



Tobacco Treatment Specialist Training Program (TTSTP) Accreditation

Application for Program Accreditation

Submitted By:

To:

Council for Tobacco Treatment Training Programs Board of Councilors

Date: _____

TABLE OF CONTENTS

Background.....	3
Application Instructions.....	4
Application Process.....	5
Required Forms.....	6
Statement of Understanding.....	10
Competency areas with minimum required hours.....	11
ATTUD Core Competencies for Evidence-Based Tobacco Treatment Specialists	12

BACKGROUND

ATTUD is an organization of treatment providers, researchers, educators, and policy makers dedicated to promoting evidence-based treatment for tobacco use and dependence. ATTUD is recognized for addressing important issues in the field including:

- Developing the *ATTUD Core Competencies for Tobacco Treatment Specialists (TTS)*, now widely adopted by training and treatment programs
- Establishing a database of TTS training programs to serve as a resource for those seeking training
- Creating an accrediting process for TTS training programs
- Collaborating with the Global Tobacco Partnership to enrich training for those who deliver treatment for tobacco use and dependence.
- Collaborating with the Society for Research on Nicotine and Tobacco (SRNT) to modify outdated labeling restrictions on Nicotine Replacement Therapy (NRT) packaging
- Networking with treatment specialists dedicated to the treatment of tobacco use.
- Promoting awareness and availability of effective tobacco treatments.
- Establishing multiple forums (e.g., annual meeting, listserv, and journal) for information exchange on best practices, innovations in treatment.
- Serving as a reliable and respected resource for the health care community, regulatory agencies, private foundations, and the public.

Recognizing the importance of public protection and the need for high-quality programs to address tobacco use and dependence issues, ATTUD resolved to establish an accreditation program for Tobacco Treatment Specialist (TTS) training programs. Through funding provided by Pfizer, Inc., ATTUD contracted the Center for Credentialing & Education (CCE), an organization experienced in creating high-quality credentialing systems, to oversee the development of the accreditation program. A group of nine commissioners, consisting of multidisciplinary experts in the treatment of tobacco use and dependence, was selected to establish a fair and systematic review process to endorse and accredit TTS training programs. The goals of the process are to encourage programs to deliver training in quality, evidence-based treatment that meets an agreed upon standard.

The Commission affirmed the value of *ATTUD's Core Competencies for Evidence-based Treatment of Tobacco Dependence*, employing the competencies to establish the program accreditation requirements. The Commission, later re-named the Board of Councilors, is the reviewing body for the accreditation application process.

All information submitted in the context of an application for accreditation, both initial and renewal, is considered confidential. Neither the Board of Councilors, nor any agent acting on behalf of the application process, shall disclose applicant information to anyone not directly involved in the application process without written consent of the designated contact person for the applicant program.

INSTRUCTIONS

Complete this packet describing your TTS training program. Be sure to answer all questions, providing detailed information. Please have the appropriate individuals endorse the specified sections.

The Tobacco Treatment Specialist Training Program Accreditation Board of Councilors (Board) will evaluate your submission to determine whether it is complete and otherwise acceptable. You will be notified if additional information or clarifications are needed to complete the review of your program. The designated contact person will be notified as to whether the submission meets the Board's standards. There is a \$500 application fee for submitting an application for a program within a country designated by the World Bank as having a high-income economy (www.worldbank.org). For a program within a country designated as having a middle-income economy, the fee is \$250. For a program within a country designated as having a low-income economy, there is no fee. Reduced fees are hoped to offset translation costs as the application materials must be submitted in English. If it is determined that any false or misleading claims have been made about the program, or if it is determined that the program in any way presents potential harm to consumers, the designated program contact will be notified of the decision to deny accreditation and if applicable, to suspend posting on the ATTUD website.

When preparing to submit the Accreditation Application to the Board, please follow all instructions included in this packet.

