

# American Board of Psychiatry and Neurology Addiction Psychiatry Core Competencies Outline

## I. Addiction Psychiatry Patient Care and Procedural Skills Core Competencies

- A. General: Addiction psychiatrists shall demonstrate the following abilities:
1. To perform and document a relevant history and examination on culturally diverse patients<sup>1</sup> to include as appropriate:
    - a. Chief complaint
    - b. History of present illness
    - c. Past medical history
    - d. A comprehensive review of systems
    - e. A biological family history
    - f. A sociocultural history<sup>2</sup>
    - g. A developmental history (especially for children)
    - h. A situationally germane general and neurologic examination
  2. To delineate appropriate differential diagnoses
  3. To evaluate, assess, and recommend effective management of patients
- B. For Psychiatry: Based on a relevant psychiatric assessment, addiction psychiatrists shall demonstrate the following abilities:
1. To develop and document:
    - a. An appropriate DSM-IV multi-axial differential diagnosis
    - b. An integrative case formulation that includes neurobiological, phenomenological, psychological, and sociocultural issues involved in diagnosis and management
    - c. An evaluation plan including appropriate laboratory, imaging, medical, and psychological examinations
    - d. A comprehensive treatment plan addressing biological, psychological, and sociocultural domains
  2. To comprehensively assess and document a patient's potential for self-harm or harm to others. This shall include:
    - a. An assessment of risk
    - b. Knowledge of involuntary treatment standards and procedures
    - c. Ability to intervene effectively to minimize risk
    - d. Ability to implement prevention methods against self-harm and harm to others
  3. To conduct therapeutic interviews, e.g., enhance the ability to collect and use clinically relevant material through supportive interventions, exploratory interventions, clarifications, and motivational interviewing
  4. To conduct a range of individual, group, and family therapies using standard, accepted models, and to integrate these psychotherapies in multi-modal treatment, including biological and sociocultural interventions
  5. To recognize and treat psychiatric disorders

## **II. Addiction Psychiatry Medical Knowledge Core Competencies**

- A. General: Addiction psychiatrists shall demonstrate the following:
1. Knowledge of major disorders, including considerations relating to age, gender, race, and ethnicity, based on the literature and standards of practice. This knowledge shall include:
    - a. The epidemiology of the disorder
    - b. The etiology of the disorder, including medical, genetic, and sociocultural factors
    - c. The phenomenology of the disorder
    - d. An understanding of the impact of physical illness on the patient's functioning
    - e. The experience, meaning, and explanation of the illness for the patient and family, including the influence of cultural factors and culture-bound syndromes
    - f. Effective treatment strategies
    - g. Course and prognosis
  2. Knowledge of health care delivery systems, including patient and family counseling, group therapy, intensive rehabilitation, and halfway houses
  3. Knowledge of the application of ethical principles in delivering medical care
  4. Ability to reference and utilize electronic systems to access medical, scientific, and patient information
- B. For Psychiatry: Addiction psychiatrists shall demonstrate knowledge of the following:
1. Human growth and development, including normal biological, cognitive, and psychosexual development, including sociocultural factors
  2. Behavioral science and social psychiatry, including:
    - a. Learning theory
    - b. Theories of normal family organization, dynamics, and communication
    - c. Theories of group dynamics and process
    - d. Anthropology, sociology, and theology as they pertain to clinical psychiatry
    - e. Transcultural psychiatry
    - f. Community mental health
    - g. Epidemiology
    - h. Research methodology and statistics
    - i. Psychodynamic theory
  3. Patient evaluation and treatment selection, including diagnostic and therapeutic studies, including:
    - a. Diagnostic interviewing
    - b. Mental status examination

- c. Psychological and educational testing (including screening instruments)
- d. Laboratory testing
  - (1) General medical testing
  - (2) Drug testing
    - (a) Screening procedures and their interpretation, including immunoassays and “dipstick” procedures
    - (b) Confirming procedures, including gas chromatography/mass spectroscopy
- e. Imaging studies
- f. Treatment comparison and selection
- g. Various therapies, including:
  - (1) Specific forms of psychotherapies:
    - (a) Motivational interviewing
    - (b) Cognitive behavior therapy
    - (c) Twelve-step facilitation
    - (d) Behavioral therapies (behavioral couples therapy, contingency management)
    - (e) Network therapy
    - (f) Other
  - (2) All delivery systems of psychotherapies:
    - (a) Individual
    - (b) Group
    - (c) Family
    - (d) Therapeutic community
  - (3) Medications used in addiction treatment, including their:
    - (a) Pharmacologic actions
    - (b) Pharmacodynamics
    - (c) Clinical indications
    - (d) Side effects
    - (e) Drug interactions, including over-the-counter, herbal, and alternative medications
    - (f) Toxicities
    - (g) Appropriate prescribing practices, including age, gender, and ethnocultural variations
    - (h) Cost-effectiveness
  - (4) Specific forms of pharmacotherapies:
    - (a) Detoxification medications
    - (b) Maintenance medications
    - (c) Other relapse prevention medications
    - (d) Major psychiatric medications
    - (e) Antidepressants
    - (f) Antipsychotics
    - (g) Anxiolytics
    - (h) Mood stabilizers
    - (i) Hypnotics

