The Philippine Experience on the "Basic Training Course for Rehabilitation Workers on the Assessment and Management of Drug Dependence", 2013-2016

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Rehabilitation for persons who use drugs in the Philippines is premised on a multidisciplinary team approach to treatment, where delivery of services is collaboratively undertaken by physicians and rehabilitation practitioners. In 2013, a government-academe-civil society collaborative developed a customized training program for nurses, psychologists and social workers. This 10-day accreditation course covered modules on understanding drug dependence; assessment; management of drug abuse and dependence; and drug rehabilitation work. Participants also had the opportunity to handle cases through a practicum. Between 2013 and 2016, a total of eight training sessions were implemented, catering to 252 rehabilitation practitioners from almost all of the Philippines' administrative regions. A paired-samples t-test showed that there was a significant difference in the pre-test (24.58±4.08) and post-test scores (30.37±4.66) of participants to the training; $t(152)=16.5949$, $p = <0.0001$.

Keywords: training; rehabilitation workers; nurses; psychologists, social workers; drug dependence; Philippines

Introduction

Drug use disorder is a chronic relapsing condition characterized by a constellation of symptoms in cognition, behavior, and affect exacerbated by exposure to stimuli related to psychoactive substances, and which adversely affect an individual's functioning in society (American Psychiatric Association, 2013). More recently, it has been proposed that drug use disorder forms the pathologic end of a continuum, with experimental, occasional or social use comprising the other, and that the distinction between the two is based on criteria for abuse, craving, and withdrawal (Abadinsky, 2014; Levinthal, 2016).

Treatment of drug use disorder uses a variety of modalities (e.g., pharmacologic and/or behavioral therapy) delivered in different settings and durations, which aim to prevent compulsive drug use (National Institute on Drug Abuse, 2018). Rehabilitation forms a cornerstone of treatment and has been found to allow for return of functional status in a cost-effective manner (Scorzelli, 1988; Substance Abuse and Mental Health Services Administration (US) and Office of the Surgeon General (US), 2016).

In the Philippines where approximately 2% of the population aged 10 to 69 years were found to be current drug users (DDB and REECS, 2016), rehabilitation takes place in the context of Republic Act No. 9165, or the Comprehensive Dangerous Drugs Act of 2002, which mandates the use of a multidisciplinary team approach to treatment (Congress of the Philippines, 2002). In this setting, physicians and rehabilitation practitioners (the collective local term for nurses, psychologists and social workers) are enjoined to collaborate and deliver a package of services to the drug dependent and his/her family throughout the period of rehabilitation and even during aftercare (Dangerous Drugs Board, 2013). This local practice reflects the evidence and experience elsewhere showing that nurses (Finch, 2018; Knudsen and Abraham, 2012; Naegle, 2015), psychologists (Miller and Brown, 1997), and social workers (Amodeo, 2000; Daley and Feit, 2013; De Koning and De Kwant, 2002; Vogt, 2002; Whitaker and Weismiller, 2006) have a substantive role to play in different aspects and phases of rehabilitation for drug dependence.

One challenge faced by stakeholders following the promulgation of the law, however, was the absence of local training and certification programs for addiction specialists (Antonio et al., 2018), unlike in other jurisdictions where substance abuse is incorporated in pre-service education or in-service training activities (Butler, 2011; Church and Babor, 1995; Galvani and Allnock, 2014; Green and Holloway, 2002; Green, Holloway, & Fleming, 2001; Hoffman and Heinemann, 1987; Lee, 2014; Olmstead, Abraham, Martino, & Roman, 2012; Quinn and

Straussner, 2010; Smentkowski, 2019; Woo et al., 2012). Further, Republic Act No. 9165 specifically provides that the Department of Health (DOH) has the sole mandate to, among others, train and expand the pool of competent rehabilitation practitioners who will provide drug rehabilitation services (Congress of the Philippines, 2002). More recently, there has been a surge in the demand for drug rehabilitation services in the Philippines with the intensification of the war on drugs by the current administration (Medina, 2017; Simbulan, Estacio, Dioquino-Maligaso, Herbosa, & Withers, 2019).

