

# National Certificate in Tobacco Treatment Practice

## *The First Step Toward Uniform Certification*

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## Introduction

- Importance of Managing Nicotine Dependence
  - Health risks, both direct and indirect
  - Co-addictions
  - Quality of life
- Importance of standardized, evidence-based interventions in quality outcomes
- Establishment of a pathway to individual certification as a means to attaining those goals



# Supportive Evidence for Standardized Tobacco Dependence Treatment

AUDREY DARVILLE, PHD



## Need/Practice Gap

Tobacco use remains the leading cause of PREVENTABLE morbidity and mortality

Tobacco use levels are high & have remained stagnant in certain subgroups of the population

Significant disparities exist in tobacco use and access to treatment



## Disparities in Tobacco Use



Nearly half of the deaths from tobacco annually are in persons with mental illness/substance use disorders

Prevalence and death from cardiovascular disease and COPD is higher in homeless populations

People living with mental illness are about twice as likely to smoke as the general population and die, on average, 25 years earlier

80-90% of people with substance use disorders smoke



## Myth: People who smoke/use tobacco either do not want to quit or cannot quit

Nearly 7 out of 10 people who smoke want to quit (80% in substance use treatment!)

Most try to quit unassisted & get little help from their healthcare providers

Less than 5 out of 100 who quit unassisted succeed

Regardless of desire to quit, clients feel they received better care if tobacco use has been addressed

(Prochaska, 2004; Babb, 2017; Nolan, 2017; Fiore, 2008)



## Myth: It is OK not to treat: “Not our job”

At least 5 out of 10 tobacco users die of an illness THAT COULD HAVE BEEN PREVENTED by quitting!

Persons in treatment for substance use disorders have a 25% higher risk of relapse if they smoke

Culture of tobacco use: Smoking has been embedded in mental health care for many years with dire consequences for those in treatment; Mental health providers may smoke or use tobacco

Treatment can be successful (and enhance abstinence) when provided concurrently with alcohol and substance use treatment

(Samples, 2018; Prochaska, 2004)



## Clinical Practice Guidelines for Treating Tobacco Use and Dependence

1. Tobacco Dependence is a **Chronic Disease**.
2. All persons should be screened for tobacco use in health care settings
3. Counseling and medication **guidelines are provided** for all population
4. **Brief interventions are effective**.
5. **Counseling** individuals and groups, in person or by phone **is effective**.
6. **Medication use should be encouraged** except in specific populations of smokers.
7. Combining **counseling and medication is the most effective approach** to treatment.
8. Telephone quitlines are effective and provide broad reach.
9. Persons not ready to quit should receive **motivational treatment**.
10. **Tobacco dependence treatment is highly cost-effective**.



## Treatment Caveats

Research (and the DSM) identify tobacco dependence as a chronic disease, prone to relapse

Tailoring treatment and providing sufficient intensity lead to better outcomes

Treatment using a combination of medication plus counseling can increase quit rates by > 80% (versus less than 5% “cold turkey”)

De-normalizing smoking environments is easier than it seems: Start with smoke/tobacco free facilities and grounds

(Patnode, 2015; Marynak, 2018)



## Have you seen this client?

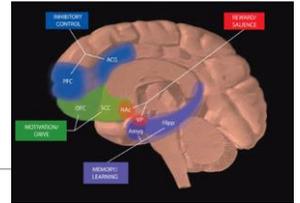


30 year old female with generalized anxiety and alcohol use disorder. On average she smokes 1.5 PPD, but has been known to chain smoke up to 2-3 PPD when her anxiety and alcohol use is exacerbated to help her ‘calm down’.

She is currently experiencing chronic bronchitis, but is worried that if she stops smoking her anxiety will spiral out of control.

She is open to trying “anything that will help” but her confidence in quitting is low and her nicotine dependence is high.

# Tobacco Dependence Treatment and Behavioral Health



Smoking has been linked to increased depression and increased anxiety

Quitting smoking does not adversely affect psychiatric symptoms

Tailored approaches to counseling & medications is frequently needed

There is evidence that treating tobacco dependence with other SUD's increases abstinence rates

(Taylor, 2014)



## Building Capacity & Expertise: the Role of the Tobacco Treatment Specialist (TTS)

Training and certification is a rigorous process:

- Accredited programs provide a minimum of 24 hours of specialized training
- A minimum of 240 clinical hours are required post-training

TTS's encompass providers from many professions and clinical settings (physicians, nurses, master's level counselors, psychologists, social work, respiratory care, pharmacists, etc.)

TTS's are clinical and content experts within their organizations

(Siu, 2015)



# The Evidence for Specialized Treatment

Intensive counseling (20-60 min) provided by TTS results in higher quit rates than brief advice or minimal advice with the largest effect for > 8 visits. Intensive treatment is highly cost-effective. (Siu, 2015)

Treatment specialists reported higher quit rates attributable to more extensive training than community practitioners (McDermott, 2012)

Smoking cessation specialist have 2x higher quit rates compared with physician preventive care visits (Kotz, 2014)

Clients treated by cessation specialists have increased quit rates and lower one year relapse (Song, 2016)



## ATTUD and Behavioral Health

Active committee working to strengthen collaborative relationships among tobacco dependence, mental health, and addiction treatment stakeholders in order to influence the development of agency, state and national policies and resources that promote the treatment of tobacco use and dependence among persons with mental illness and substance use disorders.

