

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

**APPLICATION NUMBER: TTS – 2008\_12\_0008**

**PROGRAM INFORMATION & OVERVIEW**

Date of this Application	December 12, 2008
Full Name of Training Program	THAI PHYSICIAN ALLIANCE AGAINST TOBACCO (TPAAT) TRAINING PROGRAM
Organizational / Institutional Sponsor	THE MEDICAL ASSOCIATION OF THAILAND & THAI HEALTH PROMOTION FOUNDATION
Street Address	The 6 <sup>th</sup> floor Royal Golden Jubilee, 2 Soi Soonvijai, New Petchburi Road
City, State, Zip (or equivalent)	Bangkok 10310
Country	Thailand
Website Address / URL	<a href="http://WWW.THAIMAT.ORG">WWW.THAIMAT.ORG</a>
Contact Name	ASST.PROF.DR.SUTHAT RUNGRUANGHIRANYA
Telephone	+66 2 7166961 EXT 0 MOBILE: +66 8 9441-3959
Fax	+66 2 7166556
Email Address	SUTHAT109@YAHOO.COM
Sources of Funding (check all that apply)	<input type="checkbox"/> Federal grants <input type="checkbox"/> State grants / appropriations / tobacco control programs <input type="checkbox"/> Fee for services <input type="checkbox"/> Other in-house funding <input type="checkbox"/> Pharmaceutical industry contracts <input checked="" type="checkbox"/> Foundation funding (non-governmental organizations) <input type="checkbox"/> Other, please describe:
Years Training Program has been in Existence	Since 2006
Number of Tobacco Treatment Specialists (TTS) trained to date	1,302
Is the training curriculum based upon a set of evidenced-based guidelines?	<input checked="" type="checkbox"/> Yes, cite: US-AHPQR Guideline 2008 <input type="checkbox"/> No, please explain:
Registration	Resident rate: No Charge Non-Resident rate:
What is covered by this cost?	<input checked="" type="checkbox"/> Enrollment <input checked="" type="checkbox"/> Learning <input checked="" type="checkbox"/> Materials Testing <input checked="" type="checkbox"/> Certification <input type="checkbox"/> Support after the program is completed <input type="checkbox"/> Web-based or other resource materials <input type="checkbox"/> Other, describe:
Are Continuing Education Credits offered?	<input checked="" type="checkbox"/> Yes, describe: CME & CNEU (for nurses) <input type="checkbox"/> No



Educational requirements	MD, RN, DDs
Credential requirements	
Experience requirements	AT LEAST 3 Months
Examination requirement (check all that apply)	<input checked="" type="checkbox"/> On-site <input type="checkbox"/> Off-site  <input type="checkbox"/> On-line <input type="checkbox"/> Paper test <input checked="" type="checkbox"/> Other, describe: ROLE PLAY SIMULATION  <input type="checkbox"/> None
Other requirements	NONE
Number of TTS certified to date	1,302

## 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:

1. Describe the prevalence and patterns of tobacco use, dependence and cessation in Thailand according to demographic, economic and cultural subgroups.
2. Emphasize the role of treatment for tobacco dependence in the country.
3. Explain the health consequences of tobacco use and benefits of quitting
4. Describe the basic mechanisms of tobacco dependence.
5. Summarize valid and reliable diagnostic criteria for tobacco dependence.
6. Emphasize the chronic relapsing nature of tobacco dependence, including typical relapse patterns, and predisposing factors.
7. Identify evidence-based treatment strategies and the pros and cons for each strategy.
8. Discuss alternative therapies such as harm reduction, hypnosis, acupuncture, cigarette tapering
9. Demonstrate ability to access information on the above topics.