It was in this context that a collaborative – composed of the DOH Dangerous Drugs Abuse Prevention and Treatment Program (DOH-DDAPTP), College of Public Health of the University of the Philippines Manila (CPH-UPM), Philippine College of Addiction Medicine (PCAM), and Group for Addiction Psychiatry in the Philippines (GAPP) – was formed to develop a customized training program for rehabilitation practitioners leading to formal accreditation of participants (Antonio, et al., 2018).

In this paper, we present the process of training development, and the content and output of the program with the end in view of contributing to the existing body of knowledge on training of professionals on drug abuse rehabilitation.

Methods

We retrieved training-related documents and records for all training activities conducted between 2013 and 2016 located in the archives of the College of Public Health, University of the Philippines Manila. These included evaluation forms, minutes of meetings, memoranda, training manuals, and training reports. Other files included in the analysis were the presentations of the lecturers used in the trainings, participant directory, and the pre-test and post-test scores of participants.

An iterative process of data abstraction was conducted to identify the process of development of the training manual, and describe training outputs in terms of number of training activities, number of participants, pre-test and post-test scores, and feedback/evaluation.

We used the Reaction and Learning domains of Kirkpatrick's Four-Level Training Evaluation Model to present the results of training (Kirkpatrick and Kirkpatrick, 2016). Level 1 evaluation assesses how the individuals react to the training. Participants' thoughts about the training was collected using a feedback form distributed at the end of the two-week course. The course evaluation is composed of two parts, one for the entire training course and one for the practicum. In the evaluation of the course, the objectives, the content, the exercises, and the administration of the training were assessed through a Likert-type scale. We retrieved the summary of feedback as indicated in the post-training reports or minutes of post-training meetings.

Level 2 gauges how much participants have learned in terms of their knowledge. A 55-item multiple-choice, best answer format examination was given to participants prior to and after the training activity. Questions were contributed by the module writers/content experts. A paired t-test was performed for pre-test and post-test scores of participants to determine if there is a significant difference in participant knowledge before and after the training.

Higher levels of evaluation under Kirkpatrik's framework were not carried out as the team was focused on implementing training activities as a response to the mandate from the new government formed in 2016 and the consequent rise in demand for drug rehabilitation services.

Senior members of the evaluation team, who were also part of the training team, validated the findings based on their collective recollection of the events related to the training program.

The evaluation described in this paper received no specific grant from any funding agency in the public, commercial, or not-for-profit sectors.

Results

Development of the modules and manual

A meeting with several stakeholders was called by DOH to formulate a draft of the training manual to be used in the training of physicians in 2009, which was used as a basis for the subsequent development of the training manual for rehabilitation practitioners. CPH-UPM, DOH-DDAPTP, PCAM, and GAPP had several discussions in order to develop a training design fit for rehabilitation workers. Since rehabilitation workers are not involved in conducting drug dependency examination (Congress of the Philippines, 2002), topics like neurological and physical examinations, which were discussed with physicians, were replaced with more exhaustive discussions on treatment planning and counselling. Two pilot training sessions were conducted for rehabilitation workers in 2013. Feedback from said pilot training sessions were used as basis for revisions in crafting the final form of the manual. Some of the revisions done included refining activities and workshops to maximize time allotment for all topics, rationalizing the appropriate sequence of modules, coming up with a pool of resource speakers capable of handling each topic.

Table 1 shows the overview of the final training manual used in the basic training course for rehabilitation workers on the assessment and management of drug dependence. The program consists of five modules: understanding drug dependence, assessment, management of drug abuse and dependence, drug rehabilitation work, and the practicum.

