

# Detoxification and Substance Abuse Treatment Training Manual

Based on  
A Treatment  
Improvement  
Protocol

**TIP**  
**45**



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Substance Abuse and Mental Health Services Administration  
Center for Substance Abuse Treatment  
[www.samhsa.gov](http://www.samhsa.gov)

# **Detoxification and Substance Abuse Treatment Training Manual**

**Based on  
A Treatment  
Improvement  
Protocol**

**TIP  
45**

**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
Substance Abuse and Mental Health Services Administration  
Center for Substance Abuse Treatment

1 Choke Cherry Road  
Rockville, MD 20857

## Acknowledgments

Numerous people contributed to the development of this training manual based on Treatment Improvement Protocol (TIP) 45: *Detoxification and Substance Abuse Treatment*. This publication was prepared by the Central East Addiction Technology Transfer Center (ATTC) under the ATTC grant, No. TI 13427, with the Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services (DHHS). At the time of publication, Terry Cline, Ph.D., served as the SAMHSA Administrator. H. Westley Clark, M.D., J.D., M.P.H., served as the Center for Substance Abuse Treatment (CSAT) Director. Catherine D. Nugent, M.S., L.G.P.C., served as the CSAT Government Project Officer (GPO) for the ATTCs. Christina Currier served as the CSAT GPO for this project. Thomas G. Durham, Ph.D., served as Project Director. Donna Ruscavage, M.S.W., is primary author for the inservice training manual. Thomas G. Durham, Ph.D., and Cynthia Moreno Tuohy, N.C.A.D.C. II, are coauthors. Deborah Petska, M.A., is managing editor. Yen-Wen Chau, M.F.A., provided graphic design and layout assistance. Clifton Coles, M.F.A., provided editorial services.

JBS International, Inc. (JBS), provided production assistance under the Knowledge Application Program (KAP) contract, No. 270-04-7049, with SAMHSA DHHS. Christina Currier served as the CSAT KAP GPO, and Suzanne Cable served as the CSAT KAP Alternate GPO. Lynne MacArthur, M.A., A.M.L.S., served as the JBS KAP Executive Project Co-Director, and Barbara Fink, RN, M.P.H., served as the JBS KAP Managing Project Co-Director.

## Disclaimer

The view, opinions, and content expressed herein are those of the expert panel and do not necessarily reflect the view, opinions, or policies of CSAT, SAMHSA, or DHHS. No official support of or endorsement by CSAT, SAMHSA, or DHHS for these opinions or for particular instruments, software, or resources is intended or should be inferred.

## Public Domain Notice

All materials appearing in this volume except those taken directly from copyrighted sources are in the public domain and may be reproduced or copied without permission from SAMHSA/CSAT or the authors. Citation of the source is appreciated. However, this publication may not be reproduced or distributed for a fee without the specific, written authorization of the Office of Communications, SAMHSA, DHHS.

## Electronic Access and Copies of Publication

This publication may be downloaded or ordered at <http://www.samhsa.gov/shin>. Or, please call SAMHSA's Health Information Network at 1-877-SAMHSA-7 (1-877-726-4727) (English and Español). The document and accompanying PowerPoint slides can also be downloaded from <http://www.kap.samhsa.gov>.

## Recommended Citation

Center for Substance Abuse Treatment. (2008). *Detoxification and Substance Abuse Treatment Training Manual* (DHHS Publication No. [SMA] 08-4331). Rockville, MD: Substance Abuse and Mental Health Services Administration.

## Originating Office

Quality Improvement and Workforce Development Branch, Division of Services Improvement, Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration, 1 Choke Cherry Road, Rockville, MD 20857.

DHHS Publication No. (SMA) 08-4331  
Printed 2008

# Contents

|  |          |
|--|----------|
| <b>TIP 45: Detoxification and Substance Abuse Treatment Training and Manual Overview . . . . .</b> | <b>1</b> |
| TIP 45 Training Purpose . . . . .  | 1        |
| Background on Treatment Improvement Protocols . . . . .  | 1        |
| TIP 45 Training Rationale . . . . .  | 2        |
| TIP 45 Training Goals . . . . .  | 3        |
| TIP 45 Training Overview . . . . .   | 3        |
| Training Manual Design . . . . .   | 7        |
| Trainer’s Role and Responsibilities . . . . .  | 8        |

## **Modules**

|   |    |
|---|----|
| 1. Overview, Essential Concepts, and Definitions in Detoxification . . . . .          | 9  |
| 2. Settings, Levels of Care, and Patient Placement . . . . .                          | 21 |
| 3. An Overview of Psychological and Biomedical Issues During Detoxification . . . . . | 29 |
| 4. Physical Detoxification Services for Withdrawal From Specific Substances . . . . . | 49 |
| 5. Co-Occurring Medical and Psychiatric Conditions . . . . .                          | 71 |
| 6. Financing and Organizational Issues . . . . .                                      | 77 |



# TIP 45: Detoxification and Substance Abuse Treatment Training and Manual Overview

## I. TIP 45 Training Purpose

The purpose of this training is to provide instruction to substance abuse treatment staff and related professionals and service providers about the *Treatment Improvement Protocol (TIP) 45: Detoxification and Substance Abuse Treatment*.

This TIP is a revision of *TIP 19: Detoxification from Alcohol and Other Drugs*, published in 1995.

The complete text of TIP 45 can be found on line at <http://www.ncbi.nlm.nih.gov/books/bv.fcgi?rid=hstat5.chapter.85279> along with an extensive bibliography and appendices that include common drug intoxication signs and withdrawal symptoms and screening and assessment instruments for alcohol and drug abuse.

A complete list of the individuals involved in the production of TIP 45 is also included in its appendices.

## II. Background on Treatment Improvement Protocols (TIPs)

### A. What is a TIP?

Treatment Improvement Protocols, or TIPs, are best-practice guidelines for the treatment of substance use disorders developed by the Center for Substance Abuse Treatment (CSAT) of the Substance Abuse and Mental Health Services Administration (SAMHSA).

The CSAT TIP Series has been in production since 1991. There are currently 47 TIPs available on a wide variety of topics that are timely and important for the advancement of substance abuse treatment.

## **B. How is a TIP Developed?**

Topics for TIPs are generated through collaboration with State Alcohol and Drug Abuse Directors and CSAT's Knowledge Application Program (KAP) and are based on the field's current needs for information and guidance.

Once a topic is selected, CSAT forms a Resource Panel comprising staff from pertinent Federal agencies and national organizations to make recommendations regarding focus areas and resources to be used for the TIP.

Resource Panel recommendations are shared with a non-Federal, peer-nominated Consensus Panel composed of experts on the particular topic of the TIP. These experts represent diverse backgrounds and include clinical researchers, clinicians, counselors, psychologists, social workers, program administrators, and client advocates.

The Consensus Panel participates in a series of intensive discussions to review and debate relevant research findings, demonstration experience, and implementation requirements until it reaches consensus on best practices.

The Consensus Panel's work is then reviewed and critiqued by expert field reviewers across the United States, and a final TIP is produced.

## **C. How to Access the TIP Series**

There are currently 47 TIPs available, accessible through the Internet on the KAP Web site, <http://www.kap.samhsa.gov/products/manuals/tips/index.htm>.

Copies of the TIPs can also be obtained by calling SAMHSA's Health Information Network at 1-877-726-4727.

## **III. TIP 45 Training Rationale**

The integration of detoxification and substance abuse treatment has become an increasingly important part of the continuum of care for individuals undergoing supervised withdrawal from substances of dependency, because

- Individuals undergoing detoxification are in the midst of a personal and a medical crisis that can facilitate a real window of opportunity for them to acknowledge their substance abuse problem and become willing to consider and seek treatment.
- Research indicates that detoxification is often followed by reduced drug use and increased treatment-seeking behavior.
- Detoxification staffers are in a unique and key position to not only ensure a safe and humane withdrawal from substances of dependency, but also facilitate a patient's entry into treatment.

While detoxification is a highly valued key service, it is but one component in the continuum of health care services required for substance-related disorders. Research has shown that large numbers of people each year receiving detoxification services do not receive follow-up treatment.

Today, due to individuals entering treatment at different points of care, there is a special and urgent need for nontraditional settings, such as emergency rooms, hospital medical/surgical wards, and acute care clinics, to be prepared to help detoxification patients seek treatment services as quickly as possible.

This training will provide staff in both traditional and nontraditional settings with valuable information for providing detoxification services and ensuring linkages to follow-up treatment services.

## **IV. TIP 45 Training Goals**

Upon completion of this training, participants will have a basic understanding of the complex issues and the required resources to develop and/or refine successful strategies for detoxification and substance abuse treatment services.

Participants will have, at the training's end, an increased understanding of the

- Essential concepts and definitions in detoxification.
- Different treatment settings and the role they play in delivery of detoxification and substance abuse treatment services.
- Psychosocial and biomedical issues during detoxification.
- Physical detoxification services for withdrawal from specific substances, including alcohol, opioids, sedative hypnotics, stimulants, nicotine, anabolic steroids, and “club drugs.”
- Co-occurring medical and psychiatric conditions and their impact on detoxification.
- Financing and organizational issues, including program development and working in a managed care environment.

## **V. TIP 45 Training Overview**

### **A. Modular Approach**

This six-module training program is intended to be a forum for increasing linkages between detoxification and substance abuse treatment services. The training will provide participants with up-to-date information and practical tools. The training includes the following six modules:

- Module 1: Overview, Essential Concepts, and Definitions in Detoxification



- Module 2: Settings, Levels of Care, and Patient Placement
- Module 3: An Overview of Psychosocial and Biomedical Issues During Detoxification
- Module 4: Physical Detoxification Services for Withdrawal From Specific Substances
- Module 5: Co-Occurring Medical and Psychiatric Conditions
- Module 6: Financing and Organizational Issues

## **B. Target Audience**

TIP 45 and this training manual are designed for use by a varied target audience, including: substance abuse treatment counselors; administrations of detoxification programs; Single State Agency (SSA) directors; psychiatrists and physicians working in the field; other primary care providers, such as nurse practitioners, physician assistants, and nurses; social workers; staff of managed care and insurance carriers; policymakers; and others involved in planning, evaluating, and delivering detoxification services.

## **C. Training Delivery Options**

The content of each of the modules builds on the information in the preceding modules. Learning objectives for each module are sequential, moving from more general concepts and definitions to more specific information on and tools for detoxification and substance abuse treatment services.

It is suggested that these modules be delivered in the order in which they are presented. The training can be conducted in one day, or the sessions can be spread out over time. It is strongly recommended to allow no more than a 2-week period to deliver this training. If the training extends over a longer period, participants may forget basic information, and the continuity of the program could be lost or significantly compromised.

The training process includes brief didactic presentations, facilitated large-group discussions, and small-group activities; these are all based on content-specific information contained in TIP 45. Trainers are encouraged to have participants use their own agency experiences as examples for discussions and exercises.

The training manual has been developed so that the modules can be individually tailored to the needs of the participating trainees. Modules 1, 2, and 4 are each created for 1-hour sessions that can be extended depending on the participants' needs. Modules 3, 4, and 6 will take longer than Modules 1, 2, and 4 to deliver because they cover more material. Suggested times for all exercises within a module are included. Trainers will need to develop their own agendas for the entire training and for each training module given their individual time and training constraints and participant training needs.

Training time can be used more efficiently and effectively if the participants are given TIP 45 and any module handouts to read before the training. If the training is being delivered over an extended period, then, beginning with the introductory session, handouts for the next training module and reading assignments in TIP 45 can be distributed to participants at the end of each session as “homework.”

Participant attendance at each module is important, both for the individual participant and for the functioning of large-group discussions and small-group activities. The requirement for full attendance must be clearly stated to participants at the beginning of the training.

The option of providing certificates of training completion and/or Continuing Education Units (CEUs) will depend primarily on professional and/or State requirements. If this training meets professional and/or State continuing education guidelines, attendance records will need to be maintained to document participant attendance.

Trainers can use training or module sign-in sheets to reinforce full participation whether or not they provide Certificates of Completion or CEUs to trainees.

## **D. Trainer-to-Participant Ratio and Trainer Qualifications**

The optimal trainer-to-participant ratio is one trainer for each 10 to 15 participants. This ratio will enable the trainer to provide individualized attention and coaching during the training. This training is most effective as a small-group training with no more than 30 participants at a time.

Because of the complex medical and psychosocial content of the training, it is recommended to have two trainers deliver this training: one with clinical/medical expertise and one with mental health/counseling expertise.

In addition to these two core trainers, guest lecturers might be appropriate, when possible, to cover more specialized topics.

This training will be most effective if trainers with prior training experience are used to deliver all six of the training modules.

## **E. Training Logistics**

This training is best conducted in facilities with movable seating. The initial seating arrangement needs to be designed to facilitate large-group discussions, such as a U-shaped or semicircular layout. Trainers should be able to easily move the seating or have ample room so that participants can form small groups for the small-group activities.

If possible, the day before the training, inspect the training room for proper setup and required equipment.

Develop a pre-training checklist to ensure that all required training aids—flip charts, markers, tape, LCD projectors, PowerPoint® presentations,

overhead projectors, overheads, etc.—are available well before the training date.

The PowerPoint slides can be downloaded from the KAP Web site, <http://www.kap.samhsa.gov/products/trainingcurriculum/index.htm>. The slides can be saved as presentations or, if necessary, printed to make overhead slides.

Photocopy in advance any handouts and homework assignments and make arrangements for the trainers to meet or conduct a conference call prior to the training.

If appropriate, ensure that arrangements for refreshments are completed well before the training date.

## **F. Cultural Considerations**

Successful detoxification and substance abuse treatment services are dependent upon an individual's successful behavior change. Behavior change is a highly complex process, particularly since behavior can be deeply rooted in culture.

Individuals seeking detoxification and substance abuse treatment services, as well as the individuals who are providing these services, have diverse cultural backgrounds.

Trainers need to be aware of cultural dynamics that can influence the behaviors of the individuals their training participants work with, including alcohol and drug-using behavior, how individuals choose to communicate about personal issues, and their attitudes toward seeking information and assistance. Trainers likewise need to be aware of differing cultural dynamics among their training participants.

The operating definition of culture used here is the shared values, norms, traditions, customs, arts, history, folklore, and institutions of a group of people. These shared beliefs serve as guides to and determinants of behavior within cultural groups.

While cultural commonalities can be observed among groups of people, considerable variation can also be identified within groups based on factors of age, education, gender, and exposure to other cultures. Keep in mind also that culture is complex and never static; it is always changing and adapting to a continuously changing environment.

The best approach for trainers is to be sensitive and aware of the cultural issues that may be influencing the behavior of the individuals training participants work with, as well as of the training participants themselves.

Effective communication with training participants of different cultures includes

- Actively listening to what a participant is saying.
- Responding to what is being said, not how it is said.

- Allowing individuals to fully express themselves before responding to a situation or a concern.
- Avoiding reactions like anger, shock, or laughter that may convey disapproval of a participant's viewpoint.
- Asking open-ended questions to clarify what a participant is saying.
- Acknowledging the person's point of view.
- Not making a value judgment about what a participant is saying.
- Knowing that it is acceptable to offer different points of view.
- Knowing that it is all right to "agree to disagree."
- Committing to being available to provide support.
- Always thanking participants for sharing their points of view and/or concerns with the group.

Keep in mind that some people and cultures focus more on individuality while others focus more on being members of a group; this could influence interaction and participation in the training.

## **G. Evaluation**

It is not uncommon for trainers to overlook evaluation of their efforts, yet this type of feedback is critical to help improve future course content and delivery.

Evaluation can be conducted using written forms and/or facilitating an oral discussion.

A sample participant feedback form to use for the evaluation of the training is included at the end of the training manual; trainers can adapt it to best meet their needs.

Another effective way to obtain feedback using an oral discussion format is to list on newsprint participants' "pluses" and "wishes" for each module. Participants share what they found beneficial or liked about the training and describe their wishes for improvements to the training. Oral input, like written input, can be used to guide future trainings.

## **VI. Training Manual Design**

This manual outlines a training that has been divided into six modules that can be adapted to meet the training needs of the participants. The manual includes talking points, discussion initiators, slides/overheads, large-group facilitated discussions, small-group exercises, and a participant feedback form.

Each of the six training modules includes

- Learning objectives.

- TIP 45 references.
- Suggested total time to deliver module.
- Training equipment and supplies.
- Participant materials.
- Detailed training plans with suggested times, including
  - Didactic presentations.
  - Facilitated large-group discussions.
  - Directions for small-group exercises and exercise processing.
- Summary and closing.

In the left-hand margin of each module page, there are symbols indicating materials required, thumbnails of actual slides/overheads, trainer notes, group exercises, a timeclock, cultural considerations, TIP 45, and other symbols to help guide trainers.

## VII. Trainer's Role and Responsibilities

To increase participants' knowledge of detoxification and substance abuse treatment, the trainer will deliver informative lectures, facilitate group discussions, and process small-group activities.

At the end of the training, the trainer is responsible for collecting completed participant feedback forms.

The trainer will ensure that all logistical considerations have been met, potentially including CEUs, Certificates of Completion, and refreshments.

As the group leader, or co-group leader, the trainer also is the official timekeeper. The trainer needs to keep the discussion on topic and the training on time.

In providing expertise and guidance to participants, the trainer should not prescribe the use of any single model or strategy over another and should ensure that participants receive accurate information on effective detoxification and substance abuse treatment strategies.

It is the trainer's responsibility to ensure that all participants are fully engaged in the training process and are treated with respect.

# Module 1: Overview, Essential Concepts and Definitions in Detoxification

## Learning Objectives

Upon completion of Module 1, participants will be able to

1. Define detoxification as distinct from substance abuse treatment.
2. Describe the three essential components of detoxification: evaluation, stabilization, and fostering the patient's entry into treatment.
3. Distinguish the six different DSM-IV-TR Definitions of Terms related to detoxification and substance abuse treatment.
4. Summarize the guiding principles developed by the Consensus Panel for TIP 45, Detoxification and Substance Abuse Treatment.
5. Identify at least two challenges to providing effective detoxification.

## TIP 45 References

- What is a TIP?, pp. vii–viii
- Executive Summary, pp. xv–xix
- Chapter 1: Overview, Essential Concepts, and Definitions in Detoxification, pp. 1–10

## Total Time to Deliver Module

One hour; can be longer depending on participants' needs



## Training Equipment and Supplies

- Easel and newsprint pads, markers, masking tape
- LCD projector or overhead transparency projector
- PowerPoint® presentation or overhead transparencies
- Nametags
- Attendance log
- Pens, pencils
- Post-it® notes or stickies

## Participant Materials

- TIP 45: Detoxification and Substance Abuse Treatment
- Module 1 Slides/Overheads Handout

## I. Welcome and Introductions

### A. Trainer Introductions

Welcome participants to this professional training program on *TIP 45: Detoxification and Substance Abuse Treatment*.

Introduce yourself and your co-trainer(s). Provide a brief (i.e., 1-minute) introduction to identify your workplace and position, describe any experience you have had with detoxification, and share a personal piece of information.

Thank participants for choosing to attend this training and acknowledge that it is often hard to get out of the office for activities like this.

Explain that the Treatment Improvement Protocols (TIPs) are manuals of best-practice guidelines for the treatment of substance abuse disorders developed by the Center for Substance Abuse Treatment (CSAT), one of the Centers of the Substance Abuse and Mental Health Services Administration (SAMHSA).

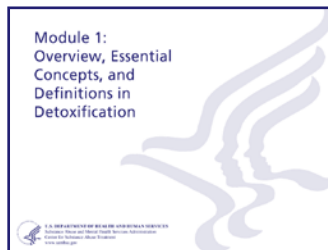
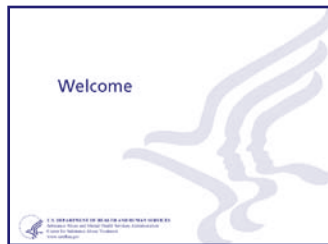
A Consensus Panel of experts across the country reviewed current information on detoxification and substance abuse treatment, deliberated, and reached consensus on recommendations that formed the basis of the TIP.

State that there are currently 47 TIPs available in CSAT's TIP Series, which began in 1991.

Direct participants' attention to a pre-prepared newsprint listing the National Library of Medicine's (NLM) Web site, <http://www.ncbi.nlm.nih.gov/books/bv.fcgi?rid=hstat5>; page down the left-hand column and click on "SAMHSA/CSAT Treatment Improvement Protocols."

Copies of the TIPs can also be obtained by calling SAMHSA's Health Information Network (SHIN) at 877-726-4727 (English and Español).

**Trainer note:** Prepare a newsprint in advance listing information on how to access the TIP Series; post this in the training room.



## B. Participant Introductions

Ask the participants to introduce themselves. Allow no more than 2 minutes per participant. Assure participants that though time is limited now, they will have plenty of time to become acquainted with each other over the course of the training. Participants should state their

- Name.
- Workplace.
- Position.
- Experience with detoxification and substance abuse treatment.

