



Council for Tobacco Treatment Training Programs

TRAINING AND EDUCATION STANDARDS **January 2024 (Revised March 10, 2025)**

To effectively achieve our mission to provide leadership and to promote excellence in the professional preparation of Tobacco Treatment Specialists, it is the responsibility of the Council to establish and maintain training and education standards. These standards provide guidance to the Board of Directors, the Board of Councilors, and the accredited Training Programs, and serve as the foundation of the Council's accreditation process. We seek to maintain training and education standards that are rigorous, meaningful, creative, and reflect the current evidence-based, state-of-the-art approaches for training health professionals. We also seek to prepare Tobacco Treatment Specialists for success in multiple settings in a rapidly evolving landscape of commercial tobacco and nicotine products.

Core Values

Central to the Council's activities are a set of Core Values which include:

- Honoring diversity, promoting equity, and creating environments where all individuals, regardless of their backgrounds, identities, and lived experiences or abilities feel respected, valued, and empowered to fully participate and contribute.
- Promoting health and decreasing harm caused by commercial tobacco and nicotine products based on current evidence.
- Supporting collaboration across professions, disciplines, and settings to facilitate creative methods to educate and train Tobacco Treatment Specialists.
- Embracing sound pedagogy and approaches to education and training using a peer-review process to ensure excellence.

Competency-Based Training and Education

We employ competency-based education as the foundation of our approach. Competency-based education is an outcomes-based approach to the design, implementation, assessment, and evaluation of training and education.^{1,2} Competency-based education is widely employed in the education of health professionals.³ We use the following definitions in our approach:

- Core competencies are broad domains of strategic strengths.
- Competencies are analytical, logical, or interpretive abilities that emerge from the acquisition of measurable knowledge, skills, and attitudes required to effectively perform specific complex tasks. Competencies incorporate multiple elements, but are more than a sum of the elements.
- Knowledge is information developed or learned through experience, study, or investigation.
- Skills are behaviors that are acquired through deliberate, systematic, and/or sustained efforts and can involve ideas (cognitive skills), things (technical skills), and/or people (interpersonal skills).
- Attitudes are ways of thinking or feeling that are reflected in an individual's behavior.

A Competency Framework is a list of competencies, knowledge, skills, and attitudes required to perform specific complex tasks. A Competency Framework:

- Provides a clear, accessible, organized definition of the abilities required for optimal performance of specific complex tasks.
- Identifies content areas which are key to the acquisition of required knowledge and proficiencies.
- Supports program and learner process and outcome evaluations to determine the effectiveness of training and education methods.

Core Competencies

The Council seeks to develop and uphold training standards and accreditation policies and procedures in harmony with practice standards derived from multiple sources and disciplines. Therefore, our Training and Education standards are derived from the six Core Competencies identified by the Accreditation Council for Graduate Medical Education (ACGME)¹ and include:

1. **Patient/client care** – Tobacco treatment specialists must be able to provide appropriate patient/client care for diverse individuals and communities that is compassionate, inclusive, effective, and engaging.
2. **Knowledge** – Tobacco treatment specialists must be able to demonstrate expert bio-psycho-social knowledge relevant to all commercial tobacco and nicotine product use, prevention, and treatment among individuals and diverse communities.
3. **Practice-based learning and improvement** - Tobacco treatment specialists must be able use current scientific evidence to continuously evaluate and adapt their approaches to patient/client care.
4. **Interpersonal and communication skills** - Tobacco treatment specialists must be able to demonstrate interpersonal and communication skills that result in effective exchange of information and collaboration with patients/clients, their families and social networks, communities, and professional associates.
5. **Professionalism**- Tobacco treatment specialists must be able to demonstrate a commitment to carrying out professional responsibilities including the implementation of best practices, knowledge of current scientific evidence, advocacy for tobacco treatment services, adherence to ethical principles, and the promotion and preservation of sociocultural competence.
6. **Systems-Based Practice** - Tobacco treatment specialists must be aware of and be able to effectively engage systems resources to provide optimal care including health promotion and prevention activities such as but not limited to cancer screenings.

Continuing Education for Tobacco Treatment Specialists

The Council is committed to supporting high-quality continuing education for Tobacco Treatment Specialists and other health professionals. To this end, the Council reviews and approves continuing education opportunities. To be approved by the Council, continuing education opportunities must demonstrate how the opportunity supports the Council's Core Values and Core Competencies. See the Continuing Education Approval Application available on the Council website: www.ctttp.org.