[Table 1]

The first module focuses on understanding substance dependence and introduces its different aspects, the characteristics and effects of common substances of abuse, law and other directives related to drug rehabilitation, and ethics for rehabilitation workers. Tackling this module includes a case identification exercise to highlight the importance of knowing the commonly used terms in order to avoid improper labelling of cases. A brainstorming activity for

the possible causes of drug dependence and group presentation capped the activity. Lectures were done for the remaining topics in the module.

The second module ensures that the personnel at rehabilitation centers are trained to conduct proper initial intake and assessment of suspected substance users and abusers. A simulation activity of the intake and assessment process is done by participants to have an idea of what should and should not be done in the initial assessment. The participants are familiarized with the WHO ASSIST (World Health Organization Alcohol, Smoking, and Substance Involvement Screening Test) and the criteria for drug dependence based on ICD10 (International Classification of Disease, 10th revision) and DSM 4-TR (Diagnostic and Statistical Manual of Mental Disorders, 4th edition, text revision). This module also gives light on whether a suspected substance user or abuser should be admitted for comprehensive assessment after initial assessment and the tools and instruments used in coming up with comprehensive assessment findings like the ASI (Addiction Severity Index).

The third module tackles the ultimate goal of treatment, which is to end substance abuse and dependence. This module discusses the treatment planning process and prioritizing client needs using the information gathered from the initial and comprehensive assessment discussed in the preceding module. Different treatment modalities are also introduced as well as crisis management and relapse prevention. It is important to recognize and uphold human rights in a rehabilitation facility. Ethics and patient rights are also tackled in this module. This module also stresses the fact that management is a collaborative process between the family, the social network, and the community of the client/patient, the rehabilitation professionals and the client/patient.

The fourth module discusses the obligations of rehabilitation professionals with regard to documentation of clients/patients under their care and proper handling of these documents. This

module also discusses the skills needed in documentation and report writing. RA 9165 requires them to submit timely, accurate, and truthful data.

The last module, the practicum, is a major requirement for completion of the training. It consists of supervised exposure and actual handling of patients in a government treatment and rehabilitation facility. This module familiarizes the rehabilitation worker with the different aspects of a drug rehabilitation program, the treatment planning process of drug dependents, and the data and documents needed in making a treatment plan.

Training program

The training program is a 10-day engagement spanning two weeks. A pre-test is administered at the beginning of the training program. Resource persons with expertise and experience in the various topics covered in the modules were invited to facilitate the training sessions. Various training techniques, such as lecture discussions, case identification exercises, brainstorming exercises, group activities, role playing activities, workshops, and group presentations, were utilized to deliver the module content. Handouts for all lecture presentations were given to the participants for their own use.

To cap the training off, a one-day practicum in a rehabilitation facility is done, where participant groups are expected to conduct assessment and develop a treatment plan for an assigned patient. Groups are thereafter provided an opportunity for mentorship with practitioners on the development of their case report. On the last day of the training, the practicum output is presented to a panel of experts in the field of addiction science. After the training course, post-test and training evaluation forms were accomplished by the participants. The layout of the activities over the duration of the training is shown in Table 2.

[Table 2]

Training participants

A total of eight training sessions were conducted from 2013 to 2016. Overall, 252 rehabilitation workers participated in the training course (range: 25 to 35 participants per training session).

There were slightly more female (53.17%) than male participants (46.83%) (Table 3). About one-third (31.35%) of participants were nurses by profession, while around one in four were psychologists. Social workers comprised 22.22% of the participants, while the rest included ancillary, support, administrative, and security personnel who were employed in facilities dealing with drug dependents.

[Table 3]

Nearly nine in 10 participants were employed by government (89.68%) and were working in rehabilitation facilities (89.29%).

The training program was able to graduate a rehabilitation practitioner from almost all of the Philippines' 17 administrative regions, with the exception of Region IV-B (Mimaropa), Region IX (Zamboanga Peninsula), and the Autonomous Region in Muslim Mindanao. Four regions represented about half of all participants trained by the program: National Capital Region [22.22%], Region V (Bicol) [11.51%], Region IV-A (Calabarzon) [9.52%], and Region XIII (Caraga) [9.52%].