- (j) Stimulants
- (5) Emergency psychiatry, including:
  - (a) Suicide
  - (b) Crisis interventions
  - (c) Differential diagnoses in emergency situations
  - (d) Treatment methods in emergency situations of overdose, intoxication, withdrawal or psychiatric complication
  - (e) Homicide, rape, child and domestic abuse, and other violent behavior as related to substance abuse
- (6) Substances of abuse, including their:
  - (a) Pharmacological actions of substances of abuse
  - (b) Signs and symptoms of toxicity
  - (c) Signs and symptoms of withdrawal
  - (d) Management of toxicity and withdrawal
  - (e) Epidemiology, including sociocultural factors
  - (f) Prevention and treatment
- 4. Addiction psychiatrists shall demonstrate knowledge of the other psychiatric subspecialties and areas of psychiatric endeavor, including:
  - a. Neurologic components of addiction psychiatry
  - b. Child and adolescent psychiatry
  - c. Clinical neurophysiology
  - d. Forensic psychiatry
  - e. Geriatric psychiatry
  - f. Pain medicine
  - g. Psychosomatic medicine
  - h. Sleep medicine

C. Evaluation and consultation

- 1. Addiction psychiatrists shall demonstrate knowledge of medical and psychiatric disorders commonly associated with or interfacing with substance use disorders, including:
  - a. Psychotic disorders
  - b. Mood disorders
  - c. Anxiety disorders
  - d. Somatoform disorders
  - e. Personality disorders
  - f. HIV/AIDS
  - g. Hepatitis
  - h. Neurotoxic syndromes
  - i. Chronic pain
  - j. Cognitive disorders
  - k. Disruptive behavior disorders
- 2. Laboratory assessment
- 3. Medical professionals
- 4. Families

5. Addiction psychiatrists shall demonstrate knowledge of the following:
  - a. Treatment planning
  - b. Forensic issues, including:
    - (1) Diversion and non-medical use of prescription drugs
    - (2) Chain of custody for urine specimens for drug screens
    - (3) Drug court and alcohol court procedures and outcomes
  - c. Specific populations, including:
    - (1) Adolescents and young adults
    - (2) Elderly people
    - (3) Pregnant women
    - (4) Parents of minor children
    - (5) Victims of abuse and domestic violence
    - (6) Medical professionals
    - (7) Public transport operators, (e.g., airline pilots, bus drivers, train engineers, etc.) in which specific or special problems may result from addiction
  - d. Differential diagnosis of drug problems
  
- D. Pharmacotherapy
  1. Toxicity
  2. Overdose
  
- E. Pharmacology of drugs (receptors/transmitters; clinical pharmacology; dosage toxicity; withdrawal; interactions/pharmacokinetics; medical consequences)
  1. Alcohol
  2. Opiates
  3. Cocaine/stimulants
  4. Hallucinogens
  5. Dissociatives
  6. Benzodiazepines/sedatives
  7. Inhalants/nicotine/caffeine/steroids, etc.
  
- F. Treatment settings and placement criteria (e.g., American Society of Addiction Medicine [ASAM])
  1. Inpatient
  2. Partial day hospital
  3. Extended residential
  4. Outpatient
  5. Community
  
- G. Psychosocial treatment
  1. Individual (motivational enhancement therapy, twelve-step program, cognitive behavior therapy)
  2. Behavioral (relapse prevention, contingency management)
  3. Group
  4. Family

5. Twelve-step programs
  6. Therapeutic community
  7. Interventions
  8. Complementary and alternative therapies (acupuncture, meditation, etc.)
- H. Biological and behavioral bases of practice
1. Genetics
  2. Epidemiology/natural history (including fetal alcohol syndrome)
  3. Neurobiological
  4. Psychological
    - a. Psychodynamics
    - b. Cognitive behavior
    - c. Other
  5. Sociocultural
  6. Outcome research
  7. Medication development
  8. Prevention