GENERAL

- The program must effectively cover the eleven (11) required competency areas and all required skill sets within each of the eleven (11) competency areas.
- The program must meet or exceed the minimum number of hours devoted to each of the eleven (11) ATTUD Tobacco Training Specialist core competency areas.
- The program must meet or exceed the overall minimum 24-hour training requirement.
- The program will need to include a final assessment (e.g., case study, simulated patient, multiple choice examination) designed to measure trainee knowledge.
- The program must include instruction on the use of national guidelines established or adapted for use in the country in which the training is being conducted (e.g., PHS Clinical Practice Guidelines – USA).
- Documentation, with appropriate page numbers and references noted, must be provided for each required competency area/skill set.
- Five (5) complete copies of the accreditation application must be submitted. At least one of the five (5) copies must be a hard copy in a 3-ring binder with tabs for each exhibit. The remaining four (4) copies may be submitted either as hard copies or on USB flash drives (thumb drives) containing a PDF file of the complete application, including all program information and forms. When submitting information on USB drives, please be certain that the content is indexed so that each section can be easily accessed when your program is under review and discussion by the councilors.
- ***The required accreditation application fee (see above) must also be submitted with your application.***

All applications and accompanying documents submitted for review become the property of the Council. Neither original documents nor copies will be returned to the applicant.

APPLICATION PROCESS

- Confidentiality regarding applicant program documents is maintained throughout the process. Documentation provided may include public documents and internal confidential documents to support the application. All program information relevant to the review process must be submitted with the application.
- An applying program that is aggrieved by a Board decision may submit a written request for reconsideration of the action following the Board's guidelines for appeals.
- The evaluation of printed matter provided to program participants, to other stakeholders, and to publicize the program is an important part of the accreditation process; however, only one copy of each document or publication should be included with each of the five applications submitted. If a particular document or publication provides information to demonstrate compliance with more than one competency or skill set, refer to the document or publication and its title, referencing the specific text addressing the requirement. Do not include additional copies.
- If a report or document does not directly respond to a requirement, please provide an explanation of how your program meets the requirement. Do not simply restate the task.
- If there are no existing reports or documents to support coverage of a required skill set, an explanation must be provided.
- If information about the program is available on the Internet, this information should be provided in hard copy as part of the supporting documentation.

ADDITIONAL INFORMATION

- **Renewal:** Upon approval, the Board grants a five-year accreditation. A complete re-application is required for re-accreditation. The designated contact person will be reminded that the re-accreditation application is required 90 days prior to the accreditation expiration date.
- **Annual Report:** To maintain accreditation, an annual report attesting to the status of the program must be submitted. Sixty days prior to the date the annual report is due, the designated contact person will be notified of the deadline and requirements for annual reporting. An annual fee of \$500 is required to maintain accreditation.
- **Additional Information Requests:** During the application, re-application, or annual report review, the designated contact person may receive a request to provide additional information or clarification of the information submitted.
- The Board recommends that the designated contact person retain a copy of all materials submitted for review. This is a helpful reference point if additional information is requested.

The Board is requesting information in a specific format, in order to fairly and consistently determine that requirements have been met. Suggestions for improvement of the process are encouraged. Comments on the process should be directed to the Council.

Program Name: _____

All applications, questions and comments must be submitted to The Board of Councilors of the Council for Tobacco Treatment Training Programs · 2424 American Lane, Madison, WI 53704.

Required Forms

Application for Accreditation
Tobacco Treatment Specialist Training Program

1. Program Information:

Program Name: _

Name of Certification Program Sponsoring
Agency/Organization (if applicable): _

Mailing Address: _

Web Site (if applicable): _____

2. Designated contact person for questions about this application:

Name: _

Title: _

Address: _

E-mail: _____

Phone: _____

Fax: _____

3. Designated secondary contact person for questions about this application (to be contacted if need arises and the Designated contact person is not available):

Name: _____

Program Name: _____

E-mail: _____

Phone: _____

4. Describe the program, including information about any influencing factors such as location (urban, rural, etc), target treatment population, or other unique characteristics. Include a description of the flow of the program describing what a participant might expect in terms of classroom seat-time, time in break-out sessions, etc. Attach an outline or syllabus corresponding to the program schedule.