In addition, each should share something personal with the group.

**Trainer note:** Prepare a newsprint in advance listing items for participant introductions; post it in the training room and have participants refer to it when introducing themselves.



## II. Training Process and Training Goals

### A. Training Process

Explain to participants that this training will cover all six chapters, or modules, of TIP 45. Make sure that all participants have received a copy of *TIP 45: Detoxification and Substance Abuse Treatment* or hand out the TIP now. Let the participants know that the training will consist of brief lectures and interactive exercises.

**Trainer note:** Also tell participants that they will be given reading assignments for upcoming modules if you are conducting the training over more than a single day.



### B. Training Goals

Review the goals of this training, saying that upon completion of this training, participants will have a basic understanding of the complex issues and required resources to develop and/or refine successful strategies for detoxification and substance abuse treatment services.

Specifically, at the training's end, participants will have an increased understanding of the

- Essential concepts and definitions in detoxification (Module 1).
- Different treatment settings and the role they play in the delivery of detoxification and substance abuse treatment services (Module 2).
- Psychosocial and biomedical issues during detoxification (Module 3).
- Physical detoxification services for withdrawal from specific substances (Module 4).
- Co-occurring medical and psychiatric conditions (Module 5).





- Financing and organizational issues, including program development and working in a managed care environment (Module 6).

**Trainer note:** Prepare a newsprint listing the overall goals of the training; post this in the training room and refer to it as you go over the goals.

### III. Housekeeping, Ground Rules, and Participant Expectations

#### A. Housekeeping

Discuss housekeeping issues with participants including

- Meeting times and breaks and information for lunch, if appropriate.
- Bathroom, public telephone locations, and designated smoking areas.
- Attendance sign-in sheets.
- Parking lot.



**Trainer note:** Explain that attendance needs to be taken and make sure all participants have signed in on a predeveloped sign-in sheet. If you are giving Continuing Education Units (CEUs) or Certificates of Completion, explain that signing in is even more important. Prepare a newsprint entitled “Parking Lot” with two sections—“Immediate” and “Later”—and post this in the training room. Distribute Post-its® or stickies to participants and explain that they can write down questions and post them in the Parking Lot, where their questions will be addressed at some point during the training or after the training has been completed.

#### B. Ground Rules

Review ground rules for the training with participants.



**Trainer note:** Prepare a newsprint listing the ground rules; keep it posted in the training room throughout the training.

- **Commit to attend**—This training is an interactive experience in which the information builds upon itself. Participants need to be present for the entire training and not arrive late or leave early.
- **Manage time and task**—The trainer commits to begin activities on time and to end on time. Ask participants to share the responsibility for staying on task and returning on time after breaks. If the course is for more than 1 day, ask participants to be responsible for starting on time each day.
- **Respect all opinions**—Explain that it is a diverse group and there will not always be agreement on issues. Remind participants that everyone has a right to her or his beliefs and ideas. Never ridicule or make fun of others. Respecting differences is essential to a positive learning process.

- **Observe confidentiality**—Remind participants that it is very important to keep confidential any personal information revealed during the training.
- **Assume personal responsibility**—Let participants know that if they find themselves unsure of a concept or information being shared during the training, it is expected that they will let the trainer(s) know. Likewise, if any of the issues being discussed are disturbing to participants, they need to let the trainer know.
- **One at a time**—Explain that everyone cannot be heard at the same time. Allow others to speak without interrupting them. Listen while others are speaking and do not participate in side conversations.
- **No beepers or cell phones**—Ask participants to turn these devices off or put them on silent/vibrate. They will be able to retrieve messages during breaks.
- **Ask** participants if they would like to add any other rules and list them on the newsprint.

## C. Participant Expectations

This is a brief discussion to identify participant expectations for the course. Conduct a large-group callout and ask participants to share their expectations. Write their responses on a newsprint titled “Participant Expectations” and post this in the training room.

**Trainer note:** Upon completion of the training, as part of the training summary and closing, you can review the Participant Expectations to see if they were met.



## IV. Introduction to Module 1

Tell participants that Module 1 will provide them with an overview of the history of detoxification services, essential concepts, and definitions in detoxification. This module will also explain the guiding principles used in the development of the TIP and explore basic challenges to providing detoxification services.

Explain that the integration of detoxification and substance abuse treatment has become an increasingly important part of the continuum of care for individuals undergoing supervised withdrawal from substances of dependency because:

- Individuals undergoing detoxification are in the midst of a personal and a medical crisis that can facilitate a real window of opportunity for them to acknowledge their substance abuse problem and become willing to consider and seek treatment.
- Research indicates that detoxification is often followed by reduced drug-use and treatment-seeking behavior.

**Integration of Detoxification and Substance Abuse Treatment**

- Detox patients are in a crisis, providing a window of opportunity to acknowledge substance abuse problem and seek treatment.
- Research shows that detox is often followed by a reduction in drug use and a desire to seek treatment.
- Detox staff can facilitate patient's entry into treatment.

- Detoxification staffers are in a unique and key position, to not only ensure a safe and humane withdrawal from substances of dependency, but also facilitate a patient's entry into treatment.

While detoxification is a highly valued, key service, it is but one component in the continuum of health care services required for substance-related disorders. Research has shown that large numbers of people receiving detoxification services each year do not receive follow-up treatment.

Today, due to individuals entering treatment at different points of care, there is a special and urgent need for nontraditional settings—such as emergency rooms, hospital medical/surgical wards, and acute care clinics—to be prepared to help detoxification patients seek treatment services as quickly as possible.

Explain to participants that this training will provide them with valuable information for providing detoxification services and ensuring linkages to follow-up treatment services.

## V. Module 1 Objectives

Review Module 1 objectives with the participants. Upon completion of Module 1, participants will be able to

1. Define detoxification as distinct from substance abuse treatment.
2. Describe the three essential components of detoxification: evaluation, stabilization, and fostering the patient's entry into treatment.
3. Distinguish the six different DSM-IV-TR Definitions of Terms related to detoxification and substance abuse treatment.
4. Summarize the guiding principles developed by the Consensus Panel for *TIP 45, Detoxification and Substance Abuse Treatment*.
5. Identify at least two challenges to providing effective detoxification.

Module 1 Objectives

- Define detox as distinct from substance abuse treatment
- Describe the three essential components of detox: evaluation, stabilization, and fostering entry to treatment
- Distinguish the six different DSM-IV-TR definition of terms relating to detox and treatment
- Summarize the guiding principles for TIP 45
- Identify at least two challenges to providing effective detox

History of Detoxification Services

- AMA declares alcoholism a disease in 1958
- The Uniform Alcoholism and Intoxication Treatment Act (1971)
- Emergence of humanitarian views of those who are substance use dependent
- Emergence of new treatment models

## VI. History of Detoxification Services

This is a didactic presentation that includes facilitated discussion where indicated. Begin by stating that attitudes toward and knowledge about substance use have changed dramatically since the 1950s. As recently as 1971, a person was typically arrested for public intoxication without being referred for treatment. Summarize these key events in the history of detoxification services:

- The American Medical Association declared alcoholism a disease in 1958, implying need for medical intervention.

- The 1971 Uniform Alcoholism and Intoxication Treatment Act recommended treatment options over criminal prosecution for individuals.
- More humanitarian views of people dependent on substances emerged that focused on providing treatment and support.
- Different “models” for treatment emerged, including the medical model and the social model.

Ask participants what the different models are (medical and social models). Make the following points if participants do not:

- The medical model uses doctors and nursing staff to administer medication to safely assist people through withdrawal.
- The social model rejects the use of medication and relies on a supportive, non-hospital setting to ease withdrawal.
- Today, there is no “pure” model for treatment—for example, medical models provide support, and social models sometimes administer medication to ease withdrawal.
- As views toward addiction and treatment changed, so did drug-use patterns and their accompanying detoxification needs.

**Facilitated discussion:** Ask participants to point out key changes in drug-use patterns they have seen through their work over the years. Record their responses on newsprint.

**Trainer note:** To increase participant interaction, ask a participant to write the responses on newsprint.

Summarize the discussion with the following points:

- The popularity of cocaine and heroin led to the need for different types of detoxification services.
- With the spread of HIV among injection drug users, particularly after 1985, demand for detoxification services grew as a way to control the spread of HIV.
- Polydrug use necessitated changes in detoxification services over time.
- Today, the AMA’s position is that dependence on drugs is a disease and that all treatment and policy decisions need to be based on this fact. Detoxification has come a long way since the 1950s and has evolved into a compassionate science.



## VII. Definition of Detoxification and Other Relevant Terms

### A. Definition of Detoxification

Begin by stating that detoxification is distinct from substance abuse treatment.

Ask participants how detoxification differs from treatment and write their responses on newsprint. Summarize the discussion by making the following key points:

- Detoxification is a set of interventions aimed at managing acute intoxication and withdrawal.
- Detoxification is a medical intervention that manages an individual safely through the process of acute withdrawal.
- A detoxification program is NOT designed to resolve long-standing psychological, social, and behavioral problems associated with substance abuse.
- Detoxification is NOT substance abuse treatment.

### B. Detoxification as a Process

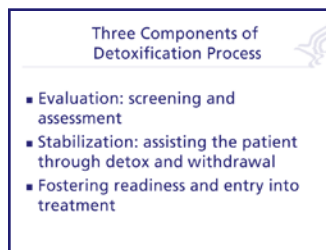
This is a brief didactic presentation. State that the Consensus Panel has defined detoxification as a broad process with three essential components that can occur concurrently or take place as a series of steps. Compassion, respect, and understanding for the individual are critical in this process.

The three components of the detoxification process are

- Evaluation—screening and assessment in order to
  - Detect presence and concentration of substances.
  - Identify co-occurring medical and psychological conditions.
  - Determine social situation in order to select appropriate level of treatment after detoxification.

Evaluation serves as the basis for the initial substance abuse treatment plan upon completion of detoxification.

- Stabilization—includes assisting the individual through acute intoxication and withdrawal to a medically stable, fully supported drug-free state:
  - Medications may be used.
  - The process introduces individuals to treatment and their role in recovery.
  - Significant others are involved for support as appropriate, maintaining confidentiality.



- Fostering readiness and entry into treatment—involves preparing the individual for entry into treatment:
  - Stresses the importance of follow-through regarding the complete substance abuse treatment continuum of care
  - Educates about the treatment process and the disease of addiction
  - Can use written treatment contracts

## C. Substance Abuse Treatment Terms

Provide a brief review of related substance abuse treatment terms, using the “DSM-IV-TR Definition of Terms.”

- Substance—a drug of abuse, a medication or a toxin
- Substance-related disorders—disorders related to the taking of a drug of abuse, side effects of medications and toxin exposure
- Substance dependence—also referred to as “substance abuse” in TIP 45—a group of cognitive, behavioral, and physiological symptoms indicating a continuing use of a substance; results in tolerance to the substance, withdrawal, and compulsive drug-taking behavior
- Substance abuse—also called “substance dependence” in TIP 45—a pattern of substance use that can harm a person’s life, marked by significant negative consequences related to substance use
- Substance intoxication—a reversible substance-specific syndrome resulting from recent ingestion
- Substance withdrawal—a substance-specific behavior change that results from the stopping of or reduction in heavy, prolonged substance use

Review of Terms

- Substance
- Substance-related disorders
- Substance dependence
- Substance abuse
- Substance intoxication
- Substance withdrawal

Describe substance abuse treatment and maintenance.

- Treatment or rehabilitation of individuals has the goal of attaining a higher level of social functioning while fostering abstinence and includes
  - Ongoing assessment of physical, psychological, and social status.
  - Identification of triggers for relapse and strategies for coping with them.
  - Delivery of primary medical and psychiatric care, if needed.
- Maintenance includes
  - Continuation of counseling and support, as outlined in the treatment plan.
  - Refinement and strengthening of strategies for relapse prevention.

Fostering and Maintaining Abstinence

- Fostering abstinence includes:
  - Ongoing assessment of physical, psychological, and social status
  - Identification of relapse triggers
  - Primary medical and psychiatric care as needed
- Maintaining abstinence includes:
  - Continuation of counseling and support
  - Refinement and strengthening of strategies for relapse prevention

Close this discussion by saying that from this point forward for TIP 45, you will be using the term *patient* to describe persons in need of detoxification services and substance abuse treatment because these persons are coming into contact with various personnel (doctors, nurses, social workers) in a medical setting where the patient is often sick from the effects of withdrawal. In some settings, however, the term *patient* might not be appropriate.

7 Key Assumptions and Guiding Principles for Detox and Substance Abuse Treatment

1. Detox is not complete treatment
2. Detox process includes evaluation, stabilization, and fostering treatment readiness
3. Detox takes place in a wide variety of settings
4. All treatment must be of the same quality and thoroughness

7 Key Assumptions and Guiding Principles for Detox and Substance Abuse Treatment

5. Insurance coverage for complete detox is cost-effective
6. Detox programs must be culturally competent in order to address the unique needs of all patients
7. Success depends on continuation of treatment after detox



## VIII. Guiding Principles in Detoxification and Substance Abuse Treatment

Explain to participants that TIP 45's Consensus Panel agreed to the following seven key assumptions, which serve as the basis for the development of the TIP and provide guiding principles in detoxification and substance abuse treatment.

- Detoxification in and of itself does not constitute complete substance abuse treatment.
- The detoxification process consists of three essential components: evaluation, stabilization, and fostering patient readiness for and entry into treatment.
- Detoxification can take place in a wide variety of settings and at a number of levels of intensity within these settings; placement needs to be appropriate to the patient's needs.
- All persons requiring treatment for substance use disorders need to receive treatment of the same quality and thoroughness and be put into contact with substance abuse treatment providers following detoxification.
- Insurance coverage for the full range of detoxification services is cost-effective; when insurance does not pay for the complete detoxification process, patients can be released before the process is completed, and complications can result that actually drive up health care costs.
- Individuals seeking detoxification have diverse cultural/ethnic backgrounds, unique health needs, and life situations that detoxification programs need to be able to address; training and ensuring a culturally competent program staff are essential.
- A successful detoxification process can be measured in part by whether an individual enters and remains in some form of substance abuse treatment after detoxification.

## IX. Challenges to Providing Effective Detoxification

Begin this discussion by repeating that effective detoxification includes not only medical stabilization of the patient and safe and humane withdrawal from drugs or alcohol, but also entry into treatment.

**Trainer note:** After presenting the following points, you will be conducting a small-group exercise.

- Research has shown that detoxification and its linkage to treatment leads to increased recovery and decreased utilization of detoxification and treatment services in the future.



Linkages to Treatment Services

- Linkages from detox to treatment leads to an increase in recovery and a decrease in repeated detox and treatment services
- Recovery leads to reductions in:
  - Crime
  - Expensive medical and surgical treatment
- Effective linkage to treatment services remains a significant challenge to detox providers



- Recovery leads to reductions in crime, general health care costs, and expensive medical and surgical treatments related to untreated alcohol and drug addiction.
- One of the most important challenges to detoxification providers is fostering the patient's recovery; this includes effective linkage to treatment services.

### Small Group Exercise: Providing Linkages to Treatment Services

**Exercise Directions:** Divide the participants into two to three small groups, depending on the size of the group. Have them count off, and then have all of the “ones,” “twos,” etc., assemble into respective groups. Tell each group that it will need to assign a recorder, timekeeper, and reporter/presenter. Give each group newsprint and markers.

Ask the participants to brainstorm, based on their knowledge and experience, the challenges detoxification providers encounter, particularly in providing linkages to treatment.

Give participants 10 minutes to brainstorm. Have the recorder write down their responses on newsprint.

**Processing the Exercise:** Reassemble into a large group and have each small group present its brainstorming results.

Summarize this exercise by emphasizing the following challenges to providing effective detoxification services.

- Detoxification services are often not long enough; one 1997 study found the average length of stay to be only 3 days.
- The majority of patients discharged from detoxification in acute-care hospitals and emergency rooms do not receive any substance abuse treatment.
- Payment for detoxification services is sometimes treated separately from treatment services, which can isolate detoxification from treatment.
- Some third-party payors will pay only for detoxification services and not cover nonmedical counseling services; this can make it difficult or impossible for some providers to hire or use counseling staff.
- Payors' understanding that detoxification is only one component of an effective substance abuse treatment strategy is, however, increasing.
- More widespread use of patient placement criteria, such as those from the American Society of Addiction Medicine (ASAM), is helping clinicians and insurers reach agreement on the level of treatment required by patients, as well as the appropriate setting in which treatment services should be delivered.





## X. Module 1 Summary and Closing

Tell participants that they have received a basic review of detoxification and substance abuse treatment and now have a common language to proceed forward to discuss specific aspects of detoxification and substance abuse treatment.

### Transition Into Module 2: Settings, Levels of Care, and Patient Placement

**Trainer note:** If you are delivering this course over more than 1 day, give participants a homework assignment to read the modules or sections of TIP 45 that you will be covering in the next session. Ask participants for feedback on this module in the form of “pluses,” or things they liked about the session, and “wishes,” or things that they would like to see changed or incorporated into future sessions. Prepare a newsprint with a line down the middle and “Pluses” on one side and “Wishes” on the other and record participants’ responses.

# Module 2: Settings, Levels of Care, and Patient Placement

## Learning Objectives

Upon completion of Module 2, participants will be able to

1. Define the types of settings for detoxification and treatment services.
2. Describe the role of the settings in the delivery of services.
3. Identify at least two concerns regarding levels of care and placement.

## TIP 45 References

Chapter 2: Settings, Level of Care, and Patient Placement, pp. 11–22



## Total Time to Deliver Module

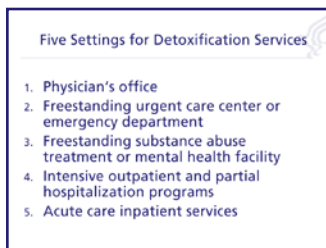
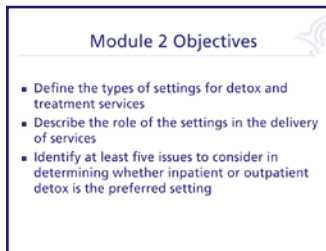
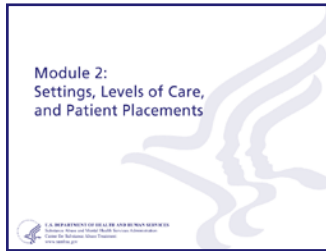
One hour; can be longer depending on participants' needs

## Training Equipment and Supplies

- Easel and newsprint pads, markers, masking tape
- LCD projector or overhead transparency projector
- PowerPoint® presentation or overhead transparencies
- Nametags
- Attendance log
- Pens, pencils
- Post-it® notes or stickies

## Participant Materials

- *TIP 45: Detoxification and Substance Abuse Treatment*
- Module 2 Slides/Overheads Handout



## I. Introduction to Module 2

Tell participants that Module 2 will cover different detoxification and treatment settings and the role they play in the delivery of services.

- Patient placement is often a complex process; selecting the appropriate treatment setting and required level of care is key to ensuring patient success.
- The overall goal is to place the patient in the least restrictive setting that is also the most cost-effective.

We all know what *cost-effective* means. Let's take a few minutes to discuss what we mean by *least restrictive*:

- The term refers to patients' civil rights and their right to choice of care.
- Patients have the ability to disagree with recommendations for care, including the right to refuse care.
- Patients are informed participants in defining their care plan in collaboration with their care providers.

## II. Module 2 Objectives

Review Module 2 objectives with the participants. Upon completion of Module 2, participants will be able to

1. Define the types of settings for detoxification and treatment services.
2. Describe the role of the settings in the delivery of services.
3. Identify at least five issues to consider in determining whether inpatient or outpatient detoxification is the preferred setting.

## III. Role of Detoxification and Treatment Settings in the Delivery of Services

Begin this didactic presentation by stating that you will now present five different settings and describe their roles in the delivery of detoxification and treatment services.

**Trainer note:** Depending on your audience's level of experience, you can conduct this presentation as a facilitated discussion with participant input.

The five settings are

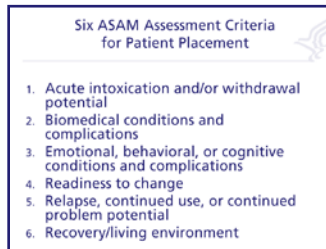
- Physician's office.
- Freestanding urgent care center or emergency department.
- Freestanding substance abuse treatment or mental health facility.
- Intensive outpatient and partial hospitalization programs.
- Acute care inpatient services.

Tell participants that before they discuss each of these settings in detail, they will review the standard assessment criteria to use in making patient detoxification placement decisions.

These criteria were developed by the American Society of Addiction Medicine (ASAM).

The criteria represent a consensus-based clinical tool for matching patients to the appropriate setting and level of care.