### **III. Addiction Psychiatry Interpersonal and Communications Skills Core Competencies**

- A. Addiction psychiatrists shall demonstrate the following abilities:
1. To listen to and understand patients and to attend to nonverbal communication
  2. To communicate effectively with patients using verbal, nonverbal, and written skills as appropriate
  3. To develop and maintain a therapeutic alliance with patients by instilling feelings of trust, honesty, openness, rapport, and comfort in their relationships with addiction psychiatrists
  4. To partner with patients to develop an agreed-upon health care management plan
  5. To transmit information to patients in a clear and meaningful fashion
  6. To understand the impact of the addiction psychiatrist's own feelings and behavior so that it does not interfere with appropriate treatment
  7. To communicate effectively and work collaboratively with allied health care professionals and with other professionals involved in the lives of patients and their families
  8. To educate patients, their families, and professionals about medical, psychosocial, and behavioral issues
- B. Addiction psychiatrists shall demonstrate the ability to obtain, interpret, and evaluate consultations from other medical specialties. This shall include:
1. Knowing when to solicit consultation and having the sensitivity to assess the need for consultation
  2. Formulating and clearly communicating the consultation question
  3. Discussing the consultation findings with the consultant
  4. Discussing the consultation findings with the patient and family

- C. Addiction psychiatrists shall serve as effective consultants to other medical specialists, mental health professionals, and community agencies by demonstrating the abilities to:
1. Communicate effectively with the requesting party to refine the consultation question
  2. Maintain the role of consultant
  3. Communicate clear and specific recommendations
  4. Respect the knowledge and expertise of the requesting professionals
- D. Addiction psychiatrists shall demonstrate the ability to communicate effectively with patients and their families by:
1. Gearing all communication to the educational and intellectual levels of patients and their families
  2. Demonstrating sociocultural sensitivity to patients and their families
  3. Providing explanations of psychiatric disorders and treatment that are jargon-free and geared to the educational/intellectual levels of patients and their families
  4. Providing preventive education that is understandable and practical
  5. Respecting the patients' cultural, ethnic, religious, and economic backgrounds
  6. Developing and enhancing rapport and a working alliance with patients and their families
  7. Ensuring that the patient and/or family have understood the communication
  8. Responding promptly to electronic communications when used as a communication method agreed upon by addiction psychiatrists and their patients and patients' families
- E. Addiction psychiatrists shall maintain up-to-date medical records and write legible prescriptions. These records must capture essential information while simultaneously respecting patient privacy and they must be useful to health professionals outside psychiatry.
- F. Addiction psychiatrists shall demonstrate the ability to effectively lead a multidisciplinary treatment team, including being able to:
1. Listen effectively
  2. Elicit needed information from team members
  3. Integrate information from different disciplines
  4. Manage conflict
  5. Clearly communicate an integrated treatment plan
- G. Addiction psychiatrists shall demonstrate the ability to communicate effectively with patients and their families while respecting confidentiality. Such communication may include:
1. The results of the assessment

2. Use of informed consent when considering investigative procedures
3. Genetic counseling and palliative care with appropriate consideration and compassion for the patient in providing accurate medical information and prognosis
4. The risks and benefits of the proposed treatment plan, including possible side effects of medications and/or complications of nonpharmacologic treatments
5. Alternatives (if any) to the proposed treatment plan
6. Appropriate education concerning the disorder, its prognosis, and prevention strategies

#### **IV. Addiction Psychiatry Practice-Based Learning and Improvement Core Competencies**

- A. Addiction psychiatrists shall recognize limitations in their own knowledge base and clinical skills, and understand and address the need for lifelong learning.
- B. Addiction psychiatrists shall demonstrate appropriate skills for obtaining and evaluating up-to-date information from scientific and practice literature and other sources to assist in the quality care of patients. This shall include, but not be limited to:
  1. Use of medical libraries
  2. Use of information technology, including Internet-based searches and literature databases
  3. Use of drug information databases
  4. Active participation, as appropriate, in educational courses, conferences, and other organized educational activities both at the local and national levels
- C. Addiction psychiatrists shall evaluate caseload and practice experience in a systematic manner. This may include:
  1. Case-based learning
  2. Use of best practices through practice guidelines or clinical pathways
  3. Review of patient records
  4. Obtaining evaluations from patients (e.g., outcomes and patient satisfaction)
  5. Employment of principles of quality improvement in practice
  6. Obtaining appropriate supervision and consultation
  7. Maintaining a system for examining errors in practice and initiating improvements to eliminate or reduce errors
- D. Addiction psychiatrists shall demonstrate the ability to critically evaluate relevant medical literature. This ability may include:
  1. Using knowledge of common methodologies employed in psychiatric research

