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Intensive Day Hospital Program for Substance Use Disorders in Health Care Professionals

The Barcelona Integral Care Program Experience

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PAIMM

Fundació



GALATEA

Objectives

1. To depict the 16-session intensive day hospital program for SUD (IDHP-SUD) developed in the Barcelona Integral Care Program for Sick Physicians and Nurses (PAIMM/RETORN).
2. To describe and analyze the main clinical and socio-demographic features of patients attended in the IDHP-SUD from February 2008 to February 2010.

Summary

- Substance use disorders in physicians. Why an intensive group therapy program?

Miquel Bel

- The Barcelona PAIMM-RETORN Day Hospital Substance Abuse Rehabilitation Program

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Substance use disorders in physicians. Why An intensive group therapy program?

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Consultant Psychiatrist

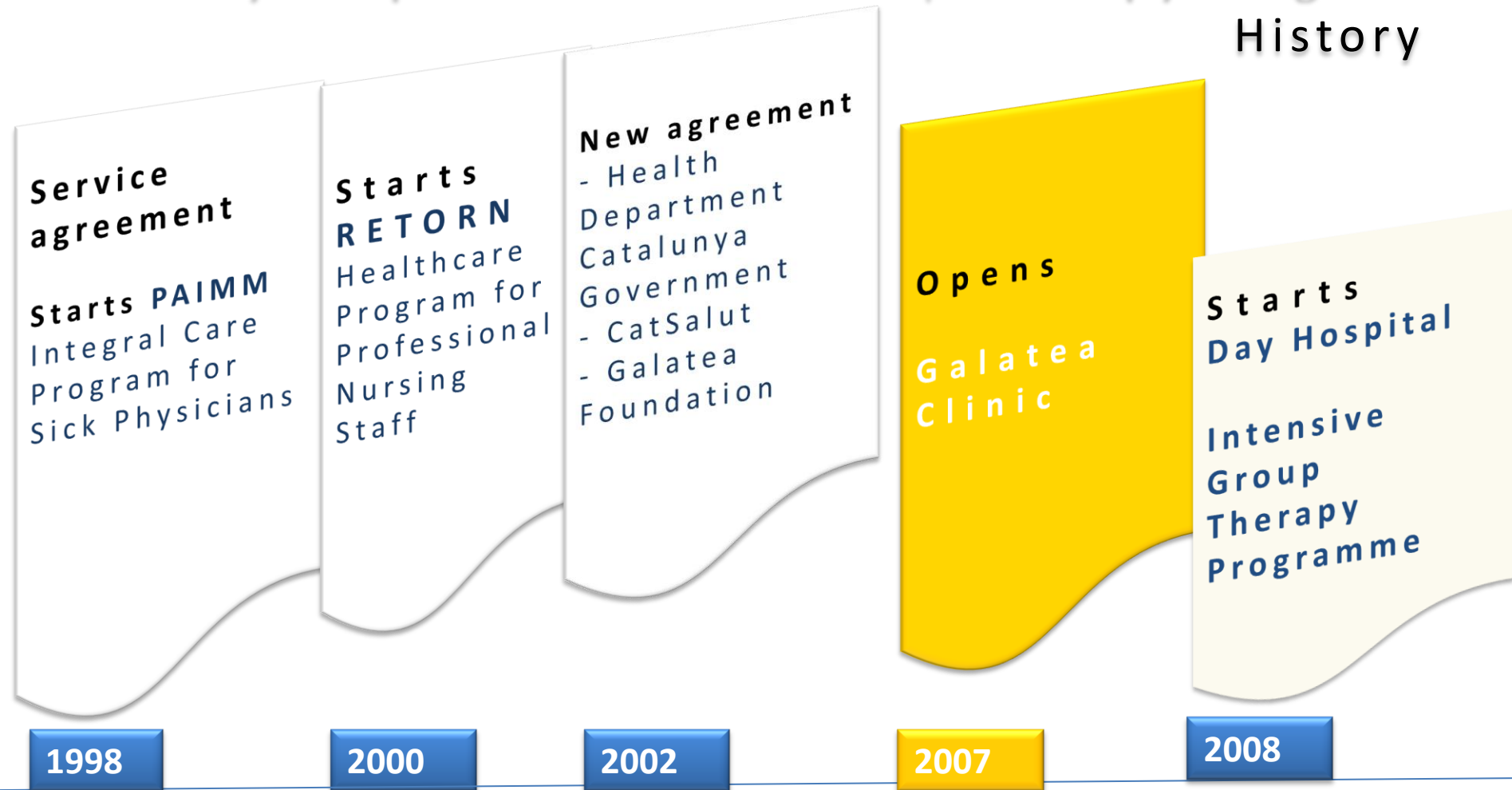
The impaired medical doctor

- The prevalence of addiction in the population of physicians is generally reflective of the general population (**McGovern, 2000**)
- 10-14% of physicians may become chemically dependent at some point in their careers (**Stanton & Caan, 2003; McLellan, 2008**)
- Depression, drug abuse, and alcoholism are often associated with suicides of physicians (**Roy, 1985; Simon, 1986**)
- Early diagnosis is critical because doctors are often reluctant to seek help and colleagues reluctant to intervene (**Marshall, 2008**)
- Physician health programs seem to provide the best available measures for protecting patients and for recovering physicians' careers (**Carinci & Christo, 2009**)

Physician health programs

- Medical schools and continuing medical education programs must give greater emphasis to addiction and substance misuse in medical doctors **(Marshall, 2008)**
