clinical Oversight

Quitlines typically assign 10 to 15 counselors to each supervisor. The supervisors are responsible for ensuring adequate coverage of calls, timely case management, and high productivity among the counselors in their group. They also debrief after difficult calls. A clinical director with expertise in mental health and/or medical issues provides oversight on the appropriateness of the quitline's interventions, both across the board and in particularly challenging situations. An example of the latter would be when a client exhibits evidence of untreated psychopathology. The clinical director also ensures the program's compliance with relevant ethical and legal guidelines that govern the provision of counseling services in that state.

Case Study

A Contractor's Perspective on Recruitment and Training

Many state agencies, private health plans, and employers that offer quitline services contract with an outside organization to provide them. The Center for Health Promotion, Inc. (CHP), is a major provider of these services, and has well-established procedures for the recruitment and training of new specialists.

CHP requires tobacco cessation specialists to have a bachelor's degree in a health-related field, such as psychology, sociology, social work, community health, or nursing. An associate's degree may be accepted with sufficient professional experience. Applicants must have at least a year of relevant experience, such as crisis line work or one-on-one interviewing; volunteer work is acceptable. They must have been tobacco-free for at least 2 years. Candidates must be able to manage cases using a detailed protocol, and computer skills are required and assessed. Fluency in a foreign language is a plus.

New specialists undergo an intensive 50- to 60-hour training program involving classroom time and practical work on the phone lines. Classroom training covers the science of nicotine addiction, stages of change, intervention techniques, pharmacotherapy, and management of special cases (such as pregnant smokers and callers with other health issues such as asthma, diabetes, cardiopulmonary disease, and depression). Trainees then engage in practical training, which consists of listening to calls handled by experienced staff, participating in role-plays, conducting calls, and debriefing with supervisors and trainers. They also learn the protocols, database applications, and computerized input systems.

Following the training, new specialists are paired with a more experienced specialist who can offer them support and guidance in their new role. For the first couple of months, new specialists are closely monitored, and a standardized tool is used to document and monitor the quality of their calls.

The staffing ratio is one supervisor for every 15 specialists, and at least one supervisor is on duty during each shift. CHP has found that the quality of specialists' work is optimal when they work 20 to 30 hours per week. Specialists are expected to work with two to three callers per hour.

Recommendations

- ◆ Refer to other states' experience in promoting and running quitlines to estimate the likely impact of any new promotional effort on a quitline's call volume.
- ◆ Staff the quitline at a level sufficient to handle the sudden waves or clusters of calls that will follow a TV commercial promoting the quitline, if such ads are used.
- ◆ Consider including intake specialists in the staffing pattern, but retain the ability to transfer callers to a live counselor if the caller would like counseling right away.
- ◆ In prospective intake specialists, look for good customer service skills, an excellent telephone manner, and an ability to triage calls from a variety of callers.
- ◆ Enable intake specialists and counselors to set appointments for other counselors, to serve callers who wish to receive counseling at another time.
- ◆ In prospective counselors, look for strong, natural counseling skills rather than advanced degrees or licensure.
- ◆ Provide intensive on-the-job training for counselors that utilizes a range of instructional modalities and covers a broad range of relevant topics.
- ◆ To avoid counselor burnout, hire counselors at 20 to 30 hours per week or provide them with supplemental duties so that they do not have to counsel 8 hours a day.
- ◆ A clinical director with mental health and/or medical expertise should provide clinical oversight and ensure compliance with ethical and legal guidelines.