Adaptation of the Universal Treatment Curriculum to Philippine Context and Online Environment

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BACKGROUND: The Universal Treatment Curriculum (UTC) is offered to the academic community to integrate substance use-specific knowledge, skills, and evidence-based practices into the continuing professional development of current and future service providers. Although widely disseminated in many countries, the adaptation focuses on language translation and in-person trainings. **AIMS:** This study aims to describe the processes and evaluate the results of UTC academic integration as an online course offering in the Philippines. **METHODS:** A concurrent mixed-method approach was used to analyze data gathered through focus group discussion, post-online class evaluation, and pre-test and post-test scores. **PARTICIPANTS:** Fifty-two participants from 22 universities completed the online training. **RESULTS:** Participants appreciated the novelty of online classes and the convenience of Zoom and Google classroom platforms. Game-based learning, resource speakers, and asynchronous sessions facilitated the learning process. Participants noted that the topics selected were informative and useful for their work, but supplemental reading material was excessive. Internet connectivity was the main challenge encountered. Post-test results show a statistically significant increase in knowledge scores and no significant difference in the post-test scores of participants who took face-to-face training and online classes. **CONCLUSIONS:** The UTC Philippine (UTC-P) adaptation was a collaborative process that was revised several times before piloting. Faculty teaching style and confidence with the use of the platform can affect the overall quality of the online course. Online classes seem to have the same effect on similar audiences, with the added advantage of cost-efficiency for a wider audience.

Keywords | UTC – Curriculum Adaptation – Online Learning

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1 INTRODUCTION

The substance use disorder (SUD) treatment workforce shortage contributes to the unmet need for treatment globally. Due to rising demands, the treatment shortage will continue until 2030 despite a forecasted 3% increase in the United States (U.S.) workforce (Health Resources and Services Administration, 2020). In addition to staff recruitment and retention, access to effective training and continuing education remains difficult (Hoge et al., 2009). For example, in the Philippines, only 18% of the 1.2 million who surrendered to the government's war on drugs Operation Knock and Plead program received treatment (Ramos, 2018).

The Universal Treatment Curriculum (UTC) was developed with funding from the U.S. State Department as one of the most comprehensive training materials for treatment center workers without sufficient academic background or SUD-specific training. UTC consists of eight basic courses with a total of 188 contact hours. Initially offered to rehabilitation workers from government agencies and non-government organizations, UTC training dissemination was expanded to include academic institutions globally in a specialized 80-hour walkthrough training. The UTC's SUD-specific knowledge and skills integrate evidence-based practices in the curricular offerings and professional development of current and future service providers. The UTC was developed for a global audience of diverse learners; in the curriculum development process, countries are encouraged to adapt the material in their local context.

The UTC was developed for diverse groups of adult learners, and each of its eight courses can be taught as a stand-alone track. In this study, university walkthrough trainings of the UTC were conducted in the Philippines. Walkthrough trainings are offered exclusively for participants from institutions of higher education who have mastery of fundamental SUD concepts, and the shortened training hours focus on applying SUD-specific skills. The Philippine walkthrough trainings took place in three Metro Manila universities in August 2017, March 2018, and May 2018. Seventy-seven participants completed the walkthrough trainings, representing 19 universities and colleges and four government agencies, including the National Regulatory Board for Filipino Counselors and Psychologists.

The cancelation of traditional face-to-face classes in the country due to the COVID-19 pandemic provided an opportunity to shift to a virtual learning environment. Online classes require more instructor preparation time (Cavanaugh, 2005), but organization and design require less time (Tucker, 2020). This online course involved transforming teaching materials from a face-to-face format that was readily available to a virtual format that was not yet created. The former task was facilitated by the availability of the Colombo Plan's Universal Treatment Curriculum (UTC), which includes detailed course content, exercises, instructor guidelines, and PowerPoint slides. Our main challenge was to shift to an online environment, which entailed condensing the content, revising learning activities, and implementing appropriate synchronous and asynchronous teaching strategies. This study aims to describe the processes and evaluate the results of UTC academic integration as a course offering in an online environment. The study results can help guide extensive UTC dissemination to the current and future SUD workforce.

2 METHODS

This study utilized a concurrent mixed method in which both quantitative and qualitative data analyses describe the UTC adaptation and evaluate the online training in the Philippine academic community.

The Center of Psychological Extension and Research Services (COPERS) of Ateneo de Davao University assisted in recruiting participants through voluntary sampling. Voluntary sampling is a non-probability method where the sample is selected from willing and qualified participants (Murairwa, 2015). Fifty-five persons attended the online pilot classes, and 52 participants from 22 universities met the criteria for completion. Participants for the study included graduate students (n = 6), faculty (n = 14), student affairs and guidance office personnel (n = 25), both faculty and administrators (n = 5), and psychologists (n = 2).