- Effective access to assessment, treatment, rehabilitation, and support protect patient's safety and limits the consequences of absence from work by individual clinicians **(Fowlie, 2005)**
- A comprehensive treatment program for physicians requires: immediate intervention, evaluation and triage at an appropriate facility, uninterrupted therapy, family involvement, and appropriate re-entry into practice with comprehensive case management, monitoring, advocacy, and a relapse contingency plan **(Weir, 2000)**

PAIMM-RETORN Day Hospital Intensive Group Therapy Program History



PAIMM RETORN's Philosophy

- Confidentiality
- Non punitive
- Non persecutory
- Voluntary access
- Promotes rehabilitation
 - “regain good professionals”

Why group therapy?

- Group therapy in addictive disorders shows same or higher efficacy than individual therapy and cost is lower (*Monrás et al., 2000*)
- Most treatment-program's curricula include group psychotherapy, education about addiction, and the opportunity for fellowship to reestablish positive relationships with peers (*Talbott, 1987*)
- Groups provide the opportunity for physicians to recognize their own maladaptive behaviors reflected in their peers and to discuss those issues unique to the health care workplace (*Keith, 2009*)

Why Intensive therapy?

- At the addicted physician's programs, patients receive an intensity, duration, and quality of care that is rarely available in most standard addiction treatments. Several aspects of this continuing care model could be adapted and used for the general population **(DuPont, 2009. A national survey of Physician Health Programs)**
- An intensive approach shows to be useful in the first stage and improves the adherence to treatment **(Bruguera et al, 2010)**
- The best outcomes are observed among patients who undergo 2 – 4 weeks of intensive treatment: 75% to 85% of participants successfully return to work **(Alpern, 1992; Gallegos, 1992).**

Why an extended support?

