Strengthening the Workforce through Evidenced-Based Practices

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International Organization Partners

United Nations Office on Drugs and Crime
Drug Prevention and Health Branch
(Vienna, Austria)

World Health Organization
(Geneva, Switzerland)

Colombo Plan
(Sri Lanka)

African Union
(Addis Ababa, Ethiopia)

Organization of
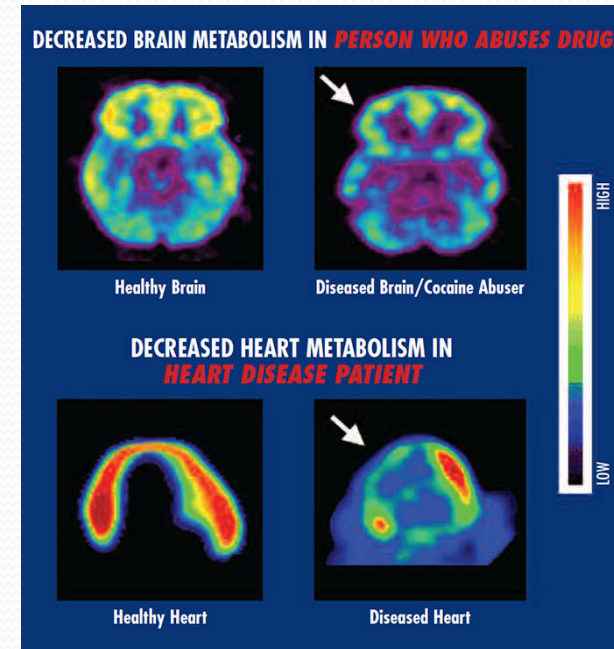American States
(Washington, DC)

Substance Use Disorders as Medical Conditions

Drugs Affect the Brain (NIDA 2014)

- Drugs work by changing the way parts of the brain communicate

- Exposure to drugs can lead to long-lasting changes in the structure and function of the brain

Treatment is Effective (McLellan 2000)

- Evidence-based treatment reduces relapse, arrest rates, and healthcare costs

- Though relapse occurs in 40-60% of patients, this rate is similar to the recurrence rate of chronic diseases like asthma and diabetes

DECREASED BRAIN METABOLISM IN *PERSON WHO ABUSES DRUGS*

Healthy Brain — Diseased Brain/Cocaine Abuser

DECREASED HEART METABOLISM IN *HEART DISEASE PATIENT*

Healthy Heart — Diseased Heart

HIGH / LOW

NIDA (2014) Drugs, Brains, and Behavior: The Science of Addiction
McLellan AT, Lewis DC, O'Brien CP, Kleber HD (2000) Drug Dependence, a Chronic Medical Illness. *JAMA* 284(13): 1689-95

Effectiveness of Drug Demand Reduction

- Science demonstrates that <u>drug treatment</u> and <u>drug prevention</u> can work by using <u>evidence based practices</u>.

- 70 years of scientific research in the field with significant advances since 1990.

- Impact of demand reduction extends beyond only drug use showing reductions in crime and violence

Universal Treatment Curriculum:
Basic Level (8 Courses)

1. Physiology and Pharmacology (24 hrs)
2. Continuum of Care (40 hrs)
3. Co-Occurring Disorders Overview (24 hrs)
4. Basic Counseling Skills (40 hrs)
5. Screening, Intake, Assessment, Treatment Planning (40 hrs)
6. Case Management (16 hrs)
7. Crisis Intervention (16 hrs)
8. Ethics (32 hrs)

Universal Treatment Curriculum: Advanced Level (15 courses)