The six ASAM assessment criteria to be used in patient evaluation and placement decisions are



- Acute intoxication and/or withdrawal potential.
- Biomedical conditions and complications.
- Emotional, behavioral, or cognitive conditions and complications.
- Readiness to change.
- Relapse, continued use, or continued problem potential.
- Recovery/living environment.

**Trainer note:** Tell participants to refer to their TIP 45 manual, pp. 12–13, for more information on these guidelines. Participants can also consult *TIP 13: The Role and Current Status of Patient Placement Criteria in the Treatment of Substance Use Disorders*.

Close this section by reminding participants that in Module 1, they discussed the fact that effective detoxification includes not only medical stabilization of the patient and safe and humane withdrawal from drugs or alcohol, but also entry into treatment. Ask them to keep this in mind as they proceed through the different settings.

## A. Setting #1: Physician’s Office

Begin by explaining that this setting is appropriate for patients with mild to moderate withdrawal symptoms.

State that detoxification can be safely implemented on an outpatient basis in an office setting.

### ***Level of Care***

The next step is determining the appropriate level of care for outpatient detoxification within this setting.

There are two levels of care to choose from: ambulatory detoxification *without* extended onsite monitoring and ambulatory detoxification *with* extended onsite monitoring.

### **Ambulatory Detoxification *Without* Extended Onsite Monitoring**

- Services are provided by trained clinicians in compliance with established policies and procedures and/or medical protocols.

**Setting #1: Physician's Office**

- Ambulatory Detox *Without* Extended Onsite Monitoring
- Services provided by trained clinicians
- Services include medically supervised evaluation, detox, and referrals
- Patients are regularly monitored
- Patients must have a positive social support network
- Services delivered in an office, treatment facility, or the patient's home

**Setting #1: Physician's Office**

- Ambulatory Detox *With* Extended Onsite Monitoring
- Services provided by RNs or LPNs
- Services include medically supervised evaluation, detox, and referrals
- Patients are monitored for several hours each day
- Patients must have a positive social support network
- Services are provided in a treatment setting such as a day hospital

**Setting #2: Freestanding Urgent Care Center or Emergency Department**

- Care is for patients who require primary medical and/or nursing care services
- Services include physician-managed procedures and protocols
- Medically directed assessments and acute care include the initiation of detox and withdrawal
- Care does not likely include biomedical stabilization or 24-hour observation
- Triage to inpatient care can be facilitated
- Staffing is typically physicians and credentialed nurses

- Services include medically supervised evaluation, detoxification, and referrals.
- Patients are monitored according to a predetermined schedule.
- Patients need to have a positive social support network.
- Services can be delivered in an office setting, health care or addiction treatment facility, or patient's home.

### **Ambulatory Detoxification *With* Extended Onsite Monitoring**

- Services are provided by credentialed/licensed nurses: RNs or LPNs.
- Services are provided in compliance with established policies and procedures and/or medical protocols.
- Patients are monitored for several hours each day of treatment.
- Services include medically supervised evaluation, detoxification, and referrals.
- Patients need to have a positive social support network.
- Services are provided in settings such as a day hospital.

### **B. Setting #2: Freestanding Urgent Care Center or Emergency Department**

Begin by explaining that these settings are appropriate for patients with mild to moderate withdrawal symptoms.

Ask participants to explain the difference between a freestanding urgent care center and an emergency department.

Summarize this discussion by reviewing the differences.

- Urgent care is most often used by patients who cannot or do not want to wait until they see their health care provider.
- Emergency departments are most often used by patients who perceive themselves to be in a crisis situation.

### **Level of Care**

Next, discuss the level of care in freestanding urgent care centers and emergency departments.

- Care is provided to patients whose withdrawal symptoms are severe enough to require primary medical and nursing care services.
- Services are delivered using physician-managed procedures or protocols.

- Medically directed assessments and acute care include the initiation of detoxification for substance use withdrawal.
- Such care is not likely to offer satisfactory biomedical stabilization or 24-hour observation.
- Triage to inpatient care can be facilitated.
- Staffing is typically physicians; credentialed nursing staff can provide care and observation.

### C. Setting #3: Freestanding Substance Abuse Treatment or Mental Health Facility

Begin by explaining that these settings are appropriate for patients with mild to moderate withdrawal symptoms.

Freestanding substance abuse treatment facilities can vary in their ability to provide assessment and treatment of co-occurring psychiatric conditions.

Inpatient mental health facilities, however, typically can provide treatment for co-occurring psychiatric conditions.

Having a clear understanding of the specific services in a given setting will help identify the best patient placement option.

#### Level of Care

There are two types of programs to choose from in freestanding substance abuse treatment or mental health facilities: inpatient and residential.

#### Inpatient

- Provides medically managed intensive patient detoxification
- Provides 24-hour supervision, observation, and support for intoxicated or withdrawing patients
- Emphasizes stabilizing the patient and facilitating linkages to other inpatient and outpatient services
- Staffing includes an interdisciplinary team of physicians, RNs, LPNs, counselors, social workers, and psychologists

#### Residential

- These facilities vary greatly in the level of care they provide.
- Some settings can medically manage detoxification and withdrawal.
- Other settings have no medical oversight and use a “social detoxification” model in which they link patients to medical care when necessary.

Setting #3: Freestanding Substance Abuse Treatment or Mental Health Facility

- Inpatient:
  - Medically managed intensive patient detoxification
  - 24-hour supervision, observation, and support for intoxicated or withdrawing patients
  - Stabilization and the facilitation of linkages to other services
  - Staffing includes an interdisciplinary team of physicians, RNs, LPNs, counselors, social workers, and psychologists

Setting #3: Freestanding Substance Abuse Treatment or Mental Health Facility

- Residential:
  - Some provide medically managed detoxification/others use social detox model
  - 24-hour supervision observation and support
  - Emphasize peer and social support
  - Staffing: credentialed personnel implementing physician-approved protocols for observation, monitoring, and supervision
  - Medical evaluation and consultation available 24/7
  - Some provide supervision of self-administered medication

- They provide 24-hour supervision, observation, and support for intoxicated or withdrawing patients.
- Such settings emphasize peer and social support.
- They have medical/psychiatric transfer policies and procedures.
- Staffing includes appropriately credentialed personnel who implement physician-approved protocols for observation, monitoring, and supervision.
- Medical evaluation and consultation are typically available 24 hours a day.
- Some programs provide supervision of self-administered medication for withdrawal management.

## D. Setting #4: Intensive Outpatient and Partial Hospitalization Programs

Begin by explaining that an intensive outpatient program (IOP) or partial hospitalization program (PHP) is appropriate for patients with mild to moderate withdrawal symptoms.

In addition to biomedical assessment and stabilization, psychosocial assessment and intervention may be available in these settings.

These programs provide linkages to hospitals or hospital centers for higher levels of care when needed.

### Level of Care

- Provides regularly scheduled detoxification sessions
- Delivers services using established policies and procedures or protocols
- Requires several hours a day of onsite patient monitoring
- Provides linkages to treatment services
- Staffing includes a multidisciplinary team of physicians, RNs, LPNs, counselors, social workers, and psychologists

## E. Setting #5: Acute Care Inpatient Settings

Begin by explaining that acute care inpatient programs provide detoxification services to patients in danger of experiencing severe or life-threatening withdrawal.

When stabilized, patients can be transitioned to an IOP or PHP; this is sometimes called a “step-down” program.

#### Setting #4: Intensive Outpatient and Partial Hospitalization Programs

- Regularly scheduled detox sessions
- Follows established protocols
- Onsite patient monitoring
- Linkages to treatment services
- Staffing includes interdisciplinary team of physicians, RNs, LPNs, counselors, social workers, and psychologists

#### Setting #5: Acute Care Inpatient Settings

- Medically monitored inpatient detox
- 24-hour medically supervised eval and monitoring
- Follows established protocols
- Staffing includes interdisciplinary team of physicians, RNs, LPNs, counselors, social workers, and psychologists
- Counselors available 8 hours a day for planned interventions

Acute care inpatient settings include acute care general hospitals, acute care addiction treatment units in acute care general hospitals, acute care psychiatric hospitals, and other licensed chemical dependency specialty hospitals.

### **Level of Care**

- Provides medically monitored inpatient detoxification
- Provides 24-hour medically supervised evaluation and withdrawal management
- Services are delivered using established policies and procedures or protocols
- Staffed by a multidisciplinary team of physicians, nurses, counselors, social workers, and psychologists
- Counselors available 8 hours a day to provide planned interventions

## **IV. Other Concerns Regarding Levels of Care and Placement**

Tell participants that when determining levels of care and placement for patients, it is important to determine whether inpatient or outpatient detoxification is preferred.

As a response to research results and the need to keep costs down, outpatient detoxification is now becoming the standard for treatment of alcohol and drug withdrawal symptoms.

**Facilitated discussion:** Based on what was reviewed regarding the different settings and levels of care within each setting, ask participants what they think needs to be considered when evaluating a patient for outpatient vs. inpatient detoxification and treatment. Write participants' responses on newsprint.



**Trainer note:** To increase interaction, you can enlist the support of a participant to write the responses on the newsprint.

Summarize the discussion, reviewing the following considerations when evaluating patients for outpatient vs. inpatient detoxification:

- Ability to arrive at outpatient setting on a daily basis—critical for outpatient detoxification
- History of previous withdrawal seizures or delirium tremens—could indicate a contraindication to outpatient detoxification
- No capacity for informed consent—indicates a protective (inpatient) environment is needed
- Suicidal/homicidal/psychotic condition—indicates a protective (inpatient) environment is needed



- Able/willing to follow treatment—if unable to follow guidelines or schedule, indicates need for an inpatient environment
- Co-occurring medical conditions, such as diabetes, hypertension, and pregnancy—can indicate contraindications to outpatient detoxification
- Supportive person to assist—not essential, but advisable for outpatient detoxification

## V. Module 2 Summary and Closing

Tell participants that they have received a basic description of the settings, levels of care, and patient placement issues involved in delivering appropriate and cost-effective detoxification and treatment services.

Keep in mind that detoxification, whether on an outpatient or inpatient basis, is often the first therapeutic encounter between patient and clinician.

As we've already discussed, the detoxification process provides a critical opportunity for biomedical (and sometimes psychosocial) assessment, referral for appropriate services, and linkage to further treatment services.

Module 3 will provide an overview of the psychosocial issues relevant to detoxification and strategies to engage patients and provide linkage to follow-up treatment and services.

**Trainer note:** If you are delivering this course over more than 1 day, give participants a homework assignment to read the modules or sections of TIP 45 that you will be covering in the next session. Ask participants for feedback on this module in the form of “pluses,” or things they liked about the session, and “wishes,” or things they would like to see changed or incorporated into future sessions. Prepare a newsprint with a line down the middle and “pluses” on one side and “wishes” on the other and record the participants’ responses.



# Module 3: An Overview of Psychological and Biomedical Issues During Detoxification

## Learning Objectives

Upon completion of Module 3, participants will be able to

1. Identify the overarching principles for patient care during detoxification.
2. Describe strategies for evaluating and addressing psychosocial and medical issues for patients in detoxification.
3. Identify at least two considerations for special populations in detoxification in each of the following areas: adolescents, parents with dependent children, domestic violence victims, and culturally diverse patients.
4. Describe strategies for engaging and retaining patients in detoxification.
5. Identify effective referral techniques that promote the initiation of substance abuse treatment.

## TIP 45 References

Chapter 3: An Overview of Psychological and Biomedical Issues During Detoxification, pp. 23–46

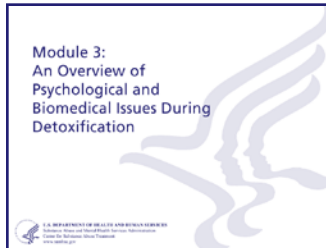


## Total Time to Deliver Module

Two hours; can be shorter depending on participants' needs

## Training Equipment and Supplies

- Easel and newsprint pads, markers, masking tape
- LCD projector or overhead transparency projector



- PowerPoint® presentation or overhead transparencies
- Nametags
- Attendance log
- Pens, pencils
- Post-it® notes or stickies

## Participant Materials

- TIP 45: Detoxification and Substance Abuse Treatment
- Module 3 Slides/Overheads Handout

## I. Introduction to Module 3

Tell participants that Module 3 will address the psychosocial issues that can affect detoxification and treatment.

**Trainer note:** This module consists of three sections: Evaluating and Addressing Psychosocial and Biomedical Issues, Strategies for Engaging and Retaining Patients in Detoxification, and Referrals and Linkages. It is recommended that you break up Module 3 by presenting each section separately, with breaks for participants in between.

It is vital to address psychosocial issues because research indicates that doing so increases the likelihood that the patient will experience a safe detoxification and go on to participate in substance abuse treatment.

As already discussed, detoxification presents a unique opportunity to intervene during a period of crisis and motivate a patient to make changes in the direction of health and recovery.

Before discussing psychosocial issues, review the overarching principles for care during detoxification services:

- Detoxification does not offer a “cure”; however, it is often a first step toward recovery.
- Substance use disorders are treatable.
- Substance use disorders are brain disorders, not evidence of moral weakness.
- Patients are treated with respect and dignity at all times.
- Patients are treated in a nonjudgmental and supportive manner.
- Services are planned in partnership with patients and their support network.
- Patient caregivers will provide linkages to treatment after detoxification.
- Active involvement of family/support systems is encouraged, while respecting patient privacy and confidentiality.
- Patients are treated with due consideration for individual background, culture, vulnerabilities, and strengths.

**Module 3 Objectives**

- Identify overarching principles for patient care during detox
- Describe strategies for evaluating/addressing psychosocial/medical issues for detoxing patients
- Identify at least two considerations in each of the following for detoxing patients: adolescents, parents with dependent children, domestic violence victims, and culturally diverse patients
- Describe strategies for engaging/retaining detox patients
- Identify effective referral techniques promoting initiation of substance abuse treatment

## II. Module 3 Objectives

Review Module 3 objectives with the participants. Upon completion of Module 3, participants will be able to

1. Identify the overarching principles of patient care during detoxification.
2. Describe strategies for evaluating and addressing psychosocial and medical issues for patients in detoxification.
3. Identify at least two considerations for special populations in detoxification in each of the following areas: adolescents, parents with dependent children, domestic violence victims, and culturally diverse patients.
4. Describe strategies for engaging and retaining patients in detoxification.
5. Identify effective referral techniques that promote the initiation of substance abuse treatment.

## III. Evaluating and Addressing Psychosocial and Biomedical Issues

Begin by stating that patients who enter detoxification are in the process of undergoing profound personal and medical crises.

Withdrawal itself can cause or exacerbate (make worse) emotional or psychological conditions.

Talk about specific evaluation procedures for patients undergoing detoxification including

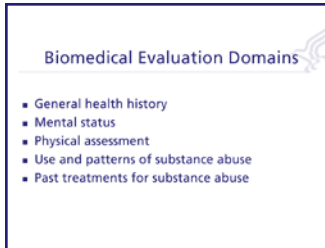
- Conducting the initial evaluation
- Addressing immediate medical concerns and mental health needs
- Addressing nutritional concerns
- Addressing special considerations for adolescents, parents with dependent children, victims of domestic violence, culturally diverse patients, and chronic relapsers

**Trainer note:** Throughout *Section III, A through I*, there will be facilitated discussions after presentations. To increase participant involvement, ask one or several participants to assist you by recording responses on newsprint.



### A. Conducting the Initial Evaluation

Begin by explaining to participants that initial patient evaluations help determine in advance any variables—both biomedical and psychosocial—that might complicate a safe and effective withdrawal during detoxification.



There are established evaluation domains, or areas that need to be evaluated, for both biomedical and psychosocial status that can affect the stabilization of a patient.

### **Biomedical Evaluation Domains**

- General health history, including surgeries, medical and psychiatric conditions, allergies, and history of seizures
- Mental status, including oriented, alert, cooperative, psychotic, and destructive thoughts
- Physical assessment, including neurological exam, vital signs, and urine toxicology screen for commonly abused substances
- Substances of major use and patterns of abuse
- Past substance abuse treatments or detoxification, including any complications

**Facilitated discussion:** Ask participants if, based on their experience, they would like to add any other considerations regarding biomedical domains and discuss. Record their responses on newsprint.

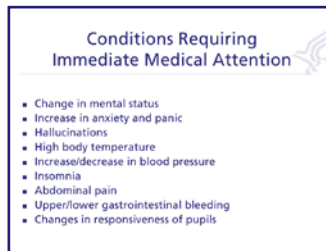
### **Psychosocial Evaluation Domains**

- Demographics: gender, age, ethnicity, language, education
- Living conditions: homeless, shelter, personal residence; are there others in the home who can safely supervise?
- Violence, suicide risk: aggressive behavior, depression, violence/abuse history
- Transportation availability
- Financial situation: resources available, employment
- Dependent children: ability to care/provide for children and ensure their safety
- Legal status: residency status, is treatment court ordered
- Physical, sensory, or cognitive disabilities

**Facilitated discussion:** Ask participants if, based on their experience, they would like to add any other considerations regarding psychosocial domains and discuss. Record their responses on newsprint.

## **B. Medical Concerns**

Tell participants that it is not unusual for detoxification to be complicated by medical concerns because substance abuse affects all body systems and is typically associated with lack of self-care. Nor is it unusual for detoxification to be complicated by mental health and preexisting psychiatric conditions.



**Trainer note:** Let participants know that in TIP 45, Module 5: Co-Occurring Medical and Psychiatric Conditions, there is a detailed clinical overview of co-occurring medical and psychiatric conditions geared primarily toward medical/clinical personnel. Training will cover highlights of this chapter in Module 5. Participants might want to share the detailed information in Chapter 5 with appropriate staff at their facilities. Also, tell participants about *TIP 42: Substance Abuse Treatment for Persons With Co-Occurring Disorders*.

In an initial evaluation, any deviation from the expected course of withdrawal needs to be determined quickly and observed closely.

Begin by identifying medical concerns staffers need to be aware of that can affect a patient’s health and well-being during the detoxification process.

All staff members need to be aware of the signs and symptoms that indicate co-occurring medical conditions, some of which have the potential to be life-threatening.

The following conditions all require *immediate* medical attention:

- Change in mental status
- Increasing anxiety and panic
- Hallucinations
- Temperature greater than 100.4 degrees Fahrenheit; this could indicate an infection
- Significant increases or decreases in blood pressure and heart rate
- Insomnia
- Abdominal pain
- Upper and lower gastrointestinal bleeding
- Changes in responsiveness of pupils

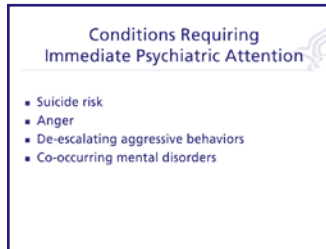
Seizures during withdrawal are of special concern, and staffers need to be trained on how to prevent injury in the event of a seizure.

Signs of an impending seizure include

- Tremors.
- Increased blood pressure.
- Overactive reflexes.
- High temperature and pulse.

## C. Mental Health Concerns

Patients can also have immediate mental health concerns that need to be identified as soon as possible.



Suicide, anger, and aggression and co-occurring mental disorders can all affect the detoxification process.

## ***Suicide***

- The risk of suicide increases with alcohol and drug dependence.
- Patients undergoing detoxification need to be continually evaluated for suicide risk.
- Facilities need to provide an environment that minimizes opportunities for suicide attempts.
- Safety checks need to be increased when signs of depression, shame, guilt, and hopelessness are present.
- Patients at risk for suicide need to be placed in areas staff can easily monitor.

## ***Anger and Aggression***

- Alcohol, cocaine, and hallucinogenics are associated with increased risk of violence.
- Symptoms associated with increased risk for violence include hallucinations, paranoia, anxiety, and depression.
- As a precaution, all patients who are intoxicated need to be treated as potentially violent.
- Programs need to have in place well-developed plans to promote staff and patient safety, including protocols for involving local law enforcement agencies or private security contractors.

## ***De-Escalating Aggressive Behaviors***

Managing patients who are angry and aggressive can be challenging. Here are some strategies staff can use to de-escalate aggressive behaviors:

- Speak in a soft voice
- Isolate the individual from loud noises or distractions
- Provide reassurance while avoiding confrontation, judgments, or angry tones
- Enlist assistance from family members or others the patient trusts
- Offer medication when appropriate
- Separate the person from others who may encourage or support the aggressive behavior
- Enlist other staff as visible backup if the situation continues to escalate
- Make sure that both the patient and the staff person have easy access to a clear exit path

- Know your own comfort level regarding patient interaction and respect your personal limits

## Co-Occurring Mental Disorders

- During acute intoxication and withdrawal, diagnosis of co-occurring mental disorders is very difficult.
- When the patient moves from severe to moderate withdrawal symptoms, the focus can move from symptom management to diagnosis of co-occurring mental disorders.
- APA and ASAM both recommend a period of 2 to 4 weeks before trying to diagnose a psychiatric or mental disorder.
- Obtaining a thorough mental health history—with family involvement when appropriate—will help with diagnosis.