The composition and distribution of training participants was determined at two levels. First, nominations or applications were screened by DOH-DDAPTP to ensure wide geographic coverage of the training. The second consideration was more pragmatic, as participants were typically billeted in threes in the training venue.

Training evaluation results

Majority of the training participants agreed that the objectives are relevant to the course, specific and reasonable, and were attained in the training. A few participants, however,

mentioned that these were not relevant to their work settings, which we surmise to be attendees whose main functions were not directly related to performing rehabilitation work.

Majority of the training participants were also of the opinion that the content and exercises were consistent with the objectives, were properly organized and sequenced, and were adequately discussed.

Among the different learning activities, the practicum, visit to rehabilitation facilities and actual handling of patients/clients were considered to be most helpful in learning. This was further facilitated by the hands-on guidance of lecturers and resource persons. Despite the two-week duration of the training, there was still a recurring comment that the training course be further extended so that the training content can be managed properly.

A paired-samples t-test was conducted to compare test scores before and immediately after the training activity for 153 participants (60.71% of all participants) for whom examination results were available to measure short-term learning gains. There was a significant difference in the pre-test (24.58±4.08) and post-test scores (30.37±4.66); $t(152)=16.5949$, $p = <0.0001$.

Discussion

The Philippine training of rehabilitation practitioners on the assessment and management of drug dependence is a 10-day locally developed program that aimed to capacitate nurses, psychologists, and social workers so that they can function as DOH-accredited rehabilitation practitioners. Between 2016 and 2018, more than 250 professionals from government and the private sector representing nearly all of the country's administrative regions were trained under the program. Qualitative participant feedback indicated that the training provided attendees with knowledge and skills related to the management of drug dependence, while comparison of examination scores suggested that learning took place at the end of all five modules.

The accreditation program described in this paper is unique in two ways when compared with other similar initiatives elsewhere .

First, the content of the course was customized based on the local policy environment and social milieu, while still retaining the basic principles of evidence-based drug rehabilitation. For example, there was emphasis on the tasks that each professional could undertake within the ambit of local professional regulations. The presentation of the process for drug rehabilitation – from intake to discharge – also took into account the nuances of the relationships between drug rehabilitation professionals, law enforcers, and the judicial system. While such orientation to the local landscape is not a novel approach, this method nonetheless has resulted to the training content of the Philippine program to be distinct relative to courses developed elsewhere (Butler, 2011; Green and Holloway, 2002; Green, et al., 2001; Lee, 2014; Olmstead, et al., 2012; Quinn and Straussner, 2010).

Second, whereas other training programs were usually offered separately to specific professional groups – nurses (Green and Holloway, 2002; Green, et al., 2001), psychologists (Butler, 2011; Lee, 2014; Olmstead, et al., 2012), and social workers (Quinn and Straussner, 2010) – the Philippine training program was deliberately designed to exemplify the team approach advocated by local policy, and simulate the multidisciplinary nature of work in rehabilitation centers (Dangerous Drugs Board, 2013). This, however, may have resulted to attenuation of learning as the scope of the course attempted to cover the needs of all professionals simultaneously. Nonetheless, positive participant feedback and performance seem to indicate that the set-up as used in the Philippines is a viable alternative that can be considered by others.

This paper described the content and results of the training program but was limited to a presentation of outputs of the course (i.e., Level 1 and Level 2 evaluation). A better gauge of training effectiveness would have been an assessment of application of skills gained from the

training in the workplace (Level 3), and its consequent impact to overall organizational performance (Level 4) . While ideal, the team was precluded from carrying out higher levels of evaluation since the priority of the collaborative was to conduct training activities as a response to the increasing demand for drug rehabilitation services starting 2016 (Simbulan, et al., 2019).