5. Provide a list of program faculty or instructors in alphabetical order by last name along with a statement from each describing his or her teaching qualifications. Please attach the curriculum vitae or resume for each individual listed.

6. Participant Evaluation: Describe all assessment or evaluation tools used to evaluate participant knowledge of program content. How are learners assessed with regard to evidence-based pharmacotherapies? Describe the process for identifying and addressing participants who do not demonstrate sufficient command of the program content. Please provide a copy of all assessment instruments used.

Program Name: _____

11. Describe the grievance procedures and refund policy available to program participants.

12. Describe the cancellation policy. Where is this detailed in the promotional materials?

13. Provide a summary of participant evaluations of the program for at least two prior trainings.

Program Name: _____

**Tobacco Treatment Specialist Training Program
Accreditation Application
STATEMENT OF UNDERSTANDING**

In consideration of the Board’s decision, if any, to grant Accreditation, the Designated Contact Persons for the applying program acknowledge and agree to the following:

- A. Annual completion and submission of information requested regarding the current status of the accredited program.
- B. Reporting of any change in purpose, structure, or activities of the accredited program.
- C. Reporting of any change in faculty or instructors presenting the program.
- D. Reporting of any change in the process of assessing participant knowledge or in the evaluation of the assessments.
- E. Furnishing any and all information that the Council may require to investigate whether the program complies with accreditation requirements.

Signature of Designated Contact Person

Signature of Secondary Contact Person

Date Signed

Date Signed

TTS Core Competencies
Minimum hours required to address content

The table below indicates the minimum number of hours identified as necessary to cover each required competency area and the overall minimum number of hours required for a program to be considered for accreditation. Please list in the “Applying Program’s Hours” section the number of hours of instruction that participants in the applicant program receive and the total number of hours of instruction the program entails.

Competency	Definition	Minimum Hours Required	Applying Program’s Hours
Tobacco Dependence Knowledge and 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	2	
Counseling Skills	Demonstrate effective application of counseling theories and strategies to establish a collaborative relationship, and to facilitate client involvement in treatment and commitment to change	5	
Assessment Interview	Conduct an assessment interview to obtain comprehensive and accurate data needed for treatment planning	3	
Treatment Planning	Demonstrate the ability to develop an individualized treatment plan using evidence-based treatment strategies	2	
Pharmacotherapy	Provide clear and accurate information about pharmacotherapy options available and their therapeutic use	4	
Relapse Prevention	Offer methods to reduce relapse and provide ongoing support for tobacco-dependent persons	2	
Diversity and Specific Health Issues	Demonstrate competence in working with population subgroups and those who have specific health issues	2	
Documentation and Evaluation	Describe and use methods for tracking individual progress, record keeping, program documentation, outcome measurement and reporting	1	
Professional Resources	Utilize resources available for client support and for professional education or consultation	1	
Law and Ethics	Consistently use a code of ethics and adhere to government regulations specific to the health care or work site setting	1	
Professional Development	Assume responsibility for continued	1	

Program Name: _____

	professional development and contributing to the development of others		
TOTAL		24 Minimum Total Hours	

Required Competencies and Skill Sets for TTS Program Accreditation

Instructions: Applicants must provide related page numbers and identifying references for each core competency by notating where each skill set is found in the submitted curriculum.

Core Competency 1: Tobacco Dependence Knowledge and 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

Required Skill Set:

1. Describe the prevalence and patterns of tobacco use, dependence and cessation in the country and region in which the treatment is provided, and how rates vary across demographic, economic and cultural subgroups.

Documentation reference	Provide Documentation reference at left or explanation below.