Foundational Training and Educational Standards for Tobacco Treatment Specialists

Grounded in our Core Values and Core Competencies, the Council maintains a set of training and education standards that are considered foundational for Tobacco Treatment Specialists. These standards contribute specific training criteria for the accreditation of Tobacco Treatment Specialist training programs. These are reviewed and updated every 5 years or when significant changes in the field are established. See Table below and Application for Accreditation available on the Council website: www.ctttp.org.

FOUNDATIONAL TRAINING STANDARDS FOR TOBACCO TREATMENT SPECIALISTS

*Tobacco product refers to the FDA definition of “any product made or derived from tobacco and intended for human consumption, including any component, part, or accessory of a tobacco product.”

Foundational Competency	Knowledge, skills, and attitudes that comprise this competency
<p>1. Tobacco-related knowledge transfer <i>Provide clear and accurate information about tobacco use, strategies for quitting, the scope of the health impact on the population, and the causes and consequences of tobacco use</i></p>	<ul style="list-style-type: none"> a. Describe history, prevalence, forms/types, and patterns of tobacco product use*, and cessation in the country and region in which treatment is provided, including how rates vary across populations. b. Explain the role of tobacco use treatment within a comprehensive tobacco control program. c. Utilize the findings of national reports, research studies, and clinical practice guidelines for tobacco use treatment. d. Explain the societal and environmental factors that promote and inhibit the spread of tobacco use. e. Explain the basic mechanisms of the more common tobacco products, the health consequences of their use, and benefits of quitting. f. Explain the biological, psychological, environmental, and social factors associated with tobacco product use. g. Apply valid and reliable diagnostic criteria for tobacco use. h. Describe the predisposing factors, chronic nature, and typical relapse patterns of tobacco use. i. Provide information that is sensitive to different people’s characteristics, and appropriate to different learning styles and abilities. j. Identify the pros and cons of all evidence-based tobacco use treatment strategies. k. Discuss evidence-based harm reduction approaches for individuals not ready, not motivated, or not able to quit tobacco now. l. Discuss the pros and cons of complementary and alternative therapies and other non-evidence-based approaches based on patient choice. m. Demonstrate the ability to access information on the above topics. n. Communicate the symptoms, duration, incidence, and magnitude of nicotine withdrawal.
<p>2. Counseling skills <i>Demonstrate effective application of counseling theories and strategies to establish a collaborative relationship that facilitates involvement in treatment and commitment to change</i></p>	<ul style="list-style-type: none"> a. Demonstrate effective counseling skills such as active listening and empathy. b. Demonstrate the ability to establish a warm, confidential, and non-judgmental counseling environment. c. Describe and demonstrate use of evidence-based methods for brief interventions to treat tobacco use. d. Describe and demonstrate the use of evidence-based strategies to motivate and support behavior change, for example, Motivational Interviewing and Cognitive Behavioral Therapy. f. Demonstrate competence in at least one of the empirically supported modalities such as individual, group, and telehealth counseling.

