

Experiences of UTC-Trained Addiction Professionals

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INTRODUCTION: In response to the emerging recognition of the need for Evidence-Based Practices (EBPs) for treating PSUDs, the Universal Treatment Curriculum (UTC) was conceptualized as a training series that is being conducted globally. This study delved into the experiences of addiction practitioners who completed the Universal Treatment Curriculum (UTC) training and utilize their UTC background to provide care for people with substance use disorder (PSUD). **METHODS:** Ten addiction practitioners were interviewed, and Interpretative Phenomenological Analysis (IPA) was employed to analyze the interview transcripts. **RESULTS:** Three superordinate themes highlighted the experiences of the participants in the UTC training, mainly focused on takeaways and reflections post-UTC training, as well as challenges during UTC training. Regarding the effectiveness of the UTC training when translated to the treatment of PSUDs, the two superordinate themes pertained to participant and treatment outcomes including paradigm shift, increase in self-awareness, re-engaging in volunteer work, applying acquired training skills to the actual workplace, and ethical practice. In terms of impact on the client's treatment process, the theme that emerged is related to having a functional, meaningful life.

CONCLUSION: The findings highlight the significant impact of UTC training on professional development, client care, and treatment outcomes. The emphasis on individual-based development and professional learning communities contributed to participants' growth and competence in their field.

Keywords | Substance Use Disorder – Universal Treatment Curriculum – Addiction Professionals – People with Substance Use Disorder

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1 INTRODUCTION

Addiction stretches all the way back to the fifth century, before the common era (BCE), when it was regarded as witchcraft (Day, 2018; Rosenthal & Faris, 2019). With the advancement of addiction research and neuroscience, the area of addiction studies has extended to include the study of the disorder's course and the population at risk of developing the disorder (Uhl et al., 2019; Volkow et al., 2019). The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision (DSM-5-TR), one of the most authoritative sources for defining substance-related and addictive disorders, divides the disorder into two categories: substance use disorders (SUD) and substance-induced disorders (SID) (APA, 2022). Addiction, also known as SUD, is a chronic relapsing brain disease marked by obsessive substance seeking despite negative consequences (APA, 2022; ICCE, 2011; WHO, 1992). As with other chronic diseases such as diabetes, asthma, and hypertension, SUD is typically chronic, relapse-prone, and genetically predisposed (Day, 2018).

Individuals suffering from SUD are referred to as persons with substance use disorder or PSUDs to avoid the more stigmatizing word "addict" (APA, 2022; ICCE, 2011). For a long time now, the stigma of being called an addict has affected PSUDs in a variety of ways. For instance, PSUDs may experience social anxiety which results in exclusion from social functions, eventually leading to status loss and discrimination. Consequently, such stigmatizing experiences interfere with proper treatment and are averse to recovery rates. Additionally, these experiences lead to increased difficulty in seeking care and worse, the PSUD may eventually turn the stigma inward. Such negative effects of the word "addict" led to the coining of the term PSUD and, thus, raising greater awareness and sensitivity about this at-risk population (Luoma et al., 2007; ICCE, 2011).

In response to the emerging recognition of the need for evidence-based practices (EBPs) for treating PSUDs, the Universal Treatment Curriculum (UTC) was conceptualized as a broad training series for capacity building of addiction professionals. Utilized globally, the UTC advocates the following objectives: a) conduct of interventions tailor-fitted to the needs of the client; b) strong ethical conduct in terms of practice, sustainability, and feasibility of the type of treatment service provided, and c) well-documented and researched practices. These objectives aligned with the training parameters in promoting EBPs earlier established by the United Nations Office on Drugs and Crime (UNODC) in 2008. These parameters directed the team of UTC lead developers that consisted a peer review panel, curriculum developers, and an addiction treatment expert advisory group. The UTC, which included a set of training resources for treatment specialists, aimed to address the enormous health, social, and economic difficulties experienced by PSUDs by increasing the global treatment workforce. The UTC was developed in response to the demand for current EBPs for training, particularly addiction treatment, and adhering to such EBP treatment characteristics as safety, effectiveness, client-centered, time-bound, efficiency, and fairness, more specifically, bridging the gap for people with lived experience who work in substance use treatment (How & Keow, 2015). In this regard, UTC offers a comprehensive training series intended for the

capacity building of professionals working with PSUDs to provide a more tailor-fit and holistic approach to realize the needs of their respective clients. Post-UTC, there was a reported increase in learning retention and training effectiveness that was exemplified by the results from the pre-test and post-test conducted, supporting UTC as an evidence-based intervention (Dasun, 2019a; Dasun, 2019b).