2. Utilize the findings of national reports, research studies and guidelines on tobacco treatment.

Documentation reference	Provide Documentation reference at left or explanation below.

3. Explain the health consequences of tobacco use and benefits of quitting, and the basic mechanisms of the more common tobacco induced disorders.

Documentation reference	Provide Documentation reference at left or explanation below.

4. Describe how tobacco dependence develops and be able to explain the biological, psychological, and social causes of tobacco dependence.

Documentation reference	Provide Documentation reference at left or explanation below.

5. Summarize and be able to apply valid and reliable diagnostic criteria for tobacco dependence.

Documentation reference	Provide Documentation reference at left or explanation below.

Program Name: _____

6. Describe the chronic relapsing nature of tobacco dependence, including typical relapse patterns, and predisposing factors.

Documentation reference	Provide Documentation reference at left or explanation below.

7. Provide information that is gender, age, and culturally sensitive and appropriate to learning style and abilities.

Documentation reference	Provide Documentation reference at left or explanation below.

8. Identify evidence-based treatment strategies and the pros and cons for each strategy.

Documentation reference	Provide Documentation reference at left or explanation below.

Skill sets that are encouraged but not required:

9. Explain the role of treatment for tobacco use and dependence within a comprehensive tobacco control program.

Documentation reference	Provide Documentation reference at left or explanation below.

10. Explain the societal and environmental factors that promote and inhibit the spread of tobacco use and dependence.

Documentation reference	Provide Documentation reference at left or explanation below.

11. Be able to discuss alternative therapies such as harm reduction, hypnosis, acupuncture, cigarette tapering.

Documentation reference	Provide Documentation reference at left or explanation below.

12. Demonstrate ability to access information on the above topics.

Documentation reference	Provide Documentation reference at left or explanation below.

Program Name: _____

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Core Competency 2: Counseling Skills

Demonstrate effective application of counseling theories and strategies to establish a collaborative relationship, and to facilitate client involvement in treatment and commitment to change

Required Skill Set:

1. Demonstrate effective counseling skills such as active listening and empathy that facilitate the treatment process.

Documentation reference	Provide Documentation reference at left or explanation below.

2. Demonstrate establishing a warm, confidential and nonjudgmental counseling environment.

Documentation reference	Provide Documentation reference at left or explanation below.

3. Describe and demonstrate use of an evidence-based method for brief interventions for treating tobacco use and dependence, as identified in current guidelines.

Documentation reference	Provide Documentation reference at left or explanation below.

4. Describe the use of models of behavior change including motivational interviewing, cognitive therapy, and supportive counseling.

Documentation reference	Provide Documentation reference at left or explanation below.

5. Demonstrate the effective use of clinically sound strategies to enhance motivation and encourage commitment to change.

Documentation reference	Provide Documentation reference at left or explanation below.

6. Demonstrate competence in at least one of the empirically supported counseling modalities such as individual, group and telephone counseling.

Documentation reference	Provide Documentation reference at left or explanation below.

Program Name: _____

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Core Competency 3: Assessment Interview

Conduct an assessment interview to obtain comprehensive and accurate data needed for treatment planning

Required Skill Set:

1. Demonstrate the ability to conduct an intake assessment interview including:
 - a. tobacco use history
 - b. validated measures of motivation to quit
 - c. validated measures for assessing tobacco use and dependence
 - d. current challenges and barriers to attaining permanent abstinence
 - e. current strengths to support abstinence.
 - f. prior quit attempts including treatment experiences, successes and barriers
 - g. availability of social support systems
 - h. preferences for treatment.
 - i. cultural factors influencing making a quit attempt

Documentation	Provide Documentation at left or explanation below.

2. Demonstrate the ability to gather basic medical history information and conduct a brief screening for psychiatric and substance abuse issues.

Documentation reference	Provide Documentation reference at left or explanation below.