Close this presentation by telling participants that many special issues can affect detoxification and stabilization.

Next, discuss these issues as they relate to common concerns and specific populations.

## D. Nutritional Considerations During Detoxification

**Trainer note:** After this section on nutrition and each of the following sections, which discuss special populations, it is recommended that you conduct an interactive summary discussion, or “facilitated discussion,” with participants in which they can contribute their own experiences working with these issues and populations.

Explain to participants that nutrition can have a big impact on a patient’s experience with detoxification and stabilization.

- Persons with substance use disorders often have irregular eating habits and poor nutritional intake.
- The abuse of drugs can interfere with a person’s nutrient utilization and storage.
- Malnutrition is a big concern because nutrient deficiencies can interfere with or even prolong the detoxification process.
- The detoxification process is stressful to the body and can result in the need for greater amounts of nutrients.
- Proper nutrition can help ease the detoxification process.
- All persons undergoing detoxification need to have a nutritional evaluation that consists of an assessment of their nutritional status, a detailed nutritional history, and nutrition counseling.



**Nutritional Considerations During Detoxification**

- Malnutrition can interfere with detox process
- Stress of detox requires additional nutrients
- Nutritional evaluation is necessary for detox
- New routines for mealtime and diet are crucial
- Important to manage gastrointestinal symptoms during detox
- Nutrition therapy may be required



There are many strategies for addressing nutritional deficits; these include

- Switching the paradigm from ingesting substances harmful to the body to taking in foods that heal the body.
- Developing regular mealtimes with meals that focus on taste and presentation.
- Avoiding substitution of one addiction for another—for example, consuming excessive amounts of caffeine or sugar.
- Managing gastrointestinal symptoms (nausea, vomiting, diarrhea) that often accompany the first phase of detoxification; dehydration and blood chemistry changes can lead to mental status changes, neurological or heart problems, and other conditions.
- Any special dietary requirements due to conditions or dietary preference (diabetes, vegetarian, food allergies, ulcers) that may require additional nutrition therapy.

**Facilitated discussion:** Ask participants if, based on their experience, they would like to add any other nutritional considerations and discuss. Record their responses on newsprint.

Tell participants that you will now switch gears and talk about detoxification considerations for special populations.

The first special population we will discuss is adolescents.

## E. Detoxification Considerations for Adolescents

Adults and adolescents have a similar experience with detoxification. There are, however, important differences and special issues to consider for adolescents undergoing detoxification.

Adolescents are more likely than adults to

- Engage in binge drinking (drinking large amounts of alcohol over a short period).
- Use drugs they cannot identify.
- Combine multiple substances with alcohol.
- Be unwilling to disclose drug use.

Because of these differences, when working with adolescents, detoxification providers need to

- Be particularly alert to rising blood alcohol levels; binge drinking can cause escalating blood alcohol levels following admission.
- Routinely screen for illicit drugs.
- Screen for suicide potential.





- Obtain an as-accurate-as-possible substance abuse history, asking open-ended questions and referring to drugs using street terminology and teen slang that will help establish rapport.

**Facilitated discussion:** Ask participants if, based on their experience, they would like to add any other considerations for adolescents and discuss. Record their responses on newsprint.

**Trainer note:** Tell participants they can access more information on working with adolescents in *TIP 31: Screening and Assessing Adolescents for Substance Use Disorders*, developed by CSAT.

**Detox Consideration for Parents with Dependent Children**

Barriers to treatment:

- Parents, especially mothers, fear for the safety of their children
- Some children experience distress while parent is in treatment
- Ensure children have a safe place to stay
- Social services may need to be involved

## F. Detoxification Considerations for Parents With Dependent Children

Parents with dependent children face unique challenges during detoxification.

- Parents, especially mothers, are often concerned for the safety of their children while they are receiving services, presenting a big barrier to treatment and retention.
- Some children experience severe distress while a parent is receiving services, prompting the parent’s unauthorized leave from treatment.
- Ensuring that children have a safe place to stay while their parent is receiving services is critical; supportive family and friends are a good place to start.
- Social services may need to intervene to secure appropriate childcare.

**Facilitated discussion:** Ask participants if, based on their experience, they would like to add any other considerations for parents and discuss. Record their responses on newsprint.

**Detox Consideration for Domestic Violence Victims**

- Both men and women may be victims
- Increased risk for female drug abusers to be victims
- Develop safety plan when violence is disclosed
- Avoid communications between abused and abuser during detox
- Victims may need help with parenting skills
- Know local childcare resources

## G. Detoxification Considerations for Domestic Violence Victims

Domestic violence adds another dimension to providing detoxification services.

Staffers need to know the signs of domestic violence and follow established procedures to ensure patient safety.

- Both men and women may be victims.
- Women’s drug use is associated with increased risk of domestic violence.
- When violence is disclosed, it is important to develop a safety plan and provide information and referrals.



**Detox Consideration for Culturally Diverse Patients**

- Patients' expectations of detox may vary
- Patients' experience in health care system may vary
- Patients cannot be defined by their culture/ethnicity
- Use open-ended questions to gain understanding
- Important to have bilingual staff to avoid language barriers

**Detox Consideration for Chronic Relapsers**

- Relapser may feel hopeless and vulnerable
- Acknowledge progress made before relapse
- Reassure that gains from prior progress have not been lost
- Reinforce the importance of recovery

- It may be important that the abused person not communicate with the abuser while in detoxification.
- Parents who are domestic violence victims may need help with parenting skills.
- Staff need to be familiar with local childcare resources.

**Facilitated discussion:** Ask participants if, based on their experience, they would like to add any other considerations for domestic violence victims and discuss. Record their responses on newsprint.

**Trainer note:** For more information on this topic, refer participants to *TIP 25: Substance Abuse Treatment and Domestic Violence*, developed by CSAT.

## H. Detoxification Considerations for Culturally Diverse Patients

When working with culturally diverse patients, cultural sensitivity is very important.

- Patients' expectations of detoxification can vary.
- Patients' feelings and experiences with the health care system can differ.
- Never define patients by their culture/ethnicity.
- Always use open-ended questions to obtain a better understanding of the patient.
- Detoxification providers need to have staff fluent in other languages or obtain access to interpreters.

**Facilitated discussion:** Ask participants what types of experiences they have had and challenges they have faced when working with culturally diverse patients and discuss. Record their responses on newsprint.

## I. Detoxification Considerations for Chronic Relapsers

- A patient who recently relapsed, especially after a period of extended abstinence, may feel hopeless and vulnerable.
- It is important to acknowledge the progress the individual has made prior to relapse.
- Reassure the patient that personal gains from past recovery work have not been lost.

Reinforce how important recovery is to the patient.

**Facilitated discussion:** Ask participants if, based on their experience, they would like to add any other considerations for chronic relapsers and discuss. Record their responses on newsprint.

## IV. Strategies for Engaging and Retaining Patients in Detoxification

### A. Overview

Begin this section by stating that engaging and retaining patients in detoxification can be challenging for many reasons.

In this section, talk about strategies that can be used to successfully engage and retain patients in the detoxification process.

Highlight the following key concepts that will guide the discussion:

- It is critical to keep patients who enter detoxification from “falling through the cracks.”
- Detoxification programs need to continually offer hope and the expectation of recovery to patients.
- The detoxification atmosphere needs to convey comfort, relaxation, cleanliness, and security to patients at all times.
- Program staff need to provide a unified message that detoxification is only the beginning of the substance abuse treatment process and that rehabilitation and maintenance activities are critical to sustained recovery.

Key steps to take in the process of engaging and retaining patients in detoxification include

- Educating the patient on the withdrawal process—providing information about common withdrawal symptoms for specific drugs of abuse may reduce discomfort and the likelihood of leaving treatment early.

**Trainer note:** TIP 45, Chapter 4 has a list of withdrawal symptoms for specific drugs.

- Utilizing support systems—engaging patient advocates and family members to help patients complete detoxification and not leave early as well as having patient attend onsite 12-Step or other support group meetings when appropriate
- Maintaining a drug-free environment—explaining to patients and visitors why substances are not allowed in the facility and monitoring visiting areas
- Considering alternative approaches—including acupuncture and other forms of complementary (non-Western) medicine therapies
- Enhancing patient motivation—promoting initiation in rehabilitation and maintenance activities

#### Strategies to Engage and Retain Patients in Detoxification

- Offer hope
- Provide an atmosphere with comfort, relaxation, cleanliness, and security
- Educate patients on the withdrawal process
- Utilize support systems
- Maintain a drug-free environment
- Consider alternative approaches
- Enhance patient motivation
- Foster a therapeutic alliance





Enhancing Patient Motivation

- Focus on strengths
- Show respect for autonomy
- Avoid confrontation
- Provide individualized treatment
- Avoid using labels
- Use empathy
- Recognize small steps toward achieving goals
- Raise awareness of discrepancies
- Use reflective listening

- Fostering a therapeutic alliance—promoting this relationship among patients, their care providers, and their personal support network can predict the success of a patient’s recovery

**Trainer note:** A separate section on enhancing patient motivation follows this discussion. A separate section on fostering a therapeutic alliance follows the Enhancing Patient Motivation discussion.

## B. Enhancing Patient Motivation

Using motivational enhancement techniques in detoxification increases the likelihood that patients will seek treatment by helping them understand the adverse consequences of continued substance abuse.

**Trainer note:** Tell participants that *TIP 35: Enhancing Motivation for Change in Substance Abuse Treatment*, developed by CSAT, covers specific interventions in detail.

Here we will review the basic principles common to motivational enhancement techniques, also called *motivational interventions*:

- Focus on the patient’s strengths.
- Show respect for a patient’s decisions and autonomy; respect needs to be maintained at all times, even when the patient is intoxicated.
- Avoid confrontation.
- Individualize treatment.
- Do not use depersonalizing labels, such as “addict” or “alcoholic.”
- Empathize with patients; try to understand their perspective and accept their feelings.
- Recognize that achieving treatment goals involves small steps.
- Help patients become aware of any discrepancies between their goals or values and their current behavior.
- Listen reflectively to the patient’s concerns and ask open-ended questions.

**Facilitated discussion:** Ask participants what they have done to enhance patient motivation. Record their responses on newsprint.

## C. Tailoring Motivational Interventions to Stages of Change

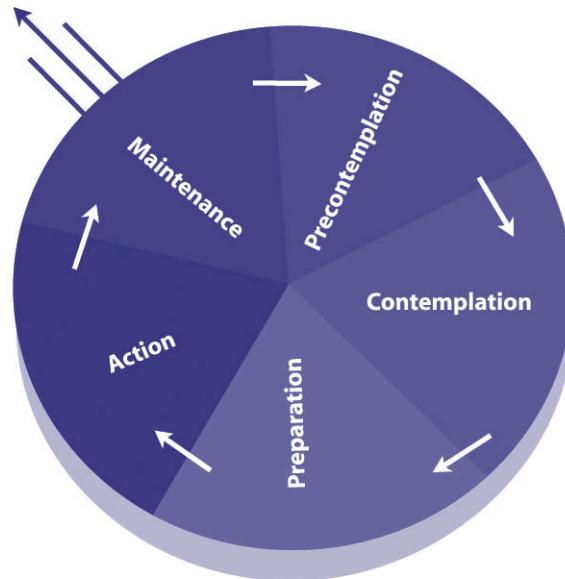
When developing motivational interventions, it is useful to employ the Stages of Change model that has been validated in the research literature. This model was developed by DiClemente and Prochaska, and the interventions in TIP 35 are based on this model.

| Stages of Change                                |  |
|---|--|
| • Precontemplation                              | • No consideration for change                |
|   | • Unaware of problem                         |
| • Contemplation                                 | • Some awareness of problem                  |
|   | • Willing to consider change, but ambivalent |
| • Preparation                                   | • Aware of problem                           |
|   | • Decision made to commit to change          |
|   | • Goal setting                               |
| • Action—takes steps to achieve goals to change |  |
| • Maintenance—works to maintain changes made    |  |

Some participants may already be familiar with this model, but review it for everyone.

This model consists of five stages of readiness to change behavior. The model is progressive, and successful completion of each stage moves the individual closer to change—or in this case, recovery.

Here is a graphic representation of the Stages of Change model.



The five stages are

1. Precontemplation.
2. Contemplation.
3. Preparation.
4. Action.
5. Maintenance.

The model assumes that individuals may move back and forth between stages over time. While individual progress can be challenged by obstacles and unanticipated events, continuous encouragement and support helps patients stay motivated and move through the stages.

Discuss each of the stages.

### **Stage 1: Precontemplation**

- In this stage, no change is being considered for the near future.
- A person can be unaware that substance use is a problem or be unwilling or too discouraged to make a change.
- A person often has not experienced serious consequences of substance use.
- The goal is to get the patient to begin to consider changing.

## Stage 2: Contemplation

- In this stage, there is some awareness by the individual that substance use presents a problem.
- The patient may express a desire or willingness to change but has not formulated definite plans to do so.
- Most individuals in this stage are ambivalent about changing.
- The goal is to get the patient to move toward considering adoption of a new behavior.

## Stage 3: Preparation

- In this stage, the patient is aware that substance use is a problem and desires change.
- Individuals make a conscious decision to commit themselves to a behavior change.
- Goals are set and decisions made regarding treatment.
- The goal is to help the patient develop a plan of action or a behavioral contract.

## Stage 4: Action, and Stage 5: Maintenance

- In the Action stage, the patient takes active steps to change substance use behavior; the goal is to help the patient successfully change.
- In the Maintenance stage, the patient works to maintain the changes initiated in the Action stage; the goal is to help the patient maintain change.

Close this presentation by asking participants if they have any questions on this model and discuss.

**Trainer note:** Refer participants again to TIP 35, which discusses interventions to increase patient motivation for substance abuse treatment, using the Stages of Change model.



## D. Fostering a Therapeutic Alliance

A therapeutic alliance is made up of positive relationships among patients and their care providers and personal/social support networks.

Given that detoxification is often the entry point for patients into substance abuse treatment, work on establishing a therapeutic alliance begins with admission.

The role of the clinician or provider cannot be overemphasized in this process.



Clinician/provider characteristics considered most important to the therapeutic alliance include being

- Supportive, empathetic, and nonjudgmental.
- Aware when patients can be engaged and when they need to be referred to another provider.
- Able to establish rapport with all patients.
- Mindful of the need to discuss confidentiality issues.
- Cognizant of challenges on the road to recovery.
- Consistent, trustworthy, and reliable.
- Calm and cool, even when a patient is upset.
- Confident but humble.
- Able to set limits without engaging in a power struggle.
- Cognizant of the client's progress toward a goal.
- Encouraging of clients' self-expression.

**Facilitated discussion:** Ask participants if they would like to add other characteristics to this list and record their responses on newsprint.

## E. Optional: Create an Exercise to Illustrate Engaging and Retaining Patients in Detoxification

**Trainer note:** The following exercise is designed to provide participants with a greater “hands on” understanding of the challenges regarding engaging and retaining patients in detoxification. It may not be appropriate for all audiences.

### Small-Group Exercise: Engaging and Retaining Patients in Detoxification

**Exercise creation directions:** You will need to develop two different patient descriptions. Use as much detail as possible, including demographics (gender, age, race, education level, economic status), life situation, substance abuse history, current substance use, family and social supports, and reason for seeking detoxification services.

1. Describe a patient who is having a successful detoxification experience.
2. Describe a patient who is having problems with detoxification and is threatening to leave early.







Draw on your own experience to develop these descriptions, or prior to the training, ask selected program staff where you will be training to help you develop descriptions based on real-life patients.

**Exercise directions:** Divide the participants into two or four small groups, depending on the size of the large group. Have them count off and then have all of the “ones,” “twos,” etc., assemble in their respective groups. Tell each group that it will need to assign a recorder, timekeeper, and reporter/presenter. Give each group newsprint and markers.

Distribute the two patient descriptions evenly among the small groups.

Ask participants to read their patient description and address the following questions:

**Trainer note:** Put these questions on the handouts that have the patient descriptions.

- What strategies would you use to ensure that this patient is successfully engaged in detoxification?
- What would you do to enhance the patient’s motivation?
- What Stage of Change do you think this patient is in?
- What would you do as a staff person in a detoxification program to foster a therapeutic alliance with this patient?

Give participants 15 minutes to brainstorm and develop their responses; the recorder will write their responses on the newsprint.

**Processing the exercise:** Reassemble the large group and have each small group present its brainstorming results. Facilitate discussion and address any participant questions or concerns.

## V. Referrals and Linkages

Begin this section by explaining that once a person has gotten past the most severe withdrawal symptoms and is safe and medically stable, the focus shifts towards actively preparing the person for substance abuse treatment and maintenance activities.

There can, however, be many barriers to ensuring a patient’s entry into substance abuse treatment.

**Facilitated discussion:** Ask participants to identify barriers that might affect a patient’s entry into substance abuse treatment, based on their experience. Write their responses on newsprint.

Close this discussion by mentioning the following common barriers:

- Patients believe that once they have eliminated the substance(s) of abuse from their bodies, they are “cured” and no longer need any help.

**Common Barriers to Referral After Detox**

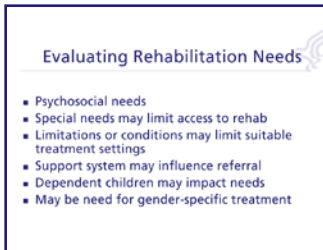
- Patients may believe they are “cured” once eliminating substance
- After detox patients may feel they no longer need help
- Insurance may only provide partial or no coverage
- Paperwork for insurance coverage may be overwhelming
- Patients have difficulty navigating the insurance system to determine coverage

- Some insurers provide only partial coverage for needed services—or no coverage for certain types of treatment; the amount of paperwork/documentation can be overwhelming; and patients often have difficulty navigating the insurance system to determine the treatment coverage available to them.

## A. Evaluating the Patient's Rehabilitation Needs

Let participants know that the first step in providing referrals and linkages to treatment is evaluating the patient's rehabilitation needs.

To review what was covered in Module 2, criteria for determining the most appropriate level of rehabilitation are based on six dimensions:



- Acute intoxication and/or withdrawal potential
- Biomedical conditions and complications
- Emotional, behavioral, or cognitive conditions or complications
- Readiness to change
- Relapse, continued use, or problem potential
- Recovery/living environment

It is often challenging for detoxification programs to complete an in-depth assessment of rehabilitation needs because of the short amount of time a patient spends in detoxification.

Because of this short duration of stay, programs need to consider many factors in evaluating a patient's rehabilitation needs, including

- Psychosocial needs assessment may need to be conducted by the substance abuse treatment program the patient is being referred to.
- Special needs, like co-occurring psychiatric and medical conditions, may limit access to available rehabilitation services.
- Pregnancy, physical limitations, and cognitive impairments will limit suitable treatment settings.
- Support systems issues—like family support, domestic violence, and isolation—will influence decisions about residential vs. outpatient settings.
- Dependent children needs may affect patient needs.
- There may be a need for gender-specific treatment.

TIP 45 recommends 14 specific areas for assessment to determine the most appropriate rehabilitation plan for a patient.

**Trainer note:** Direct participants to the chart on page 40 of TIP 45 or make this page into a handout to distribute to participants. Elaborate on each of the assessment areas using the information in the chart as well as your own experience to provide real-life examples. You can also ask participants to provide examples based on their experience to make the discussion more interactive.



| Areas for Assessment                          |                              |
|---|------------------------------|
| 1. Medical conditions and complications       | 7. Family and social support |
| 2. Motivation/readiness to change             | 8. Co-occurring disorders    |
| 3. Physical, sensory, or mobility limitations | 9. Dependent children        |
| 4. Relapse history and potential              | 10. Trauma and violence      |
| 5. Substance abuse/dependence                 | 11. Treatment history        |
| 6. Developmental and cognitive issues         | 12. Cultural background      |
|   | 13. Strengths and resources  |
|   | 14. Language                 |

1. Medical conditions and complications
2. Motivation/readiness to change
3. Physical, sensory, or mobility limitations
4. Relapse history and potential
5. Substance abuse/dependence
6. Developmental and cognitive issues
7. Family and social support
8. Co-occurring psychiatric disorders
9. Dependent children
10. Trauma and violence
11. Treatment history
12. Cultural background
13. Strengths and resources
14. Language

Tell participants that they will find in TIP 45's Appendix C useful instruments to use in evaluating patient rehabilitation needs. Another resource is *TIP 13: The Role and Current Status of Patient Placement Criteria in the Treatment of Substance Use Disorders*, developed by CSAT.

