

# An Approach from Theory to Practice: Capacity and Capability Building for Addiction Professionals in Pakistan

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## Abstract

**Background.** In Pakistan, there is no formal short courses have been introduced by the public sector universities. Although different pieces of training and series of training related the addiction by different addiction professionals have been introduced from different platforms. The Institute of Applied Psychology, University of Punjab (Public sector university), Lahore with the collaboration of “Out of Box Consulting-OOBCON” (a private organization working on the domain of mental health) has introduced a short course for capacity-building addiction professionals. We aim to describe the process of designing and implementing the short course under the supervision of International and National mentors. **Methods.** OOBCON and IAP-PU mutually collaborated and developed the course while following the different stages. The pre-survey has been conducted before designing the course to get the suggestions and expectations of the addiction professionals. We used three phases for the development of the curriculum used in different studies for collaborating and capacity-building activities. The first is “Networking” which includes six subdomains. Secondly, Planning, Identification, Structuring, and Approval of the Short course, and at the end, the Implementation, Monitoring, and Evaluation Phase. We modified current best practices, outlines, and curricula to be context and resource appropriate in Pakistan. **Results.** We successfully developed and implemented a 3-month short course consisting of 44 hours including both theory and practical work. The total number of students enrolled (N=10) in the course. The pre and post-analysis result showed a significant outcome in the knowledge and practical approach of the students dealing with addiction clients. The main lessons learned are the importance of a practical approach to and to ensure the sustainability of the project; clearly defining the scope of practice before curriculum development; and concurrent development under the mentorship to better address the logistical barriers of implementation. **Conclusion.** We have successfully developed and implemented a short course for capacity building in the field of addiction and its management.

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## Keywords

Addiction, Substance Use Disorder (SUD), Capacity & Capability Building, mental health, Psycho-social-spiritual Intervention.

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Substance Use disorder (SUD) is a serious mental health problem across the globe, with high rates of mortality and morbidity<sup>1</sup>. According to the estimation of Global Burden Disease (2022), substance use disorder and mental health problems are recognized as one of the top and significant leading causes of burden<sup>2</sup>. It has been indicated in the World Drug Report (2020), by United Nations Office on Drugs and Crime (UNODC) that the usage of drugs has been increasing rapidly in the developing countries instead of developed

countries<sup>3</sup>. Furthermore, the use of illicit drugs has been increasing in Asian countries that is approximately 0.01% - 4.6%<sup>4</sup>. The frequency of substance use disorder has been increasing rapidly in Pakistan<sup>5</sup>. According to a survey report by UNODC, 6.7% individuals used an illegal drug in the past year and 4.3% individuals are suffering from substance use disorders and they need urgent treatment<sup>6</sup>. To address the most leading cause of burden, the essential element is to focus

on to strengthening the workforce in the field of Addiction and its management.

A key challenge in many LMICs is the limited capability and capacity for research which is directly relevant to the most critical mental health challenges<sup>7</sup>, such as enhancing the capacity of addiction professionals. Capacity building is neither a “bolt on”, nor a simple “tool kit” to make it happen. Capacity refers to “know how to use capabilities”<sup>8</sup>. From the last past decade, the professionals put their efforts for the development of a specialist pathway in the field of addiction and its management<sup>9</sup>. To achieve this purpose, different training programs have been successfully initiated in different high-income countries, such as Canada, The Netherlands, the USA and Australia have initiated Fellowships in Addiction Medicine, and some (Canada, USA) have extended these schemes to non-physicians<sup>10</sup>. In the Low- and Middle-Income Countries (LMICs), due to the lack of funding opportunities for capacity and capability remains a problem and became the cause of a huge gap in delivering quality education<sup>11</sup>. Sustainable Development Goal Target 17.9 of the 2030 Agenda is dedicated to “Capacity Building” and aims to “*Enhance international support for implementing effective and targeted capacity-building in developing countries to support national plans to implement all the sustainable development goals (SDGs)*”<sup>12</sup>. It is hugely important for Pakistan in order to meet the challenge of achieving SGDs, to put continuous efforts into the enhancement and acceleration of individual, institutional, and infrastructure capacity building.

The aim of this study is to develop and implement a capacity and capability-building program for addiction professionals in Pakistan.

## Methodology & Results

The initiative has been implemented with the collaboration of two independent institutes in the field of mental health under the supervision of an International Mentor. The development of the course and its implementation has been conducted in three phases these were 1) Networking 2) Planning, Identification, Structuring, and Approval of the Short course, 3) Implementation, Monitoring, and Evaluation Phase<sup>15</sup>.

### First Phase: Networking

A network is a group of independent, autonomous organizations that use various methods of coordinating and controlling their interaction in order to appear like a larger entity or to pursue a cause larger than that of the individual members or organizations. In the current study, the networking has been developed in different

steps such as the mutual collaboration has been developed between “The Institute of Applied Psychology, University of the Punjab, Lahore” and “Out of Box Consulting (OOBCON)” in which mutual points has been discussed from the development phase till implementation of the capacity & capability building activities.