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> <ol style="list-style-type: none"> <li>1. Describe &amp; demonstrate effective counseling skills.</li> <li>2. Emphasize the establishment of appropriate counseling environment, according to our local culture</li> <li>3. Describe and demonstrate use of an evidence-based method for treating tobacco dependence.</li> <li>4. Demonstrate the behavioral modification techniques and supportive counseling.</li> <li>5. Describe the empirically supported counseling techniques, including individual, group and telephone counseling</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> <ol style="list-style-type: none"> <li>1. Describe the assessment interview including: <ol style="list-style-type: none"> <li>a. Tobacco use history</li> <li>b. Validated measures of motivation to quit</li> <li>c. Validated measures for assessing tobacco use and dependence</li> <li>d. Current challenges and barriers</li> <li>e. Current strengths to support abstinence.</li> <li>f. Prior quit attempts including treatment experiences, successes and barriers</li> <li>g. Preferences for treatment</li> <li>h. Cultural factors</li> </ol> </li> <li>2. Demonstrate the ability to gather basic medical history information.</li> <li>3. Explain the need to make appropriate referrals</li> <li>4. Describe the existing objective measures of tobacco use such as CO monitoring, and continue level assessments</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> <ol style="list-style-type: none"> <li>1. Identify treatment objectives.</li> <li>2. Describe and explain how to create individualized treatment plans.</li> <li>3. Describe a plan for follow up.</li> <li>4. Explain the process to make referrals to other health care providers.</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> <ol style="list-style-type: none"> <li>1. Describe the benefits of combining pharmacotherapy and counseling.</li> <li>2. Explain efficacy, adverse events, contraindications and further details for all smoking cessation aids.</li> <li>3. Emphasize the need for patient education and dosing for all therapeutic choices.</li> <li>4. Explain the symptoms, duration, incidence and magnitude of nicotine withdrawal</li> <li>5. Describe the use of pharmacotherapy in special populations &amp; settings.</li> <li>6. Describe second-line medications</li> <li>7. Provide information about alternative therapies based upon recognized reviews of effectiveness such as the Cochrane reviews and the USPHS Guidelines</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><input checked="" type="checkbox"/> This competency is addressed as follows:</p> <ol style="list-style-type: none"> <li>1. Identify personal risk factors and incorporate into the treatment plan.</li> <li>2. Describe strategies to reduce relapse.</li> <li>3. Provide guidance in modifying the treatment plan to reduce the risk of relapse.</li> <li>4. Emphasize plan for continued aftercare.</li> <li>5. Explain treatment strategies for those who has lapsed or relapsed.</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><input checked="" type="checkbox"/> This competency is addressed as follows:</p> <ol style="list-style-type: none"> <li>1. Describe specific treatment indications for special population groups (i.e. pregnant women, adolescents, hospitalized patients, those with psychiatric disorders).</li> <li>2. Describe recommendations for those exposed to environmental tobacco smoke pollutions.</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><input checked="" type="checkbox"/> This competency is addressed as follows:</p> <ol style="list-style-type: none"> <li>1. Describe standardized methods of measuring recognized outcomes of tobacco dependence treatment for individuals and programs.</li> <li>2. Demonstrate a protocol for follow-up and progress</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> <ol style="list-style-type: none"> <li>1. Describe resources (web-based, community, quitlines) available for continued support.</li> <li>2. Identify community resources for referral for medical, psychiatric or psychosocial problems.</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> <ol style="list-style-type: none"> <li>1. Describe the regulations that apply to the tobacco treatment setting (confidentiality, work site specific regulations).</li> </ol> <p><input type="checkbox"/> Not addressed</p>
<p style="text-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:</p> <ol style="list-style-type: none"> <li>1. Emphasize the need to maintain professional standards as required by professional license or certification, using the literature &amp; other knowledge sources.</li> <li>2. Describe the implications of current research to the practice of tobacco dependence treatment.</li> <li>3. Disseminate knowledge and findings about tobacco treatment with others through formal and informal channels.</li> </ol> <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>This is the first &amp; the only training program available in Thailand that have been given based on the evidence-based guidelines. We are also in the middle of creating a national guidelines on tobacco dependence treatment, in collaborative with other 20 leading national medical organizations, for example, the Royal College of Physicians of Thailand, Ministry of Public Health.</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?</p> <p><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?</p> <p><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.

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TTS Training Program Director:	Asst.Prof.Dr.Suthat Rungruanghiranya
Today's Date:	December 12,2008
Telephone Number:	+66 2 7166961 Ext 0    MOBILE: +66 8 9441-3959
Fax Number:	+66 2 7166556
Email Address:	suthat109@yahoo.com

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:	Prof.Dr.Somsri Paosawasdi
Today's Date:	December 12, 2008
Telephone Number:	+66 2 7166961 Ext 0
Fax Number:	+66 2 7166556
Email Address:	math@loxinfo.com

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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