3. Describe when to consult with primary medical care providers and make appropriate referrals before treatment planning is implemented.

Documentation reference	Provide Documentation reference at left or explanation below.

4. Describe the existing objective measures of tobacco use such as CO monitoring, and/or cotinine level assessments.

Documentation reference	Provide Documentation reference at left or explanation below.

Program Name: _____

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Core Competency 4: Treatment Planning

Demonstrate the ability to develop an individualized treatment plan using evidence-based treatment strategies

Required Skill Set:

1. In collaboration with the client, identify specific and measurable treatment objectives.

Documentation reference	Provide Documentation reference at left or explanation below.

2. Plan individualized treatments that account for patient assessment factors identified during the intake assessment and history gathering.

Documentation reference	Provide Documentation reference at left or explanation below.

3. Collaboratively develop a treatment plan that uses evidence-based strategies to assist the client in moving toward a quit attempt and/or continued abstinence from tobacco.

Documentation reference	Provide Documentation reference at left or explanation below.

4. Describe a plan for follow up to address potential issues including negative outcomes.

Documentation reference	Provide Documentation reference at left or explanation below.

5. Demonstrate the process to make referrals to other health care providers or to recommend additional care.

Documentation reference	Provide Documentation reference at left or explanation below.

Program Name: _____

Core Competency 5: Pharmacotherapy

Provide clear and accurate information about pharmacotherapy options available and their therapeutic use.

Required Skill Set:

1. Describe the benefits of combining pharmacotherapy and counseling.

Documentation reference	Provide Documentation reference at left or explanation below.

2. Provide information on correct use, efficacy, adverse events, contraindications, known side effects and exclusions for all tobacco dependence medications approved by national regulatory agencies.

Documentation reference	Provide Documentation reference at left or explanation below.

3. Identify information relevant to a client's current and past medical, psychiatric, and smoking history,(including past treatments) that may impact pharmacotherapy decisions.

Documentation reference	Provide Documentation reference at left or explanation below.

4. Provide appropriate patient education for therapeutic choices and dosing for a wide range of patientsituations.

Documentation reference	Provide Documentation reference at left or explanation below.

5. Communicate the symptoms, duration, incidence and magnitude of nicotine withdrawal.

Documentation reference	Provide Documentation reference at left or explanation below.

6. Describe the use of combinations of medications and higher dose medications to enhance the probability of abstinence.

Program Name: _____

Documentation reference	Provide Documentation reference at left or explanation below.

7. Identify possible adverse reactions and complications related to the use of pharmacotherapy for tobacco dependence, making timely referrals to medical professionals/services. Demonstrate ability to address concerns about minor and/or temporary side effects of these pharmacotherapies.

Documentation reference	Provide Documentation reference at left or explanation below.

8. Demonstrate ability to collaborate with other healthcare providers to coordinate the appropriate use of medications, especially in the presence of medical or psychiatric co-morbidities.

Documentation reference	Provide Documentation reference at left or explanation below.

Skill sets that are encouraged but not required:

9. Identify second-line medications and be able to find information about them as needed.

Documentation reference	Provide Documentation reference at left or explanation below.

10. Provide information about alternative therapies based upon recognized reviews of effectiveness such as the Cochrane reviews and the USPHS Guidelines.

Documentation reference	Provide Documentation reference at left or explanation below.

Core Competency 6: Relapse Prevention

Offer methods to reduce relapse and provide ongoing support for tobacco-dependent persons

Required Skill Set:

1. Identify personal risk factors and incorporate into the treatment plan.

Documentation reference	Provide Documentation reference at left or explanation below.

Program Name: _____

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2. Describe strategies and coping skills that can reduce relapse risk.

Documentation reference	Provide Documentation reference at left or explanation below.

3. Provide guidance in modifying the treatment plan to reduce the risk of relapse throughout the course of treatment.

Documentation reference	Provide Documentation reference at left or explanation below.

