

**ATTUD APPLICATION FORM FOR WEBSITE LISTING (PHASE 1):
TOBACCO TREATMENT SPECIALIST (TTS) TRAINING PROGRAM**

APPLICATION NUMBER: TTS 2008_6_0005

PROGRAM INFORMATION & OVERVIEW

Date of this Application	6/11/08
Full Name of Training Program	Partnership For A Tobacco-Free Maine Intensive Tobacco Treatment Training and Conference
Organizational / Institutional Sponsor	Center For Tobacco Independence on behalf of The Partnership For A Tobacco-Free Maine
Street Address	22 Bramhall Street
City, State, Zip (or equivalent)	Portland, Maine 04012
Country	USA
Website Address / URL	http://www.tobaccoindependence.org http://www.tobaccofreemaine.org
Contact Name	Fred Wolff
Telephone	207-662-7134
Fax	207-662-7135
Email Address	wolfff@mmmc.org
Sources of Funding (check all that apply)	<input checked="" type="checkbox"/> Federal grants <input checked="" type="checkbox"/> State grants / appropriations / tobacco control programs <input checked="" type="checkbox"/> Fee for services <input type="checkbox"/> Other in-house funding <input type="checkbox"/> Pharmaceutical industry contracts <input type="checkbox"/> Foundation funding (non-governmental organizations) <input type="checkbox"/> Other, please describe:
Years Training Program has been in Existence	6 Years
Number of Tobacco Treatment Specialists (TTS) trained to date	407
Is the training curriculum based upon a set of evidenced-based guidelines?	<input checked="" type="checkbox"/> Yes, cite: U.S. Department of Health and Human Services Clinical Practice Guidelines <u>Treating Tobacco Use and Dependence</u> <input type="checkbox"/> No, please explain:
Registration	Resident rate: \$150.00 Non-Resident rate: \$300.00
What is covered by this cost?	<input checked="" type="checkbox"/> Enrollment <input checked="" type="checkbox"/> Learning materials <input type="checkbox"/> Testing <input type="checkbox"/> Certification <input type="checkbox"/> Support after the program is completed <input type="checkbox"/> Web-based or other resource materials <input checked="" type="checkbox"/> Other, describe: Breakfast and lunch; CEU certificates

Are Continuing Education Credits offered?	<input checked="" type="checkbox"/> Yes, describe: Nurses, social workers, dental hygienists, substance abuse counselors, community health educators, physicians, respiratory therapists <input type="checkbox"/> No
Are supplemental training opportunities available? List only those directly related to TTS training.	<input checked="" type="checkbox"/> Yes, describe: The training includes two or more tracks available for those participants who have attended the Intensive Training in the past and wish to return for supplemental training. Other trainings are offered throughout the year. <input type="checkbox"/> No

TRAINING FORMAT(S)

In-Person (check all that apply)	<input checked="" type="checkbox"/> Required <input type="checkbox"/> Optional <input type="checkbox"/> Can be a sole training modality Time required 2 <input type="checkbox"/> Days: Total of 3 days when the required one-day Basic Skills training is included <input type="checkbox"/> Hours:
On-Line (check all that apply)	<input type="checkbox"/> Required <input checked="" type="checkbox"/> Optional (for renewal of certification) <input type="checkbox"/> Can be a sole training modality Time required <input type="checkbox"/> Days: <input type="checkbox"/> Hours:
Self-Study (check all that apply)	<input type="checkbox"/> Required <input checked="" type="checkbox"/> Optional (for renewal of certification) <input type="checkbox"/> Can be a sole training modality Time required <input type="checkbox"/> Days: <input type="checkbox"/> Hours:
Other (check all that apply)	Describe: <input type="checkbox"/> Required <input type="checkbox"/> Optional <input type="checkbox"/> Can be a sole training modality Time required <input type="checkbox"/> Days: <input type="checkbox"/> Hours:

TRAINING ELIGIBILITY

Educational requirements	None: there are no specific educational requirements to attend the training. There are requirements for certification.
Credential requirements	Same as above.
Experience requirements	Same as above.
Tobacco-free for a specified period?	<input type="checkbox"/> Yes, for how long: <input checked="" type="checkbox"/> No
Other requirements	Attendance and completion of a Basic Skills Training is a requirement for attending the Intensive Tobacco Treatment Training.