A further limitation of the paper is that participant feedback was based on aggregated results reflected in secondary sources, while examination scores for about 40% of participants were not available in the archives. This points to the need for effective records management for training programs, especially those that are conducted over long periods of time, as these would prove crucial not only for documentation purposes but for future evaluation work.

The practice of drug rehabilitation is considered a specialty within professions and there is empirical evidence that training and credentialing for this area results to better performance in the workplace (Amodeo, 2000; Daley and Feit, 2013; Finch, 2018; Knudsen and Abraham, 2012; Miller and Brown, 1997; Naegle, 2015; Vogt, 2002; Whitaker and Weismiller, 2006). While immediate training results suggest that the Philippine training program is effective, it should still be considered as a short-term solution to the development of a pool of rehabilitation practitioners who can provide services that are required under existing statutes. In the end, local stakeholders should strongly consider not only the incorporation of drug rehabilitation as part of pre-service education, but also the institution of formal post-baccalaureate programs (e.g., clinical residency, fellowship, etc.) that will enable professionals to be more responsive to the needs of persons who use drugs.

Conclusions

The Philippine training program for rehabilitation practitioners on the assessment and management of drug dependence is a viable alternative capacity-building model to address the

need for competent professionals who can render appropriate services to individuals and families.

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The evaluation team was assisted by Ms. Chelseah Denise H. Torres and Ms. Kristine Joy L. Tomanan.

Author disclosure

Most authors (with the exception of PDC) are part of the organizing team and/or training team for the *Basic Training Course for Rehabilitation Workers on the Assessment and Management of Drug Dependence*, which is the subject of this paper.

Statement of Authorship

CTA conceptualized the project. CTA, JPG, ECC and LLC designed the evaluation plan. PDC prepared the first draft. CTA finalized the manuscript based on comments from authors and reviewers. All other authors provided data, reviewed results, and/or contributed to the report. All authors approved the final version submitted.

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Table 1. Training manual for the basic training course for rehabilitation workers.

Modules	Objectives	Topics Covered
Understanding Drug Dependence	• Appreciate the magnitude of drug problem in the Philippines • Use appropriately common terms in drug dependence rehabilitation work • Achieve a good understanding of how dug dependence develops • Have a good working knowledge of commonly abused drugs • Understand that rehabilitation work is guided by laws and statutes of the Republic of the Philippines	• History and Epidemiology of Drug Use in the Philippines • Causes and Process of Dependence / Commonly Used Terms • Common Substances of Abuse • Laws and Policies Related to Treatment and Rehabilitation of Drug Abuse
Assessment	• Conduct proper screening and intake interview • Discuss the assessment tools being used in assessment • Explain concepts and principles of ICD10[1] and DSM 4-TR[2] • Utilize the tools and instruments in case assessment using hypothetical data	• Initial Assessment ○ Screening ○ Intake • Comprehensive Assessment ○ Assessment ○ Assessment Tools / Instruments, Social Case Study, Psychological Examination and Other Instruments ○ ICD 10 and DSM 4-TR Criteria for Substance Dependence and Substance Abuse • Assessment Using Case Study
Management of Drug Abuse and Dependence	• Prepare a treatment plan for a specific patient based on result of needs analysis and prioritization • Utilize counseling skills when working with patients or his/her relatives • Design an aftercare program that will suit the need of individual clients or patients • Coordinate with other stakeholders the treatment plan for patient/client • Apply principles of ethics and human rights in drug rehabilitation work • Manage patient and his/her environment in a crisis situation	• Treatment Planning ○ Introduction to Treatment Planning Process and Prioritizing Client Needs ○ Treatment Planning: MATRS[3]: Utilizing the ASI[4] ○ Coordinating Treatment • Treatment Modalities: Principles, Types, and Approaches ○ Treatment Modalities ○ Co-Occurring Disorders: The Scope of the Problem • Intervention Skills ○ The Drug Dependence Counselor