<p>3. Assessment <i>Conduct initial and ongoing assessment to obtain comprehensive data needed to optimize treatment planning</i></p>	<p>a. Demonstrate the ability to conduct initial and ongoing assessment of tobacco use with validated measures, including:</p> <ol style="list-style-type: none"> 1. Current interest and motivation for initiating tobacco product cessation; 2. If not ready to quit, current interest and motivation for behavior change; 3. Current and past tobacco product use; 4. Established biomarkers of tobacco product use; 5. Biopsychosocial, environmental, and cultural factors influencing tobacco product use; 6. Tobacco Use Disorder via the Diagnostic and Statistical Manual of Mental Disorders (DSM) and the International Statistical Classification of Diseases and Related Health Problems (ICD); 7. Current and past history of pharmacological treatment of tobacco use 8. Current and past history of counseling, technology-based, and other non-pharmacological treatment of tobacco use; 9. Current strengths and resources that support abstinence; 10. Prior quit attempts including treatment experiences, successes, and barriers; 11. Availability of social support systems; 12. Preferences for treatment. <p>b. Demonstrate the ability to conduct initial and ongoing assessment of relevant medical, behavioral health, and substance use conditions as well as the identification of other health care professionals needed for appropriate consultation and referral.</p>
<p>4. Treatment planning <i>Demonstrate the ability to develop an individualized treatment plan using evidence-based treatment strategies</i></p>	<p>a. Develop a collaborative, individualized treatment plan with specific and measurable treatment objectives that incorporate initial and ongoing assessment.</p> <p>b. Incorporate evidence-based strategies into the individualized treatment plan to support movement toward identified treatment objectives.</p> <p>c. Incorporate a process to monitor and evaluate the effectiveness of the treatment plan.</p> <p>d. Demonstrate the ability to identify, refer to and consult with other health care providers and community resources, especially in the presence of other medical, behavioral health and substance use conditions.</p> <p>e. Demonstrate the ability to discuss with prescribers the potential need to adjust medications and dosages during and after the process of stopping tobacco use.</p> <p>f. Describe resources (web-based, community, quitlines) available for continued support for tobacco abstinence.</p>
<p>5. Pharmacotherapy <i>Provide clear and accurate information about available pharmacotherapy options and their therapeutic use</i></p>	<p>a. Provide information on correct use, dosing, efficacy, precautions, side effects and exclusions for all pharmacological products approved by regulatory agencies for the treatment of tobacco use.</p> <p>b. Identify information relevant to a person's current and past medical, behavioral health, and tobacco use history (including past treatments) that may impact pharmacotherapy decisions.</p> <p>c. Describe the benefits of combining pharmacotherapy and counseling.</p> <p>d. Describe the benefits of pre-quit use, higher dose medications, combining short- and long-acting medications, and extended treatment to reduce withdrawal symptoms and enhance the probability of abstinence.</p>

	e. Discuss the pros and cons of second-line, alternative, and emerging pharmacotherapies.
6. Relapse prevention <i>Offer methods to manage relapse and provide ongoing support</i>	a. Demonstrate an understanding of the chronic relapsing nature of tobacco use. b. Demonstrate knowledge of specific skills and strategies for managing relapse, including risk assessment, making referrals for additional resources, adjustments to the treatment plan, and continuing care. c. Implement appropriate treatment strategies to manage lapses and relapses.
7. Inclusive excellence <i>Demonstrate competence working with different populations</i>	a. Support services that are sensitive and responsive to all people. b. Demonstrate humility, respect, and awareness of the ways that tobacco is used among different populations. c. Demonstrate awareness of one's own thoughts, feelings, and attitudes and their potential impact on treatment. d. Incorporate a person-centered framework into the individualized treatment plan. e. Assess one's own influences and how they impact working with people of different populations.
8. Documentation and evaluation <i>Describe and use methods for tracking individual progress, record keeping, program documentation, outcome measurement, and reporting</i>	a. Maintain accurate records that utilize accepted coding and billing practices appropriate to the setting where services are provided. b. Develop and implement a protocol for tracking treatment follow up and progress. c. Describe standardized methods of measuring and reporting recognized outcomes of tobacco use treatment for individuals and programs.
9. Professional development and resources <i>Assume responsibility for continued professional development and contribute to the professional development of others</i>	a. Name and use peer-reviewed journals, professional societies, websites, and newsletters related to tobacco use treatment and/or research. b. Describe the process for adapting treatment protocols based upon evolving research of tobacco use treatments. c. Disseminate knowledge and findings about tobacco use treatment with others through formal and informal channels. d. Describe how and when to obtain formal and informal clinical supervision. e. Maintain professional standards as required by professional setting, patient population, professional license or credentialing.
10. Law and ethics <i>Consistent use of a code of ethics and adherence to government regulations specific to the health care or work site setting</i>	a. Describe and use codes of ethics established by appropriate professional disciplines. b. Describe and adhere to standards and regulations for confidentiality and privacy.

CITED REFERENCES

1. Eno C, Correa R, Stewart NH, Lim J, Westerman ME, Holmboe ES, Edgar L. *ACGME Milestones Guidebook for Fellows and Residents*. Accreditation Council for Graduate Medical Education; 2020.
2. Frank JR, Snell LS, Cate OT, et al. Competency-based medical education: theory to practice. *Med Teach*. 2010;32(8):638-645.
3. Palermo C, Aretz HT, Holmboe ES. Editorial: Competency frameworks in health professions education. *Front Med*. 2022;9:1034729.