- The continued care model for addicted physicians means: 5 years of extended support and monitoring with significant consequences and involvement of family, colleagues, and employers (***DuPont, 2009. A national survey of Physician Health Programs***)
- The positive evolution in the treatment of doctors with substance use disorders is associated with: full longitudinal monitoring, urine testing, mandatory employment contract and monitoring at work (***Gastfriend, 2005***)
- Once engaged in treatment programs, the prognosis for physicians is better than for members of the general population (***Morse, 1984***), with reported abstinence rates of 70% to 90% (***Baldisseri, 2007***)

The Barcelona Integral Care Program Experience

Day Hospital Intensive Group Therapy Program for Substance Use Disorders

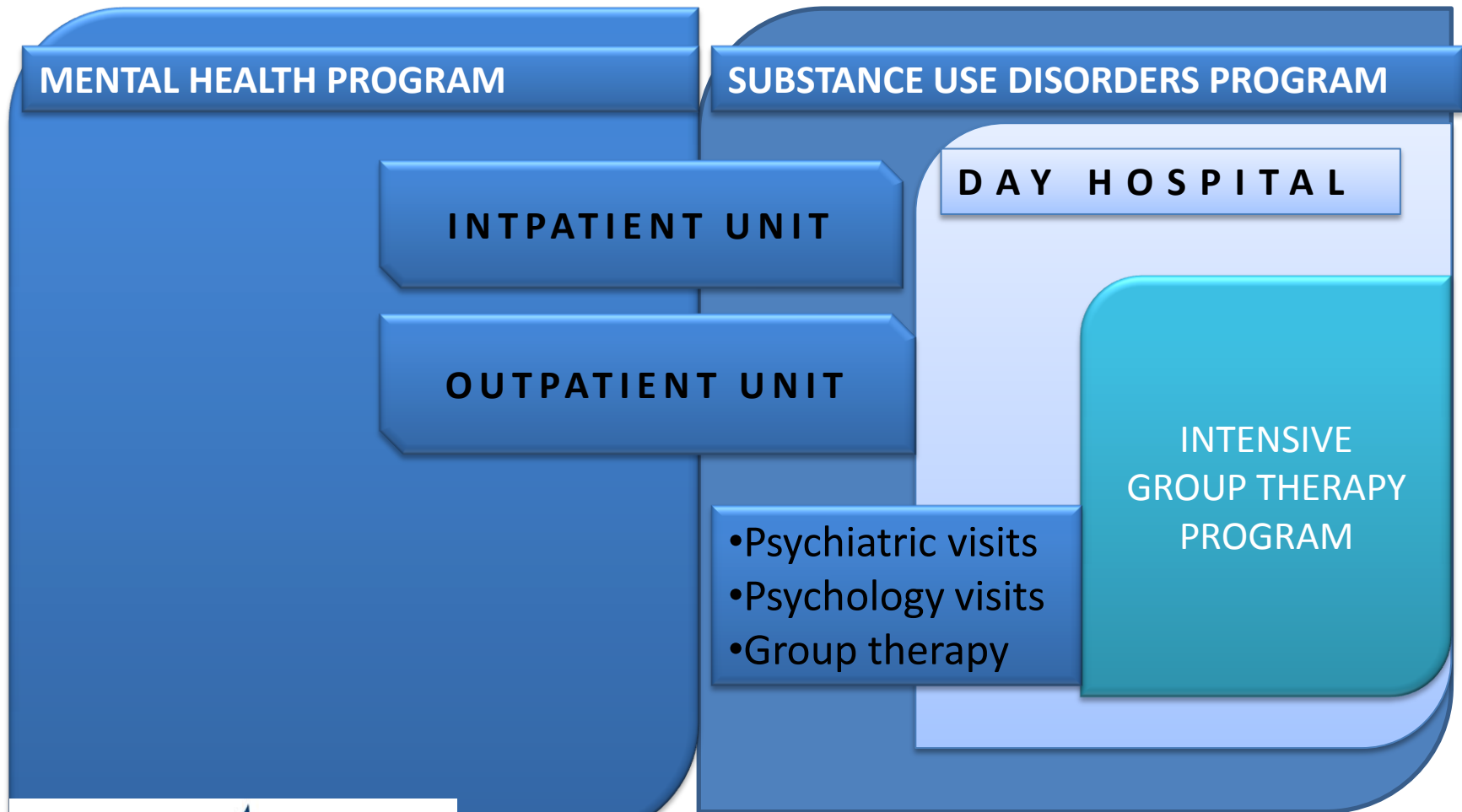


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The Barcelona PAIMM-RETORN PROGRAMS





Call for help
0034 902362492

How to access?