In the Philippines, an evaluation of the UTC in coordination with the Drug Advisory Program Colombo Plan (DAP) and the International Consortium of Universities for Drug Demand Reduction (ICUDDR) was recently conducted and has produced some early recommendations, one of which is to integrate UTC into the graduate curriculum (Melgar, 2019). Notwithstanding this study, there is a dearth of research that investigated how practitioners in the SUD field perceive UTC's effectiveness in the treatment process of PSUDs, and which the current study aims to address. Specifically, the study explored the experiences of actively working addiction professionals, specifically Guidance Counselors, Peer Recovery Coaches, Social Workers, Psychometricians, Psychologists, and Psychiatrists, during the in-person UTC and how their experiences were translated in the actual practice of treating persons with SUDs.

2 METHODS

2.1 Design

This descriptive qualitative study aimed to analyze and evaluate the first-hand experiences of locally recognized treatment practitioners in the context of receiving UTC via face-to-face delivery and actively practicing the treatment of PSUDs. This study also aimed to showcase the perceived effectiveness of delivering the UTC to PSUDs into actual treatment practice.

2.2 Participant sample

Inclusion criteria consisted Filipino professionals who are actively working in the field of SUD treatment and who must have attended the in-person UTC training with eight courses, whether locally, nationally or internationally. The participants must be currently practicing in the SUD field at least for the past year, and are credentialed by certifying bodies or organizations (e.g., ICCE). For those in peer recovery, an educational level of high school is sufficient in order to qualify as a participant. Excluded from the study were those who only received four UTC trainings, have not been credentialed, and those under peer recovery with less than five years of clean time and sobriety.

2.3 Procedures

With informed consent, individual interviews via online video conferencing or call were conducted, utilizing the method of pakikipagkuwentuhan by Enriquez (1988) to facilitate free-flowing discussion, which enhanced the genuineness and spontaneity of the interview. Two basic guide questions were asked, namely, a) What are your experiences in participating

in face-to-face UTC training, as translated into the face-to-face treatment of PSUD?, and b) Describe how effective the face-to-face UTC training is, as translated to the treatment of PSUD. Prior to the commencement of the study, the researcher has acquired informed consent from each participant.

Preservation of participant confidentiality and anonymity was done through de-identification of data. To ensure the optimization of benefits and the mitigation of any hazards to the participants, the examination of potential physical, emotional, and psychological hazards linked to engagement. Sufficient assistance systems were implemented during the interview. The participants were afforded the opportunity to discontinue their involvement in the study at any juncture without incurring any negative repercussions while also acknowledging and honoring their choices pertaining to participation. Adhering to the values of informed consent, confidentiality, respect for autonomy, and beneficence served to protect the participants and enhance the overall rigor and legitimacy of the research project. The researcher has effectively traversed potential hurdles and generated important discoveries while upholding the dignity and rights of participants by adhering to these ethical norms.

2.4 Data Interpretation

The interpretative phenomenological approach (IPA) was used to analyze the gathered information. The objective of IPA is to extrapolate exhaustively how the participants are translating in their respective practices what the training has provided them and its impact and effectiveness with their SUD clients. The assumptions of IPA are phenomenology, hermeneutics, and idiography, as the process attempts to explore and uncover personal and subjective experiences instead of the traditional nomothetic approach used in psychology. IPA is highly associated with how the individual attaches meanings to a particular meaning or phenomenon or the process of meaning-making or interpretative activity (Smith & Eatough, 2007; Smith et al., 1999). This framework of analysis focused more on the details of the perceptions and understanding of a particular group in order to uncover the interwoven relationships of diverse contexts in a person's life experience, representing a holistic psychological world (Larkin et al., 2006). Thus, the meaning of whole ideas is captured based on each phenomenology of the interviewed individuals, resulting in their idiography and collectively finding meaning in light of the current study. Transcription was next performed to collect these meanings.