An evaluation survey using a four-point Likert scale was distributed via a Google Form to the participants at the end of each phase. Eleven questions were designed to evaluate the content, design, learning platforms, and initiative results. Fifty participants responded to the survey.

Two 90-minute virtual focus group discussions (FGD) were attended by 12 participants (Phase 1: n = 6 and Phase 2: n = 6). Topics covered included the impact of the online classes, experience with the learning platform, resources, content, and process delivery. Professions and regions were considered in selecting the participants. Four faculty members (Phase 1: n = 2 and Phase 2: n = 2), three guidance counselors (Phase 1: n = 1 and Phase 2: n = 2), and five administrators (Phase 1: n = 2 and Phase 2: n = 3) from the Office of Student Affairs and Graduate Programs joined the FGD. The three major regions in the country were equally represented: Luzon (Phase 1: n = 1 and Phase 2: n = 3), Visayas (Phase 1: n = 3 and Phase 2: n = 1), and Mindanao (Phase 1: n = 2 and Phase 2: n = 2). Two facilitators conducted semi-structured interviews, and a transcriber was present at every FGD. Informed consent was obtained for recording the session, and respondents were given USD 10.00 for participation. Content analysis was used to identify the themes that emerged from FGD since the database was less than 500 pages (Creswell, 2008).

Pre-test and post-test surveys through Kahoot were made available to the participants before the first and after the last training days. Out of the 52 participants, only 28 completed both the pre- and post-tests. Secondary data were used for post-test result comparison. These data were obtained from the second Philippine walkthrough training report. The cohorts were comparable in audience diversity, career level, and test items. SPSS Version 20 software was used in statistical data analysis.

3 RESULTS

The UTC-Philippine (UTC-P) adaptation resulted from several working group meetings attended by UTC Philippine walkthrough training participants. The group consists of psychology faculty members, guidance counselors, and an educational manager. In addition, a one-day evaluation meeting was convened to identify the necessary changes for university adaptation. Recommendations from the former participants included addressing redundancy, streamlining topics, and integrating local data, cases, laws, and policies.

A two-day intensive course analysis followed the evaluation meeting to integrate the UTC into behavioral science courses and guidance programs. The group was divided into teams to conduct a module-per-module review of each course and identify whether a module should be retained, removed, or revised.

Three global master trainers who prepared the syllabi, revised the content, and researched supplemental materials based on the working group's recommendations designed the UTC-P. Synchronous sessions focused on SUD-specific information and skills (e.g., continuum of care, Philippine client flow chart, and screening). Theoretical concepts integrated into the higher education curriculum were provided as reading materials (e.g., diagnostic criteria for disorders), and exercises such as role-playing for counseling were held asynchronously. In addition, case studies based on the Philippine context, supplemental readings, and video links were provided.

The UTC-P was designed to be implemented into two phases of 33 hours of synchronous and 15 hours of asynchronous sessions delivered over seven weeks. The first includes Physiology and Pharmacology (UTC 1), Continuum of Care (Modules UTC 2), Case Management (UTC 6), and Screening, Assessment, and Treatment Planning (UTC 5). UTC 5 and UTC 6 were integrated into UTC 2 Module 6, the Components of Treatment. The first phase was held over three weeks, with a one-week academic respite.

The classes for the second phase were held for four weeks, with an academic break between each course. The second phase began with one meeting for a refresher course followed by Counseling (UTC 4), Co-Occurring Disorders (UTC 3), Crisis Interventions (UTC 7), and Ethics (UTC 8).

Synchronous classes were held via Zoom, resource materials were uploaded via Google Classroom, and Kahoot was used in synchronous classes for concept review and learning reinforcements and asynchronous pre and post-tests.

Participants used a four-point Likert scale to evaluate the UTC-P. Results showed that participants strongly agreed that the content and design of the UTC online training were suited for the academic setting *(Table 1).* Adapting UTC-P to an academic setting involves condensing the content appropriate to local university faculty and staff while maintaining the fidelity of the material.