## B. Treatment Settings

Talk about the different types of treatment settings participants might be referring patients to after detoxification. Just like the detoxification services discussed in Module 2, substance abuse treatment and maintenance activities are offered in a variety of settings that include

| Treatment Settings                             |  |
|--|--|
| 1. Inpatient programs                          | 5. Partial hospital and day treatment programs |
| 2. Residential treatment programs              | 6. Intensive outpatient programs               |
| 3. Therapeutic communities                     | 7. Traditional outpatient services             |
| 4. Transitional residential and halfway houses | 8. Recovery maintenance activities             |

- Inpatient programs—generally delivered in hospitals and freestanding clinics, providing intensive treatment and 24-hour nursing care for substance-related medical problems; length of stay varies depending on program and client needs.
- Residential treatment programs—deliver intensive counseling and 24 hour supervision by nonmedical staff; length of stay is typically between 7 and 30 days.
- Therapeutic communities (TCs)—based on a self-help concept, provide intensive counseling that relies on peer support and confrontation; length of stay is generally between 30 and 90 days but can be longer.
- Transitional residential and halfway houses—patients often work during daytime hours and participate in counseling and peer support in the evenings; have 24-hour supervision by nonmedical staff; length of stay varies depending on program and client needs.
- Partial hospitalization and day-treatment programs—high-intensity counseling services are provided to patients during daytime hours; patients return home in the evenings; length of stay varies depending on program and client needs.

- Intensive outpatient programs—patients receive 6 to 9 hours of counseling services per week in two or three contacts; services are delivered by nonmedical staff in a clinic location; length of treatment varies depending on client needs.
- Traditional outpatient services—counseling services delivered by counselors in a clinic or office location; length of treatment varies depending on client needs.
- Recovery maintenance activities—include 12-Step and other support groups aimed at maintaining gains accomplished in any of the above treatment settings.

## C. Providing Linkage to Treatment and Maintenance Activities

It is important to understand how difficult recovery can be for patients. About half of those making their first appointment for treatment do not show up.

Research indicates that patients are more likely to initiate treatment if they

- Believe the services will help them with their life problems.
- Are employed.
- Are motivated beyond the precontemplation stage.
- Have family and social support.
- Have co-occurring psychiatric conditions.

Strategies that detoxification programs can use to promote the initiation of treatment and maintenance activities include

- Performing assessment of urgency for treatment.
- Reducing time between initial call and appointment.
- Calling to reschedule missed appointments.
- Providing information about what to expect at the first session.
- Providing information about confidentiality.
- Offering tangible incentives.
- Engaging the support of family members.
- Introducing the client to the counselor who will deliver rehabilitation services.
- Offering services to address basic needs like housing, employment, and childcare.

Other strategies and considerations for ensuring a patient’s initiation and engagement in substance abuse treatment include

**Following Through with Treatment Referral**

Patients will more likely initiate treatment if they:

- Believe they will be helped
- Are employed
- Are motivated beyond precontemplation stage
- Have family and social support
- Have co-occurring psychiatric conditions

**Strategies to Promote Initiation of Treatment After Detox**

- Assess degree of urgency
- Reduce wait time to appointment
- Call to reschedule missed appointments
- Provide information to show expectations
- Offer tangible incentives
- Engage the support of family members
- Introduce the patient to the counselor who will deliver rehabilitation services
- Offer services and referrals to address other needed services
- Minimize access to treatment barriers
- Maintain motivation during waiting list period
- Facilitate coordination of treatment for any co-occurring disorders
- Ensure all necessary medical appointments are being made
- Some patients may require something other than a traditional treatment approach



- Providing referrals to other needed services besides substance abuse treatment and utilizing case management to reduce service access issues and ensure services are being received.
- Minimizing as much as possible access barriers like transportation, childcare, language, and safety issues.
- If a patient is placed on a waiting list, maintaining motivation for treatment.
- If a patient has a co-occurring psychiatric disorder, facilitating coordination between the mental health provider and substance abuse treatment program.
- If a patient has a chronic medical condition or needs follow-up medical care, ensuring appointments are made before the patient leaves detoxification.
- Considering that individuals who detoxify regularly and have limited periods of abstinence may require something other than a traditional treatment approach.

**Trainer note:** TIP 27: *Comprehensive Case Management for Substance Abuse Treatment* developed by CSAT has information on dealing with individuals who detox regularly.

## VI. Module 3 Summary and Closing

Tell participants that they have received a basic description of the psychosocial and biomedical issues in detoxification and strategies for engaging and retaining patients in detoxification and providing referrals and linkages to treatment.

Keep in mind that detoxification, whether done on an outpatient or inpatient basis, is often the first therapeutic encounter between patient and clinician.

As already discussed, the detoxification process provides a critical opportunity for biomedical (and sometimes psychosocial) assessment, referral for appropriate services, and linkage to further treatment services.

Module 4 will highlight treatment for specific substances and provide guidance on the medical, nursing, and social service aspects of treatment for specific substances.



**Trainer note:** If you are delivering this course over more than one day, give participants a homework assignment to read the modules or sections of TIP 45 you will be covering in the next session. Ask participants for feedback on this module in the form of “pluses,” or things that they liked about the session, and “wishes,” or things that they would like to see changed or incorporated into future sessions. Prepare a newsprint with a line down the middle with “pluses” on one side and “wishes” on the other and record participants’ responses.

# Module 4: Physical Detoxification Services for Withdrawal From Specific Substances

## Learning Objectives

Upon completion of Module 4, participants will be able to

1. Identify biochemical markers and their use in patient screening and assessment.
2. Describe key concepts for treatment regimens for detoxification from specific substances.
3. Explain why the management of polydrug abuse and the use of alternative approaches in detoxification are important.
4. Identify special considerations for special populations in the detoxification process.

## TIP 45 References

Chapter 4: Physical Detoxification Services for Withdrawal From Specific Substances, pp. 47–120

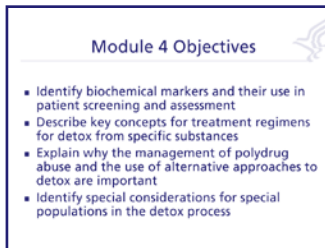
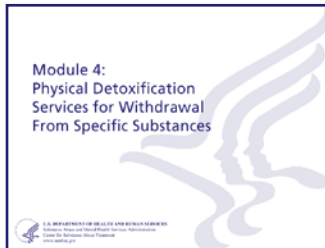


## Total Time to Deliver Module

One to 2 hours; can be adjusted to be shorter or longer depending on participants' needs

## Training Equipment and Supplies

- Easel and newsprint pads, markers, masking tape
- LCD or overhead transparency projector
- PowerPoint® presentation or overhead transparencies
- Nametags
- Attendance log
- Pens, pencils
- Post-it® notes or stickies



## Participant Materials

- TIP 45: Detoxification and Substance Abuse Treatment
- Dyad Exercise: Patient Descriptions and Patient “Snapshots” for Optional Attitudes Toward Substance Users

## I. Introduction to Module 4

Tell participants that Module 4 will highlight treatment for specific substances and provide guidance on the medical, nursing, and social service aspects for treatment for specific substances.

In TIP 45, Chapter 4 provides detailed medical information primarily for health care professionals. In this training, we will provide a broad overview of the information presented in Chapter 4. We encourage you to share this information with medical personnel in your organization.

**Trainer note:** The information in this module is highly technical and is therefore presented in a didactic format. To facilitate interaction, you can have participants ask questions as you proceed through the material and have them share their experiences, if appropriate and time permits. There is an optional exercise toward the end of the module that deals with attitudes toward substance users and special populations that you can conduct if appropriate for your audience and if time permits.

## II. Module 4 Objectives

Review Module 4 objectives with participants.

1. Identify biochemical markers and their use in patient screening and assessment.
2. Describe key concepts for treatment regimens for detoxification from specific substances.
3. Explain why the management of polydrug abuse and the use of alternative approaches in detoxification are important.
4. Identify special considerations for special populations in the detoxification process.

## III. Psychosocial and Biomedical Screening and Assessment

Module 2 talked about screening and assessment for patients. Point out here that there are several assessment instruments in TIP 45’s Appendix C that can be used for specific substances—for example, alcohol, cocaine, and opioids.

In the screening and assessment process, biochemical markers are often used. These will be briefly discussed next.



## A. Biochemical Markers and Their Use

Begin this didactic presentation by explaining to participants what biochemical markers are.

Biochemical markers:

- Are laboratory tests that detect the presence of alcohol or other substances of abuse
- Are used to support a diagnosis of substance use; they are never used alone, without thorough psychosocial and medical assessment
- Can often serve as a motivational enhancement for patients
- Can help a patient move from contemplating treatment to actually beginning treatment

Common uses of biochemical markers are:

- In initial screening, to support or refute other information that helps with proper diagnosis, assessment, and management
- For forensic purposes, such as evaluating a driver after a car accident
- In detecting occult (secretive or hidden) use of alcohol or other substances in therapeutic settings where abstinence, rehabilitation, and treatment are being promoted

Six of the most common biochemical markers are:

- Blood alcohol levels—combined with clinical information, can be used to make predictions regarding the acuteness of withdrawal.
- Breath alcohol levels—less invasive; can be monitored during the course of assessment and detoxification.
- Urine drug screens—vary widely in methods of detection, sensitivity/specificity, expense, and availability and test for cocaine, opioids, amphetamines, and other substances. Different types of assays (test measurements) are used, including enzyme multiple-assay techniques, thin-layer chromatography, and urine alcohol concentration.
- Gamma-glutamyltransferase (GGT)—can provide a measure of cumulative alcohol use, but is an expensive test that has relatively low accuracy, particularly in women.
- Carbohydrate-deficient transferrin (CDT)—also provides a measure of cumulative alcohol use that is generally more accurate than GGT; has only recently become widely available as a clinical tool.
- Mean corpuscular volume (MCV)—measures red-blood-cell size and often is part of a complete blood count; most often used to complement GGT and CDT.

### Biochemical Markers

- Lab tests that detect the presence of alcohol or other drugs
- Used to support a diagnosis
- Used for forensic purposes
- Used to detect use of alcohol or drugs during treatment
- Can serve as a motivational enhancement
- Can help in moving patient from contemplation to action

### Most Common Types of Biochemical Markers

- Blood alcohol levels
- Breath alcohol levels
- Urine drug screens
- Gama-glutamyltransferase (GGT)
- Carbohydrate-deficient transferrin (CDT)
- Mean corpuscular volume (MCV)





**Trainer note:** Tell participants that they will now review nine different substances, including alcohol. Let participants know that TIP 45's Chapter 4 contains detailed information on each of these substances that can be shared with clinical and medical personnel in their organizations.

## IV. Alcohol Intoxication and Withdrawal

### A. Alcohol Intoxication

The clinical presentation of alcohol intoxication varies widely, depending in part on blood alcohol level and level of previously developed tolerance. Look at different blood alcohol levels and their corresponding clinical pictures.

| Alcohol Intoxication |  |
|----------------------|--|
| Blood Alcohol Level  | Clinical Picture   |
| 20-100 mg percent    | <ul style="list-style-type: none"> <li>• Mood and behavior changes</li> <li>• Reduced coordination</li> <li>• Impaired ability to drive a car</li> </ul>   |
| 101-200 mg percent   | <ul style="list-style-type: none"> <li>• Reduced coordination</li> <li>• Speech impairment</li> <li>• Trouble walking</li> <li>• General impairment in thinking and judgment</li> </ul>  |
| 201-300 mg percent   | <ul style="list-style-type: none"> <li>• Marked impairment of thinking, memory, and coordination</li> <li>• Marked reduction in level of alertness</li> <li>• Memory blackouts</li> <li>• Nausea, vomiting, blackouts</li> </ul> |

| Alcohol Intoxication |   |
|----------------------|---|
| Blood Alcohol Level  | Clinical Picture  |
| 301-400 mg percent   | <ul style="list-style-type: none"> <li>• Reduction of body temp and blood pressure</li> <li>• Excessive sleepiness</li> <li>• Amnesia</li> <li>• Nausea and vomiting</li> <li>• Coma</li> </ul> |
| 401-800 mg percent   | <ul style="list-style-type: none"> <li>• Serious decrease in pulse, temp, blood pressure, and breathing</li> <li>• Incontinence</li> <li>• Death</li> </ul>                                     |

| Blood Alcohol Level | Clinical Picture  |
|---------------------|---|
| 20-100 mg percent   | <ul style="list-style-type: none"> <li>■ Mood and behavioral changes</li> <li>■ Reduced coordination</li> <li>■ Impaired ability to drive a car or operate machinery</li> </ul>   |
| 101-200 mg percent  | <ul style="list-style-type: none"> <li>■ Reduced coordination for most activities</li> <li>■ Speech impairment</li> <li>■ Trouble walking</li> <li>■ General impairment of thinking and judgment</li> </ul>                                   |
| 201-300 mg percent  | <ul style="list-style-type: none"> <li>■ Marked impairment of thinking, memory, and coordination</li> <li>■ Marked reduction in level of alertness</li> <li>■ Memory blackouts</li> <li>■ Nausea, vomiting, and blackouts</li> </ul>          |
| 301-400 mg percent  | <ul style="list-style-type: none"> <li>■ Worsening of above symptoms with reduction of body temperature and blood pressure</li> <li>■ Excessive sleepiness</li> <li>■ Amnesia</li> <li>■ Nausea and vomiting</li> </ul>                       |
| 401-800 mg percent  | <ul style="list-style-type: none"> <li>■ Difficulty waking the patient (coma)</li> <li>■ Serious decreases in pulse, temperature, blood pressure, and rate of breathing</li> <li>■ Urinary and bowel incontinence</li> <li>■ Death</li> </ul> |

### B. Alcohol Withdrawal

Talk with participants about alcohol withdrawal, a condition that is often unrecognized and undertreated.

The signs and symptoms of acute alcohol withdrawal usually start 6 to 24 hours after the patient takes his or her last drink.

Alcohol withdrawal, however, can begin when the patient still has significant blood alcohol levels.

| Alcohol Withdrawal  |   |
|---|---|
| <ul style="list-style-type: none"> <li>▪ Restlessness, irritability, anxiety, and agitation</li> <li>▪ Anorexia, nausea, and vomiting</li> <li>▪ Tremors, elevated heart rate, and increased bp</li> <li>▪ Insomnia, intense dreaming, and nightmares</li> <li>▪ Poor concentration, impaired memory, and judgment</li> </ul> | <ul style="list-style-type: none"> <li>▪ Increased sensitivity to sound, light, and tactile sensations</li> <li>▪ Hallucinations—auditory, visual, or tactile</li> <li>▪ Delusions</li> <li>▪ Grand mal seizures</li> <li>▪ Hyperthermia</li> <li>▪ Delirium</li> </ul> |

Alcohol withdrawal signs and symptoms include

- Restlessness, irritability, anxiety, and agitation.
- Anorexia (lack of appetite), nausea, and vomiting.
- Tremor (shakiness), elevated heart rate, and increased blood pressure.
- Insomnia, intense dreaming, and nightmares.
- Poor concentration and impaired memory and judgment.
- Increased sensitivity to sound, light, and tactile sensations.
- Hallucinations—auditory, visual, or tactile.
- Delusions, usually of paranoid or persecutory varieties.
- Grand mal seizures.
- Hyperthermia (high fever).
- Delirium, with disorientation regarding time, place, person, and situation and fluctuation in levels of consciousness.

## C. Medical Management

Tell participants that TIP 45's Chapter 4, pp. 56–68, discusses medical management of alcohol intoxication and withdrawal in detail and that they can use it for guidance in their programs.

During detoxification, support, hygienic care, and adequate nutrition need to be provided to patients. Attention must also be given to the treatment of scabies, body lice, and other skin conditions, and patients need to be screened for physical trauma.

**Trainer note:** Seizures can be common for some patients during detoxification, and it is important to briefly review what to do in the event of a seizure. Personnel in participants' organizations need to be familiar with how to manage patients experiencing seizures.

- At the first sign of what appears to be a seizure, notify trained medical personnel; depending on the setting, this may mean calling 911 or calling the duty nurse or doctor for the clinic or hospital unit.
- While waiting for medical help, prevent injury to the person by protecting the head and body from hard or sharp objects; place a soft object under the head and neck if jerking is extreme.
- Do not place anything in the mouth, like spoons or pens; these can damage the teeth and tongue or be partially swallowed, obstructing the airway.
- If the person begins to vomit, place him or her on his or her side so the vomit is not swallowed.



- Even if a person appears to become fully awake, alert, and oriented after a seizure, without apparent harm, he or she should be referred for medical evaluation.
- Individuals who wake up confused and/or disoriented after a seizure should be given brief, reassuring messages to reorient them as to what happened and where they are.

## V. Opioids

Opioids are highly addicting, and their chronic use leads to withdrawal symptoms that can be extremely unpleasant and produce a high degree of discomfort.

### A. Opioid Intoxication and Withdrawal Signs and Symptoms

First, review the signs and symptoms of opioid intoxication.

| Opioid Intoxication   |  |
|---|--|
| <b>Opioid Intoxication Signs</b>  | <b>Opioid Intoxication Symptoms</b>  |
| <ul style="list-style-type: none"> <li>■ Slow pulse</li> <li>■ Low blood pressure</li> <li>■ Low body temp</li> <li>■ Sedation</li> <li>■ Pinpoint pupils</li> <li>■ Slowed movement</li> <li>■ Slurred speech</li> <li>■ Head nodding</li> </ul> | <ul style="list-style-type: none"> <li>■ Euphoria</li> <li>■ Imperviousness to pain</li> <li>■ Calmness</li> </ul> |

| Opioid Intoxication Signs  | Opioid Intoxication Symptoms   |
|--|--|
| <ul style="list-style-type: none"> <li>■ Slow pulse (bradycardia)</li> <li>■ Low blood pressure (hypotension)</li> <li>■ Low body temperature (hypothermia)</li> <li>■ Sedation</li> <li>■ Pinpoint pupils (meiosis)</li> <li>■ Slowed movement (hypokinesia)</li> <li>■ Slurred speech</li> <li>■ Head nodding</li> </ul> | <ul style="list-style-type: none"> <li>■ Euphoria</li> <li>■ Imperviousness to pain</li> <li>■ Calmness</li> </ul> |

Now discuss with participants opioid withdrawal signs and symptoms.

| Opioid Withdrawal  |  |
|--|--|
| <b>Opioid Withdrawal Signs</b>   | <b>Opioid Withdrawal Symptoms</b>  |
| <ul style="list-style-type: none"> <li>■ Fast pulse</li> <li>■ High blood pressure</li> <li>■ High body temperature</li> <li>■ Insomnia</li> <li>■ Enlarged pupils</li> <li>■ Heightened reflexes</li> <li>■ Sweating</li> <li>■ Increased respiratory rate</li> <li>■ Tearing</li> <li>■ Runny nose</li> <li>■ Muscle spasms</li> </ul> | <ul style="list-style-type: none"> <li>■ Abnormal cramps, nausea, vomiting, diarrhea</li> <li>■ Bone and muscle pain</li> <li>■ Anxiety</li> </ul> |

| Opioid Withdrawal Signs  | Opioid Withdrawal Symptoms  |
|--|---|
| <ul style="list-style-type: none"> <li>■ Fast pulse (tachycardia)</li> <li>■ High blood pressure (hypertension)</li> <li>■ High body temperature (hyperthermia)</li> <li>■ Insomnia</li> <li>■ Enlarged pupils (mydriasis)</li> <li>■ Abnormally heightened reflexes (hyperreflexia)</li> <li>■ Sweating (diaphoresis)</li> <li>■ Gooseflesh (piloerection)</li> <li>■ Increased respiratory rate</li> <li>■ Tearing (lacrimation), yawning</li> <li>■ Runny nose (rhinorrhea)</li> <li>■ Muscle spasms</li> </ul> | <ul style="list-style-type: none"> <li>■ Abdominal cramps, nausea, vomiting, diarrhea</li> <li>■ Bone and muscle pain</li> <li>■ Anxiety</li> </ul> |

## B. Medical Management

Begin by explaining to participants that managing opioid withdrawal with medications is very common; it is not recommended that withdrawal be managed without medications. Refer participants to TIP 45's Chapter 4, pp. 66–74, for more detailed information on medical management of opioid withdrawal.

Opioid detoxification can usually be conducted without significant patient discomfort when medications are used.

In general, patients are ambulatory and able to participate in rehabilitative activities during detoxification. During the first 24 hours, however, patients may require bed rest or reduction in activity.

Common agents used to manage opioid withdrawal include

- Methadone/methadone maintenance—FDA-approved treatment; can be dispensed only at designated treatment centers; need to avoid overmedicating because it can lead to overdosing.
- Clonidine (Catapres)—not FDA-approved for opioid withdrawal, but is used because the research substantiates its effectiveness for this condition; sometimes used in place of methadone because it has less potential for abuse.
- Buprenorphine—received recent FDA-approval for opioid withdrawal and is another alternative to methadone; is safer than methadone in regard to overdose potential and can be dispensed at a doctor's office.
- Rapid and ultrarapid detoxification—provides a rapid, painless process to patients using narcotics; remains unproven regarding effectiveness and long-term abstinence rates and is very controversial.

**Trainer note:** Let participants know about *TIP 43: Medication-Assisted Treatment for Opioid Addiction in Opioid Treatment Programs*.