EXPERTS WHO CONTRIBUTED TO THE DEVELOPMENT OF THE COUNCIL TRAINING STANDARDS

The Council for Tobacco Treatment Training Program's Training and Education Standards were developed from October 2023 to January 2024 by the Training Standards Review Committee. The members of this committee include:

James Brawner, BSE, MEd, NCNTT, Committee Member. I am a graduate of the University of Arkansas and the Mayo Clinic Tobacco Treatment Specialist training program and serve as a Community Educator for CoxHealth Medical System in Southwest Missouri and a trainer for the University of Massachusetts Chan Medical School Tobacco Treatment Specialist Training Program. I also hold a certificate in tobacco treatment from the National Association for Addiction Professionals and a certificate in tobacco treatment in oncology from the Memorial Sloan Kettering Cancer Center. My experience as an instructor, coach, and principal, along with 20 years of experience in marriage and family conferences, provides me with a robust background for helping people overcome addictions.

Caroline Cranos, MPH, NCTTP, Committee Member. I am a Contract Manager and Tobacco Treatment Specialist Training Program Director at University of Massachusetts Chan Medical School. I am the past President of the Association for the Treatment of Tobacco Use and Dependence. I work with the state of Massachusetts Tobacco Cessation and Prevention Program to promote healthcare professionals' use of evidence-based treatment for addressing commercial tobacco/nicotine use.

Audrey Darville, PhD, APRN, FAANP, Committee Member. I am an Associate Professor of Nursing (semi-retired), Family Nurse Practitioner, Tobacco Treatment Specialist, Course Director of the BREATHE Online Tobacco Treatment Specialist Training Program, a Robert Wood Johnson Foundation Clinical Scholar, and member of the Board of Directors of the Association for the Treatment of Tobacco Use and Dependence. As part of the BREATHE (Bridging Research Efforts and Advocacy Toward Healthy Environments) group at the University of Kentucky, my research has focused on reducing tobacco use in vulnerable populations.

Stephanie Stansell, PhD, NCTTP, Committee Member. I am a Tobacco Treatment Specialist and the Course Director of the Tobacco Treatment Training Program at the Medical University of South Carolina. I have 27 years of experience in public health with 20 years focused on tobacco treatment counseling.

Christine Sheffer, PhD, Committee Chair. I am a Professor of Oncology, a licensed clinical psychologist, a senior researcher and administrator, and the founding president of the Council for Tobacco Treatment Training Programs. I have trained Tobacco Treatment Specialists for over 20 years. My experience includes developing, implementing, and directing multiple large-scale tobacco treatment programs in three US states. Currently, I direct a robust research program in my Biobehavioral Health and Recovery Laboratory, lead the Roswell Park Tobacco Treatment Service at Roswell Park Comprehensive Cancer Center, and co-lead Roswell Park Cessation Services, which operates the New York State QUITLINE.

TASK FORCE THAT DEVELOPED THE FOUNDATIONAL TRAINING STANDARDS FOR TOBACCO TREATMENT SPECIALISTS

The Foundational Training Standards for Tobacco Treatment Specialists were developed between April 2021 to August 2022 by the Nicotine Dependence Task Force, a committee of tobacco treatment and research professionals convened by the National Certification Commission for Addiction Professionals (NCC AP) under the auspices of NAADAC, the Association for Addiction Professionals. Members of the Task Force include:

Erika Litvin Bloom, PhD, NCTTP. I am a licensed clinical psychologist, Scientific Manager at Click Therapeutics, Inc., and Adjunct Assistant Professor of Medicine at the Alpert Medical School of Brown University. Prior to beginning my current position at Click Therapeutics in September 2021, I was a Behavioral/Social Scientist at RAND Corporation from 2019-2021 and an Assistant Professor (Research) in the Departments of Psychiatry and Human Behavior and Medicine at the Alpert Medical School of Brown University from 2013-2019. My research has focused on developing and evaluating clinic-based and digital treatments for tobacco use, including motivational interviewing, cognitive behavioral therapy, acceptance and commitment therapy, and contingency management approaches. I am a member of the Society for Research on Nicotine and Tobacco and the Association for the Treatment of Tobacco Use and Dependence and have served on committees for both organizations.