White papers: Integrating Tobacco Treatment Within Behavioral Health

<https://www.attud.org/pdf/ATTUD%20Position%20Statement%20final.pdf>

<https://www.attud.org/pdf/ATTUD%20Talking%20Points%20and%20Resources.pdf>

Resource page for treatment providers in behavioral health settings:

<https://www.attud.org/behavioral.php>



## Summary

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Persons with substance use and behavioral health disorders need and want to quit tobacco.

Without specialized treatment tailored to the needs of these clients, treatment is less likely to be offered or effective.

Capacity to provide specialized treatment is growing, based on increased recognition of need and the availability of standardized, evidence-based training.



# TTS Core Competency Development and Training Program Accreditation

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DENISE JOLICOEUR, MPH, CHES, NCTTP



## TTS core competencies first published in 2000

- ❖ Massachusetts Dept of Public Health/Tobacco Control Program and UMass Medical School conducted a role definition and validation study
- ❖ PHS Clinical Guideline: Tobacco Use and Dependence served as the foundation for evidence-based practice
- ❖ Existing training through American Lung Association and American Heart Association were reviewed
- ❖ Key informant interviews and surveys were conducted with a wide range of experts and tobacco treatment providers

Pbert et al, Tobacco Control, 2000



## 11 Original TTS core responsibilities were identified and included brief descriptions

- ❖ Provision of information and education
- ❖ Intake and assessment
- ❖ Treatment planning and implementation
- ❖ Counselling, individual, telephone and group
- ❖ Monitoring and evaluation of individual progress
- ❖ Relapse prevention and recycling of relapsed clients
- ❖ Follow up and ongoing support
- ❖ Record keeping and programme reporting
- ❖ Referral services
- ❖ Professional development

Pbert et al, Tobacco Control, 2000



## The Association for the Treatment of Tobacco Use and Dependence (ATTUD) was incorporated in 2004

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“ATTUD is an organization of providers dedicated to the promotion of and increased access to evidence-based tobacco treatment for the tobacco user.”

[www.attud.org](http://www.attud.org)



## ATTUD published updated TTS Core Competencies in 2005

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- ❖ A committee of 16 people from various professions and with extensive experience in tobacco treatment contributed to updated competencies
- ❖ 50 tobacco treatment providers from 20 states and three countries completed an online survey evaluating the new competencies
- ❖ Final revisions were accepted by the ATTUD Board of Directors and posted online

[www.attud.org/pdf/Standards.pdf](http://www.attud.org/pdf/Standards.pdf)



# 11 Current TTS Core Competencies include skill sets and proficiency levels

- ❖ Tobacco Dependence Knowledge and Education
- ❖ Counseling Skills
- ❖ Assessment Interview
- ❖ Treatment Planning
- ❖ Pharmacotherapy
- ❖ Relapse Prevention
- ❖ Diversity and Specific Health Issues
- ❖ Documentation and Evaluation
- ❖ Professional Resources
- ❖ Law and Ethics
- ❖ Professional Development

[www.attud.org/pdf/Standards.pdf](http://www.attud.org/pdf/Standards.pdf)



## TTS Core Competencies are the foundation for training program accreditation by CTTTP

- ❖ The Council for Tobacco Treatment Specialist Training Programs (CTTTP) accredits TTS training programs
- ❖ “The vision of TTS Training Program accreditation is to provide leadership and to promote excellence in the professional preparation of Tobacco Treatment Specialists through the accreditation of Tobacco Treatment Specialist training. As an accrediting body, we are committed to the development and proliferation of standards and procedures that meet the needs of a dynamic, diverse, and complex population of tobacco users, including:”
  - ❖ preparing tobacco treatment specialists to provide evidence-based treatments for tobacco dependence in a variety of contexts, and
  - ❖ encouraging and promoting the continuing development and improvement of TTS training and educational programs.

<http://ctttp.org/>



## Accreditation criteria is rigorous

- ❖ Program applications must demonstrate that they:
  - ❖ Address all 11 TTS Core Competencies
  - ❖ Included minimum teaching time required for each competency – 24 hrs minimum total
  - ❖ Use qualified program faculty
  - ❖ Have processes to evaluate participant skill as a result of training
  - ❖ Collect and utilize participant evaluations of the program
  - ❖ Have established program development goals
- ❖ Each application is reviewed independently by at least two Councilors who:
  - ❖ Were nominated and approved by the Board of Directors
  - ❖ Have extensive experience in tobacco treatment and training
- ❖ Accreditation awarded for 5 years – with annual reports required