CERTIFICATION

Is Certification offered?	<input type="checkbox"/> Yes, by the training program or sponsor institution <input checked="" type="checkbox"/> Yes, by an external board Describe certification process: <ul style="list-style-type: none"> • Participate in a “Tobacco Intervention: Basic Skills Training” • Successfully complete the 2-day Intensive Tobacco Treatment Training. • Complete application documenting <ul style="list-style-type: none"> ○ 240 hours of experience in provision of Intensive Tobacco Treatment ○ A minimum of a two year degree in a health-related field • Pay \$150.00 examination fee • Take and pass the Tobacco Treatment Specialist Certification Written Exam. • Complete a written case study using the format specified by the Commission • Upon confirmation from the Commission that the Case Study has been accepted – or upon successfully carrying out revisions as specified by the Commission - present the case study before the Commission for Tobacco Treatment Specialist Certification <input type="checkbox"/> No certification available
Duration of Certification Award	2 years
Is Certification available to non-residents?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Cost	<input type="checkbox"/> Included as part of Training Registration Fee <input checked="" type="checkbox"/> Initial Certification fee charged: \$150 <input type="checkbox"/> Re-Certification fee charged: \$0 (Note: this is under review and a renewal fee may be charged beginning 2009)
Educational requirements	Minimum of Associates Degree in health-related field
Credential requirements	None
Experience requirements	Documented 240 hours in provision of Intensive Tobacco Treatment
Examination requirement (check all that apply)	<input type="checkbox"/> On-site <input checked="" type="checkbox"/> Off-site <input type="checkbox"/> On-line <input checked="" type="checkbox"/> Paper test <input type="checkbox"/> Other, describe: <input type="checkbox"/> None

Other requirements	Completion of written case study; presentation of case study before Tobacco Treatment Specialist Certification Commission
Number of TTS certified to date	36

ENDORSEMENT OF ATTUD COMPETENCIES

The Association for the Treatment of Tobacco Use and Dependence (ATTUD) has developed a list of core competencies. ATTUD recommends that all Tobacco Treatment Specialist Trainings offer instruction in these core areas. Brief descriptions of these competencies follow. For a more comprehensive description of the core competencies, go to: <http://www.attud.org/tts.php>

Please limit your response for each competency to a maximum of 125 words.

Definition: A Tobacco Treatment Specialist is a professional who possesses the skills, knowledge and training to provide effective, evidence-based interventions for tobacco dependence across a range of intensities. The TTS may have various professional affiliations and may work in a variety of settings including but not limited to hospitals, community health centers, HMOs, medical and dental practices, educational settings, social service agencies, tobacco treatment centers, telephone quitlines, drug abuse treatment programs and mental health centers. The TTS may engage not only in providing treatment but also in educating others (health care professionals, administrators, scientists, smokers, nonsmokers) about tobacco dependence treatments.

Which of the following are addressed by your training program?