Babalola Faseru, MD, MPH. I am an Associate Professor of Population Health and Family Medicine at the University of Kansas Medical Center (KUMC) and Consultant Medical Epidemiologist at the Kansas Department of Health and Environment (KDHE). I am the Director of the University of Kansas Tobacco Treatment Education Program and a Councilor of the Council for Tobacco Treatment Training Programs (CTTTP). My research is focused on improving access to tobacco use treatment among underserved populations and hospitalized patients. I have been a member of the Society for Research on Nicotine and Tobacco (SRNT) for over 17 years, and served as a section head of the SRNT Global Certification Program Curriculum Review Board. I am currently the Lead Section Editor of the Epidemiology and Prevention Section of the Seventh Edition of the American Society of Addiction Medicine (ASAM) Principles of Addiction Medicine and Associate Editor of Substance Abuse Journal.

Jerry A. Jenkins, M.Ed., LADAC, MAC. I have been the Chief Operations Officer for the Alaska Behavioral Health Association since 2018. This follows fifteen years as CEO of Anchorage/Fairbanks Community Mental Health Services where I led the effort to have tobacco/nicotine free facilities. I am in my 40th year in the addictions and mental illness treatment profession having worked throughout the continuum of care. Over fifteen of those years have included extensive involvement in certification of substance use disorder counselors at the state, national and international levels including ten years on the National Certification Commission for Addiction Professionals (NCCAP) with 3 years as Chair and on the Alaska Commission on Behavioral Health Certification. I am active in NAADAC currently serving as Treasurer. I have participated in the Alaska Leadership Summit for Behavioral Health and Tobacco Use since 2019.

Denise Jolicoeur, MPH, CHES, NCTTP. I am a retired project director in the Division of Preventive and Behavioral Medicine at the UMass Chan Medical School. During my 18 year tenure I managed the internationally recognized UMass Tobacco Treatment Specialist (TTS) training program and continue to serve as an instructor in the program. I have recently completed my tenure as the Treasurer of the Council for Tobacco Treatment Training Programs and continue to actively support the services provided by the Council. I am a founding member of the Association for the Treatment of Tobacco Use and Dependence (ATTUD) and served as the first President. I hold a BA in Social and Rehabilitation Services, a Master of Public Health degree, am a Certified Health Education Specialist and hold the National Certificate in Tobacco Treatment Practice. I am a member of the Society for Research on Nicotine and Tobacco and the Motivational Interviewing Network of Trainers.

Cheryl Y. Jones, LMSW, LADC, MAC, CCDP-D. I am a Public Health Program Analyst for the City of

Philadelphia. I have more than 43 years of social service experience conducting psychosocial screenings for psychiatric and drug and alcohol clients. I have specialized in co-occurring disorders that have included treatment planning for Substance Use Disorders, Compulsive Gambling and Tobacco Cessation. As an analyst, I work with providers on ways to reduce the smoking rates and promote smoke free environments with Office of addiction Services funded programs by monitoring the Tobacco Policy and Control Program that is designed to help clients quit smoking and encourage people to live smoke free. I served on the NCCAP as a Commissioner. I hold an International Certified Addictions Counselor (ICADC/ Gambling endorsement and International Co-Occurring Disorders Diplomat ICCDP).

Elias M. Klemperer, PhD. I am an Assistant Professor in the Vermont Center on Behavior and Health in the Departments of Psychiatry and Psychological Science at the University of Vermont. I received my PhD in Clinical Psychology at the University of Vermont in 2019 and completed my internship training at Yale University before accepting a faculty position at the University of Vermont in 2020. My research focuses on harm reduction interventions for people who are not ready to quit smoking and treatment for dual users of cigarettes and e-cigarettes. I have been a member of the Society for Research on Nicotine and Tobacco since 2013 and currently serve as chair of the Treatment Network Communications subcommittee.

David "Mac" Macmaster CSAC, PPTS, ACATA. I have been an addiction specialist since 1975 as a clinician, program developer and director/administrator. I have been active in tobacco integration for the disparity populations of substance use and mental health disorders for 20 years. I am the co-founder and managing consultant to WINTIP, the Wisconsin Nicotine Treatment Integration Project. I am a long-time NAADAC member honored with the 2013 William Callahan award for tobacco integration advocacy. I am a member of the Wisconsin NAADAC Chapter RAP-WI. As an addiction program director, I am qualified as an Advanced Member in the American College of Addiction Administrators (ACATA.) I have been an ATTUD member since my TTS training at the Mayo Nicotine Dependence Training in Rochester, Minnesota. I serve on the ATTUD Behavioral Health Committee.