## CTTTP accreditation is valued by training programs and participants

- ❖ First program accredited in 2009
- ❖ Steady growth in new program accreditations
- ❖ 19 programs currently accredited
  - ❖ 8 of 9 programs renewed accreditation after the initial 5 year period
  - ❖ 2 new programs pending review
- ❖ More than 1800 participants trained in 2017
- ❖ CTTTP started as component of ATTUD; independently incorporated in 2018



## 19 Accredited programs: 17 US states, 1 in Jordan

- Alaska Native Tribal Health Consortium
- Rocky Mountain TTS Program
- National Jewish Health
- Tobacco Free Florida's TTS Course at Florida State University AHEC
- King Hussein Cancer Center Tobacco Dependence Treatment Training
- BREATHE Online TTS Training
- UMass Medical School TTS Training Program
- Maine Tobacco Treatment Training & Education Program
- Mayo Clinic Nicotine Dependence Center
- The University of Mississippi Medical Center/ ACT Center
- Duke-UNC TTS Certification Program
- Rutgers-Tobacco Dependence Program
- The Breathing Association
- University of Pennsylvania Comprehensive Smoking Treatment Program
- Duquesne University School of Pharmacy
- Healthways, Inc
- The University of Texas MD Anderson Cancer Center Tobacco Treatment Training Program
- The Quit for Life Program
- West Virginia University School of Dentistry Tobacco Treatment Training Program



## How will rigor and innovation be sustained?

- ❖ CTTTP is developing criteria for approved continuing education programs
- ❖ New and innovative skills assessment methods will continue to be encouraged
- ❖ R25 Training grants to collaboratively develop core competencies for specific topic areas and populations
  - ❖ e.g. tobacco-related disparities, cancer patients, smokeless tobacco users, vaping...
- ❖ Train-the-Trainer model to expand the reach of accredited programs
- ❖ ATTUD, NAADAC and CTTTP will collaborate to update the TTS Core Competencies in preparation for TTS Certification estimated to launch in Fall 2019



# The Road to Uniform National Certification

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THOMAS J PAYNE, PHD



## Treatment / Training Efforts: Early Beginnings...

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- Interventions based on psychology scientific literature
  - Classical conditioning (Pavlov)
  - Operant conditioning (Thorndike, Skinner)
  - Cognitive models (Seligman, Bandura, Marlatt)
- More intensive / complex treatment models based on growing literature
- Early manualized efforts, based on CBT literature
- Brief Intervention efforts (5A's and related)
- Pharmacotherapy



## Treatment / Training Efforts: Later Beginnings...

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- Society for Research on Nicotine and Tobacco (SRNT)
- Association for the Treatment of Tobacco Use and Dependence (ATTUD)
- Concept of Tobacco Treatment Specialist; Establishment of Competencies
- Early TTS training programs developed certification processes

Mayo Clinic

Institutional

University of Massachusetts Medical School

Institutional

ACT Center, University of Mississippi Medical Center

Institutional

Rutgers University

State



## Selecting a Partner Organization

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- Growth in number of TTS training programs
- Very similar, however increasing variability
  - Program eligibility
  - Certification requirements, procedures
- Growing recognition of need for standardized process
- ATTUD began search for partner organization to widely promote true, uniform certification standards and procedure
- Expertise in credential development, implementation, and possess the infrastructure for dissemination



# NAADAC

- Addictions and Mental Health
- Developing certifications
- Infrastructure

[www.naadac.org/NCTTP](http://www.naadac.org/NCTTP)



## Phase 1: Initial Transition to a National Certificate

### Already trained TTs

- **National Certificate in Tobacco Treatment Practice (NCTTP)**
- Meet educational / experiential eligibility criteria
- Achieve post-training hours (within competency standards)
- Apply
- This Phase completed May 2018
- Non-renewable
- Offered pathway to certification, when available



## Phase 2: Final Transition to a National Certificate

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### Newly trained TTs

- Same requirements as Phase 1, plus...
- Pass Certificate test
  - Face-valid
  - Developed primarily based on items generated by CTTTP-accredited TTS training program staff and other professionals
  - Subject to extensive review (and re-review)
- Expected to be completed Fall 2019
- Offered pathway to certification, when available



## Phase 3: National Certification

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### Newly trained TTs

- Same requirements as Phase 1, plus...
- Pass Certification Examination
  - Fully psychometrically validated
- Anticipated 2-year renewable period
  - CE requirements
  - Others?



## Value

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- Clinical practice area in need of expertise
- Professional recognition and acceptance
- Enhanced employability, consulting, career advancement
- Improved billing options
- Capacity to bill at specialist level?



# Tobacco Dependence Treatment and NAADAC

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# The Value to our Organization

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- Breadth of Addiction treatment
- Relevance and value for mental health
- Capacity to deliver integrated treatments



# Summary

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## Take Home Points

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- Tobacco dependence is a serious problem in need of treatment
- Evidence-based treatments are available
- More intensive treatments produce better results
- Training models have been developed capable of producing excellent results
- Establishment of a national certificate and anticipated national certification will serve to standardize and improve treatment delivery
- National certification should improve career opportunities for Tobacco Treatment Specialists



## Questions

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