**PAIMM RETORN
Admission Unit**

**Initial Psychiatric
Assessment and
Diagnosis**

Psychiatric Disorders?

Substance Use Disorders ?

Dual Disorders?

Admittance Protocol to Day Hospital Intensive Group Therapy Program PAIMM/RETORN

PAIMM

Initial Psychiatric Assessment and Diagnosis



Therapeutic plan for Substance Use Disorders



Inpatient unit

Outpatient unit



**Welcome to Day Hospital and
therapeutic contract**



Intensive Group Therapy Program

- Pharmacotherapy treatment
- Individual psychotherapy
- Random drug testing

DAY HOSPITAL INTENSIVE GROUP THERAPY PROGRAM's STRUCTURE

Day Hospital team
Psychiatry
Psychology
Nurse

MAIN INTERVENTIONS

Theoretical Framework

Psychobiologic Model

Cognitive-Behavior Model

Transtheoretical Model (TTC) of
Behavior Change

Motivational Interviewing

- Cognitive-behavioral therapy
- Healthy habits promotion
- Daily planning interventions
- Family interviews
- Audiovisual meetings
- Drug screening
- Group therapy

DAY HOSPITAL INTENSIVE GROUP THERAPY PROGRAM

PAIMM RETURN

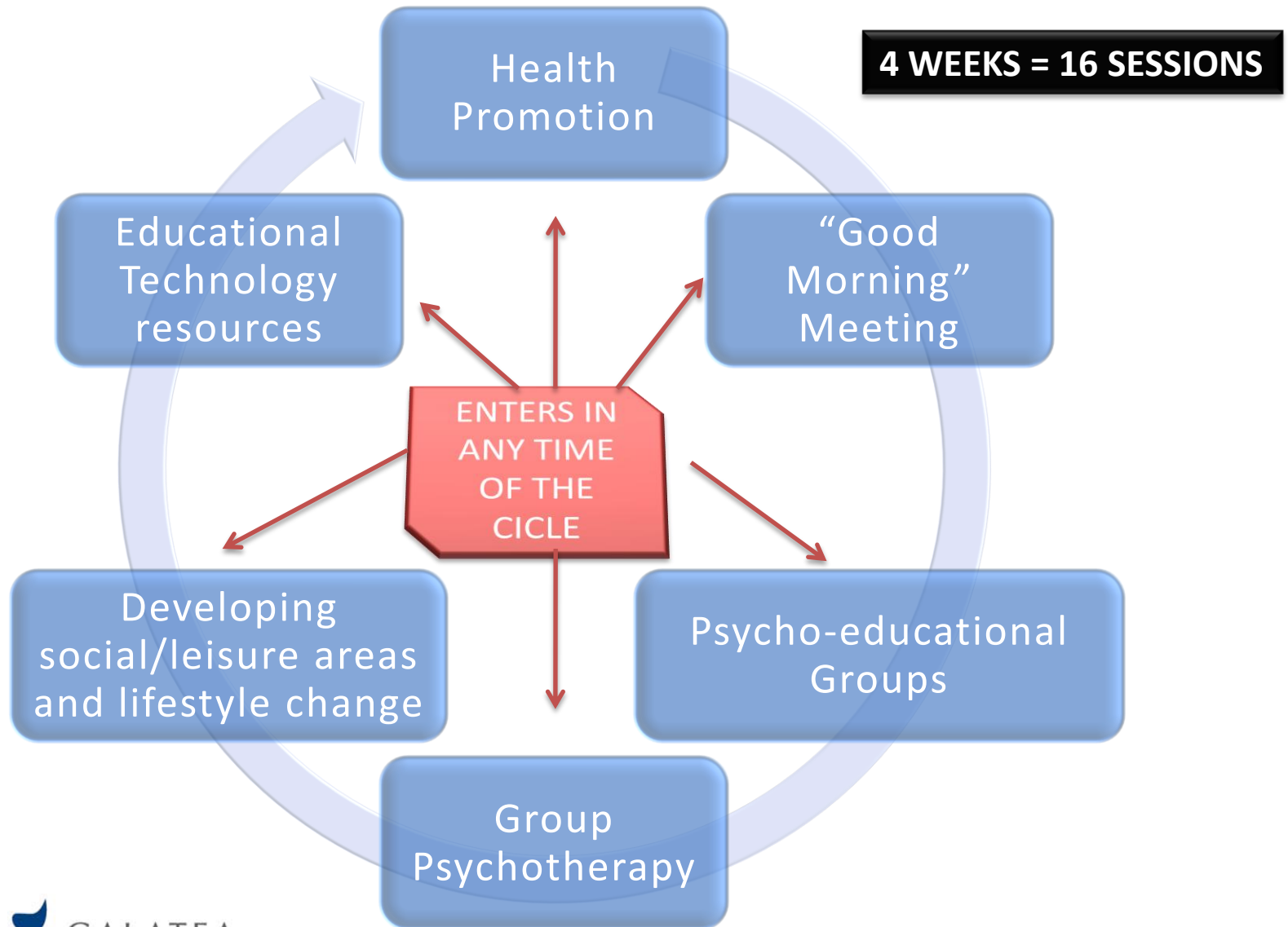
MODEL OVERVIEW

- Open participatory group
- Immediate incorporation
- Detoxification treatment compatible
- Therapeutic contract
- Sick leave recommended
- Intensive -16 sessions (1 month)
- Comprehensiveness

OBJECTIVES

- To increase treatment adherence
- Intensive intervention
- To minimize inpatient stay
- To help develop illness awareness
- Social skills training
- Relapse prevention and reduction
- Increase knowledge in SUD
- Return to practice with reasonable Skills and Safety