After transcription, coding was utilized to capture themes and construct super-ordinate and sub-ordinate themes. The coding scheme is most effective when participants recount specific experiences in their life that they regard extremely personally meaningful and which had an important impact on their identity, such as the experience of conducting UTC. The intention of forming code, super-ordinate, and sub-ordinate themes is to provide the research with a theory from the gathered data (Saldana, 2012). Prior to forming a theory, the themes and codes were subjected to trustworthy-checking through member checking. The intention of this is to validate from the participants the codes and themes formulated from

the exercise of critical analysis mentioned earlier whether what they meant in the interview was what they were meant to say (Birt et al., 2016).

Another trustworthiness criterion that was utilized in this study was peer debriefing or expert validation. In this process, the researcher enlisted the help of three experts, all of whom are scholars in the field under consideration, to validate the codes and themes and ensure that the theory generated by this research is solid and would contribute to the body of knowledge. A review of the literature on the topics that have emerged as a result of the previous processes was then conducted. For ease of discussion, an audit trail is used to offer end-users and readers references to the codes and themes that have been developed, as well demonstrate the validity of the statements conducted by the researcher (Carcary, 2009). During the process of extracting themes and subthemes, coding procedures were facilitated through the utilization of the NVIVO software.

3 RESULTS

There were ten UTC practitioners who participated in the current study, six of whom are males and four females, and whose ages range from 30 years old to 65 years old. Three participants are married, two participants have partners, and all of them have children. Two participants are solo parents, while the others are non-married. By profession, there are three psychologists, two addiction professionals, one guidance counselor, two owners of private drug rehabilitation centers, and one Program Director, who are all actively working in the field of SUD treatment. In terms of the number of years in the profession, two practitioners are considered "young" in the profession, having practiced in the field of treating PSUDs for the past six years. Meanwhile, the eldest in the group has spent 29 years in the practice, while the rest of the participants have practiced for around 9 to 19 years. Among the participants, seven of them are recovering PSUDs, which means that they were previously active in using drugs and are currently abstinent from all forms of mood-altering substances. All participants are Filipinos.

Given their diverse personal and professional backgrounds, some participants shared having a lack of or a different educational background prior to embarking on the UTC trainings. Some wanted to gain knowledge on addiction treatment and recovery, more specifically, to have a better understanding of the treatment of PSUDs in order to provide them appropriate care. For other participants, finding personal meaning through additional learning and attaining a higher purpose by serving others were their motivations for attending the UTC training.

3.1 Experiences in the UTC training

This theme focuses in addressing the first research question: What are your experiences in participating in face-to-face UTC training, as translated into the face-to-face treatment of PSUD? Three superordinate themes highlighted the experiences of the participants in the UTC training and how these experiences

were translated into the treatment of PSUDs. These superordinate themes are: a) takeaways from the UTC training, b) reflections post-UTC training, and c) Challenges during UTC training. *Table 1* presents these themes and the subthemes based on the interview results and analysis.

There were four subthemes in terms of takeaways during the training, namely, the acquisition of knowledge, trainer characteristics, opportunities in expanding network and collaboration, and sharing of best practices. For the reflections post-UTC, there were three identified subthemes which included perspectives regarding treatment practices, reflections and suggestions to improve the training, and reflections on actual practice. For challenges during the training, the four subthemes highlighted the barriers to learning, accessibility of training, modality of training, and contextualization of UTC in the Philippine setting.

3.2 Perceived effectiveness of the UTC training

This section aims at satisfying the second question: Describe how effective the face-to-face UTC training is, as translated to the treatment of PSUD. Regarding the effectiveness of the

UTC Training when translated to the treatment of PSUDs, there were two superordinate themes that emerged from the narratives of the participants: a) participant outcomes and b) treatment outcomes. *Table 2* presents these themes and the subthemes based on the interview results and analysis.

