

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

**APPLICATION NUMBER: TTS 2008\_6\_0004**

**PROGRAM INFORMATION & OVERVIEW**

Date of this Application	June 2, 2008
Full Name of Training Program	University of Massachusetts Medical School Tobacco Treatment Specialist Training and Certification Program
Organizational / Institutional Sponsor	University of Massachusetts Medical School, Center for Tobacco Treatment Research and Training
Street Address	55 Lake Avenue North
City, State, Zip (or equivalent)	Worcester, MA 01655
Country	USA
Website Address / URL	<a href="http://www.umassmed.edu/behavmed/tobacco">www.umassmed.edu/behavmed/tobacco</a>
Contact Name	Beth Ewy or Denise Jolicoeur
Telephone	508-856-2935 (Ewy) or 508-856-5886 (Jolicoeur)
Fax	508-856-3840
Email Address	<a href="mailto:Beth.ewy@umassmed.edu">Beth.ewy@umassmed.edu</a> ; <a href="mailto:denise.jolicoeur@umassmed.edu">denise.jolicoeur@umassmed.edu</a>
Sources of Funding (check all that apply)	<input 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	9 years, since May 1999
Number of Tobacco Treatment Specialists (TTS) trained to date	820
Is the training curriculum based upon a set of evidenced-based guidelines?	<input checked="" type="checkbox"/> Yes, cite: US PHS Clinical Practice Guideline on Treating Tobacco Use and Dependence  <input type="checkbox"/> No, please explain:
Registration	Resident rate: \$800 + \$125 for online pre-requisite Non-Resident rate: \$950 + \$125 for online pre-requisite
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 checked="" type="checkbox"/> Support after the program is completed <input checked="" type="checkbox"/> Web-based or other resource materials <input type="checkbox"/> Other, describe:

Are Continuing Education Credits offered?	<input type="checkbox"/> Yes, describe: X No (but participants receive a Certificate of Completion and other course details which allows them to request CEUs from their professional organization)
Are supplemental training opportunities available? List only those directly related to TTS training.	X Yes, describe: In person CEU workshops <input type="checkbox"/> No

### TRAINING FORMAT(S)

In-Person (check all that apply)	X Required <input type="checkbox"/> Optional <input type="checkbox"/> Can be a sole training modality  Time required 4.75 days: <input type="checkbox"/> Hours:
On-Line (check all that apply)	X Required <input type="checkbox"/> Optional <input type="checkbox"/> Can be a sole training modality  Time required <input type="checkbox"/> Days: 12 Hours:
Self-Study (check all that apply)	<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:
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	N/A
Credential requirements	N/A
Experience requirements	None required, but strongly recommended
Tobacco-free for a specified period?	X Yes, for how long: 6 months <input type="checkbox"/> No
Other requirements	Must complete Basic Skills online course before attending the in person training program

### CERTIFICATION

Is Certification offered?	X Yes, by the training program or sponsor institution <input type="checkbox"/> Yes, by an external board Describe certification process: 1. Complete Basic Skills and TTS Core Certification training 2. Pass written exam 3. Submit and present case study to TTS Review Board once experience requirement has been met.  <input type="checkbox"/> No certification available
Duration of Certification Award	2 years

Is Certification available to non-residents?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Cost	<input type="checkbox"/> Included as part of Training Registration Fee X Initial Certification fee charged: \$250.00 X Re-Certification fee charged: \$50.00
Educational requirements	Complete Basic Skills course and TTS Core Certification training
Credential requirements	N/A
Experience requirements	<b><u>ENTRY LEVEL:</u></b> *240 hours tobacco treatment experience within past 5 years for these licensed healthcare professionals: RN, NP, PA, MD, pharmacist, licensed social worker, licensed mental health counselor, certified or licensed substance abuse counselor, clinical psychologist. *480 hours within past 5 years for other healthcare professionals.  <b><u>MASTER LEVEL:</u></b> *2000 hours within past 5 years *Certified or licensed substance abuse counselors may apply up to 1000 hours experience in other substance use treatment to count to the total of 2000 hours.
Examination requirement (check all that apply)	X On-site X Off-site  <input type="checkbox"/> On-line X Paper test <input type="checkbox"/> Other, describe:  <input type="checkbox"/> None
Other requirements	Successful completion of written case study and oral review.
Number of TTS certified to date	156

## 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?**

**Tobacco Dependence Knowledge & Education**

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

This competency is addressed as follows:

The comprehensive training provided through the two required courses is designed to provide the foundation required to meet this competency. Modules include:

Basic Skills:

1. The tobacco problem and public health perspective
2. Exploring barriers and facilitators to change
3. Developing an understanding of addiction
4. Using pharmacotherapy to help your clients quit smoking
5. Talking with clients about their tobacco use
6. Health consequences of smoking
7. Creating an environment supportive of tobacco treatment services
8. Resources
9. Intake, assessment and treatment planning

TTS Core Training

1. Biology of nicotine dependence
2. Pharmacotherapy for the treatment of nicotine dependence
3. Counseling theory and practice
4. Treatment strategies
5. Working with smokers with medical conditions
6. Working with smokers with substance abuse and mental health disorders
7. Intake, assessment and treatment planning