DAY HOSPITAL INTENSIVE GROUP THERAPY PROGRAM



DAY HOSPITAL INTENSIVE GROUP THERAPY PROGRAM

FOLLOW-UP PHASE

assistance according to specific
therapeutic indication

**Psychopharmacology and
individual psychotherapy
treatment
Family Therapy**

**Weekly group therapy
Individual monitoring
Drug screening
Reinforcement sessions**

DISCHARGED

Socio-demographical profile of patients attended during the last two years

BRIEF DESCRIPTION N=153		Frequency
GENDER	Men	63,40%
	Women	36,60%
PROFESSION	Physicians	76,50%
	Nurses	23,50%
SUD	Alcohol Dependence	80,40%
	Two or more Substances Use	82,4%
Dual diagnosis	Dual diagnosis	43,50 %
	MDD	22,90 %

BRIEF DESCRIPTION

Completes program	90,80 %
Program Discharge	98 %
Relapse	16 %
Follow-up group	75 %

CONCLUSIONS

- ✓ Treatment in units specifically designed for health professionals with substance abuse disorders increase treatment adherence and improve prognosis
- ✓ High degree of satisfaction regarding the program
- ✓ Lower relapse rates
- ✓ Resource continuously available (24/7)

CONCLUSIONS

- ✓ Group interventions specifically designed for health professionals with SUD increase treatment adherence
- ✓ An intensive approach is very useful in the treatment's first phases, increasing treatment adherence
- ✓ 95.5% of clinical discharges
- ✓ To include Group Follow-up Psychotherapy

FUTURE PROPOSALS

- ✓ To design a long term follow-up after clinical discharge
- ✓ To improve the quality of life and time needed to return to work measures
- ✓ To increase the family psychotherapy interventions