2. Researching and summarizing a particular problem that derives from their own caseloads
- E. Addiction psychiatrists shall demonstrate the following abilities:
1. To review and critically assess scientific literature to determine how quality of care can be improved in relation to one's practice (e.g., reliable and valid assessment techniques, treatment approaches with established effectiveness, practice parameter adherence). Within this aim, addiction psychiatrists shall be able to assess the generalizability or applicability of research findings to their patients in relation to their sociodemographic and clinical characteristics
  2. To develop and pursue effective remediation strategies that are based on critical review of the scientific literature

**V. Addiction Psychiatry Professionalism Core Competencies**

- A. Addiction psychiatrists shall demonstrate responsibility for their patients' care, including:
1. Responding to communication from patients and health professionals in a timely manner
  2. Establishing and communicating back-up arrangements, including how to seek emergent and urgent care when necessary
  3. Using medical records for appropriate documentation of the course of illness and its treatment
  4. Providing coverage if unavailable (e.g., when out of town or on vacation)
  5. Coordinating care with other members of the medical and/or multidisciplinary team
  6. Providing for continuity of care, including appropriate consultation, transfer, or referral if necessary
- B. Addiction psychiatrists shall demonstrate ethical behavior, integrity, honesty, compassion, and confidentiality in the delivery of care, including matters of informed consent/assent, professional conduct, and conflict of interest.
- C. Addiction psychiatrists shall demonstrate respect for patients and their families, and their colleagues as persons, including their ages, cultures, disabilities, ethnicities, genders, socioeconomic backgrounds, religious beliefs, political leanings, and sexual orientations.
- D. Addiction psychiatrists shall demonstrate understanding of and sensitivity to end-of-life care and issues regarding provision of care.
- E. Addiction psychiatrists shall review their professional conduct and remediate when appropriate.

- F. Addiction psychiatrists shall participate in the review of the professional conduct of their colleagues.
- G. Addiction psychiatrists shall comply with the additional protections for information about patients with substance use disorders (e.g., 42 CFR Part 2).

## **VI. Addiction Psychiatry Systems-Based Practice Core Competencies**

- A. Addiction psychiatrists shall have a working knowledge of the diverse systems involved in treating patients of all ages, and understand how to use the systems as part of a comprehensive system of care, in general, and as part of a comprehensive, individualized treatment plan. This shall include the:
  - 1. Use of practice guidelines
  - 2. Ability to access community, national, and allied health professional resources that may enhance the quality of life of patients with chronic psychiatric and neurologic illnesses
  - 3. Demonstration of the ability to lead and delegate authority to health care teams needed to provide comprehensive care for patients with psychiatric and neurologic disease
  - 4. Demonstration of skills of the practice of ambulatory medicine, including time management, clinical scheduling, and efficient communication with referring physicians
  - 5. Use of appropriate consultation and referral mechanisms for the optimal clinical management of patients with complicated medical illness
  - 6. Demonstration of awareness of the importance of adequate cross-coverage
  - 7. Use of accurate medical data in the communication with, and effective management of, patients
- B. In the community system, addiction psychiatrists shall:
  - 1. Recognize the limitation of health care resources and demonstrate the ability to act as advocates for patients within their sociocultural and financial constraints
  - 2. Demonstrate knowledge of the legal aspects of psychiatric diseases as they impact patients and their families
  - 3. Demonstrate an understanding of risk management
  - 4. Understand workplace issues
- C. Addiction psychiatrists shall demonstrate knowledge of, and interact with, managed health systems, including:
  - 1. Participating in utilization review communications and, when appropriate, advocating for quality patient care
  - 2. Educating patients concerning such systems of care
- D. Addiction psychiatrists shall demonstrate knowledge of community systems of care and assist patients to access appropriate care and other support services. This requires knowledge of treatment settings in the community, which include

ambulatory, consulting, acute care, partial hospital, skilled care, rehabilitation, nursing homes and home care facilities, substance abuse facilities, hospice organizations, and impaired professionals' programs. Addiction psychiatrists shall demonstrate knowledge of the organization of care in each relevant delivery setting and the ability to integrate the care of patients across such settings.

- E. Addiction psychiatrists shall be aware of safety issues, including acknowledging and remedying medical errors, should they occur.

<sup>1</sup>Cultural diversity includes issues of race, gender, language, age, country of origin, sexual orientation, religious/spiritual beliefs, sociocultural class, educational/intellectual levels, and physical disability. Working with a culturally diverse population requires knowledge about cultural factors in the delivery of health care. For the purposes of this document, all patient and peer populations are to be considered culturally diverse.

<sup>2</sup>Regarding sociocultural issues, for the purposes of this document, "family" is defined as those having a biological or otherwise meaningful relationship with the patient. Such "significant others" are to be defined from the patient's point of view.

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