Opioid dependence, particularly intravenous heroin dependence, is typically associated with a number of medical conditions, and patients need to have a complete medical evaluation including

- Screening for tuberculosis, HIV/AIDS, hepatitis, sexually transmitted diseases, and opportunistic infections.
- Examining injection sites for infection or abscess.
- Asking patients about night sweats, chills, nutritional intake, diarrhea and gastrointestinal distress, fever, and cough.
- Determining history or evidence of trauma.

### Common Medications Used to Manage Opioid Withdrawal

- Methadone
- Clonidine
- Buprenorphine
- Rapid and ultrarapid detoxification (narcotics)



## VI. Benzodiazepines and Other Sedative Hypnotics

### A. Intoxication and Withdrawal Symptoms

- Intoxication symptoms with benzodiazepines and other sedative hypnotics are similar to alcohol.
- When used alone, benzodiazepines rarely lead to death.
- Most individuals who use benzodiazepines use them in combination with other drugs of abuse, which can be fatal if not managed appropriately.

### B. Medical Management

The management of withdrawal from benzodiazepine and other sedative hypnotics is not recommended without medical supervision.

Medical complications of withdrawal include problems similar to those in alcohol withdrawal, including seizures and delirium.

Patient assessment needs to include

- Name of medication, amount taken (dose), and length of taking/using.
- Alcohol use, particularly in combination with benzodiazepine.
- Use of other sedative hypnotics, such as sleep aids.
- Presence or history of co-occurring psychiatric disorders, like panic disorder.
- Physical assessment, mental status, and neurological exams.

**Trainer note:** Explain to participants that there are different ways to manage withdrawal from these substances with medications. These are described in detail in TIP 45's Chapter 4, pp. 75–76.

When preparing for and undergoing detoxification from benzodiazepines and other sedative hypnotics, the following factors can help achieve patient success:

- Starting detoxification during a period of low external stressors
- Patient commitment to tapering off substance
- A plan for managing underlying anxiety disorders (if present)
- Frequent patient contact

## VII. Stimulants: Cocaine, Crack Cocaine, Amphetamines

Cocaine and amphetamines are the most frequently abused central nervous system stimulants. People who are dependent on stimulants experience profound loss of control over stimulant intake.



#### Benzodiazepines and Other Sedative Hypnotics

##### Important factors for success in detox:

- Start detox during period of low external stressors
- Patient must be committed to taper off substance
- Develop a plan for managing any underlying anxiety disorders
- Frequent patient contact

| Stimulants: Cocaine, Crack Cocaine, Amphetamines  |   |
|---|---|
| Withdrawal symptoms:  |   |
| <ul style="list-style-type: none"> <li>■ Depression</li> <li>■ Hypersomnia or insomnia</li> <li>■ Fatigue</li> <li>■ Anxiety</li> <li>■ Irritability</li> </ul> | <ul style="list-style-type: none"> <li>■ Poor concentration</li> <li>■ Psychomotor retardation</li> <li>■ Increased appetite</li> <li>■ Paranoia</li> <li>■ Drug craving</li> </ul> |

## A. Withdrawal Symptoms

Withdrawal symptoms from stimulants differ markedly from those seen with alcohol, opioid, and sedative dependence, and include

- Depression.
- Hypersomnia or insomnia.
- Fatigue.
- Anxiety.
- Irritability.
- Poor concentration.
- Psychomotor retardation.
- Increased appetite.
- Paranoia.
- Drug craving.

## B. Medical Management

Stimulant withdrawal is not usually associated with medical complications or severe physical symptoms. Patients with recent cocaine use, however, can experience persistent cardiac complications. In addition, seizures can occur during withdrawal.

Withdrawal is typically managed without medications, although some medications are being researched for cocaine detoxification.

Effective stimulant withdrawal

- Establishes a period of abstinence from stimulants being abused.
- Uses intensive outpatient treatment to assist the patient to cease use long enough for withdrawal symptoms to abate.
- Helps patients develop strategies for avoiding cue-induced craving.
- Helps patients abstain from other addictive drugs.

When planning stimulant withdrawal, important variables to keep in mind include

- Patients are often sleep-deprived and may be unable to participate in therapeutic activities in the first 24 to 36 hours of abstinence.
- Patients are often hungry and may initially need large meal portions because their food intake might have been inadequate during active addiction.
- Stimulant users can be irritable and should avoid needless confrontation during the initial withdrawal phase.
- Headaches are frequent and can be treated symptomatically.
- As withdrawal symptoms wane, patients can be referred to ongoing treatment.



| Inhalants/Solvents |               |                                |
|--------------------|---------------|--------------------------------|
| Types              | Example       | Chemicals Present              |
| Adhesives          | Airplane glue | Ethyl acetate                  |
| Aerosols           | Spray paint   | Butane, propane, fluorocarbons |
| Cleaning agents    | Spot remover  | Xylene                         |
| Solvents and gases | Paint thinner | Toluene, methylene chloride    |
| Food products      | Whipped cream | Nitrous oxide                  |

| Symptoms of Inhalants and Solvents  |  |
|---|--|
| <p><b>Withdrawal symptoms:</b></p> <ul style="list-style-type: none"> <li>■ Delirium and tremors</li> <li>■ Weakness</li> <li>■ Tremors</li> <li>■ Weight loss</li> <li>■ Inattentive behavior</li> <li>■ Depression</li> </ul> | <p><b>Other medical complications:</b></p> <ul style="list-style-type: none"> <li>■ Impaired cognitive, motor, and sensory functioning</li> <li>■ Internal organ damage, including heart, lungs, kidneys, liver</li> </ul> |

| Medical Management of Inhalant Abuse and Dependence  |
|--|
| <ul style="list-style-type: none"> <li>■ Provide safe environment</li> <li>■ Provide environment free from inhalants</li> <li>■ Provide supportive care, including ample sleep and well-balance diet</li> <li>■ Determine if patient is abusing other substances</li> <li>■ Assess mental status</li> <li>■ Provide appropriate therapy and interventions</li> </ul> |

## VIII. Inhalants/Solvents

The term inhalants is used to describe a large and varied group of substances found in household, industrial, and medical products that are inhaled for their effects.

There are many types of commonly abused inhalants; some examples follow.

**Trainer note:** Tell participants that a detailed listing of types of inhalants and the chemicals they contain is in TIP 45's Chapter 4, pp. 83–84.

| Type               | Example       | Chemical(s) in Inhalant        |
|--------------------|---------------|--------------------------------|
| Adhesives          | Airplane glue | Ethyl acetate                  |
| Aerosols           | Spray paint   | Butane, propane, fluorocarbons |
| Cleaning agents    | Spot remover  | Xylene                         |
| Solvents and gases | Paint thinner | Toluene, methylene chloride    |
| Food products      | Whipped cream | Nitrous oxide                  |

### A. Withdrawal Symptoms

Dependence on inhalants and subsequent withdrawal symptoms are relatively uncommon events.

That said, there is no specific or characteristic withdrawal syndrome that would include all drugs in the inhalant class. Examples of some withdrawal symptoms that can occur follow.

- Intoxication from solvents, aerosols, and gases produces symptoms like those of alcohol, but which last only 15 to 45 minutes.
- Some chemicals in inhalants can induce delirium and tremors.
- Long-time users may exhibit weakness, weight loss, inattentive behavior, and depression.
- When withdrawal is present, it usually lasts 2 to 5 days.

### B. Medical Management

Most patients presenting for treatment for inhalant dependence are adolescents.

While there may be no withdrawal associated with inhalants, a large number of medical complications can result from usage, including

- Impaired cognitive, motor, and sensory functioning.
- Internal organ damage, including the heart, lungs, kidneys, and liver.

When withdrawal symptoms are present, medical management focuses on

- Providing patients with a safe environment that removes them from access to inhalants.

- Providing supportive care, including helping patients get enough sleep and eat a well-balanced diet.
- Quickly determining whether the patient has been abusing other substances and treating accordingly.
- Assessing mental status and providing appropriate therapy and intervention.

## IX. Nicotine

Explain to participants that it has traditionally been thought that nicotine detoxification concurrent with detoxification from other substances is too difficult for most patients to manage.

Therefore, nicotine detoxification has not been a big focus of substance abuse providers. Several factors are involved, including

- Patient ambivalence or lack of interest in quitting.
- Treatment program ambivalence about the importance of smoking cessation early in treatment.
- Staff use of nicotine.
- Easy availability of cigarettes from peers, friends, family, and at 12-Step meetings.
- Lack of training among program staff in managing nicotine withdrawal.
- Staff resistance to patient smoking cessation because withdrawal symptoms might make patients more difficult to manage.

## A. Withdrawal Symptoms

Using nicotine daily for at least several weeks and stopping abruptly or reducing the amount of nicotine consumed is usually followed within 24 hours by four or more of these symptoms:

- Depressed mood (dysphoria).
- Insomnia.
- Irritability, frustration, or anger.
- Anxiety.
- Difficulty concentrating.
- Restlessness.
- Decreased heart rate.
- Increased appetite or weight gain.

Programs and staff need to be aware that symptoms of withdrawal from nicotine can masquerade as other psychiatric conditions, especially anxiety and depression.

**Trainer note:** Tell participants that in TIP 45's Chapter 4, pp. 86–89, assessment instruments are referenced to assess severity of nicotine dependence.





**Medical Management of Nicotine Withdrawal**

- Self-help interventions
- Behavioral interventions
- Nicotine replacement therapy
- Bupropion SR/Sustained Release
- Combination therapy

**The U.S. Public Health Service's Nicotine Intervention: The 5 "As"**

- **A**sk about tobacco use
- **A**dvice to quit
- **A**ssess willingness to make a quit attempt
- **A**ssist in the quit attempt
- **A**rrange follow-up

**When a Patient in Detox or Substance Abuse Treatment is a Smoker**

- Present a supportive nonjudgmental attitude
- Develop a therapeutic alliance
- Emphasize relapse (from not smoking) is common
- Discuss withdrawal symptoms from nicotine
- Provide strategies to avoid weight gain
- Stress the importance of smoke-free environment
- Refer patient to a smoking cessation program

## B. Medical Management

While many persons opt for quitting on their own, nonmedical and medical interventions are available to assist them and enhance their success.

- Self-help interventions—pamphlets, manuals, video/audiotapes, support groups, telephone helplines
- Behavioral interventions—problem solving, coping skills, plan for quitting
- Nicotine replacement therapy (NRT)—nicotine chewing gum, patch
- Bupropion SR/Sustained Release (Zyban)—an antidepressant
- Combination therapy—joint use of the nicotine gum and patch

The U.S. Public Health Service has developed a 5-step intervention, known as the “5 As”:

- **Ask** about tobacco use. Identify and document tobacco use status for every patient at every visit.
- **Advise** to quit. In a clear, strong, and personalized manner, urge every tobacco user to quit.
- **Assess** willingness to make a quit attempt. Is the tobacco user willing to make a quit attempt at this time?
- **Assist** in the quit attempt. For the patient willing to make a quit attempt, use counseling and pharmacotherapy to help him or her quit.
- **Arrange** follow-up. Schedule follow-up contact, preferably with the first week after the quit date.

If a patient in detoxification or substance abuse treatment requests help with smoking cessation, it is important to

- Present a supportive and nonjudgmental attitude.
- Develop a therapeutic alliance with the patient.
- Emphasize that it is very common to relapse after quitting and that most people make more than one attempt to quit before succeeding.
- Discuss withdrawal symptoms and what to expect.
- Provide strategies to avoid weight gain.
- Stress the importance of smoke-free living and work environments.
- Refer patient to a smoking cessation program, if appropriate.



**Marijuana**

- THC abstinence syndrome
- Symptoms include:
  - Anxiety
  - Restlessness
  - Irritability
  - Sleep disturbance
  - Change in appetite
- No medical complications of withdrawal

**Anabolic Steroids**

- Subject to abuse
- Aggressive, manic-like behavior
- Withdrawal symptoms include:
  - Fatigue, depression
  - Restlessness, insomnia
  - Anorexia
  - Reduced sex drive
  - Headaches, nausea
- Side effects can be reversed and may include:
  - Urinary tract infections
  - Skin blistering
  - Redness
  - Swelling of hands and feet (edema)
  - Behavioral disturbances
- There is no detox protocol for steroids

## X. Other Drugs

**Trainer note:** Tell participants that you will next cover several other drugs briefly and that they can obtain more detailed information in TIP 45’s Chapter 4, pp. 95–101.

### A. Marijuana and Other Drugs Containing THC

Marijuana and hashish are the two substances containing THC that are commonly used today.

While controversial in the past, most experts now agree that there a withdrawal syndrome occurs in some patients who are heavy users.

- THC abstinence syndrome starts within 24 hours of cessation.
- The amount of THC that needs to have been ingested in order to experience withdrawal is unknown.
- Common withdrawal symptoms include anxiety, restlessness, irritability, sleep disturbance, and change in appetite—usually anorexia.
- There are no medical complications of withdrawal from THC, and medication is generally not used.

### B. Anabolic Steroids

- Subject to abuse as a means of increasing muscle mass
- Can produce aggressive, manic-like behavior that may include delusions
- Men involved in professional sports, weightlifting, and body building are more prone to anabolic steroid use than are women
- Withdrawal symptoms include craving for more steroids, fatigue, depression, restlessness, anorexia, insomnia, reduced sex drive, headaches, and nausea
- Due to long duration of action, side effects cannot be quickly reversed when steroids are discontinued and may require medical management
- Side effects of withdrawal include urinary tract infections, skin blistering and redness, swelling (edema) of hands and feet, and behavioral disturbances
- There is no recommended detoxification protocol for steroids, but interventions directed toward cessation should include patient education, support, and referral to psychotherapy

**Club Drugs**

- A diverse class including
  - GHB
  - Ecstasy
  - Rohypnol
- Used in nightclubs and “raves”
- Withdrawal symptoms may include
  - Intoxication
  - Severe intoxication with overdose
- Have destructive effects on the nervous system and on mental health

## C. Club Drugs

- Represent diverse classes of drugs that include sedative hypnotics and stimulant/hallucinogens
- Include GHB (gamma-hydroxybutyrate), Ecstasy, and Rohypnol (the “date rape” drug)
- Are used in nightclubs, dance clubs, and at parties and “raves” (overnight dance parties, usually with several hundred people in attendance)
- Most frequent withdrawal symptoms reported with some of these drugs: intoxication and severe intoxication with overdose
- Appear to have destructive effects on the nervous system and mental health

## XI. Management of Polydrug Abuse: An Integrated Approach

- One of the most significant changes in detoxification has been the increase in patients requiring detoxification from more than one substance.
- Programs must be aware that even if patients admit using one substance, they may not admit the use of others or feel that the information isn’t important.

Programs should carefully screen to determine *all* substances being used; this might involve a drug screen.

While substances of abuse may have complex interactions, it is not always possible to determine how those interactions will affect withdrawal. Best practice includes

- Prioritizing the substances on which the patient has been dependent.
- Treating sequentially according to the severity of the withdrawal produced by each substance.
- Being aware that the substances with the most serious withdrawal symptoms (resulting in fatality) are alcohol and sedative-hypnotics.
- After sedative-hypnotics, making management of opioid detoxification the next priority.
- In general, recognizing that other substances—like stimulants, marijuana, hallucinogens, and inhalants—will not require specific treatment in patients who are being detoxified from sedative-hypnotics and/or opioids.

**Best Practices in the Management of Polydrug Abuse**

- Prioritize substances for each patient according to withdrawal severity
- Alcohol and sedative hypnotics have the most severe withdrawal symptoms
- Opioid detox is the next priority
- Some substances will not require treatment during detox, including:
  - Stimulants
  - Marijuana
  - Hallucinogens
  - Inhalants

## XII. Alternative Approaches

Alternative methods that have been scientifically studied do not claim to be standalone withdrawal methods or treatment modalities.

In terms of alternative approaches

- They are designed to be used in an integrated substance abuse treatment system to promote health and well-being, provide symptom relief, and improve patient retention.
- Studies have shown that acupuncture—typically in the ear— reduces cravings and enhances the patient’s sense of engagement in the treatment process.
- Herbal remedies are used in many cultures worldwide but have not been proven effective scientifically; there currently is much research in this area.

## XIII. Considerations for Special Populations



**Trainer note:** You have the option of having participants engage in an exercise to explore attitudes toward substance users, particularly as they relate to special populations. The exercise will be followed by a brief overview of several special populations. Participants can get more information on these populations in TIP 45’s Chapter 4, pp. 105–120. If you do not have time or feel this exercise is not appropriate for your participants, just present the didactic information on special populations.

### A. Optional Exercise: Attitudes Toward Substance Users



**Trainer note:** The following exercise is designed to provide participants with a greater understanding of how attitudes can affect patient interaction and success, particularly in special populations, regarding engaging in and completing detoxification as well as seeking ongoing substance abuse treatment. It is designed to “set the stage” for the more didactic presentation that follows on special considerations for different population groups. It may not be appropriate for all audiences.

### *Dyads Exercise: Attitudes Toward Substance Users*



**Exercise creation directions:** You will need to develop two different detailed patient descriptions representing two different special population groups. It is best to use populations the participants work or are more experienced with. You can select different racial/ethnic minorities, adolescents, older adults, pregnant women, gay or lesbian individuals, or incarcerated persons. Use as much detail as possible to include demographics (gender, age, education level, socioeconomic status), language, life situation, substance abuse history, current substance use, family and social supports, and reason for seeking detoxification services.

Draw on your own experience to develop the patient descriptions, or prior to the training, ask selected program staff where you will be training to help you develop patient descriptions based on real-life patients.

After you have put together the two different, detailed patient descriptions, you will next need to develop a short (three or four sentences) “snapshot” for each of the two detailed patient descriptions. For example, “This is a 24-year-old African-American woman who is pregnant and seeking detoxification services.”

**Exercise directions:** Divide the participants into dyads (groups of two). Have them select a partner and encourage them to work with someone they do not know well.

Have each person take a turn at being the intake counselor and a turn at being the patient.

In each of the dyads, distribute the detailed patient descriptions to the patients and the corresponding patient “snapshots” to the intake counselors. Be sure to distribute the detailed patient descriptions and corresponding patient “snapshots” evenly among the dyads.

Give the intake counselors 5 to 10 minutes to begin interviewing the patients about their reasons for requesting detoxification services or why they are here today. Tell the intake counselors that they are free to ask as many questions as they like to get an initial “read” on client readiness and appropriateness for detoxification services.

At the end of 5 or 10 minutes, have the groups stop, switch roles, and repeat the exercise, maintaining the same dyads.

Give the dyads 5 minutes to process how they felt going through this exercise, focusing on any attitudes or behaviors the intake counselor exhibited that caused them discomfort or mistrust. Have them also talk about how the intake counselor’s behavior might impact their decision to receive detoxification services.

**Processing the exercise:** Reassemble the dyads into a large group and ask participants to share lessons learned and experiences with the whole group. Facilitate the discussion and address any questions or concerns from participants.

Thank participants for participating in the exercise, noting how difficult it can be to recognize attitudes that might present barriers to patients seeking and/or undergoing detoxification.

Tell participants that they will now be talking about selected populations and special considerations for them regarding detoxification and substance abuse treatment, starting with pregnant women.

Considerations for Pregnant Women

- Detox on demand
- Women-centered medical services
- Transportation
- Childcare
- Counseling and case management
- Access to drug-free, safe, affordable housing
- Help with legal, nutritional and other social service needs
- Ensure health and safety of both mother and fetus
- Clarify risks and benefits of any medications (informed consent)
- Protocol for withdrawal may vary with each pregnancy



Considerations for Older Adults

- Supportive, nonconfrontational age-specific group
- Screen for depression, grief, and loss
- Provide linkages to specialized services
- Alcohol and drug disorders are more severe with elderly
- Older adults are at risk for co-occurring disorders
- Ongoing assessments and monitoring for medical problems common to older adults

## B. Considerations for Pregnant Women

While in detoxification, pregnant women need to receive comprehensive medical care, particularly since this may be the first time they are seeking any type of care or treatment.

Programs ideally need to offer the following services or have strong linkages to agencies that provide services for pregnant women:

- Detoxification on demand
- Woman-centered medical services
- Transportation
- Childcare
- Counseling and case management
- Access to drug-free, safe, and affordable housing
- Help with legal, nutritional, and other social service needs

Pregnant women have special issues and needs during detoxification.

- Health and safety of both the mother and the fetus must be ensured.
- Before giving any medications, the woman needs to understand the risks and benefits of taking them and give informed consent.
- Protocols for withdrawal from specific substances may vary with pregnancy and stage of pregnancy.

**Trainer note:** TIP 45’s Chapter 4, pp. 105–109, contains information on withdrawal from specific substances for pregnant women.

## C. Considerations for Older Adults

Older adults undergoing detoxification have unique needs.

Here are some recommendations programs can follow when treating older adults.

