

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

**APPLICATION NUMBER: TTS 2008\_6\_0006 (UPDATED 9/2009)**

**PROGRAM INFORMATION & OVERVIEW**

Date of this Application	September 8, 2009
Full Name of Training Program	Certified Tobacco Treatment Specialist Program
Organizational / Institutional Sponsor	Mayo Clinic – Nicotine Dependence Center, Education Program
Street Address	200 First Street, SW
City, State, Zip (or equivalent)	Rochester, MN 55905
Country	USA
Website Address / URL	http://ndc.mayo.edu
Contact Name	Susan Bennett
Telephone	507-266-0851
Fax	507-255-0652
Email Address	bennett.susan@mayo.edu
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	3 years - First training was held in April of 2005
Number of Tobacco Treatment Specialists (TTS) trained to date	901
Is the training curriculum based upon a set of evidenced-based guidelines?	<input checked="" type="checkbox"/> Yes, cite: ATTUD (Association for the Treatment of Tobacco Use and Dependence) Standards for Core Competencies for Tobacco Treatment Specialists and PHS guidelines.  <input type="checkbox"/> No, please explain:
Registration	Resident rate: \$1000.00 Non-Resident rate: \$1000.00
What is covered by this cost?	<input checked="" type="checkbox"/> Enrollment <input checked="" type="checkbox"/> Learning materials <input checked="" type="checkbox"/> Testing <input checked="" 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 checked="" type="checkbox"/> Yes, describe: Continuing education hours may vary from course to course, but usually range between 29-30 hours. These credits are all tobacco-focused credits. <input type="checkbox"/> No
Are supplemental training opportunities available? List only those directly related to TTS training.	<input checked="" type="checkbox"/> Yes, describe: - Annually the Education Program hosts a 2-day conference in the spring offering CME credits. - Motivational Interviewing course is held bi-annually at the Mayo Clinic offering 6 credits - DVD "A Comprehensive Review for the Treatment of Smokeless Tobacco Use and Dependence" offering 2 credits and can be purchased on-line through our website. <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 <input checked="" type="checkbox"/> Days:        5 <input checked="" type="checkbox"/> Hours:        30
On-Line (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:
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	Eligibility for certification has expanded to include individuals who hold a two-year Associate's degree AND licensure/certificate in a healthcare profession such as RN, Dental Hygienist, Respiratory Therapist, and Chemical Dependence Counselor. Exceptions for other licensed professionals who have an Associate's degree may be considered. As always, individuals with a Bachelor's degree or higher in any field continue to be eligible for certification.
--------------------------	---

Credential requirements	<ul style="list-style-type: none"> <li>- Completion of our 5-day CTTS Training Program.</li> <li>- Meets expected behavioral competencies and demonstrates appropriate skills by achieving a passing score of 80 percent on both the knowledge-based examination and the skills-based examination.</li> <li>- Completion of 480 service hours focused on tobacco dependence treatment as part of direct patient/client care, or for those with a graduate degree or higher in a health or human services field requires completion of 240 hours.</li> </ul>
Experience requirements	Health-care professionals, counselors, and public health educators.
Tobacco-free for a specified period?	<input checked="" type="checkbox"/> Yes, for how long: 6 months <input type="checkbox"/> No
Other requirements	Participants are expected to attend full training session and take pre and post testing exams.

### CERTIFICATION

Is Certification offered?	<input checked="" type="checkbox"/> Yes, by the training program or sponsor institution <input type="checkbox"/> Yes, by an external board  Describe certification process: Full certification will be given to participants who pass testing components (minimum 80%), have submitted all application pieces which include: official transcripts, service hours form, application form, and payment, and have also met the minimum educational and service hours requirement. If education or service hours requirements have not been met, a "Provisional" certificate will be given for a two-year period.  <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 <input checked="" type="checkbox"/> Initial Certification fee charged: \$1,000.00 <input checked="" type="checkbox"/> Re-Certification fee charged: \$30.00
Educational requirements	Eligibility for certification has expanded to include individuals who hold a two-year Associate's degree AND licensure/certificate in a healthcare profession such as RN, Dental Hygienist, Respiratory Therapist, and Chemical Dependence Counselor. Exceptions for other licensed professionals who have an Associate's degree may be considered. As always, individuals with a Bachelor's degree or higher in any field continue to be eligible for certification.
Credential requirements	
Experience requirements	If participant has a bachelor's degree, 480 service hours that involve direct patient care are required. If participant has a graduate degree or higher, only 240 service hours are required.

Examination requirement (check all that apply)	<input checked="" type="checkbox"/> On-site <input 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	
Number of TTS certified to date	609