[1] ICD10 - International Classification of Disease, 10th revision
[2] DSM 4-TR - Diagnostic and Statistical Manual of Mental Disorders, 4th edition, text revision
[3] MATRS - Medication Assisted Treatment, Recovery and Support
[4] ASI - Addiction Severity Index

		○ Effective Communication Skills ○ Developing Empathy • Ethics and Human Rights in Rehabilitation Work ○ Ethics and Rehabilitation Work ○ Patient's Rights as Human Rights ○ Case Discussion • Counseling ○ Individual Counseling ○ Group Counseling ○ Family Counseling • Aftercare and Follow-up Program ○ Concepts and Processes ○ Relapse Prevention • Crisis Management ○ Understanding a Crisis Situation ○ Investigating, Reporting, and Documenting Crisis Situations ○ Principles of Crisis Management
Drug Rehabilitation Work	• Understand the pertinent laws regarding drug rehabilitation work • Demonstrate the proper documentation and handling of records	• Policies on Documentation and Document Handling • Skills in Documentation & Report Writing
Practicum	• Perform actual assessment procedures • Develop a treatment plan on assigned patients in a drug rehabilitation facility • Present the case to a panel/panel members	• Actual Screening and Assessment in a DATRC[5] • Treatment Planning • Case Presentation

[5] DATRC - Drug Abuse Treatment and Rehabilitation Center

Table 2. Layout of activities for the training

<table>
<tr><th></th><th colspan="2">Activities</th></tr>
<tr><td>Day 1</td><td colspan="2">Orientation
Pre-test
Module 1. Understanding Drug Dependence</td></tr>
<tr><td>Day 2</td><td colspan="2">Module 2. Assessment</td></tr>
<tr><td>Day 3</td><td colspan="2" rowspan="4">Module 3. Management of Drug Abuse and Dependence</td></tr>
<tr><td>Day 4</td></tr>
<tr><td>Day 5</td></tr>
<tr><td>Day 6</td></tr>
<tr><td>Day 7</td><td colspan="2">Module 4. Drug Rehabilitation Work</td></tr>
<tr><td>Day 8</td><td rowspan="3">Module 5. Practicum</td><td>• Case loading: government rehabilitation center</td></tr>
<tr><td>Day 9</td><td>• Field visit: private rehabilitation facility
• Integration/completion of cases
• Mentorin</td></tr>
<tr><td rowspan="2">Day 10</td><td>• Presentation to panel</td></tr>
<tr><td colspan="2">Post-test
Training evaluation
Closing session</td></tr>
</table>

Table 3. Characteristics of training participants (N = 252)

Characteristic	No.	%
Sex		
Male	118	46.83%
Female	134	53.17%
Professional category		
Nurse	79	31.35%
Psychologist	61	24.21%
Social worker	56	22.22%
Others*	56	22.22%
Place of work (region)		
National Capital Region	56	22.22%
Cordillera Administrative Region	2	0.79%
Region I (Ilocos)	11	4.37%
Region II (Cagayan Valley)	5	1.98%
Region III (Central Luzon)	21	8.33%
Region IV-A (Calabarzon)	24	9.52%
Region IV-B (Mimaropa)	0	–
Region V (Bicol)	29	11.51%
Region VI (Western Visayas)	16	6.35%
Region VII (Central Visayas)	22	8.73%
Region VIII (Eastern Visayas)	14	5.56%
Region IX (Zamboanga Peninsula)	0	–
Region X (Northern Mindanao)	16	6.35%
Region XI (Davao)	11	4.37%
Region XII ((SOCCSKSARGEN)	1	0.40%
Region XIII (Caraga)	24	9.52%
Autonomous Region in Muslim Mindanao	0	–
Type of sector		
Public/Government	226	89.68%
Private	26	10.32%
Institutional affiliation		
Treatment and Rehabilitation Center	225	89.29%
Hospital	18	7.14%
Local Health Office	0	–
Centers for Health Development	1	0.40%
Others	8	3.17%

* Other professional categories include security, support and administrative personnel and officials