Not addressed

<p style="text-align: center;"><b><u>Counseling Skills</u></b></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> <p>Learning objectives from specific modules: Counseling:</p> <ol style="list-style-type: none"> <li>1. Apply patient-centered principles of health-risk reduction to the problem of effectively counseling individuals with nicotine dependence.</li> <li>2. Describe the basic principles of motivational interviewing and stage-informed counseling requisite to the effective treatment of nicotine dependence.</li> <li>3. Describe the limitations of a confrontational interviewing style.</li> <li>4. Describe the experimental and theoretical rationale for motivational intervention with nicotine dependent individuals.</li> <li>5. Demonstrate how to effectively implement the initial phase of nicotine dependence counseling utilizing reflective listening skills.</li> <li>6. Demonstrate skills necessary for negotiating a behavioral change plan regarding nicotine use.</li> <li>7. Describe how to sustain client motivation while implementing nicotine use reduction strategies.</li> </ol> <p>Substance Abuse/Mental Health:</p> <ol style="list-style-type: none"> <li>1. Discuss how to set boundaries when dealing with clients with substance use or mental health disorders and when to terminate treatment.</li> </ol> <p><input type="checkbox"/> Not addressed</p>
<p style="text-align: center;"><b><u>Assessment Interview</u></b></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> <p>Intake, Assessment &amp; Treatment Planning learning objectives:</p> <ol style="list-style-type: none"> <li>1. Describe how to assess the level of nicotine dependence.</li> <li>2. Describe the relevant factors of a client's past quit attempts.</li> <li>3. Identify relevant psychological, environmental and social factors which have maintained the person's smoking or influenced his/her desire to quit.</li> <li>4. Identify the medical and psychiatric history that will influence the treatment plan.</li> <li>5. Determine the client's self-efficacy and readiness to quit smoking</li> <li>6. Conduct an initial screening in order to triage the client to the most appropriate intervention.</li> <li>7. Establish a protocol for conducting an assessment that will allow you to collect the information in a manner that will promote a working relationship with the client.</li> <li>8. Demonstrate how to use a carbon monoxide monitor.</li> </ol> <p><input type="checkbox"/> Not addressed</p>

<p style="text-align: center;"><b><u>Treatment Planning</u></b></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> <p>Treatment Strategies learning objectives:</p> <ol style="list-style-type: none"> <li>1. Describe the range of treatment intensities and modalities.</li> <li>2. Review the Public Health Service recommendations for optimal structure and intensity of effective tobacco treatment intervention.</li> </ol> <ol style="list-style-type: none"> <li>1. Discuss harm reduction as a treatment strategy.</li> <li>2. Describe the specific and appropriate strategies for the <i>preparation phase</i> of treatment, including how to tailor the strategies to the unique needs of the individual smoker.</li> <li>3. Describe the specific and appropriate strategies for the <i>cessation phase</i> of treatment, including how to tailor the strategies to the unique needs of the individual smoker.</li> </ol> <p>Intake, Assessment &amp; Treatment Planning learning objectives:</p> <ol style="list-style-type: none"> <li>1. Analyze the information gathered during an initial assessment.</li> <li>2. Develop an individualized treatment plan that addresses preparation, cessation and maintenance phases.</li> </ol> <p><input type="checkbox"/> Not addressed</p>
<p style="text-align: center;"><b><u>Pharmacotherapy</u></b></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> <p>Biology learning objectives:</p> <ol style="list-style-type: none"> <li>1. Identify and describe brain regions and neuronal pathways associated with drug dependence.</li> <li>2. Describe how activation of key neuronal pathways predisposes toward nicotine addiction.</li> <li>3. Describe nicotine's pharmacologic properties, including its primary physiological and psychological effects, as well as its pharmacokinetic properties.</li> </ol> <p>Pharmacotherapy learning objectives:</p> <ol style="list-style-type: none"> <li>1. Describe current pharmacological approaches to treatment of nicotine dependence, focusing on understanding their mechanisms of action and proper use.</li> <li>2. Apply evidence-based medicine principles to the process of recommending pharmacological treatment for nicotine dependence</li> </ol> <p>Medical Conditions learning objectives:</p> <ol style="list-style-type: none"> <li>1. Understand the anticipated effects of pharmacologic tobacco treatment in smokers who have heart disease, lung disease, diabetes mellitus or who may be pregnant or lactating.</li> <li>2. Review the medical contraindications to nicotine replacement therapy, bupropion and varenicline.</li> </ol> <p><input type="checkbox"/> Not addressed</p>