9. Pharmacology and SUD (33 hrs)
10. Managing MAT Programs (20 hrs)
11. Enhancing MI Skills (20 hrs)
12. Cognitive Behavioral Therapy (20 hrs)
13. Contingency Management (20 hrs)
14. Working with Families (33 hrs)
15. Skills for Screening Co-Occurring Disorders (20 hrs)
16. Intermediate Clinical Skills & Crisis Management (33 hrs)
17. Case Management Skills and Practices (33 hrs)
18. Clinical Supervision for SUD Professionals (33 hrs)
19. Enhancing Group Facilitation Skills
20. Special Population Groups
21. Theories of Counseling
22. Trauma Informed Care
23. Recovery Management, Continuing Care, and Wellness
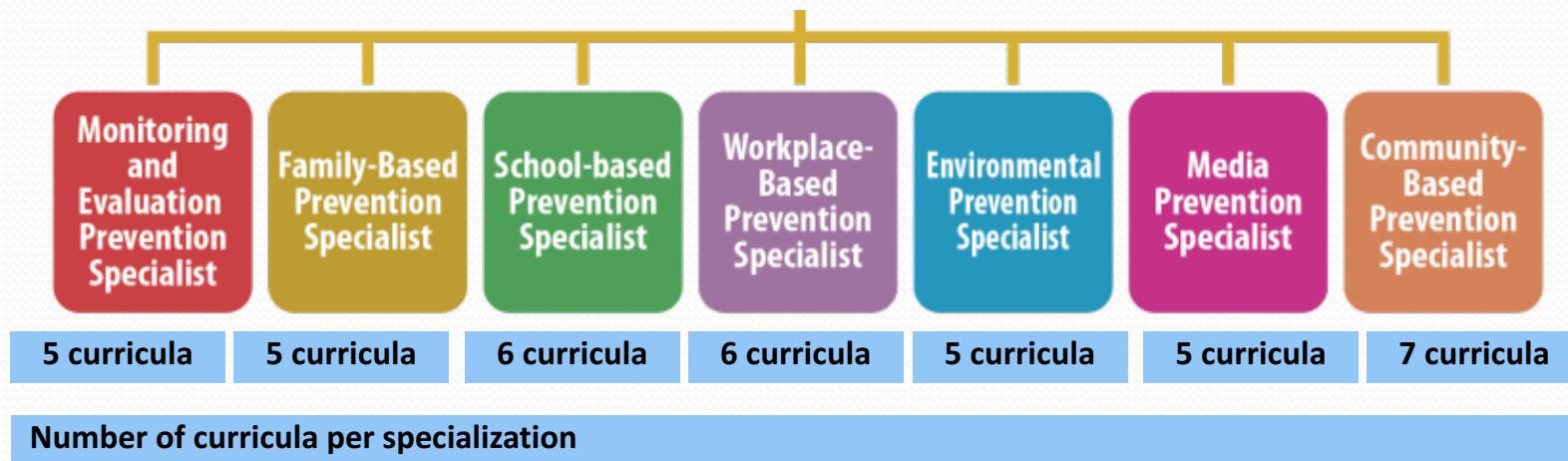
Universal Prevention Curriculum

Coordinator's Series

Introduction to Prevention Science	Physiology & Pharmacology	Monitoring and Evaluation
Family Based Prevention	School Based Prevention	Workplace Based Prevention
Community Based Prevention	Media Based Prevention	Environmental Prevention

Implementer's Series

Intro to Prevention Science	Physiology & Pharmacology	Monitoring and Evaluation

Specialization

Monitoring and Evaluation Prevention Specialist	Family-Based Prevention Specialist	School-based Prevention Specialist	Workplace-Based Prevention Specialist	Environmental Prevention Specialist	Media Prevention Specialist	Community-Based Prevention Specialist
5 curricula	5 curricula	6 curricula	6 curricula	5 curricula	5 curricula	7 curricula

Number of curricula per specialization

Trainer's Manual

Empowerment

- Having the power, confidence, and skills to make healthy and productive choices and having a range of options from which to make these choices

3.6

Say: Empowerment is a term frequently used in the counseling field. Unfortunately, it has many definitions, so it is not always clear what we mean when we use the term. For our purposes, we define empowerment as having:

- The power, confidence, and skills to make healthy and productive choices (while moving away from self-destructive choices); and
- A range of options from which to make these choices, including alternatives to self-destructive choices.

The ultimate goal of the helper is to enable clients to reach their own decisions concerning a course of action that will resolve the problems they face. It is important for clients to learn to solve their own problems and resolve their own issues.

Ask: Why do you think it is important for clients to be able to solve their own problems?