### Elements of Network Sustainability

- A. Basis of Unity** – It has been decided that there is a clear reason for coming together of the members of the network; shared vision, clear Vision, Mission, and Goals (VMG).
- B. Relevance and Impact** – the continued existence of a network depends on its value. To maintain sustainability, all members decided whether to continue to support it or not or find it relevant or not; the network is relevant or adds value to its members if it is able to provide services to address their needs. Thus, addiction professional has been invited across Pakistan to share their knowledge with participants who will be enrolled in this program. It also helped to maintain sustainability for delivering the capacity-building program.
- C. Core Members:** Active and sustained participation of a united/critical core of this program. The mentors have been identified who will identify the gap and supports to address the successful implementation of the capacity building program. The three members have mutually decided on the supervision and mentorship of the program. The two mentors were from Pakistan (**M.G:** Senior clinical psychologist of doctorate level at a public hospital; **R.R:** Professor Director of the psychology department) and one international mentor (**I.N:** Senior professor of psychiatry) joined from the United Kingdom for critical evaluation.
- D. Financing:** Networks are the infrastructure of organizations. The practice of networking is more or less invisible, and it is difficult to pinpoint its direct effects or to measure its value. Thus, in the current study, financing the work of networks was more challenging. The following important points were tackled for this program:
  - a) To Pay reasonable dues of facilitators and supporting staff of the program
  - b) Maximizing advertisement such as the use of different media platforms, attractive content, and the importance of the program has been spread.
  - c) Results will be disseminated across Pakistan such as Publication, use of media platforms.

The following outcomes were measured from the meetings organized with the National and International Mentors on fortnightly basis.

**Table 1.1:** Shows Indicators of Capacity-Building Development.

Dimensions	Indicators	Impact
<b>Knowledge</b> <ul style="list-style-type: none"> <li>• Resource development</li> <li>• Subject knowledge</li> </ul>	<ul style="list-style-type: none"> <li>• Quality of participation of members</li> <li>• Resources mobilized.</li> <li>• Engagement with partners/ facilitators</li> </ul>	<ul style="list-style-type: none"> <li>• Attendance sheets</li> <li>• Minutes of the meeting</li> <li>• Documentations</li> <li>• Pre post assessment</li> </ul>
<b>Skills</b> <ul style="list-style-type: none"> <li>• Program development</li> <li>• Communication</li> <li>• Innovating thinking</li> </ul>		

## Planning, Identification, Structuring, and Approval of Short Course

We followed the four-step approach to curriculum development described by Kern in 1998<sup>13</sup>. There is an overview of the four steps of curriculum development with the implementation phase for 3 months ‘capacity-building course in Pakistan.

### Step 1: Problem Identification

Prior to this three-month certificate course, there is no short-term course at the public level university for mental health professionals who are working in the field of addiction and at different rehabilitation centers. Different short-term pieces of training have been introduced from different platforms through international and national speakers to address for need of capacity building. The aim of this program is to target all mental health professionals who are working with addiction clients at any step, as they would be more capable to understand the importance and the nature of the holistic care such as; nurses, psychologists, social workers. The program charges had been decided at the substitute rates so everyone can easily access the program. Furthermore, two seats were decided for scholarship of deserving students in which both institutes “IAP-PU” and “OOBCON” mutually contributed on a shared basis.

### Step 2: Targeted Needs Assessment and Network Consultative Meetings

Under the Mentorship, we developed a need assessment survey from a randomly selected group of general members, family members of clients suffering from addiction issues, and professionals both psychiatrists and Psychologists, working in the field of addiction. The survey accessed the respondents, opinions on the necessity of addiction training, appropriate timelines, the best modality of training, and whether an addiction-training course could be sustainable. A total of 150 randomly selected participants completed the survey form. The participants were Psychologists (N=55), Psychiatrists (N=28), community workers (N=54), and family members of addiction clients (N=13). We also approached different rehabilitation centers (N=05) and requested them to fill out the survey. On the basis of the response, it has been decided that the course

will be for three months (*44 Hours: 30 hours’ theory & 14 hours on venue*) while important course content also is discussed while addressing some culturally based issues.

### Step 3: Goals and Objectives

we defined scope of practice based on previous knowledge, skills, and training of the participants, the length of time allotted for the short-course curriculum, and the scope of practice design and modification based on available resources (e.g. Practical work/ case studies/ viva/ evaluation). The following objectives has been decided.

- To understand the holistic nature of addiction (Bio-Psycho-Social & Spiritual Approach).
- To strengthen the counselling skills.
- Provide understanding to recognize early signs, symptoms and dynamic about addiction and provide a basic support system for family members.
- Practical demonstration and implementation of different therapeutic strategies and techniques to enhance a well-established support system.
- To learn and implement culturally based interventions and enhance capacity building in future research.