Under participant outcomes, five subthemes were identified, namely: paradigm shift, increase in self-awareness, being re-engaged in volunteer work as a UTC-trained professional providing treatment, applying acquired training skills to the actual workplace, and ethical practice. On the other hand, in terms of impact on the client's treatment process, the theme that emerged is related to having a functional, meaningful life. Participant outcomes refer to the results or benefits gained by the UTC participants from their participation in the program. In this study, participant outcomes were grouped into subthemes: having a paradigm shift, having an increased sense of self-awareness, applying acquired training skills to the actual workplace, re-engaging in volunteer work, and observing ethical practice. On the other hand, treatment outcomes refer to the effectiveness of the UTC training based on its impact on the client's treatment process. In this particular study, the treatment outcomes are based on the perceptions and observations of the participant regarding changes in

Table 1 | Superordinate themes and subthemes on the experiences in the UTC training

Themes	Subthemes	Description/Explanation
Takeaways from the UTC training	Acquisition of knowledge	The perceived strengths of the UTC training pertain to the positive experiences of the participants which led to improvement in knowledge, attitudes and skills.
	Impressions on trainer characteristics	
	Growth potential in networking and collaboration	
	Sharing of best practices	
Reflections post-UTC training	Perspectives regarding treatment practices	The UTC participants share their perspectives on alterations, enhancements, and modifications of the UTC itself, post-training, as well as reflecting on ways that they can improve their own areas of practice.
	Reflections and suggested improvements to the UTC training	
	Reflections on improving actual practice	
Challenges during the training	Barriers to learning	Participants of the UTC provide their perspectives on the obstacles and solutions that they encountered during the training.
	Accessibility of training	
	Modality of training	
	Contextualization of UTC in the Philippine setting	

Table 2 | Superordinate themes and subthemes on perceived effectiveness of UTC training

Themes	Subthemes	Description / Explanation
Participant outcomes	Paradigm shift	Participant outcomes refer to the results achieved by those who participated in the training.
	Increased self-awareness	
	Applying acquired training skills to the actual work place	
	Re-engaged in volunteer work as UTC-trained professional providing treatment	
	Observance of ethical practice	
Treatment outcomes	Clients' functional and meaningful life	Treatment outcomes pertain to the effects of the UTC training on the clients, as perceived by the practitioners who attended the UTC training.

their client's way of life in general. The treatment outcomes focused mainly on the client's functional and meaningful life as perceived by the participant who applied the UTC learnings to the treatment process.

4 DISCUSSION

The aim of the current study was to explore the experiences of participants in the UTC training and how such an experience was translated into the treatment of PSUDs. Three superordinate themes highlighted the experiences of the participants in the UTC training and how these experiences were translated into the treatment of PSUDs, namely, their takeaways from the UTC training, their reflections after the UTC training, and the challenges experienced during the UTC training. The participants described their training experiences as dynamic, interactive, and comprehensive in terms of acquiring knowledge. They also characterized their impressions of the trainers as well-versed in the conduct of training, which facilitated the flow of activities. Additionally, the participatory training approach allowed for interaction and collaboration among the participants, especially during the workshop activities where attitude and skills were honed and are components that make the UTC distinct in itself. The participants were able to gain knowledge in terms of evidence-based tools and methods that are very useful and relevant in their practice of treating PSUDs. The activities that were conducted during the UTC training added to the participants' confidence in implementing their own treatment programs when they were back in their own workplaces. According to Clardy (2005), adult learning or education's andragogical practice emphasizes practical learning, individual solution-focused skills, student involvement, and peer contact. Learning, attitude, and behavior improved with both methods. At the same time, one of the goals of adult learning is to put their learning into practice with the knowledge and skills that have been acquired through training or any learning process.

During the UTC training, the participants expressed their impressions of the trainer's competence as a takeaway from the program. This affirms how trainers in adult learning play a vital role in the effectiveness of any training or educational program. In this regard, UTC has gathered trainers from all over the world who manifest significant impact in the SUD field through their specialization. It is evident that the required set of repertoires for an effective trainer has been rigorously reviewed and implemented. In fact, there is a pre-requisite needed to be a UTC trainer that is being provided in a separate training called Training of Trainers. This is done by invitation for those in the field that has prequalification that has fallen under the UTC's parameters (International Society of Substance Use Professionals, 2023). These trainers are experts and well-renowned in their respective fields. Several studies presented that teachers' academic qualifications, experience, professional qualifications, gender, attitude all affect teaching quality. Teacher trainers' demographic characteristics like experience, gender, and academic qualification serve as a vital component in terms of training impact (Aselebe & Popoola, 2022; Blömeke et al., 2016; Nilsen et al., 2016;).