<p><u>Tobacco Dependence Knowledge & Education</u> Provide clear and accurate information about tobacco use, strategies for quitting, the scope of the health impact on the population, the causes and consequences of tobacco use</p>	<p><input checked="" type="checkbox"/> This competency is addressed as follows: Prevalence and patterns of tobacco use</p> <ul style="list-style-type: none"> • Tobacco use across population subsets • Health consequences of tobacco use including from environmental tobacco smoke • Description of tobacco dependence as a chronic illness • The dynamics of addiction • Tobacco dependence as pediatric onset disorder • The tobacco family tree (Kreteks, Bidis, Cigars, Snuff, PREPs, etc.) • Instruction of Brief Interventions (the Three A's: Assess, Agree, Assist) • Use of evidence-based tobacco treatment medication • Stage of Change theory <p><input type="checkbox"/> Not addressed</p>
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<p style="text-align: center;"><u>Counseling Skills</u></p> <p>Demonstrate effective application of counseling theories and strategies to establish a collaborative relationship and to facilitate client involvement in treatment and commitment to change</p>	<p><input checked="" type="checkbox"/> This competency is addressed as follows:</p> <ul style="list-style-type: none"> • Stage of Change theory is utilized to sensitize participants to an understanding of tobacco dependence as a relapsing condition, the treatment of which is best understood as a process (“tobacco treatment”) vs. an event (“cessation”) and to lay the groundwork for an understanding of what motivates individuals to seek behavior change • Motivational Interviewing – theory and practice is utilized to assist participants in understanding how to engage with individuals as allies in the change process. The training offers an Intermediate and Advanced track concurrently during the training. Beginner level MI is addressed in our Basic Skills Training • Cognitive Behavioral Therapy is presented in theory and practice. The format of an Intensive Tobacco Treatment sequence of sessions is explained with multiple handouts for individual and group exercises and client “homework”. • Nuances of treatment with special populations are covered in break-out sessions, including working with individuals with mental health, substance abuse, pregnancy, and chronic illnesses. • Application of the above to working with individuals in group settings is described and discussed. <p><input type="checkbox"/> Not addressed</p>
<p style="text-align: center;"><u>Assessment Interview</u></p> <p>Conduct an assessment interview to obtain comprehensive and accurate data needed for treatment planning</p>	<p><input checked="" type="checkbox"/> This competency is addressed as follows:</p> <ul style="list-style-type: none"> • Discussion of importance of assessment. • Sample assessment forms and a variety of tools are provided (hard copies and on disc) and discussed. • Discussion of scope of practice and when to refer • Role plays and demonstrations <p><input type="checkbox"/> Not addressed</p>
<p style="text-align: center;"><u>Treatment Planning</u></p> <p>Demonstrate the ability to develop an individualized treatment plan using evidence-based treatment strategies</p>	<p><input checked="" type="checkbox"/> This competency is addressed as follows:</p> <ul style="list-style-type: none"> • Discussion of importance of collaborative treatment planning with client/patient • Reviewing, selecting and instruction on appropriate tobacco treatment medication • Establishing social support • Problem solving and development of behavioral/ environmental strategies • Relapse prevention and follow-up <p><input type="checkbox"/> Not addressed</p>
<p style="text-align: center;"><u>Pharmacotherapy</u></p> <p>Provide clear and accurate information about evidence-based pharmacotherapy options available and their therapeutic use</p>	<p><input checked="" type="checkbox"/> This competency is addressed as follows:</p> <ul style="list-style-type: none"> • PHS Guideline first and second line medications are detailed and discussed • Myths are discussed and dispelled • Proper use and instructions to clients/patients • Contra-indications reviewed • Case studies presented and reviewed <p><input type="checkbox"/> Not addressed</p>

<p style="text-align: center;"><u>Relapse Prevention</u></p> <p>Offer methods to reduce relapse and provide ongoing support for tobacco-dependent persons</p>	<p><input checked="" type="checkbox"/> This competency is addressed as follows:</p> <ul style="list-style-type: none"> • Relapse prevention begins with assessment and initial treatment planning and is infused throughout the entire discussion of treatment • Various tools and strategies are presented for use with clients/patients • Focus on discussion of tobacco use as loss of familiar coping strategies and the importance of patient/client skills development • Discussion of how to welcome a client/patient back to treatment following a relapse <p><input type="checkbox"/> Not addressed</p>
<p style="text-align: center;"><u>Diversity & Specific Health Issues</u></p> <p>Demonstrate competence in working with population subgroups and those who have specific health issues</p>	<p><input checked="" type="checkbox"/> This competency is addressed as follows:</p> <ul style="list-style-type: none"> • Considerations when working with <ul style="list-style-type: none"> ○ Individuals with chronic illness ○ GLBT population ○ Individuals with behavioral health disorders ○ Women including pregnant and nursing mothers ○ Individuals suffering from PTSD ○ Adolescents ○ Ethnic populations (added for 2009) <p><input type="checkbox"/> Not addressed</p>
<p style="text-align: center;"><u>Documentation & Evaluation</u></p> <p>Describe and use methods for tracking individual progress, record keeping, program documentation, outcome measurement and reporting</p>	<p><input checked="" type="checkbox"/> This competency is addressed as follows:</p> <ul style="list-style-type: none"> • Documentation of patient status through use of assessment, treatment planning forms and case notes <p><input type="checkbox"/> Not addressed</p>
<p style="text-align: center;"><u>Professional Resources</u></p> <p>Utilize resources available for client support and for professional education or consultation</p>	<p><input checked="" type="checkbox"/> This competency is addressed as follows:</p> <ul style="list-style-type: none"> • Discussion of state resources through the Partnership For A Tobacco-Free Maine • Bibliographies and articles • Web sites • Maine Tobacco HelpLine • State of Maine Tobacco Treatment Resources Guide (list of all tobacco treatment resources in the state, with contact information) • Information about ATTUD <p><input type="checkbox"/> Not addressed</p>