<p style="text-align: center;"><b><u>Relapse Prevention</u></b></p> <p>Offer methods to reduce relapse and provide ongoing support for tobacco-dependent persons</p>	<p><b>X</b> This competency is addressed as follows:</p> <p>Treatment Strategies learning objective:</p> <ol style="list-style-type: none"> <li>1. Describe the specific and appropriate strategies for the <i>maintenance phase</i> of treatment, including how to tailor the strategies to the unique needs of the individual smoker.</li> </ol> <p>Intake, Assessment &amp; Treatment Planning learning objective:</p> <ol style="list-style-type: none"> <li>1. Develop an individualized treatment plan based on the information collected during the intake and assessment process that addresses preparation for quitting, the quit itself and maintenance (relapse prevention).</li> </ol> <p><input type="checkbox"/> Not addressed</p>
<p style="text-align: center;"><b><u>Diversity &amp; Specific Health Issues</u></b></p> <p>Demonstrate competence in working with population subgroups and those who have specific health issues</p>	<p><b>X</b> This competency is addressed as follows:</p> <p>Substance Abuse/Mental Health learning objectives:</p> <ol style="list-style-type: none"> <li>1. Describe three major classes of psychiatric disorders (depression, schizophrenia and anxiety) and for each one be able to identify the major symptoms and key considerations when quitting smoking.</li> <li>2. Be able to assess for current or past substance abuse and discuss the implications for tobacco dependence treatment.</li> <li>3. Discuss when and how to refer clients to other health care providers.</li> <li>4. Discuss the importance of and the process for communicating with other health care providers when treating individuals with substance use and other psychiatric issues.</li> </ol> <p>Medical Conditions learning objectives:</p> <ol style="list-style-type: none"> <li>3. Understand the anticipated effects of pharmacologic tobacco treatment in smokers who have heart disease, lung disease, diabetes mellitus or who may be pregnant or lactating.</li> </ol> <p><input type="checkbox"/> Not addressed</p>
<p style="text-align: center;"><b><u>Documentation &amp; Evaluation</u></b></p> <p>Describe and use methods for tracking individual progress, record keeping, program documentation, outcome measurement and reporting</p>	<p><b>X</b> This competency is addressed as follows:</p> <p>Intake, Assessment &amp; Treatment Planning learning objective:</p> <ol style="list-style-type: none"> <li>1. Define elements of program protocol, evaluation and follow-up.</li> </ol> <p><input type="checkbox"/> Not addressed</p>

<p style="text-align: center;"><b><u>Professional Resources</u></b></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> <p>Basic Skills:</p> <ol style="list-style-type: none"> <li>1. Identify major tobacco control resources available to TTSs.</li> </ol> <p>Substance Abuse/Mental Health learning objective:</p> <ol style="list-style-type: none"> <li>1. Identify a referral network of substance abuse and mental health services and professionals in the participant's local region and know how to access this network.</li> </ol> <p>Intake, Assessment &amp; Treatment Planning learning objective:</p> <ol style="list-style-type: none"> <li>1. List resources and support systems that are available to help the client remain smoke-free.</li> </ol> <p><input type="checkbox"/> Not addressed</p>
<p style="text-align: center;"><b><u>Law &amp; Ethics</u></b></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> <p>This Code of Ethics is provided to all participants.</p> <p>A tobacco treatment specialist will strive to maintain the highest level of professional competence and professional and personal conduct and will:</p> <ul style="list-style-type: none"> <li>◆ Respect the privacy, dignity and culture of all individuals and ensure fair and equitable treatment of all individuals.</li> <li>◆ Provide people with all relevant and accurate information and resources so they may make their choices freely and intelligently.</li> <li>◆ Observe principles of informed consent and confidentiality of individuals.</li> <li>◆ Be truthful in dealings with the public, never misrepresenting or exaggerating potential benefits or services.</li> <li>◆ Avoid activities which may be or may be perceived to be a conflict of interest or unethical in nature.</li> <li>◆ Maintain the highest level of competence through continued study and training.</li> <li>◆ Accurately represent capabilities, education, training and experience, and act within the boundaries of professional competence, recognizing one's limitations and seeking help or providing appropriate referrals when confronted with issues of mental illness or psychosocial problems that the TTS may not be trained to handle.</li> </ul> <p><input type="checkbox"/> Not addressed</p>

<p><b>Professional Development</b></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: Substance Abuse/Mental Health learning objective:</p> <ol style="list-style-type: none"> <li>1. Discuss the critical role of clinical supervision when dealing with clients with substance use or other psychiatric disorders. Identify participant's clinical supervisor.</li> </ol> <p>From Overall Training:</p> <ol style="list-style-type: none"> <li>1. UMMS encourages all training participants to join ATTUD.</li> <li>2. If TTS becomes certified through UMMS, 15 continuing education units are required every 2 years in order to recertify.</li> </ol> <p><input type="checkbox"/> Not addressed</p>
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**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>
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<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 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 Please explain any arrangements in detail:</p>
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## 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.

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TTS Training Program Director: Beth M. Ewy, MPH, CHES

Today's Date: June 2, 2008

Telephone Number: 508-856-2935

Fax Number: 508-856-3840

Email Address: beth.ewy@umassmed.edu

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.

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Department Chair / Institutional Executive: Lori Pbert, PhD, Director, Center for Tobacco Training Research and Training

Today's Date: June 2, 2008

Telephone Number: 508-856-3515

Fax Number: 508-856-3840

Email Address: lori.pbert@umassmed.edu

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.

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