UTC-P was divided into two phases, with constant adjustment in the course design. Synchronous sessions were conducted for 16.5 hours per phase, with an average duration of 90 minutes. In response to a suggestion from Phase I participants, facilitators implemented a two-day break between courses instead of a one-week break after every five-day class *(Table 2).*

Among the four areas evaluated, learning platforms received the lowest score. Online learning was a novel experience for the participants. Zoom, Kahoot, and Google Classroom were selected for their simple interfaces and ease of use for people with low technological proficiency. After resolving the initial confusion in the use of the learning applications, participants appreciated their convenience *(Table 3).*

As a face-to-face training course, UTC includes many small group activities that are challenging to implement in a virtual platform. Varied teaching methodologies such as guest speakers, educational videos, inquiry-based lessons, and game-based learning maintain learners' engagement. Participants' expectations initially were low, with some expressing doubt about the effectiveness of virtual learning. However, feedback was positive. Poor internet connectivity prevented participants from turning on their videos to avoid disconnection in both phases *(Table 4).*

The UTC-P test results show increase from pre-test (M = 42.68, SD = 12.06) to post-test (M = 64.11, SD =18.16). Paired sample t-test shows statistically significant increase in knowledge scores, $t(27) = -6.67$, $p < .00005$ (two-tailed). The effect size of 1.659 indicated a large effect size.

An independent-samples ***t-test*** was conducted to compare the knowledge mean scores of online participants and the knowledge mean scores of face-to-face participants. There was no significant difference in the scores for the online course (M = 64.11, SD = 4.91) and the face-to-face course (M = 70.33, SD = 8.58); t (-1.616), p < .114 (two-tailed). The online version performed no worse than the face-to-face course using the same content with similar audiences *(Table 5).*

4 DISCUSSION AND RECOMMENDATIONS

This study charts the experience and process of adapting the UTC to the Philippines and an online learning environment. The adapted online UTC was first launched soon after the outbreak of the COVID-19 pandemic in 2020. This initiative supported the ICUDDR aim to broaden access to appropriate SUD interventions for the university sector. The Philippine adaptation was based on the recommendations from participants who went through the face-to-face walkthrough of trainings conducted in previous years and later reviewed by a working group in 2019.

Three keywords in this initiative guided and influenced our efforts as program adaptors and faculty. One is the term "UTC," the second is "Philippine Adaptation," and the third is the "online" delivery of the course. A long cognitive and emotional process challenged us in aligning ourselves to the

Table 1 | Adaptation evaluation

Category	Phase 1		Phase 2		Total	
	M	SD	M	SD	M	SD
Content	3.78	.43	3.88	.32	3.82	.40
Design	3.90	.30	3.87	.33	3.89	.31

Table 2 | FGD adaptation evaluation

Category	Theme	Exemplars
Content	Materials are comprehensive	It gives me information that allows me to assess our program. We did some okay, but we also did something off.
	Good selection of topics	There were topics that were very engaging like crisis intervention. I find the progression, as well as when you included the review... the way it was presented was nice.
	Review was comprehensive	Even if it was just a review, the way it was presented was nice. I really love how it was presented. Seemingly, it was a very comprehensive review for me. So those who were not able to attend part one, for sure, learned a lot also.
	Materials can be overwhelming	I appreciate the richness of the handouts but, it would take time to read and understand the material. Maybe a kind of worksheet during the exercises. Just simple format that participants can readily fill up.
Design	Academic break was helpful	I had time to personally process what I learned. If it were five days lumped together, I will be pressured. What we did in part 2 is nice.
	Online classes is a novel experience	We didn't realize it is possible to learn through a webinar. But it is more high-tech.

Table 3 | Pilot training evaluation

Category	Phase 1		Phase 2		Total	
	M	SD	M	SD	M	SD
Learning Platforms	3.54	.86	3.79	.41	3.63	.74
Delivery	3.73	.44	3.83	.38	3.78	.42

Table 4 | FGD pilot training evaluation

Category	Theme	Exemplars
Learning Platforms	Kahoot is fun for informal tests.	It is a fun factor at the same time challenging because you have to think fast.
	Google Classroom is convenient.	It is interactive from posting announcements, sharing of materials, and submission of requirements.
	Zoom chat allows for participation.	I also like the chat section where we can just type in questions and comments while the presentation is going on. The moderators are kind enough to take notes and ask them during the open forum.
	Zoom and Google Classroom are user- friendly.	So far, I think Zoom is one of the best platforms... it is more user-friendly and it has more features. Google Classroom is easy to navigate, facilitates good interaction, you get to comment, you get to post your assignment, and it reminds you of what you haven't submitted yet, that's nice.
Delivery	Testimonials were beneficial	It was a great help and had a big impact. Especially that I am from the academe, to be hearing those testimonies of those who experienced SUD, it is eye-opening. It was of big help because it put a face on our discussions.
	Preference for face-to-face classes	I prefer the face-to-face format because it allows time for discussion... to help me understand deeply.
	Fast pace	Too much information. Too fast, it takes time to process... because I am too young.
	Connectivity can be a challenge	And that's why some people don't turn on their video is because, uh, they log out no? When you use your video you use more data. The drawback is when the internet is poor...