The participatory style of the UTC training was considered a positive point by the participants, as they were able to potentially grow and expand their network and collaborate with local and international co-trainees, an attitude that emerged from the training within the participants. Collaboration plays a vital role in expanding horizons and sharing best practices in the SUD field as studies and up-to-date evidenced-based treatment evolve. Similar to integrated mental health care with primary care (Van Slingerland et al., 2022), which is a global best practice, collaboration in SUD treatment involves interdisciplinary communication and decision-making to inform client care. Collaboration practice ranges from autonomous parallel practice through consultation, referral, and interdependent care. Zeroing in on the training paradigm, conducting opportunities for inter-professional training addresses effective treatment outcomes, and this is addressed by training future healthcare providers to work collaboratively (Bridges et al., 2011).

As to reflections post-UTC, having immersed themselves in the UTC training, the participants reflected on three aspects post-training: perspectives regarding treatment practices, how the UTC can be improved further, and how they can improve their practice in their respective fields and in their communities of work after being UTC-trained. The latter highlights the participants' perception of their current practices and the ways they can go above and beyond what they are currently observing in their practice. On the other hand, the participants shared their sentiments on their challenges and inner thoughts on what can be improved in the UTC both in the training proper as well as their reflections post-UTC. Because the training sessions can be fairly extensive, the participants were challenged to maintain their attention and concentration for extended durations. Other challenges included barriers to learning (i.e., language, level of comprehension, information overload), financial constraints, accessibility of training, and contextualizing UTC in the Philippine setting. Contextualizing training can also improve participant outcomes by enhancing understanding of how training content relates to their personal and professional life. Given certain cultural nuances, contextualizing training may possibly support participants in developing the ability to interact with others from other cultural backgrounds, enhancing their communication, teamwork, and relationship-building abilities. Downing et al. (2011) emphasized the importance of cultural competency to prevent potential negative effects that may result from ignoring culture when providing health care. Along the same line, the consideration of culture in the conduct of UTC training is important, considering the cultural nuances that may impact training outcomes.

In terms of the participants' perception regarding the effectiveness of the UTC training when translated to the treatment outcomes of PSUDs, two superordinate themes emerged, namely, participant outcomes, and treatment outcomes. Under participant outcomes, five subthemes were identified, that is, paradigm shift, increase in self-awareness, being re-engaged in volunteer work as a UTC-trained professional providing treatment, applying acquired training skills to the actual workplace, and ethical practice. On the other hand, in terms of impact on the client's treatment process, the theme that emerged is related to having a functional, meaningful life. Under participant

outcomes, as to applying acquired training skills to the actual workplace, some participants explicitly narrated their experience in implementing their learnings from UTC and applying them to their field of work. This was created in their transformation from their old mindset and renewing of their mind and philosophies in practice. Additionally, the change in their philosophy created the effectiveness necessary to provide successful treatment outcomes. This also allowed the participants to grow personally and professionally, being more effective to the clients that they are serving. Such internal awareness is necessary for the practice in the PSUD helping profession, as practitioners are able to see the value of standardization of practice while adhering to ethical principles in human care. In addition to this awareness of an impact on treatment, and with the passion to serve their clients, the participants have seen the value of serving through volunteerism as an aspect of providing human care. This creates compassion and a feeling of responsibility from the participant as a practitioner in the field. Apparently, the participants did not limit their growth to the UTC training, but they went above and beyond those walls of the training venue and translated their learning into the lives of the people whom they serve and provided effective treatment.

In addition to participant outcomes, the effectiveness of training can be measured in many ways, but one of the most important metrics is the impact on the treatment outcomes. The goal of any training program is to equip practitioners with the skills and knowledge necessary to provide high-quality care to their clients, and ultimately, to improve client outcomes (Garnick et al., 2012; Marsden et al., 2000). In order to provide high-quality care effective provision of intervention, treatment, and relapse prevention programs must be built on clear concepts that provide a comprehensive framework for addiction therapy in order to be effective. Individualized treatment, holistic treatment, evidence-based approaches, continuous care, and relapse prevention are among these principles. By adhering to these principles, treatment professionals can assist patients in achieving and sustaining sobriety, enhance their quality of life, and lessen the likelihood of relapse (Glasner-Edwards & Rawson, 2010).