Teaching Instructions: Note responses on the newsprint labeled "Why Clients Should Solve Their Own Problems." Ensure that participants' responses include the following reasons:

- If the counselor solves the problem or issue, the client may be unable to solve similar problems or resolve similar issues in the future without the counselor's assistance, creating a dependent rather than a helping or assisting relationship between the counselor and client.
- If the counselor solves the problem or resolves the issue, the client misses an opportunity to build confidence in his or her skills (an "I can do it" attitude and a strong sense of ownership).
- If the counselor finds the solution and it somehow backfires, the counselor is to blame. Clients must be able to take responsibility for their own actions.
- If the counselor solves the problem or resolves the issue, the client is not invested in the outcome and may not make the necessary effort to follow through with the solution.
- When clients solve their own problems, they go through the process of making choices and taking on the responsibility that comes with the consequences of those choices.

Say: In summary, the counselor's job is to ensure that clients have the skills, knowledge, and confidence to solve their own problems. But first, the counselor needs to establish a trusting working relationship.

Trainer's Manual   Participants Manual

Slide 4.6

SAY:

Research has shown that when we use motivation enhancing approaches, clients are more involved and active in treatment and their outcomes are improved. Consumption of substances is reduced, abstinence rates are increased, improved social adjustments are observed and referrals to treatment are more successful.

Motivational interventions are now the tools counselors need and the skills to be mastered for treatment to be effective. The addiction field is changing and as it matures it is integrating approaches and adopting research findings to achieve a comprehensive approach to treatment. This new approach includes a number of concepts that have implications for the application of motivational methods. Let's look at some of the concepts that now inform treatment strategies.

We can call them New Treatment Principles.

Trainer's Manual   Participants Manual

20 minutes

Slide 4.10

Exercise: Diminishing Resources

- The Process
  - Stand with both feet in a square
  - When the facilitator says "Switch!", you must move to a new square
  - Everyone must keep both feet on a square
- The Outcome
  - What happened during this change management activity?
  - How did you react to the changes?
  - What does this change management activity teach you about the change?
  - What did you learn about the way you deal with change as an individual?
  - What would you do differently if you had to do it again?

4.10

Materials Needed:
- Newspaper squares big enough for one person to stand on. 12 inches x 12 inches will work just fine.
- Five more newspaper squares than the number of people in your team.
- Optional: Vibrant music. This is not absolutely necessary, but it adds some value to this change management activity.

Teaching Instruction: During change, people are required to do things differently and get forced out of their comfort zone. This exercise provides the opportunity to get experienced at changing our thinking.

- Put all the newspaper squares on the floor. Space them out randomly.
- Ask all the participants to stand with both feet on a square. Don't mention the word *newspaper*
- *square*. Just say *square*.
- There is only one rule in this change management activity. And it is important how you communicate
- it. It is that everyone must have both feet on a square at the start and after each switch.
- To model the activity, stand with both your feet on one of the newspaper squares. Hold one of the newspaper squares in your hand when you talk to them.
- When you say, "SWITCH!!" everyone must move to a new square immediately.

Exercise: Diminishing Resources

- The Process
  - Stand with both feet in a square
  - When the facilitator says "Switch!", you must move to a new square
  - Everyone must keep both feet on a square
- The Outcome
  - What happened during this change management activity?
  - How did you react to the changes?
  - What does this change management activity teach you about the change?
  - What did you learn about the way you deal with change as an individual?
  - What would you do differently if you had to do it again?

4.10

Stages of Change

4.11

Curriculum Development Process

Develop Curriculum

↓

Pilot Test

↓

Peer Review Panel
Detailed study of each curriculum, makes recommendations

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Curriculum Coordinators
Incorporates changes from peer review panel