Table 5 | Post-test scores comparison of online and face-to-face format

	M	SD	t-value	P
Post Online (n=28)	64.11	18.16	-1.616	.114
Post-Face-Face (n=24)	70.33	8.58		

objectives of this initiative. The first was maintaining fidelity to the UTC curriculum. We recognized the tedious amount of scholarly work and comprehensive research behind the development of the different modules in the eight courses. The big challenge: How to maintain fidelity to the curriculum originally designed as an 80-hour face-to-face interactive workshop in a roughly 35-hour virtual workshop? As one experienced international trainer noted, "Converting in-person to a virtual format is more than transferring content to a PowerPoint presentation." (Taylor, 2021). In our experience, the conversion involved shifting our attention from the training manuals to PowerPoint slides. We repeatedly shifted back and forth between the handbook text and the slides. While doing this, the virtual course outline in our mind reflected the limitations of time available to present the number of slides. Consequently, we had to decide which topics to cut or retain. We thought that the asynchronous exercises and case discussion could cover some topics. We did this by continually consulting the UTC-P team three months before the online trainings. We made last-minute changes to slide decks after listening to previous speakers and noting the need to adjust the content of succeeding courses and modules.

The second challenge is adapting the UTC course to the Philippine context and the local drug situation. We are particularly aware of the need to include local SUD data, new Philippine policies, a list of local facilities, local cases, local resources, and testimonies of resource persons who work in the field. We successfully did that, and we were able to intensify that effort by tapping the unique backgrounds of our team, which included an expert with international exposure in the SUD field, a health provider for recovery centers and the community, and a researcher engaged in community interventions and applied academic research.

The third major challenge lies in using the online platform with confidence, skill, and flexibility. Our quantitative results tend to show that the UTC-P online format could match the knowledge outcomes that a face-to-face workshop typically aims to deliver. The results, showing no significant difference between the two learning methods, suggest that we can confidently deliver the course to people from different islands across the Philippines. Best of all, the online offering will be more affordable since it has lower operational costs than face-to-face training. This study's findings imply that people from different islands in our country could gain better access to drug education and receive updated information and knowledge in a shorter time through the online platform. However, we acknowledge the limitations of the online format in applying actual skills. Learning activities such as practical exercises, exposure to treatment centers, or interaction with clients who use drugs could not be organized and supervised simultaneously in different islands. Even small group discussions in synchronous or asynchronous times could not be closely observed or well-monitored.

In this pilot training, some faculty were more technically advanced than others, and as such, enhanced some modules with interesting technological applications. Other modules featured more frequent appearances of SUD experts and resource persons. A clinic manager trainer put more emphasis on case studies, which balanced the appeal of the modules. In the end, faculty preference, teaching style, and confidence with the use of the platform affected the course's overall quality.

Adapting and transforming a curriculum to an online format must consider the challenge of modifying the curriculum by selecting the topics that fit the course target objectives and duration. This challenge includes identifying and including local or national information about drug addiction and cases that resonate with the participants. Our other recommendation is to consider the principles of adult inductive learning in enhancing the learning objectives of the adapted UTC curriculum. The online format need not lose the value of an interactive face-to-face design. In terms of increasing knowledge, results show that online delivery is at par with face-to-face delivery.

Technological tools help engage participants in distance learning. For example, plenary sessions or break-out groups can engage learners in animated discussions, depending on the platform. In addition, many publicly available mobile apps offer gamification or polling features that motivate participants to be more engaged and attentive.

Balancing the asynchronous exercises and the synchronous lectures should consider the time available to the participants to complete the exercises. Many of the asynchronous activities outside of the online classroom apply principles and theories learned inside the classroom. Content-wise, an asynchronous activity should raise questions on the reading materials and encourage the student to reflect on its relevance to the individual and the local community. Curriculum planning should include a careful selection of appropriate and doable activities. Framing activities into an appropriate timeline (e.g., time to finish the assignment against the schedule of lecture sessions) is another key factor in optimizing participants' time. We recommend keeping the materials simple and guiding the assigned task with simple reflection questions.

Lastly, the team of facilitators or faculty should face the reality that online teaching is here to stay. Though this modality presents challenges, it also provides a cost-effective way to reach a wider audience. Therefore, we must prepare and commit ourselves to the new normal of educating and training people online.

Authors' contributions:
All authors discussed the results and contributed to the final version of the manuscript.

Declaration of interest:
None.

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