In the current study, some participants explored how they felt about providing treatment for PSUDs, taking into consideration what they have internalized in the UTC training. There was a recurring theme in which the participants were able to notice the impact of the UTC training in converting their learning into actual practice and how they are more professional than the way they were before. More importantly, the participants have seen the impact of treatment through the changes in behavior and knowledge acquisition of their PSUD clients. The impact evaluation was supported by administering tools learned from UTC that would ensure the treatment intervention provided to the PSUD clients. Even for the cases of ambivalent PSUD clients, the participants were able to utilize UTC precepts attributed to UTC's clear principles as a baseline and comprehensive framework for the Intervention, Treatment and Relapse Prevention Program. This is reflective of the results from pre- and post-assessment that were acquired in the UTC training as they provide these tools to PSUD clients, more than just observing the abstinence of clients during the stint of treatment. Moreover, participants were able to witness two parameters in the effec-

tivity of treatment to PSUDs, which are manifested through a functional life by being able to go back to daily functioning without the substance and being able to remain abstinent. The second and most important manifestation is having a good and meaningful life or purpose in life, which provides the constant fuel for a PSUD to go above and beyond remaining abstinent to create meaning from the turmoil that the PSUD has experienced for some time.

5 CONCLUSIONS

Although scholastic background is not an antecedent to embark on the UTC trainings, exposure and absorption of UTC precepts and principles changes the practitioners' view in the field of SUD treatment, leading toward evolution and progress. In addition, the exposure of peers in the field of SUD treatment allows practitioners to be accountable for each other in adherence to evidenced-based practices and ethical principles and guidelines to preserve, push forth, and protect the integrity of the SUD profession. The ability to deliver a repertoire of options for the PSUD and, at the same time, provide effective treatment modalities are motivating factors for these practitioners to create a dent of impact on the community in the SUD field.

The current study examined narratives regarding experiences with the Universal Treatment Curriculum (UTC) training, revealing that participants found the training dynamic, interactive, and comprehensive. They appreciated the importance of adult learning principles, such as practical learning, student involvement, and peer contact, which lead to civic engagement, social and economic progress, and community development. The UTC recruits experts from around the world and provides specific Training of Trainers for high-quality instruction. Participants also suggested improvements for the UTC, such as apprenticeship, mentoring, personalization, and incorporating personal passions. Challenges during the UTC training included extensive sessions, financial constraints, and accessibility issues, particularly for participants from developing countries. Despite these challenges, participants demonstrated resilience and adaptation, embracing the strength-based approach of the UTC. The study also examined the effectiveness of Universal Treatment Curriculum (UTC) training in treating PSUDs. Participants reported personal growth, improved self-awareness, and enhanced communication skills. The UTC training facilitated a transformation in mindset and philosophy, leading to more effective treatment provision and better client outcomes. Treatment outcomes were based on participants' observations and perceptions of changes in clients' lives. The UTC's emphasis on individual-based development and professional learning communities contributed to participants' growth and competence in their field. The study highlights the significant impact of UTC training on professional development, client care, and treatment outcomes.

Limitations of the current study include the relatively small number of UTC practitioners as participants, and thus, it is recommended that future research endeavors may also investigate the experiences of UTC trainers and clients served by the UTC practitioners to have triangulated data to enhance rigor of analysis. Furthermore, the experiences of UTC-trained addic-

tion practitioners who are in recovery could be studied further in order to have a glimpse of their possibly unique experiences. Another variable that can be studied would be the experience of stigma among UTC practitioners and PSUDs as they navigate the intervention process using UTC as a framework.

Overall, it is important to note that the effectiveness of UTC has to be continually assessed, which inspires practitioners working with PSUDs to be of service in their professions despite challenges being faced. Drawing confidence from what they have acquired through the UTC training, there is an acknowledgment that their UTC experience translates to better outcomes for clients who once again can become productive members of society.

Authors' contributions: The author SGEM designed the study, conducted the literature review, collected interview data, conducted initial analysis, and prepared draft of the article. The author FKCW edited the full study, supervised the analysis, and revised the final article. Both authors contributed to article creation and approved the final manuscript.

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