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Expert Advisory Group (Steering Group)
Reviews comments and changes by curriculum developers
Provides final "ready for training" endorsement of the curriculum.
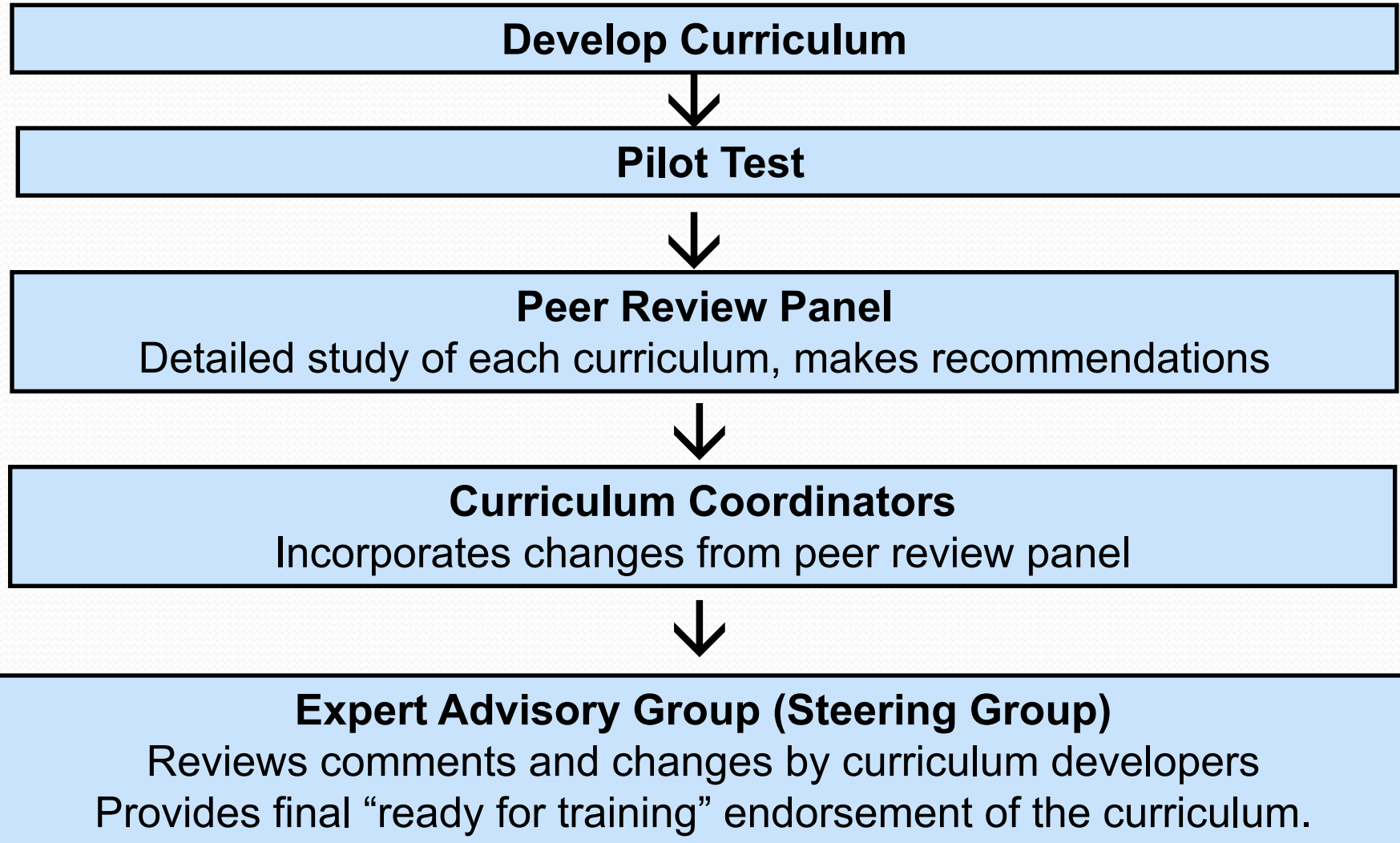
Dissemination Modalities

Global Trainers

National Training Teams

Staff of Training Institutions (e.g. University Professors)