Cynthia Moreno Tuohy. I hold a Bachelor's Degree in Social Work and advanced studies in Social Work and Public Administration and a certificate in Addiction Studies. I am the Executive Director of NAADAC, the Association of Addiction Professionals. I previously served as the Executive Director of Danya Institute and the Central East Addiction Technology Transfer Center. Prior to this I was the Program Director for Volunteers of America Western Washington, serving homeless and persons with the co-occurrence of poverty and substance use and mental health disorders. In addition, for over 20 years, I have been the administrator of multi-county, publicly-funded alcohol/drug prevention/ intervention/treatment centers with services ranging from prenatal care to serving the elderly. I have been a trainer in Domestic Violence/Anger Management and Conflict Resolution for over 35 years as well as an International, National and State trainer in a variety of topics. I have expertise in curriculum development in addiction screening and evaluation, treatment planning and documentation, ethics, counseling methods, conflict resolution, co-occurring disorders and medicated assisted treatment and recovery. My book, "Rein in Your Brain, from Impulsivity to Thoughtful Living in Recovery" was released in May 2014 from Hazelden Publishers. I authored a funded NIDA SBIR on "Conflict Resolution in Recovery and Relapse Prevention" for counselors to use in the treatment of trauma, substance use disorders and recovery. I have served as President of NAADAC, Certification Board Commissioner, International Chair, Treasurer and Legislative Chair for NAADAC. I was awarded the "Friend of NASADAD" Award by the National Association of State Alcohol and Drug Abuse Director's in September 2021 for my national work with the association. I hold a Bachelor's Degree in Social Work and advanced studies in Social Work and Public Administration and a certificate in Addiction Studies.

Cindy Wang Morris, PsyD, NCTTP. I am a clinical psychologist and clinical director at the Behavioral Health & Wellness Program at the University of Colorado Anschutz Medical Campus, School of Medicine, Department of Psychiatry. I am the administrator and a primary instructor for the Rocky Mountain Tobacco Treatment Specialist Program. As a behavioral change expert, I consult with diverse organizations across the

country to develop and implement whole health, work & well-being, and tobacco cessation programs. My research and clinical work is focused on health behavior change, including the treatment and prevention of tobacco use. I am a member and certified trainer of the Motivational Interviewing Network of Trainers (MINT), an international organization committed to promoting high-quality Motivational Interviewing practice and training.

Gerard J. Schmidt, MA, LPC, MAC. I am the Chief Operations Officer at Valley HealthCare System in Morgantown. I have been in the addiction treatment profession for fifty years and have been instrumental in developing a comprehensive system of outpatient and residential addiction services in north central West Virginia. I have served on a variety of national committees and have trained both nationally and internationally on addiction treatment. I served as Chair of the NAADAC Certification Commission for ten years and consulted with NAADAC in the development of the LifeLong Learning Series of educational programs focusing on the integration of counseling skills with medicated assisted treatment strategies for treatment professionals. I am the Past President of NAADAC, chaired the National Addiction Studies Accreditation Commission (NASAC) which accredits higher education addictions studies programs. I am a Licensed Professional Counselor (LPC) and certified as a Masters Addictions Counselor (MAC).

Christine E Sheffer, PhD, NCTTP. I am a licensed clinical psychologist, scientist-practitioner, and Professor in the Department of Health Behavior at Roswell Park Comprehensive Cancer Center. I am the President of the Council for Tobacco Treatment Training Programs, the accrediting body for Tobacco Treatment Specialist training programs. I've been involved in the training of health care providers in the treatment of tobacco use for nearly 25 years. My research focuses on the biobehavioral mechanisms in the treatment of tobacco use and other addictions as well as improving other health behaviors. I've been a member of the Society for Research on Nicotine and Tobacco for 20 years.

Alina Shevorykin, PhD, LMHC, NCC. I am a licensed mental health counselor, national board-certified counselor and a postdoctoral fellow at Roswell Park Comprehensive Cancer Center. I have over 9 years of clinical experience helping clients with various disorders and other issues. Originally, I completed my clinical internship at the Housing Works clinic serving people with substance use and other comorbid disorders from the LGBTQ+ community. My research focuses on the treatment and prevention of tobacco use and other addictions, as well as comorbidity with PTSD. I have been a member of the Society for Research on Nicotine and Tobacco since 2014 and currently serve as a member of the Treatment Network Communications subcommittee.