## 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><b><u>Tobacco Dependence Knowledge &amp; Education</u></b>  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>	<input checked="" type="checkbox"/> This competency is addressed as follows: <b>Tobacco Dependence as a Chronic Disease</b> - Surgeon General's Report - Patterns and Prevalence of Tobacco Use - History and Current State of the Tobacco Epidemic and the Tobacco Industry; Tobacco Industry Marketing <b>Guidelines for Treating Tobacco Use and Dependence</b> - US Public Health Service Guidelines - 5 A's - Tobacco Control and the Role of Treatment - Treatment Intervention Levels of Intensity <b>Diseases caused by using Tobacco</b> - Special populations <b>Neurobiology of nicotine addiction</b> - Brain neurochemistry - Nicotine withdrawal and cravings for tobacco <b>Environmental Tobacco Smoke</b> <b>Tobacco Dependence Literature</b> - Searching the Tobacco Dependence literature and understanding key components of tobacco-focused research <b>Tobacco Products</b> - Cigarettes, Smokeless tobacco, non-cigarette tobacco products, i.e. cigars, pipes, bidis, kreteks, hookah  <input type="checkbox"/> 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><b>Basic Counseling Skills</b></p> <ul style="list-style-type: none"> <li>- Building rapport</li> <li>- Active and reflective listening</li> <li>- Empathy, support and strength-based stance</li> <li>- Identifying stage of readiness to change and appropriate treatment intensity</li> <li>- Scope of Practice and Ethics</li> </ul> <p><b>Motivational Interviewing</b></p> <ul style="list-style-type: none"> <li>- Understanding ambivalence and responding to resistance</li> <li>- Exploring and enhancing motivation for quitting</li> <li>- Decisional balance</li> </ul> <p><b>Cognitive Behavioral Strategies</b></p> <ul style="list-style-type: none"> <li>- Identifying Strengths, Coping Skills, Triggers</li> <li>- Setting a Quit Date</li> <li>- Social Support and Stress Management</li> </ul> <p><b>Addiction Education</b></p> <ul style="list-style-type: none"> <li>- DSM IV diagnostic criteria</li> <li>- Components of tobacco products</li> <li>- Psychosocial aspects of addiction</li> <li>- Brain neurobiology</li> </ul> <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><b>Assessment Interview Components</b></p> <ul style="list-style-type: none"> <li>- Key Assessment issues and complete history taking for treatment planning</li> <li>- Review assessment instruments (Fagerstrom, Alcohol and Depression screenings, Intake forms)</li> <li>- CO Monitoring</li> <li>- Cessation medication review</li> </ul> <p><b>Intervention Demonstration</b></p> <ul style="list-style-type: none"> <li>- Demonstrations of assessment interview role plays</li> <li>- Opportunities to practice assessments</li> </ul> <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><b>Components of a Treatment Plan</b></p> <ul style="list-style-type: none"> <li>- Chronic disease model of treatment with addictions base</li> <li>- Plan designed focusing on unique patient strengths and preferences</li> <li>- Pharmacotherapy options</li> <li>- Treatment modalities; individual, group and residential options</li> <li>- Cognitive and behavioral components</li> <li>- Stress management and relaxation/spirituality/meditation</li> <li>- Psychosocial issues, including environment and social support</li> <li>- Progressive goals and "next steps"</li> <li>- Relapse Prevention planning</li> </ul> <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:  <b>NRT -Nicotine Replacement Therapy and Non-NRT Pharmacotherapy</b></p> <ul style="list-style-type: none"> <li>- Rationale for use and discussion of mechanism of action</li> <li>- In depth discussion of medication options, including dosing recommendations, high dose and combination therapy</li> <li>- Medication choices in treatment planning</li> <li>- Proper use of medications and how to educate others</li> <li>- Communicating with prescribers and other professionals about pharmacotherapy recommendations</li> <li>- Making medication adjustments</li> <li>- Review of frequently asked questions about medications</li> </ul> <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><input checked="" type="checkbox"/> This competency is addressed as follows:  <b>Relapse Prevention Planning</b></p> <ul style="list-style-type: none"> <li>- High risk situations and "red flag" thinking</li> <li>- Individualized planning for coping with urges and triggers</li> <li>- Coping with a Lapse</li> <li>- Soliciting support from others</li> <li>- Stress Management</li> </ul> <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><input checked="" type="checkbox"/> This competency is addressed as follows:  <b>Diversity</b></p> <ul style="list-style-type: none"> <li>- Special treatment populations (i.e. adolescents, mental health, substance abuse, pregnancy)</li> <li>- Considerations for working with various cultural/ethnic groups</li> </ul> <p><b>Counseling diverse populations</b></p> <ul style="list-style-type: none"> <li>- Insight-driven, counselor-led activities</li> <li>- Case study review to explore treatment and medication considerations for various special populations</li> </ul> <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><input checked="" type="checkbox"/> This competency is addressed as follows:  <b>Proper documentation, Billing, Program Outcomes and Evaluation, Program Development</b></p> <ul style="list-style-type: none"> <li>- Documentation of assessments and treatment plans</li> <li>- Patient follow-up</li> <li>- Coding and billing procedures</li> <li>- Using outcome data for program development</li> <li>- Outreach</li> </ul> <p><input type="checkbox"/> Not addressed</p>

<p 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:  <b>Professional Development and Consultation</b>  - ATTUD  - Conferences  - References, clinical resources, books, DVDs, CEHs  - Searching Tobacco Dependence Literature and understanding key components of tobacco-focused research  <b>Web, phone, other resources for follow-up support</b>  - becomeanex.org  - Nicotine Anonymous  - Quitnet.com  - Quitlines</p> <p><input type="checkbox"/> Not addressed</p>
---	--

<p 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:  <b>Ethics</b>  - TTS Code of Ethics  - Discussion of the interaction of Worksite Regulations, Job Description, and Professional License to determine Scope of Practice for Individual Tobacco Treatment Specialists</p> <p><input type="checkbox"/> Not addressed</p>
---	--

<p align="center"><b><u>Professional Development</u></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:  <b>Maintaining TTS Certification through Continuing Ed</b>  <b>Encourage ATTUD Membership</b>  <b>Other Professional Organizations/listservs</b>  <b>Networking among Tobacco Treatment professionals</b></p> <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  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>
---	---

## 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 Coordinator:	Susan M. Bennett
Today's Date:	September 8, 2009
Telephone Number:	507-266-0851
Fax Number:	507-255-0652
Email Address:	<a href="mailto:bennett.susan@mayo.edu">bennett.susan@mayo.edu</a>

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.

---

Education Program Coordinator:	Sheila K. Stevens, MSW
Today's Date:	September 8, 2009
Telephone Number:	507-266-6924
Fax Number:	507-255-0652
Email Address:	<a href="mailto:stevens.sheila@mayo.edu">stevens.sheila@mayo.edu</a>

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.

---