National Treatment and Prevention Workers
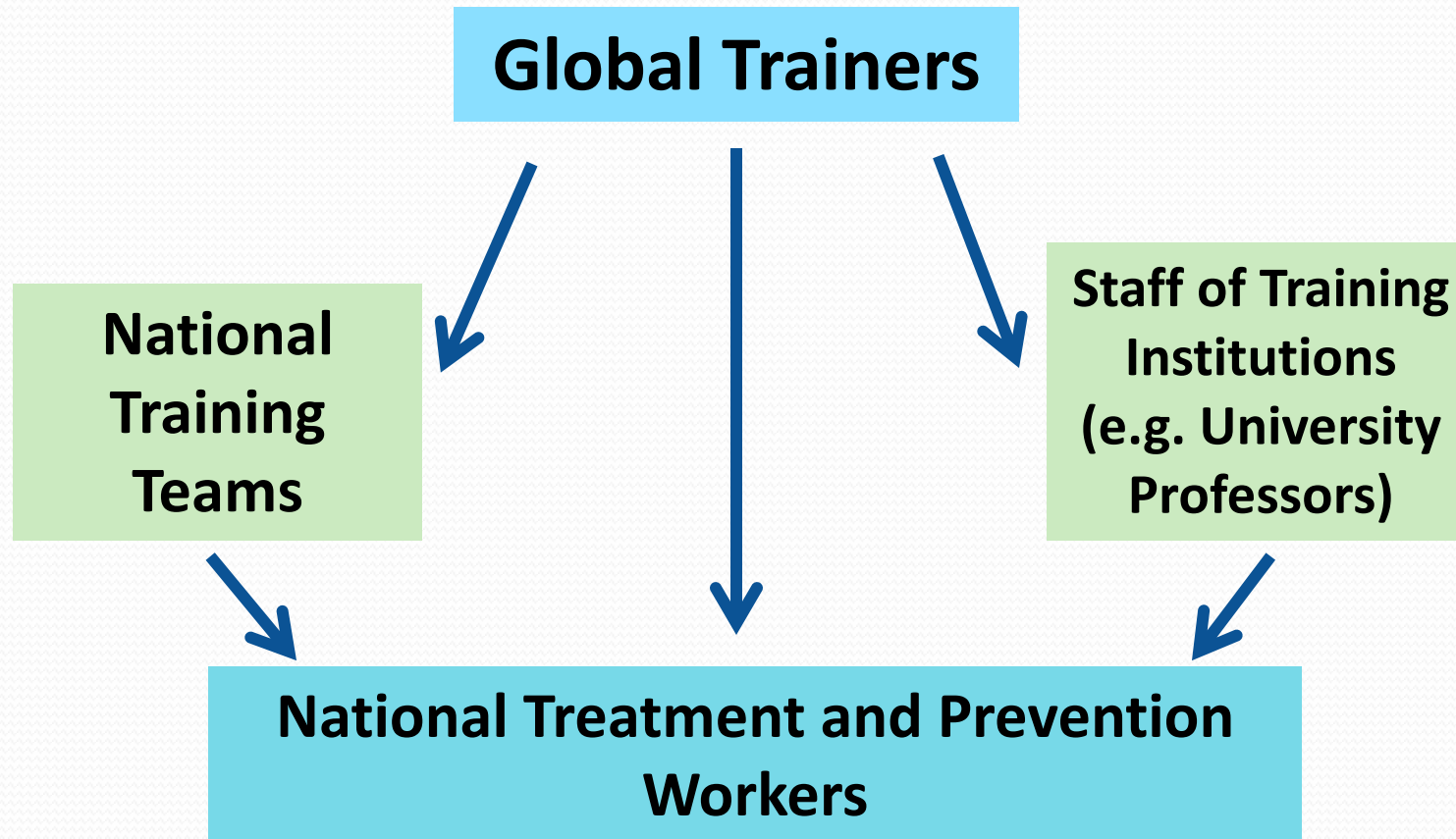
UTC and UPC Curriculum

Universal Treatment Curricula

| Participant Manual **Curriculum 1** Physiology and Pharmacology for Addiction Professionals | Trainer Manual **Curriculum 2** Treatment for Substance Use Disorders—The Continuum of Care for Addiction Professionals | Participant Manual **Curriculum 3** Common Co-Occurring Mental and Medical Disorders —An Overview for Addiction Professionals | Participant Manual **Curriculum 4** Basic Counseling Skills for Addiction Professionals | Trainer Manual **Curriculum 5** Intake, Screening, Assessment, Treatment Planning and Documentation for Addiction Professionals | Participant Manual **Curriculum 6** Case Management for Addiction Professionals | Participant Manual **Curriculum 7** Crisis Intervention for Addiction Professionals | Participant Manual **Curriculum 8** Ethics for Addiction Professionals |

Universal Prevention Curricula

| Trainer Manual **Curriculum 1** Introduction to Prevention Science | Trainer Manual **Curriculum 2** Physiology and Pharmacology for Prevention Coordinators | Trainer Manual **Curriculum 3** Family-based Prevention Interventions | Trainer Manual **Curriculum 4** School-based Prevention Interventions | Trainer Manual **Curriculum 5** Workplace-based Prevention Intervention | Trainer Manual **Curriculum 6** Media and Environmental Prevention Intervention | Trainer Manual **Curriculum 7** Evidence-based Prevention Implementation Systems | Trainer Manual **Curriculum 8** Monitoring and Evaluation of Prevention Interventions and Policies |

Adaptation and Translation of Manuals

| Afghanistan | Pakistan | Central Asia | Sri Lanka | Korea | Indonesia | Malaysia | Liberia | The Bahamas |

Address Populations with Special Clinical Needs

Populations with special needs require tailored protocols and interventions to achieve the most successful outcomes.