- Utilize age-specific group treatment that is supportive and nonconfrontational.
- Screen for depression, grief, and loss-related issues; older adults in particular may be dealing with loneliness or loss of career or a loved one.
- Provide linkages to medical and specialized services for the aging.
- Be aware that alcohol and drug-related disorders are often more severe in the elderly.
- Know that the elderly are at increased risk for co-occurring medical disorders and may have more medical complications when undergoing detoxification.
- Conduct assessments and provide ongoing monitoring for heart disease, respiratory disease, diabetes, and dementia.



**Considerations for People with Disabilities**

- Elimination of barriers to treatment:
  - Attitudinal barriers
  - Discriminatory policies, practices, and procedures
  - Communication barriers
  - Architectural barriers
- Clarify definitions of terms:
  - Disease
  - Impairment
  - Disability
  - Functional capacities
  - Functional limitations
- Four main categories of impairments:
  - Physical
  - Sensory
  - Cognitive
  - Affective
- Detox programs must:
  - Routinely screen for disabilities and co-occurring medical and/or psychiatric conditions
  - Be compliant with all Federal laws
  - Provide access to needed services
  - Coordinate treatment needs outside of program's expertise
  - Know local and national disability resources

**Trainer note:** Refer participants to CSAT's *TIP 26: Substance Abuse Among Older Adults*, for more information on this population.

## D. Special Considerations for People With Disabilities or Co-Occurring Conditions

Explain to participants that substance abuse treatment programs must be in compliance with two Federal laws: the 1992 Amendments to the Rehabilitation Act of 1973 and the Americans with Disabilities Act (ADA) of 1990.

**Trainer note:** More information on these Federal laws, as well as this population, is provided in CSAT's *TIP 29: Substance Use Disorder Treatment for People with Physical and Cognitive Disabilities*.

Programs need to eliminate four fundamental groups of barriers to treatment for people with disabilities and/or co-occurring disorders:

- Attitudinal barriers
- Discriminatory policies, practices, and procedures
- Communications barriers
- Architectural barriers

Take some time to review with participants some definitions regarding disabilities:

- Disease—An interruption, cessation, or disorder of body functions, systems, or organs
- Impairment—Any loss or abnormality of psychological, physiological, or anatomical structure or functions
- Disability—Any restriction on or lack of ability to perform an activity in the manner or within the range considered normal for a human being
- Functional capacities—The degree of ability an individual has to meet or perform the behaviors, tasks, and roles expected in a social environment
- Functional limitations—The inability to perform certain behaviors, fulfill certain tasks, or meet certain social roles because of a disability

The field of disability services has its own terminology to discuss physical, sensory, and cognitive disabilities, which has been grouped into four main categories of impairments:

- Physical—Caused by congenital or acquired diseases/disorders or by injury or trauma, like spina bifida and diabetes
- Sensory—Includes blindness and deafness, which may be caused by congenital disorders or disease or injury
- Cognitive—Disruptions of thinking and communication skills, spatial disorientation, problems with sequencing, and misperception of time, like learning disabilities, mental retardation, and ADD



- Affective—Disruptions in the way emotions are processed and expressed, like depression, bipolar disorder, PTSD, anxiety, and eating disorders

When working with this special population, detoxification programs need to

- Routinely screen for disabilities and co-occurring medical and/or psychiatric conditions.
- Be in compliance with all Federal laws.
- Provide access to needed services.
- Coordinate treatment and care in cases where all services are not being provided in the same place.
- Be knowledgeable about local disability resources, as well as national disability organizations that can serve as resources, like United Cerebral Palsy, National Association of the Deaf, and the Association for Retarded Citizens.

## E. Special Considerations for Racial/Ethnic Minority Populations

**Trainer note:** Explain to participants that there are special considerations for racial/ethnic minority populations that are discussed in detail in TIP 45's Chapter 4, pp. 113–119. Let participants know that there is a CSAT TIP—*Improving Cultural Competence in Substance Abuse Treatment*—under development.

Highlight some of these considerations for detoxification, starting with African Americans.

- African Americans are at greater risk for diabetes and high blood pressure, which can predispose them to risk of stroke.
- When working with other cultures, African Americans may display mistrust and a reluctance to show any weakness, making it critical for staff to respect patients and facilitate their participation in treatment as equal partners.
- African Americans may be at greater risk of developing toxic side effects when prescribed antidepressants.

Next, discuss some special considerations for Asians and Pacific Islanders.

- This is a diverse group with widely differing languages, beliefs, practices, and values.
- Members of this group are concerned about the clinician's credibility and trustworthiness; education, level of experience, and cultural sensitivity are important.
- A concrete, logical approach is valued.



Considerations for Racial/Ethnic Minorities

- African Americans:
  - Are at greater risk for diabetes and high blood pressure
  - May display distrust with counselors of a different culture
  - May be at greater risk of toxic side effects with antidepressants
- Asians and Pacific Islanders:
  - Diverse group with many languages, beliefs, practices, and values
  - May show concern for counselors' credibility, trustworthiness, and cultural sensitivity
  - Asians have greater sensitivity to alcohol than whites
  - Smoking rates tend to be high
  - Some detox meds are metabolized more slowly for those of Asian descent
  - Important to use traditional healing methods
  - Discuss how patients feel about Western medicine



Here are some issues for programs to consider in terms of detoxification for Asians and Pacific Islanders.

- Incorporate traditional healing methods, if possible and appropriate.
- When discussing detoxification medications, be sure to talk about how patients might feel toward Western medicine.
- Asians tend to have greater sensitivity to alcohol than do whites.
- Smoking rates among males, especially immigrant males, tend to be exceptionally high.
- Some detoxification medications are metabolized more slowly and might require lower dosages.

American Indians are another population that has special considerations for detoxification.

**Considerations for Racial/Ethnic Minorities**

- Native Americans:
  - Have great diversity in practices, languages, traditions, beliefs, and values (more than 500 American Indian tribes)
  - Have the highest rates of alcohol and drug use among all racial/ethnic groups
  - Gain trust by not rushing the process; be nonconfrontational
  - Use fables, illustrative stories, and "Talking Circles"
  - Avoiding eye contact is traditional
  - Fetal Alcohol Syndrome is 33 times higher than national average
  - Frame 12 Steps in terms of a circle, not a ladder
  - Tend to seek treatment later and have more medical complications
- Hispanic/Latinos
  - The largest racial/ethnic minority group in the U.S.
  - Helpful to assess patient's level of acculturation
  - Language competency is helpful
  - Family is very important
  - Alcohol and drug use is often viewed as a moral weakness

- There are more than 500 federally recognized American Indian tribes.
- This population has great diversity in practices, language, traditions, religious beliefs, and values.
- Among all racial/ethnic groups, American Indians have the highest rates of alcohol and illicit drug use, but there is variability among tribes.

Regarding detoxification, the following issues need to be considered by programs when working with this population.

- Greater trust in the detoxification process is established when the process is not rushed and the patient is treated in a nonconfrontational manner.
- Using fables, illustrative stories, and "Talking Circles" can assist the process.
- Avoidance of eye contact is traditional in this population.
- Fetal Alcohol Syndrome (FAS) is 33 times higher in this population than the national average.
- When 12-Step programs are introduced, framing the steps in terms of a circle rather than a ladder may be better received (relates to Talking Circles).
- American Indians are more likely to seek treatment later and have more medical complications and poorer nutrition.

Hispanics/Latinos are the last racial/ethnic minority group to be discussed.

- Hispanics are the largest racial/ethnic minority group in the United States.

- Assessment of the patient’s level of acculturation can be helpful in understanding drug and alcohol patterns.
- Language competency in both Spanish and English can be a significant aid in treatment entry and success.
- Family is very important and needs to be involved in the detoxification and treatment process.
- Alcohol and drug dependence are often viewed as a moral failing or personal weakness.

## F. Special Considerations for Other Populations— Gays and Lesbians, Adolescents, and Incarcerated/Detained Persons

There are a number of principles of care for treating gay and lesbian individuals, which are outlined in CSAT’s TIP, *A Provider’s Introduction to Substance Abuse Treatment for Lesbian, Gay, Bisexual, and Transgender Individuals*, which we will outline here:

**Considerations for Other Populations**

- **Gay, Lesbian, and Bisexual Individuals:**
  - Monitor feeling among staff
  - Important that staff not impose their beliefs and values on patients
  - Help patients heal from negative experiences of homophobia and heterosexism
  - Help patient accept personal power over their own lives
- **Adolescents**
  - Physical dependence not as severe; response to detox is more rapid than for adults
  - Retention is a problem
  - Peer relationships play a large role in treatment
  - 75% of those reporting steroid use are adolescents
  - Use of club drugs is higher

- Monitor individual feelings among counselors and clinicians about working with this population in order to provide professional, ethical, and competent care; since many misconceptions and stereotypes exist, it is important for individuals to assess their beliefs and not impose them on patients.
- Help patients heal from the negative experiences of homophobia and heterosexism.
- Help patients understand their reactions to discrimination and prejudice.
- Help patients accept personal power over their own lives to improve their self-images and build support networks.

We talked earlier in this module about protocols for adolescents. Here are several additional considerations for adolescents undergoing detoxification that programs need to be aware of:

- Physical dependence is generally not as severe, and response to detoxification is more rapid than in adults.
- Retention is a major problem.
- Peer relationships play a large role in treatment.
- It is estimated that 75 percent of those reporting steroid use are high school students, and most of them are male.
- The use of club drugs is higher in adolescents compared with other populations.

Considerations for Incarcerated or Detained Individuals

- Substance use disorders are common
- 70–80% of inmates have experienced regular drug use or had committed drug offenses
- Abrupt withdrawal from alcohol can be life-threatening
- Abrupt withdrawal from opioids or benzos can cause great stress
- Restrictions on methadone are common
- Substance abuse continues during incarceration
- Access to detox continues to be a problem



Another population that has special needs is incarcerated and/or detained persons.

- Substance use disorders are common in this population.
- An estimated 70 to 80 percent of all inmates in local jails and Federal and State prisons had experienced regular drug use or had committed a drug offense.
- Although women make up a small proportion of the incarcerated population, females have a greater prevalence of drug use than do males.
- Abrupt withdrawal from alcohol can be life-threatening.
- Abrupt withdrawal from opioids or benzodiazepines, while not life-threatening, can cause great distress.
- Many correctional facilities have restrictions on the use of methadone, and special provisions may need to be made.
- Substance abuse continues to be a problem while persons are incarcerated.
- Access to appropriate detoxification and continuing care is problematic in many facilities.

**Trainer note:** CSAT has three TIPs for this population—*TIP 30: Continuity of Offender Treatment for Substance Use Disorders From Institution to Community*; *TIP 21: Combining Alcohol and Other Drug Abuse Treatment With Diversion for Juveniles in the Justice System*; and *TIP 44: Substance Abuse for Adults in the Criminal Justice System*.

## XIV. Module 4 Summary and Closing

Tell participants that they have received a more detailed description of specific treatment regimens for specific substances, information on managing polydrug abuse, and alternative approaches, as well as special considerations for special populations, in the detoxification process.

Module 5 will provide you with more detailed information on co-occurring medical and psychiatric conditions and how they affect the detoxification process.

**Trainer note:** If you are delivering this course over more than 1 day, give participants a homework assignment to read the modules or sections of TIP 45 you will be covering in the next session. Ask participants for feedback on this module in the form of “pluses,” or things that they liked about the session, and “wishes,” or things that they would like to see changed or incorporated into future sessions. Prepare a newsprint with a line down the middle with “pluses” on one side and “wishes” on the other and record participants’ responses.



# Module 5: Co-Occurring Medical and Psychiatric Conditions

## Learning Objectives

Upon completion of Module 5, participants will be able to

1. Explain special considerations for detoxification programs regarding treating patients with co-occurring medical and psychiatric conditions.
2. List five common co-occurring medical conditions.
3. Describe four co-occurring psychiatric disorders.

## TIP 45 References

Chapter 5: Co-Occurring Medical and Psychiatric Conditions, pp. 121–144



## Total Time to Deliver Module

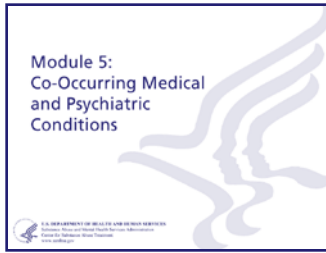
30 minutes

## Training Equipment and Supplies

- Easel and newsprint pads, markers, masking tape
- LCD or overhead transparency projector
- PowerPoint® presentation or overhead transparencies
- Nametags
- Attendance log
- Pens, pencils
- Post-it® notes or stickies

## Participant Materials

- *TIP 45: Detoxification and Substance Abuse Treatment*
- Module 5 Slides/Overheads Handout



## I. Introduction to Module 5

Tell participants that you are going to give a brief overview of the co-occurring medical and psychiatric conditions described in detail in TIP 45's Chapter 5.

**Trainer note:** The material in this module will be presented didactically.

Let participants know that while the information in Chapter 5 is highly technical and geared toward medical professionals, nonmedical personnel may find it helpful in developing a greater understanding of how co-occurring medical and psychiatric conditions can affect withdrawal from specific substances.

**Trainer note:** For more information on treating patients with co-occurring medical and psychiatric disorders, refer participants to CSAT's *TIP 42: Substance Abuse Treatment for Persons With Co-Occurring Disorders*.

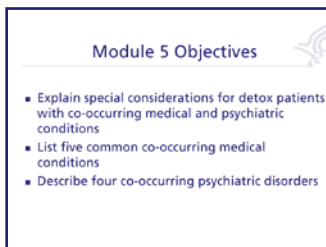
Begin by sharing some basic information on patients undergoing detoxification.

- Medical and psychological conditions can greatly affect both patient well-being and the detoxification process.
- Medical conditions can be preexisting and not related to substance use nor a direct outcome of the substance abuse.
- Detoxification can negatively impact the co-occurring disorder, or vice versa.
- Individuals who abuse substances often present with medical conditions in advanced stages or because they are undergoing a medical crisis.
- Psychological disorders are likely to be exacerbated (made worse) by substance abuse.

## II. Module 5 Objectives

Review Module 5 objectives with the participants. Upon completion of Module 5, participants will be able to

1. Explain special considerations for detoxification programs regarding treating patients with co-occurring medical and psychiatric conditions.
2. List five common co-occurring medical conditions.
3. Describe four co-occurring psychiatric disorders.



### III. General Principles of Care of Patients With a Co-Occurring Medical Condition

**General Principles of Care**

- Patients who use substances can present with a single condition or combination of conditions
- Medical management of the condition(s) does not differ from that of any other patient
- Detox medicine and protocols must be modified to minimize potentially harmful effects on the co-occurring condition

**Providing the Best Possible Detox Experience**

Detox Programs Must:

- Be familiar with signs/symptoms of co-occurring medical disorders
- Equip treatment setting to handle medical conditions and provide required patient monitoring
- Arrange consultation with specialists
- Use the opportunity to engage patients with co-occurring medical conditions in substance abuse treatment
- Set up appointment for medical follow-up care following discharge from detox

**Common Co-Occurring Medical Conditions**

- Gastrointestinal disorders (e.g., gastritis, pancreatitis)
- Liver disorders (e.g., cirrhosis)
- Cardiovascular disorders (e.g., hypertension, arrhythmia)
- Hematological (blood) disorders (e.g., anemia)
- Pulmonary disorders (e.g., asthma)
- Neurological disorders (e.g., withdrawal seizure and stroke)
- Infectious diseases (e.g., STDs)
- Other conditions (e.g., diabetes)

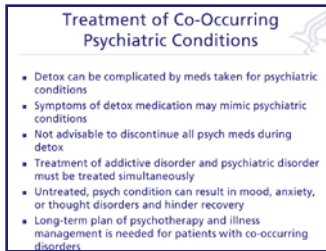
- Patients who use substances can present with a single condition or any combination of conditions that occur in the general population.
- In most cases, medical management of the condition(s) does not differ from that of any other patient.
- Detoxification medicine and protocols may, however, need to be modified to minimize potentially harmful effects on the co-occurring condition.

Talk about what programs can do to provide the best possible detoxification experience for individuals with co-occurring medical conditions.

- Staff need to be familiar with the signs and symptoms of common co-occurring medical disorders.
- Detoxification settings need to be appropriate for the medical conditions present and able to provide any required patient monitoring.
- Consultations with specialists may need to be arranged, depending on the condition.
- Co-occurring medical conditions can present an opportunity to engage the patient in substance abuse treatment. By focusing on the adverse effects of substance abuse on patients' health, staff can help patients see the importance of engaging in treatment.
- Before discharge from detoxification, patients need to have appointments made for follow-up care for medical conditions, conditions requiring further evaluation, and substance abuse treatment.

Common co-occurring medical conditions for patients undergoing detoxification include

- Gastrointestinal disorders, like reflux esophagitis (acid reflux), gastritis, and pancreatitis.
- Liver disorders, like cirrhosis.
- Cardiovascular disorders, like hypertension (high blood pressure) and arrhythmia (irregular heartbeat).
- Hematological (blood) disorders, like anemia.
- Pulmonary disorders, like asthma.
- Neurological disorders/conditions, like alcohol and sedative withdrawal seizures and stroke.



- Infectious diseases, like endocarditis, tuberculosis, sexually transmitted diseases, and HIV/AIDS.
- Other conditions, like diabetes.

**Trainer note:** Reinforce with participants that TIP 45's Chapter 5 discusses the management of these medical conditions in detail. Participants who are not clinicians might find this information helpful and can review this chapter and discuss the information with the appropriate medical/clinical personnel in their organization.

## IV. Treatment of Co-Occurring Psychiatric Conditions

Start with some basic information about detoxification and the treatment of co-occurring psychiatric conditions.

- In detoxification, patient care can be complicated by medications taken for co-occurring psychiatric conditions.
- Patients can exhibit symptoms from detoxification medications that mimic psychiatric conditions.
- It is not always advisable to discontinue all medications during detoxification; abrupt termination of psychiatric medication may cause withdrawal symptoms or the reemergence of the psychiatric disorder.
- Treatment of an addictive disorder can be difficult without adequate treatment of a psychiatric condition—for example, a patient with mania who is euphoric and delusional will have difficulty cooperating with the addiction treatment if the mania is not addressed.
- When psychiatric disorders are left untreated, they can result in mood, anxiety, or thought disorders that can prevent or retard recovery from substance abuse.
- Patients with co-occurring psychiatric conditions need a long-term plan for rehabilitation, including psychotherapy and illness management.

### A. Standard of Care for Co-Occurring Psychiatric Conditions

Because alcohol and drugs can induce almost any psychiatric symptom or sign or mimic any psychiatric disorder, their effects should always be considered before a co-occurring condition diagnosis is established or treated.

Standards of care have been developed for different psychiatric conditions or disorders. TIP 45's Chapter 5 lists general approaches and pharmacologic therapies for anxiety, depressive, bipolar, and psychotic disorders.



### Anxiety Disorders

- Prevalence rate of anxiety and addiction: 5-20%
- Antianxiety meds can oversedate and dull one's reaction to influences
- Anxiety can help a patient move toward change
- Withdrawal produces varying levels of anxiety in patients
- Treatment indicated when anxiety persists after treatment or is preventing patient to enter treatment
- Meds can be started at any time if condition is persistent and waiting is not possible
- Benzodiazepines and antidepressants are commonly used meds

## Anxiety Disorders

- Studies indicate that prevalence rates for the co-occurrence of anxiety and addiction disorders range from 5 to 20 percent.
- Antianxiety agents can oversedate and dull a patient's reaction to internal and external influences.
- Anxiety in recovery can be important and help move a patient toward change.
- Withdrawal produces varying levels of anxiety in patients; the longer and more chronic the substance abuse has been, the more severe the anxiety can be.
- Treatment is indicated when anxiety persists after substance abuse treatment or it is suspected that anxiety is preventing the patient from participating in treatment.
- Medication can be started at any time if the condition is persistent and waiting is not possible.
- Commonly used agents include benzodiazepines and antidepressants.

### Depressive Disorders

- Prevalence rate of depression and addiction: 5-25%
- Can occur independently of addictive disorder or induced by alcohol or drugs
- Depression can result during recovery as part of the patient's healing due to losses
- Depressant drugs (alcohol) can produce depression during intoxication
- Stimulant drugs (cocaine) can produce depression during withdrawal
- Depression can be prolonged by certain drugs that linger in the body (marijuana, benzos)
- Depression is more common in older adults and women
- Meds can be started at any time, if condition is persistent and waiting is not possible
- Antidepressant meds are used if the depression is not drug-induced

## Depressive Disorders

- Studies indicate that prevalence rates for the co-occurrence of depressive and addictive disorders range from 5 to 25 percent.
- Depressive disorders can occur independently of addictive disorders or can be induced by alcohol and drug use.
- Depression can result during recovery and can be part of a patient's healing process due to the losses suffered by a patient, including the loss of alcohol, drugs, and relationships based on drug use.
- Depressant drugs (alcohol) can produce depression during intoxication.
- Stimulant drugs (cocaine) can produce depression during withdrawal.
- Depression can be prolonged with certain drugs, like marijuana and benzodiazepines, that linger in the body.
- Depression is more common in older adults and women.
- Medication can be started at any time if the condition is persistent and waiting is not possible.
- Treatment is usually with antidepressants once it is established that the depression is not drug-induced.



