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

The Barcelona Integral Care Program Experience

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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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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

- Service agreement
- Starts PAIMM Integral Care Program for Sick Physicians

- Starts RETURN Healthcare Program for Professional Nursing Staff

- New agreement
  - Health Department Catalunya Government
  - CatSalut
  - Galatea Foundation

- Opens Galatea Clinic

- Starts Day Hospital Intensive Group Therapy Programme

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)
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The Barcelona PAIMM-RETORN PROGRAMS

MENTAL HEALTH PROGRAM

SUBSTANCE USE DISORDERS PROGRAM

• Psychiatric visits
• Psychology visits
• Group therapy

INTENSIVE GROUP THERAPY PROGRAM

DAY HOSPITAL

INPATIENT UNIT

OUTPATIENT UNIT
How to access?

Call for help
0034 902362492

PAIMM RETORN
Admission Unit

Initial Psychiatric Assessment and Diagnosis

Psychiatric Disorders?

Substance Use Disorders?

Dual Disorders?
Welcome to Day Hospital and therapeutic contract

Therapeutic plan for Substance Use Disorders

Initial Psychiatric Assessment and Diagnosis

Inpatient unit

Outpatient unit

Admittance Protocol to Day Hospital

Intensive Group Therapy Program PAIMM/RETOORN

PAIMM

Intensive Group Therapy Program

Pharmacotherapy treatment
Individual psychotherapy
Random drug testing

Fundació GALATEA
Theoretical Framework

Psychobiologic Model
Cognitive-Behavior Model
Transtheoretical Model (TTC) of Behavior Change
Motivational Interviewing

Main Interventions

- Cognitive-behavioral therapy
- Healthy habits promotion
- Daily planning interventions
- Family interviews
- Audiovisual meetings
- Drug screening
- Group therapy
DAY HOSPITAL INTENSIVE GROUP THERAPY PROGRAM
PAIMM RETORN

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

4 WEEKS = 16 SESSIONS

- Health Promotion
- "Good Morning" Meeting
- Psycho-educational Groups
- Group Psychotherapy
- Developing social/leisure areas and lifestyle change
- Educational Technology resources
DAY HOSPITAL INTENSIVE GROUP THERAPY PROGRAM

FOLLOW-UP PHASE

assistance according to specific therapeutic indication

Weekly group therapy
Individual monitoring
Drug screening
Reinforcement sessions

Psychopharmacology and individual psychotherapy treatment
Family Therapy

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

<table>
<thead>
<tr>
<th>BRIEF DESCRIPTION</th>
<th>Frequency</th>
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<tbody>
<tr>
<td><strong>GENDER</strong></td>
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</tr>
<tr>
<td>Men</td>
<td>63,40%</td>
</tr>
<tr>
<td>Women</td>
<td>36,60%</td>
</tr>
<tr>
<td><strong>PROFESSION</strong></td>
<td></td>
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<tr>
<td>Physicians</td>
<td>76,50%</td>
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<tr>
<td>Nurses</td>
<td>23,50%</td>
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<td><strong>SUD</strong></td>
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<tr>
<td>Alcohol Dependence</td>
<td>80,40%</td>
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<tr>
<td>Two or more Substances Use</td>
<td>82,4%</td>
</tr>
<tr>
<td>Dual diagnosis</td>
<td></td>
</tr>
<tr>
<td>Dual diagnosis</td>
<td>43,50 %</td>
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<tr>
<td>MDD</td>
<td>22,90 %</td>
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<table>
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<tr>
<th>BRIEF DESCRIPTION</th>
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<tr>
<td>Completes program</td>
<td>90,80 %</td>
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<tr>
<td>Program Discharge</td>
<td>98 %</td>
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<tr>
<td>Relapse</td>
<td>16 %</td>
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<tr>
<td>Follow-up group</td>
<td>75 %</td>
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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