Efforts include the following components:

- Create specialized protocols and interventions for special populations and advocate for governments to address vulnerable and hidden populations afflicted by substance use disorders and its impact.

- The 5 broader categories include age, genders and gender identity, people with disabilities and medical and psychiatric conditions, dislocation or displaced from home environment, and culturally, geographically and professional diverse groups.

- Develop, pilot, and evaluate training and technical assistance programs for special populations.

1. Adolescents*
2. Children*
3. Child Soldiers*
4. Children in street circumstances
5. Older adults
6. Domestic Violence Victims
7. LGBTQ/SOGI*
8. Sex Workers (men and women)
9. Women including pregnant* & adolescent
10. Cognitive and Physical Disabilities
11. People with Co-occurring Communicable Diseases: HIV+, Hep B & C, TB
12. Chronic pain
13. Overdose in Opioid Drug Users*
14. Toxic Adulterant Exposure*
15. People with psychiatric conditions
16. Eating Disorders
17. Post-Traumatic Stress Disorder
18. Conflict-affected/Displaced/Refugees*
19. Criminal justice involved (alternatives to incarceration)*
20. Incarcerated
21. Post-incarcerated
22. Homeless Adults and Youth
23. Human Trafficking Victims
24. Active duty military
25. Discharge from military is a separate population
26. Veterans
27. Gangs*
28. Law Enforcement and Criminal Justice Workers with substance use dependence
29. Minority Groups of Ethnic/Religious/ Racial/Tribal/Nationality (includes indigenous)
30. People Living in Deprivation*
31. Populations at Risk for Extremism*
32. Rural Populations*
33. Recovery*

