

1st Annual Nicotine Cessation Conference

Strategies in Tobacco Treatment:
Evidence-Based Tools to Help Your Patient Quit

Embassy Suites in Norman
June 23-24, 2011



1st Annual Nicotine Cessation Conference

Embassy Suites Norman Hotel & Conference Center

2501 Conference Drive • Norman, OK 73069 • Tel: (405) 364-8040

www.embassysuitesnorman.com

Directions to Facility

The hotel room rate is \$124/night for a king room or double/double occupancy room (plus tax). Participants must make their own lodging reservations. For reservations, call the hotel directly at (405) 364-8040 or toll free at 1-800-EMBASSY. Ask for the special group rate for the "Nicotine Cessation Conference".

From the North: Take Interstate 35 South to Norman. Exit at Tecumseh Road and turn left. Turn right onto 24th Avenue NW and then turn left on Conference Drive.

From the South: Take Interstate 35 North. Exit at Robinson and turn left. Turn left onto 24th Avenue NW, then turn right on Conference Drive.

Registration and Fees

Pre-registration is encouraged. Due to space limitations, we will be accepting the first 350 registrations received, so please register early to guarantee your space at the conference.

We are pleased to offer a special early-bird rate of \$75 for the 2-day conference or \$50 per day for those who register by June 15, 2011. After June 15, the registration fee will be \$125 for the 2-day conference or \$75 per day. Please indicate on the registration form the days you will attend the conference. Checks and purchase orders should be made payable to **ODMHSAS**.

Cancellation Policy: The registration fee will be returned only if notice of cancellation is provided in writing and postmarked no later than June 18, 2011.

Conference Sponsors

This conference is being sponsored, in part, through a collaborative with the Oklahoma Department of Mental Health and Substance Abuse Services, the Oklahoma State Department of Health, and the Oklahoma Tobacco Settlement Endowment Trust.

Continuing Education

The Institute for Mental Health and Substance Abuse Education and Training is accredited by the Oklahoma State Medical Association to provide continuing medical education for physicians. The Institute designates this educational activity for a maximum of 12.00 *AMA PRA Category 1 Credits™*. Physicians should only claim credit commensurate with the extent of their participation in the activity.

Twelve (12.00) continuing education credit hours have been approved through the Oklahoma State Board of Licensed Social Workers, the Oklahoma Board of Examiners of Psychologists, the Oklahoma Board of Licensed Alcohol and Drug Counselors, the Licensed Professional Counselors Committee, and the Licensed Marital and Family Therapist Committee. Continuing education is also approved for Certified Behavioral Health Case Managers and Peer Recovery Support Specialists. Continuing education credit for Certified Prevention Specialists and is pending approval.

Please check in at the registration desk upon arrival to verify your attendance. Continuing education credit is not provided without verification. At the completion of the conference, all participants will receive a certificate of attendance from the ODMHSAS Institute for Mental Health and Substance Abuse Education and Training. There is a \$5.00 fee for issuing a replacement certificate.

Special Accommodations

Sign language interpreters or assistive listening devices are available, if needed. These or other requests for special accommodations should be indicated on the registration form. Conference organizers will contact you for specific details. Please register as early as possible if special accommodations are needed.

Agenda
at a
Glance



Embassy Suites
Norman, OK
June 23-24, 2011

Thursday, June 23, 8:30-4:30

7:30-8:30

Registration

8:30-9:00

Welcome and Introductions

9:00-10:15

A Call to Action: Making Cessation a Priority in Everyday Health Care

Tim McAfee, MD, MPH, Director, Office on Smoking and Health, Center for Disease Control

10:30-11:45

A Systems Approach to Implementing Tobacco Cessation Clinical Guidelines

Rob Adsit, M.Ed., Director of Outreach Programs and Assistant Director, Center for Tobacco Research and Intervention, University of Wisconsin

Noon

Lunch

Breakout Sessions

1:15-2:45

- Incorporating Best Practices into Your Practice: It's Not That Hard, Desmond Carpenter, BSRN
- Behavioral Health and Tobacco – Addressing Them Together, Vivian Stevens, Ph.D.
- Hospital System Implementation of Evidence-Based Clinical Guidelines, Kim Olson & Joy Leuthard, MS, LSWA
- Tobacco Cessation with Diverse Populations – Panel Presentation (Working with African Americans, Native Americans, Hispanic/Latino, College Students, Low SES and GLBT Populations)

3:00-4:30

Secondhand Smoke: Health Risk for Our Children, Gail Boe, MSM

Friday, June 24, 8:00-4:00

7:30-8:00

Registration/Sign-in

8:00-8:30

Welcome and Introductions

8:30-10:00

Motivational Interviewing 101, Thad Leffingwell, Ph.D.

10:15-11:45

Oklahoma Tobacco Helpline, Omar Kordahi, BS

Noon

Lunch: Tobacco Industry Tactics, Cliff Niles, BS

Breakout Sessions

1:15-2:45

- Behavioral Health and Tobacco – Address Them Together, Vivian Stevens, Ph.D.
- Hospital System Implementation of Evidence-Based Clinical Guidelines, Kim Olson & Joy Leuthard, MS, LSWA
- Insurance Coverage for Tobacco Cessation: Counseling and Medications – Health Choice Model, Dana Webb
- Tobacco Helpline Outcomes, Laura Beebe, Ph.D.

3:00-3:15

Closing Thoughts

3:15-4:00

Next Steps: From One Physician to Another, D. Donald "Bob" McCaffree, MD, MSHA, Professor of Medicine and Pulmonary Disease and Critical Care Section, University of Oklahoma, College of Medicine

4:00

Adjourn and Issuing of Certificates

REGISTRATION FORM
1st Annual Nicotine Cessation Conference
June 23-24, 2011

HOW TO REGISTER

By Mail: ODMHSAS, Human Resources Development, 2401 NW 23rd Street, Suite 1F, Oklahoma City, OK 73107

By Fax: Faxed registrations are accepted at **405-522-8320**

Online: To register online or for more information, go to <http://www.odmhsas.org/upcomingevents.htm>

Name: _____

Occupation or Job Title: _____

Place of Employment: _____

Address: _____

City, State, ZIP: _____

Daytime Phone: _____

E-Mail Address: _____

****Note:** If an e-mail address is included, you will receive a registration confirmation.

I require special accommodations as follows: _____

PAYMENT

The following rates apply. Please enclose payment with your registration. If paying by purchase order (PO), please mail or fax a copy of the purchase order with the name of the attendee(s) included on the PO. If paying by check or money order please make payable to **ODMHSAS. No Refunds.**

CHECK ONLY ONE	Early-Bird Rate (by June 15)	Regular Rate (after June 15)
<input type="checkbox"/> Full Conference (2 days)	<input type="checkbox"/> \$75.00	<input type="checkbox"/> \$125.00
<input type="checkbox"/> June 23 only	<input type="checkbox"/> \$50.00	<input type="checkbox"/> \$75.00
<input type="checkbox"/> June 24 only	<input type="checkbox"/> \$50.00	<input type="checkbox"/> \$75.00

FORM OF PAYMENT

- Check or money order enclosed payable to **ODMHSAS**
 Purchase Order # _____
 Will pay on-site
 Credit Card: Type of Card (check one) MasterCard Visa

Card Number: _____ Exp. Date: ____/____/____

Authorization Signature: _____

CONTINUING EDUCATION CREDIT REQUESTED

- Physician LPC LMFT Psychologist LADC ODMHSAS Supervisory
 PRSS CADC MSW LCSW Case Mgmt Under Supervision
 CPS Other _____