4. Describe a plan for continued aftercare following initial treatment.

Documentation reference	Provide Documentation reference at left or explanation below.

5. Describe how to make referrals to additional resources to reduce risk of relapse.

Documentation reference	Provide Documentation reference at left or explanation below.

6. Implement treatment strategies for someone who has lapsed or relapsed.

Documentation reference	Provide Documentation reference at left or explanation below.

Core Competency 7: Diversity and Specific Health Issues

Demonstrate competence in working with population subgroups and those who have specific health issues

Required Skill Set:

1. Provide culturally competent counseling

Documentation reference	Provide Documentation reference at left or explanation below.

Program Name: _____

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2. Describe specific treatment indications for special population groups (i.e. pregnant women, adolescents, young adults, elderly, hospitalized patients, those with co-morbid psychiatric conditions).

Documentation reference	Provide Documentation reference at left or explanation below.

3. Demonstrate an ability to respond to high-risk client situations.

Documentation reference	Provide Documentation reference at left or explanation below.

4. Make effective treatment recommendations for non-cigarette tobacco users.

Documentation reference	Provide Documentation reference at left or explanation below.

5. Describe recommendations for those exposed to environmental tobacco smoke pollution.

Documentation reference	Provide Documentation reference at left or explanation below.

Core Competency 8: Documentation and Evaluation

Describe and use methods for tracking individual progress, record keeping, program documentation, outcome measurement and reporting

Required Skill Set:

1. Maintain accurate records utilizing accepted coding practices that are appropriate to the setting in which services are provided.

Documentation reference	Provide Documentation reference at left or explanation below.

2. Implement a protocol for tracking client follow-up and progress.

Program Name: _____

Documentation reference	Provide Documentation reference at left or explanation below.

3. Describe standardized methods of measuring recognized outcomes of tobacco dependence treatment for individuals and programs.

Documentation reference	Provide Documentation reference at left or explanation below.

Core Competency 9: Professional Resources

Utilize resources available for client support and for professional education or consultation

Required Skill Set:

1. Describe resources (web based, community, quitlines) available for continued support for tobacco abstinence for clients.

Documentation reference	Provide Documentation reference at left or explanation below.

2. Identify community resources for referral for medical, psychiatric or psychosocial problems.

Documentation reference	Provide Documentation reference at left or explanation below.

3. Name and use peer-reviewed journals, professional societies, websites, and newsletters, related to tobacco dependence treatment and/or research.

Documentation reference	Provide Documentation reference at left or explanation below.

4. Describe how patients can explore reimbursement for treatments.

Documentation reference	Provide Documentation reference at left or explanation below.

Program Name: _____

Core Competency 10: Law and Ethics

Consistently use a code of ethics and adhere to government regulations specific to the health care or work site setting

Required Skill Set:

1. Describe and use a code of ethics established by your professional discipline for tobacco dependence treatment specialists if available.

Documentation reference	Provide Documentation reference at left or explanation below.

2. Describe the implications and utilize the regulations that apply to the tobacco treatment setting (confidentiality, HIPAA, work site specific regulations).

Documentation reference	Provide Documentation reference at left or explanation below.

Core Competency 11: Professional Development

Assume responsibility for continued professional development and contributing to the development of others

Required Skill Set:

1. Maintain professional standards as required by professional license or certification.

Documentation reference	Provide Documentation reference at left or explanation below.

2. Utilize the literature and other formal sources of inquiry to remain current in tobacco dependence treatment.

Documentation reference	Provide Documentation reference at left or explanation below.

Skill sets that are encouraged but not required:

3. Describe the implications of current research to the practice of tobacco dependence treatment.

Program Name: _____

Documentation reference	Provide Documentation reference at left or explanation below.

4. Disseminate knowledge and findings about tobacco treatment with others through formal and informal channels.

Documentation reference	Provide Documentation reference at left or explanation below.

End of requirements section