Training Programs Globally
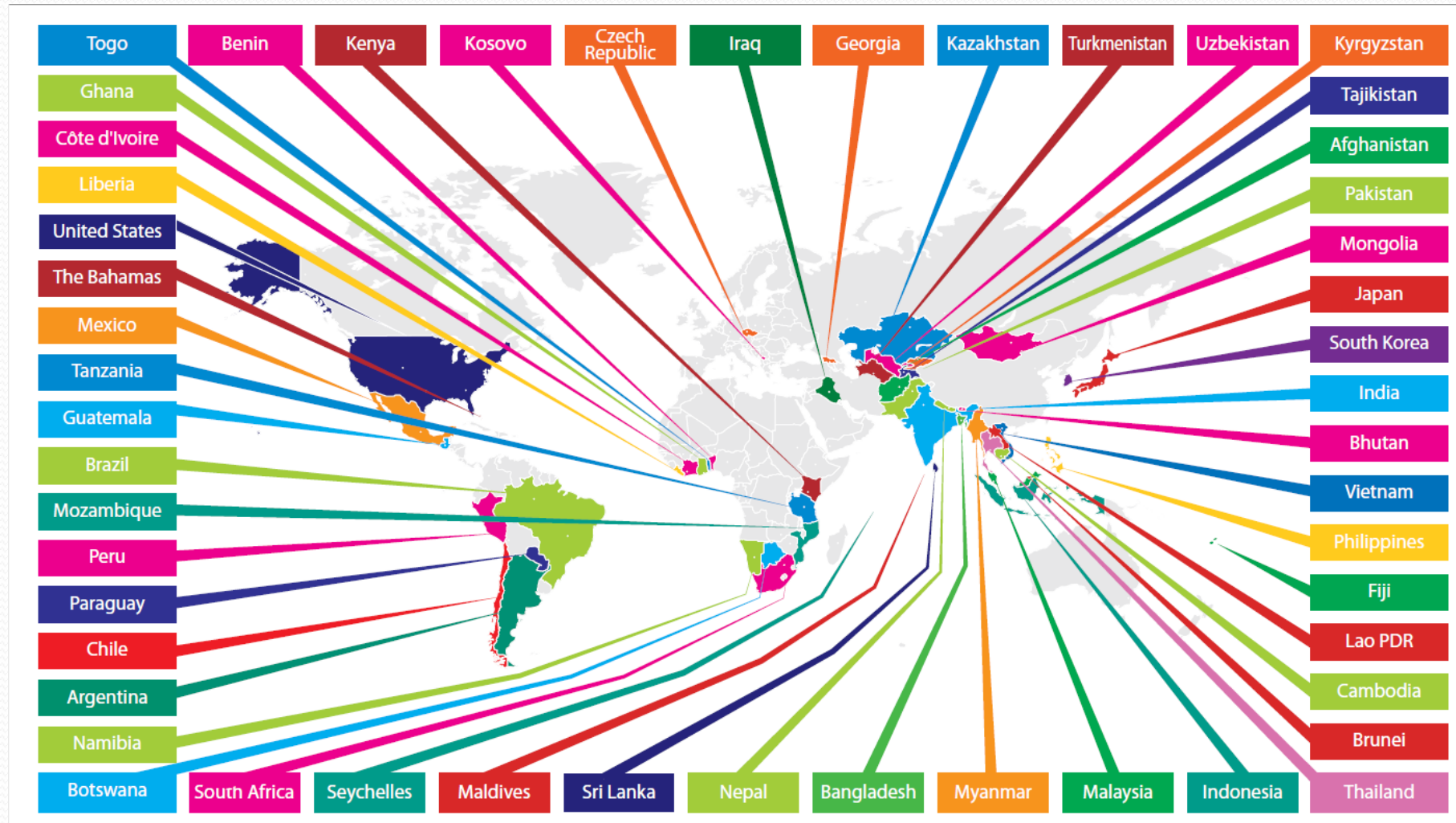
Professionalization through Credentialing

Through Global Centre for Credentialing and Certification Credentialing (GCCC)

- International Certified Addiction Professional (ICAP)
  – Levels I, II, III
- Recovery Coach Certificate

Professionalize Treatment Systems

Develop International Standards for Treatment

Professionalize Treatment Programs & Facilities
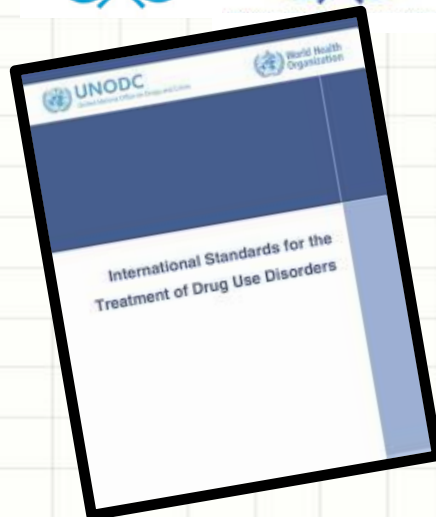
Develop Quality Assurance Standards

Technical Assistance to governments in accreditation of treatment services/facilities

International Standards for the Treatment of Drug Use Disorders

UNODC

World Health Organization

Drug Free Community Coalitions

➢ Bring together all sectors of a community to address a single problem

➢ 193 community coalitions, **22 countries** in Latin America, Africa, and Asia, 6300 active members

- youth
- parents
- businesses
- media
- education
- youth serving agencies
- justice
- fraternal and religious organizations
- civic organizations
- public health professionals
- government agencies
- substance use disorder organizations

Post on ISSUP Website – www.issup.net

NationalChapter@issup.net

- Afghanistan
- Brazil
- Chile
- India
- Kenya
- Mexico

- Nigeria
- Pakistan
- Philippines
- South Africa
- United Arab Emirates

International Consortium of Universities for Drug Demand Reduction (ICUDDR)

- Promote **Addiction Studies** at the University Level
- Advance Applied **Addiction Research** through UTC/UPC training
- **Credentialing professionals** in the workforce
- **Support Networking:**
  - community-university partnerships
  - faculty and student exchanges among networking universities

Learn more at: **www.icuddr.com**

Contact Information:

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Thank You