### Step 4: Curriculum Development

The development of short course curricula was a systematic process that started from the most advanced scope of practice in the field of addiction and then tailored the curriculum content to the needs of society. The one goal of the course was to create a cohort of lay providers who will be the first line of care, so the material involved daily life examples for their understanding and implementation. The content material divided into three main domains these were: Introduction of the Disorder and its Neuro-autonomy (Risk factors), Formal and Informal assessment measures, and Evidence-based practices (including family therapy). The two assignments that have been included in the course work these were: Critical Review of current addiction policies existing at the National Level, recorded video while using culturally relevant scenarios. Both assignments contain equal marks and weightage in the final marks. The practical work will be assigned to the students in the rehabilitation center under the supervision of addiction professionals. Meanwhile, fortnightly international supervision was

provided to the students to discuss their cases and management strategies according to the client. At the end of the placement/ practical work, students were instructed to submit a case report that was reviewed and analyzed by the assigned addiction professionals. After submission of the case report and written exam, a viva has been conducted for the one-to-one student to analyze the knowledge about their submitted case report and course work. Results were integrated by evaluating the overall performance of the student such as; attendance, class performance, written exam, case report, and viva.

## Implementation

The course had advertised in the month of July 2022, after the extensive advertisement of 8 weeks the classes started on 1<sup>st</sup> September with the selected participants (N=10). The participants were selected through interviews by the panel of experts. The physical classes were conducted in the “Institute of Applied Psychology at the University of Punjab”, Lahore once in a week. The majority of the participants were mental health professionals and associated with addiction rehabilitation centers or clinics. The course was delivered from 1<sup>st</sup> September 2022 – November 2022.

## Evaluation and Feedback

During all stages of curriculum design, reliance was made on the feedback received, and evaluation conducted, on the basis of all these inputs, continues improvement in the course was made. Administration of the courses, and post course review process. The curriculum went for formal review to the IAP-PU review committee and OOBCON mentors and advisors. Meanwhile the two-level assessment also helped to analyze the impact of the course (Pre-assessment & Post assessment). The viva of the students conducted by the externals supervisors also included in the process of evaluation and feedback.

## Results

The survey response indicated the need assessment of the course as all the participants and professionals working in the rehabilitation centers supported the short courses not only for capacity and capability building but also as a refreshers course to equip themselves from the modern research and evidence-based practices in the field of addiction. Ninety-nine participants of the survey recommended that the course should be less than 6 months, while rest of the participants recommended that the course should be more than 6 months.

**Table 1.2:** Summary of the Findings from The Survey to Analyze Need Assessment of The Addiction Course.

<b>Participants (N=150)</b>	<b>n</b>	<b>%</b>
Psychologists	55	37.00
Psychiatrists	28	19.00
Community Workers	54	36.96
Family members of Addiction professionals / Lay members	13	09.00
Head of rehabilitation centers	05	03.00
Duration of the course		
Less than 6 months	99	66.62
More than 6 months	56	37.38

The team developed the core content for the short course after consultation from stakeholders and experts of

International and National. The team created course outline, presentation case scenarios, assignments, and examination.

**Table 1.3:** The Table Shows About the Course Content and Duration of The Course.

<b>Course Content</b>	<b>Hours</b>	<b>Supervisions</b>		
<b>Theory</b>	<b>30 Hours</b>			
<b>Basic Introduction</b> (Disorder, risk factors, Brain autonomy)				
<b>Assessment</b> (Formal & Informal Psychological Assessment)				
<b>Bio-Psycho-Social &amp; Spiritual Model</b> (Pharmacological Treatment, Evidence based Practices, Self-harm Reduction Strategies, Spiritual model)				
<b>Assignments</b>	<b>20 Marks</b>			
Video Role Play				
Critical analysis of existence Policy				
<b>Field work</b>	<b>100 Marks</b>			
Work with the clients			International (Zoom supervision)	2 Meetings
One Case Report			National	On Field
<b>Examination</b>	<b>100 Marks</b>			
Pre-Assessment				
Post-Assessment				
Viva	<b>100 Marks</b>			

The official training launched in the September of 2022 and finished in November 2022. The overall short course pass rate was 90.6%. Course pass rate was based on course attendance, hands-on skills exams, and written exam.

**Table 1.4:** The Table Shows About the Successful Rate of Students.

Numbers Trained	Percentage
Successfully completed	09 students
Not successfully completed	01 excluded

Modifications to the curriculum were made during the course in order to achieve the set objectives for the courses. Overall, participants rated their comfort level (*feedback from*) in the achievement of skills and results showed good performance observed in the viva, indicated in the written test and analyze from attendance.

## Conclusion

This article has provided an overview of the process of designing and implementing short courses for capacity and competency building in the field of mental health in Pakistan. We believe this model of curriculum development and implementation can be replicated for capacity-building activities and refreshment courses for students and professionals in different areas of mental health.

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