**Bipolar Disorders**

- Prevalence rate of bipolar disorders and addiction: 30–60%
- May be complicated by alcohol or drugs (e.g., mania can be produced by stimulants and depression by depressants, such as alcohol)
- Meds can be started at any time, if condition is persistent and waiting is not possible
- Mood-stabilizing drugs include lithium and anticonvulsives

**Psychotic Disorders**

- Psychoses can be caused by stimulant drug use during intoxication and by drug/alcohol use during withdrawal
- Meds can be started at any time if condition is persistent and waiting is not possible
- Meds used:
  - Antianxiety agents (benzos)
  - Antipsychotic agents
  - Antidepressants



## Bipolar Disorders

- Studies indicate that prevalence rates for the co-occurrence of bipolar and addictive disorders range from 30 to 60 percent.
- Bipolar disorder may be complicated by alcohol or drugs—for example, mania can be produced by stimulants (cocaine) and depression by depressants (alcohol).
- Medication can be started at any time, if the condition is persistent and waiting is not possible.
- Mood-stabilizing drugs used include lithium and anticonvulsives.

## Psychotic Disorders

- Studies indicate that prevalence rates for co-occurrence of schizophrenic and addictive disorders range from 40 to 80 percent.
- Psychoses can be caused by stimulant drug use during intoxication and depressant drug/alcohol use during withdrawal.
- Medication can be started at any time if the condition is persistent and waiting is not possible.
- Medications used include antianxiety agents like benzodiazepines, antipsychotic agents, and antidepressants.

## V. Module 5 Summary

Tell participants that they should now have a basic understanding of co-occurring medical and psychiatric conditions and how they can affect the detoxification process. Remind participants that they can get more comprehensive information in TIP 45's Chapter 5.

Module 6 will provide you with an overview of the financing and organizational issues involved with preparing and developing a detoxification program.

**Trainer note:** If you are delivering this course over more than 1 day, give participants a homework assignment to read the modules or sections of *TIP 45* that you will be covering in the next session. Ask participants for feedback on this module in the form of “pluses,” or things they liked about the session, and “wishes,” or things they would like to see changed or incorporated into future sessions. Prepare a newsprint with a line down the middle, with “pluses” on one side and “wishes” on the other, and record participants’ responses.

# Module 6: Financing and Organizational Issues

## Learning Objectives

Upon completion of Module 6, participants will be able to

1. Describe the changing patterns of detoxification service utilization.
2. Identify at least four major funding streams available to detoxification and substance abuse treatment programs.
3. Explain the different types of financial arrangements involved in managed care contracts and their risks.
4. Describe other aspects of working in a managed care environment, including accreditation, credentialing, performance measurement and utilization, and case management.
5. State two strategies for strengthening the financial base and market position of a detoxification program.

## TIP 45 References

Chapter 6: Financing and Organizational Issues, pp. 145–168

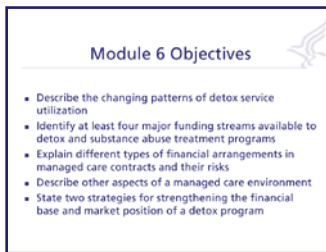
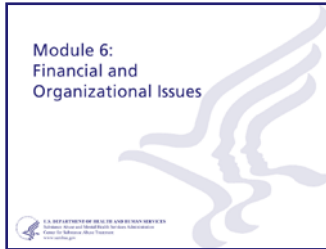
## Total Time to Deliver Module

One hour; can be longer depending on participants' needs

## Training Equipment and Supplies

- Easel and newsprint pads, markers, masking tape
- LCD or overhead transparency projector
- PowerPoint® presentation or overhead transparencies
- Nametags
- Attendance log
- Pens, pencils
- Post-it® notes or stickies





## Participant Materials

- TIP 45: Detoxification and Substance Abuse Treatment
- Module 6 Slides/Overheads Handout

## I. Introduction to Module 6

Tell participants that you are going to switch gears now to talk about financing and organizational issues involved in developing a detoxification program.

Explain that the program development process will require careful planning, particularly regarding financial support.

**Trainer note:** This module involves didactic presentation. Whenever possible, use the facilitated discussion technique to involve participants and draw on their experience. This type of interaction will help make the material more relevant to participants.

## II. Module 6 Objectives

Review Module 6 objectives with the participants. Upon completion of Module 6, participants will be able to

1. Describe the changing patterns of detoxification service utilization.
2. Identify at least four major funding streams available to detoxification and substance abuse treatment programs.
3. Explain the different types of financial arrangements involved in managed care contracts and their risks.
4. Describe other aspects of working in a managed care environment, including accreditation, credentialing, performance measurement and utilization, and case management.
5. State two strategies for strengthening the financial base and market position of a detoxification program.

## III. Preparing and Developing a Program

### A. Understanding the Changing Utilization Patterns of Detoxification Services

Begin by stating that both the setting and primary substance abuse problem for admission to detoxification services have changed over the last 10 years.

Program planners need to understand these changes as they determine what type of program will best meet their target populations' needs:

Changes in Setting and Types of Patient Problems in Recent Years

- Shift from inpatient to outpatient
- Substance abuse problems have shifted from alcohol and cocaine to opioids
- More opportunities for community-based and private detox programs
- Hospital-owned freestanding detox programs have increased

- The setting for services has shifted from largely inpatient to outpatient programs.
- The primary substance abuse problem has also shifted from alcohol and cocaine/crack to heroin and other opioids.
- There are more opportunities today to provide community-based and private detoxification services.
- The number of hospital-owned freestanding detoxification facilities has increased.

Prospective programs need to research their own local markets to determine services currently available and identify service gaps.

They also need to obtain current data on utilization and demand for detoxification services in their area.

## B. Funding Streams and Other Resources for Program Development

Once a program has been defined, the next step is determining how funding will be secured.

Tell participants about money and resources available for program development.

Tell participants that substance abuse treatment in the United States is financed by both public and private funding sources, with more funds coming from the public sector.

In order for a program to be successful, it must develop a diverse funding stream and not rely on a single, large funding source for its operation.

Explain to participants that there are many nuances to securing funding and that once funding is secured, each funding stream will have different reporting and accounting requirements.

State that you will not be going into depth on these issues now; TIP 45's Chapter 6 will give participants more detailed information on issues regarding securing funding and developing a diverse funding stream. Prospective programs might also want to secure the services of a professional fundraiser to assist them with this process.

Today's goal is to provide participants with an overview of the key funding streams that are available for programs providing substance abuse treatment.

Participants can find more detailed information on each of these funding streams, as well as additional funding opportunities, in Chapter 6.

Specific Web sites with additional information on funding resources are also included throughout Chapter 6.



**Trainer note:** You can prepare a handout of the Web sites for the different funding streams beforehand or write them on a newsprint and post it in the training room.

## ***Substance Abuse Prevention and Treatment (SAPT) Block Grant Program***

- Federal funding is available from SAMHSA for substance abuse programs.
- Block grant funds are sent from the Federal Government to each State's Single State Agency (SSA) for substance abuse for distribution throughout the State.
- Funds can be subject to set-asides for special populations.
- Each State maintains its own funding eligibility criteria.
- Providers who provide services in more than one State need to check for opportunities in each State in which they operate.
- SAMHSA has other funding (non-block grants) for grants and contracts.

## ***Medicaid***

- This is a Federal Government program administered by the Centers for Medicare and Medicaid Services (CMS); each State pays for medical care for specifically defined eligible persons.
- Medicaid expands medical coverage, including substance abuse services, to the uninsured, including low-income children, pregnant women, the elderly, and persons who are blind or otherwise disabled.
- It is up to each State to determine whether it will include benefits for substance abuse treatment in its Medicaid program (most States do).
- States also select the precise services and levels of care in substance abuse treatment that will be reimbursed.
- Rates of payment/reimbursement are independently determined by each State and may vary within the State among different coverage arrangements. Medicaid may pay for substance abuse treatment directly through fee-for-service arrangements or through a managed behavioral health care or other managed care organization with which it contracts; more than one type of arrangement may exist within the same State.
- While most States offer some coverage for detoxification services under their Medicaid programs, not all settings or types of detoxification programs may be covered.

When available, Medicaid coverage offers advantages to substance abuse treatment programs:

- Medicaid can provide significant funding for high-risk groups, like low-income mothers and adolescents.
- Treatment may not require a client copay, depending on the State; this allows the program to receive the entire fee without having to collect funds from clients.
- Medicaid can help in negotiating rates with commercial payors by not allowing acceptance of contract terms with any other purchaser at rates lower than those established for Medicaid.
- Certification as a Medicaid provider can position a program to receive patients from other public-sector referral sources, like social services and criminal/juvenile justice.

### ***Medicare***

- Federal Government program administered by the Centers for Medicare and Medicaid Services (CMS)
- Provides coverage to individuals over age 65 and people under the age of 65 with certified disabilities, as well as to people with end-stage renal disease
- Provides coverage to patients in hospital-based detoxification programs that are certified by Medicare
- Does not cover detoxification programs that provide a structured environment, socialization, or vocational rehabilitation

### ***The State Children's Health Insurance Program (SCHIP)***

- Provides low-cost health insurance for children in low-income families who are not eligible for Medicaid
- Provides funds for substance abuse treatment of children and adolescents, but varies from State to State
- Can provide funds under a State's Medicaid program or through a separate children's health insurance program
- State alcohol and drug abuse agencies may be able to provide resource treatment information for youth over the maximum age for SCHIP

### ***Social Services***

- The Temporary Assistance for Needy Families (TANF) block grant program administered by States will fund—depending on the State—substance abuse treatment services that are considered medical, but there is broad interpretation as to what constitutes “medical” services.

- Initiatives through the U.S. Department of Labor fund nonmedical substance abuse treatment services through the Welfare-to-Work program.
- HUD funds treatment of public housing residents under the Public Housing Drug Elimination Program.
- Federal vocational rehabilitation education funds—channeled through State agencies responsible for vocational rehabilitation—support services that help persons with disabilities participate in the workforce, including treating them for substance use disorders.
- Children’s protective services: Title IV of the Social Security Act funds court-ordered substance abuse treatment for parents who are at risk of losing custody of their children.
- Ryan White Title I provides funds for substance abuse treatment in eligible metropolitan areas most severely affected by the HIV epidemic.

### ***Criminal Justice/Juvenile Justice (CJ/JJ) Systems***

- State corrections systems may provide funds for treatment of offenders who are returning to the community via parole offices, halfway houses, or residential correctional facilities.
- Community drug courts can contract with substance abuse treatment programs and send nonviolent offenders to treatment in lieu of incarceration.
- Substance abuse treatment programs with expertise in treating adolescents can obtain contracts from the juvenile court system to provide treatment in a juvenile correctional facility or to juveniles in the justice system.

### ***Other Funding Streams/Resources***

- TRICARE: the managed care program for the military; will sometimes pay for substance abuse treatment services subject to preauthorization requirements
- Local funding through county and local governments
- Private payors, including managed care organizations, managed behavioral health care organizations, local employers, and employee assistance programs
- Contributions and grants to support program costs from foundations, local charities, businesses, and individual donors
- Research grants from public and private sources
- Self-pay patients

## IV. Working in a Managed Care Environment

Begin this section by stating that all health care providers, including substance abuse treatment providers, operate in a managed care environment whether they are public or private entities.

It is important for program developers to become knowledgeable about managed care and how the industry works.

There are four fundamental aspects of managed care arrangements:

- Managed care contracts must specify the obligations of each party completely and clearly.
- After signing a managed care contract, a detoxification program or its parent agency becomes a member of the managed care organization's network.
- All managed care contracts include performance measurement and reporting and may have financial or referral incentives or disincentives associated with measured performance.
- All managed care contracts include utilization management to determine what services are "medically necessary" and eligible for reimbursement and case management or utilization that requires initial and continuing approvals for treatment and referrals.

In order to assess and negotiate a managed care contract and monitor your program's performance under that contract, you need to know the cost of the detoxification services you are going to provide.

The cost of services can be challenging to determine; there is guidance in TIP 45 on page 163 for different methodologies of determining service cost.

Cost of services generally includes

- Staff time spent with patients.
- Administrative time spend on meetings and paperwork.
- Capital and operating expenses.

Only when the cost of delivering a unit of a particular service is known can a program negotiate a reasonable rate for specific services.

### A. Financial Arrangements and Risks in Managed Care Contracts

Talk with participants about financial arrangements under managed care.

There are three major categories of financial arrangements or methods of payment in managed care contracts that program administrators need to understand.







While all financial arrangement have risks, each major category has specific associated risks that program developers and managers need to be aware of.

### **Fee-for-Service**

- Fee-for-service generally requires precertification and utilization management for some or all procedures and services.
- Approved services are documented in patients' benefit plans.
- A rate is received for the services provided: typically a standard program session with specific services bundled in.
- This is the least risky arrangement for providers.
- When negotiating a fee-for-service contract, it is necessary to ensure that the rate is sufficient to cover the actual costs.
- All services must be costed out prior to contract negotiation so actual costs of treatment components are known and can be compared with what is offered. The managed care organization has the option of refusing to pay for some of the bundled services a program may be offering.

### **Capitation Agreement**

- This is used when a managed care organization establishes a stipulated dollar amount to cover treatment costs for a group of people using one-per-person rate for everyone.
- The provider agrees to provide all or some treatment services for an expected number of managed care "covered lives"—for example, 100,000 subscribers.
- Usually, only large service providers have the assets and volume of services to enter into capitated agreements.
- If many more people than are predicted require treatment, the provider may not be able to cover service delivery costs.
- Programs need to track actual dollars against the budget in real time to avoid unexpected deficits.

### **Case Rate Agreement**

- For a fixed per-patient fee, the provider covers all the services a client requires for a specific period.
- The "set" of services is determined by the managed care organization.
- Case rate removes some of the utilization risk from the service provider compared with capitation agreements.
- There is, however, a risk that clients will need services more frequently or at higher levels than the case rate covers.

- Programs need to track actual average dollars per case against the contracted care rate in real time to avoid unexpected deficits.

## B. Accreditation and Credentialing

When you join a managed care organization's network of providers, you must meet that organization's standards for staff credentials and program accreditation. These standards are rarely negotiable.

- Managed care organizations credential individual providers, not organizations.
- Staff credentialing requirements can vary by managed care organization.
- Staff credentialing most often includes providers who are licensed in psychology, nursing, medicine, and social work.
- Substance abuse treatment staff can vary from the traditional types of providers, and programs will need to educate managed care organizations about the types of staff needed and the kinds of services provided.
- Detoxification programs need to participate in both medical and behavioral networks of managed care organizations.
- Some managed care organizations require that the program itself be accredited by one of the major national health care accrediting organizations. The Commission on Accreditation of Rehabilitation Facilities (CARF) is the one most substance abuse providers use, but if offering inpatient detoxification services, you will need accreditation from the Joint Commission on Accreditation of Healthcare Organizations (JCAHO).

**Trainer note:** Tell participants that more information on credentialing and associated Web site addresses are on page 161, Chapter 6, of TIP 45.

## C. Organizational Performance Measurement

Begin this discussion by telling participants that performance measurement is an important component of managed care. Some organizations even use financial incentives and/or disincentives tied to performance.

Managed care organizations have their own measures and procedures for performance measurement, some of which are prescribed by the organizations that accredit them.

Performance measurement results required by a managed care organization can affect a program's financial success and ability to continue as a network provider.

Regardless of what managed care organizations require, well-managed programs develop and use their own internal performance measures, striving always to improve their performance.

### Accreditation and Credentialing

- Credentialing of providers is done by managed care organizations
- Staff credentialing requirements vary by managed care organizations
- Staff eligible for credentialing usually includes licensed professionals
- Types of staff needed and services provided vary among providers
- Detox programs participate in both medical and behavioral networks
- Program may be required to be accredited by CARF or JCAHO



**Performance Measures**

- Key Process Outcome Measures include percentage of patients who:
  - Complete a defined individualized treatment regimen
  - Drop out within first 7 days of treatment
  - Remain in less intensive treatment 30 days after discharge
  - Are employed or in school 6 months after discharge
- NCOA's 4 Domains for Development of Performance Measures:
  - Prevention/education
  - Recognition or identification of substance abuse
  - Treatment
  - Maintenance of treatment effects

Key process and outcome measures that all programs can use include the percentage of clients who

- Complete a defined treatment regimen that meets their individual needs.
- Drop out within the first 7 days following treatment initiation.
- Remain in documented but less intensive treatment 30 days after discharge from the program.
- Are employed or attending school 6 months after discharge from the program.

The National Committee for Quality Assurance (NCQA) has developed four major “domains” for programs to develop substance abuse performance measures around:

- Prevention/education
- Recognition or identification of substance abuse
- Treatment, including initiation of alcohol and other plan services; linkage of detoxification and alcohol and other drug plan services; treatment engagement; and use of interventions for family members and significant others
- Maintenance of treatment effects

## D. Utilization and Case Management

Open up discussion about utilization and case management in managed care organizations and how they can affect a detoxification program.

- Utilization management focuses on a single type of service.
- Case management focuses on the coordination of the appropriate array of services needed by a specific individual.
- In practice, both utilization and case management staff at a managed care organization authorize specific services for payment.
- A wide variety of criteria and protocols may be used by managed care organizations to determine whether services may be authorized for substance abuse, typically including American Society of Addiction Medicine (ASAM) criteria.

Successfully addressing the needs of managed care organizations' utilization and case management staff is critical to maintaining a program's viability.

To do so, detoxification program staff need to

- Understand what utilization and case management staff at managed care organizations do.

**Utilization and Case Management**

- Utilization focuses on a single type of service
- Case management focuses on coordination of an individualized array of services
- Managed care staff in both utilization and case management authorize services for payment
- Wide variety of criteria are used to determine authorization (including ASAM criteria)

Addressing Needs of Utilization and Case Management

- Detox program must:
- Understand the roles of utilization and case management at managed care organization
  - Be trained in conducting professional telephone relationships
  - Be familiar with criteria and protocols of the managed care organization
  - Have access to information required by the managed care organization
  - Maintain complete records

Strengthening Financial Base and Market Position

- Achieve recognition for quality and effectiveness of services
- Serve special populations
- Develop economies of scale
- Gain community visibility and support
- Form alliances with other treatment providers

- Be well trained in conducting professional relationships over the telephone.
- Be familiar with the criteria and protocols employed by the managed care organization with which the program contracts.
- Have easy access to clinical and service information required by a managed care organization to help it complete reviews and authorize services.
- Maintain complete records of all interactions and requests.

## E. Strengthening the Financial Base and Market Position of Detoxification Programs

Begin discussion about strategies detoxification programs can use to facilitate larger numbers of patients and generate greater revenues per patient.

- Achieve recognition for quality and effectiveness of services. If a program has a reputation for providing effective care, managed care enrollees and other potential clients will want to use it.
- Serve special populations. Providing services to a population no other program serves is a potential marketing advantage.
- Develop economies of scale. Adding clinic or program sites may allow you to spread some of the fixed program costs among a larger number of patients, driving down per capita costs.
- Gain community visibility and support. Expanding a program's board of directors to include governmental and community agency executives or politicians can raise a program's profile.
- Form alliances with other treatment providers. Setting up coalitions to compete or work with managed care organizations and other purchasers, like Medicaid, may help strengthen a program.

## V. Module 6 Summary and Closing of Detoxification and Substance Abuse Training

Tell participants that they have now received a basic understanding of funding streams and other resources they can use, as well as a greater understanding of working in a managed care environment.

Let participants know that you have covered a great deal of information on detoxification and substance abuse treatment in a short period.

It was the intention of this training to provide participants with a broad overview of detoxification and substance abuse treatment.



Remind participants that they can get more comprehensive information on all of the topics discussed in this training in TIP 45.

**Trainer note:** If you have conducted this training over the course of several days, skip the “Pluses and Wishes” exercise specifically for Module 6 and evaluate the training as a whole, as follows:

**Closing discussion:** Take some time to discuss and evaluate this training.

Ask participants for feedback on the training in the form of “pluses,” or things they liked about the training, and “wishes,” or things they would like to see changed or incorporated into future trainings. Prepare a newsprint with a line down the middle with “pluses” on one side and “wishes” on the other, and record participants’ responses.

Next, review participants’ expectations generated at the beginning of the training to determine whether/how well expectations were met and what follow-up is required.

After this discussion, distribute Participant Feedback Forms on the training and ask participants to complete them before leaving the training room.



**Trainer note:** A sample Participant Feedback Form that trainers can modify to best meet their needs is included in the Appendix.



DHHS Publication No. (SMA) 08-4331  
Printed 2008