<p style="text-align: center;"><u>Law & Ethics</u></p> <p>Consistently use a code of ethics and adhere to government regulations specific to the health care or work site setting</p>	<p><input checked="" type="checkbox"/> This competency is addressed as follows:</p> <ul style="list-style-type: none"> • Learning module on “Ethical Considerations in the Provision of Tobacco Treatment Services” <ul style="list-style-type: none"> ○ Ethical theory ○ Scope of practice ○ Confidentiality ○ Boundaries ○ Conflict of Interest ○ Informed Consent ○ Discussion of definition and role of tobacco treatment specialists – coach, counselor, teacher or technician? <p><input type="checkbox"/> Not addressed</p>
<p style="text-align: center;"><u>Professional Development</u></p> <p>Assume responsibility for continued professional development and contributing to the development of others</p>	<p><input checked="" type="checkbox"/> This competency is addressed as follows:</p> <ul style="list-style-type: none"> • Promote networking • Provision of continuing education opportunities • Promoting certification • Annual meeting of certified tobacco treatment specialist sponsored by the ALA of Maine Certification Commission <p><input type="checkbox"/> Not addressed</p>
ADDITIONAL CONSIDERATIONS	
<p>ATTUD endorses training to and use of evidence-based treatments. Most guidelines and experts do not consider the following to be examples of evidence-based procedures: hypnosis, acupuncture, low laser light therapy, anticholinergic injections, vitamin therapy, and the use of reduced harm tobacco products.</p> <p>Given the above, do you consider your program to be evidence-based?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please provide any additional commentary you would like ATTUD to consider:</p>
<p>It is the opinion of ATTUD that any affiliation with or funding from the tobacco industry compromises training efforts related to the treatment of tobacco dependence.</p>	<p>Is your program affiliated with the tobacco industry in any manner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Please explain any arrangements in detail:</p> <p>Does your program accept any funding or is it supported in any way by tobacco industry funding? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Please explain any arrangements in detail:</p>

ADMINISTRATIVE ASSURANCE

This application is hereby submitted to the **Association for the Treatment of Tobacco Use and Dependence** (ATTUD). We attest to the following:

1. All information provided in the associated application form is complete and accurate, to the best of my knowledge.
2. Our program has been in operation for at least one year.
3. Our program is currently active.
4. We agree to notify ATTUD with any significant changes to the information provided above.
5. We understand that if approved, our program information will be viewable on the ATTUD website and downloadable as a PDF file.

TTS Training Program Director:	Fred Wolff, Manager: Education and Training Program for the Center For Tobacco Independence
Today's Date:	6/11/08
Telephone Number:	207-662-7134
Fax Number:	207-662-7135
Email Address:	Wolfff@mmc.org

By checking this box, and having provided my contact information directly above, I acknowledge (a) my agreement with the statements above, and (b) this action represents the equivalent of a written signature.

Department Chair / Institutional Executive:	Kenneth Lewis, Program Director, Center For Tobacco Independence
Today's Date:	6/11/08
Telephone Number:	207-662-7154
Fax Number:	207-662-7135
Email Address:	lewisk@mmc.org

By checking this box, and having provided my contact information directly above, I acknowledge (a) my agreement with the statements above, and (b) this action represents the equivalent of a written signature.
