# THE TREATMENT PROGRAM OF THE ANATOLIA CLINIC FOR ALCOHOL RELATED DISORDERS

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## SUMMARY

Alcohol Dependence and Alcohol Abuse are mental disorders whit considerable high incidence among the general population. The estimated occurrence of Alcohol Related Disorders over a 1-year-period is about %7.5 in symptomatic levels. Whit their consequences for the family and community as well as their social, cultural, legal and political dimensions, the signifcance of the Alcohol Related Disorders goes far beyond their nature of being mental discorders.

These aspects also justify the necessity of special treatment programs adapted to the multidimensional structure of this disorders as described above. The following article_focuses on the treatment program of the Anatolia Clinic for Alcohol Disorders. The treatment program administered in Anatolia Clinic was stuructured by reviewing the varıous treatment programs throughout the clinics in the world and adjusting them according to the conditions in our country.

Key Words:

Alcohol-Related Disorders, treatment program

## THE TREATMENT PROGRAM OF ANTOLIA CLINIC FOR ALCOHOL RELATED DISORDERS

The rising numbers of alcohol-related disorders in the population make the treatment teams to evolve new treatment programs. Alcohol Related Disorders elicit psychological, economical, and social outcomes in the family of patients and population, and should be evaluated as a biopsychosocial disorders(1,2).

The significant progress in treatment programs for Alcohol Related Disorders in recent years is observable. Minnesota Model has been widely accepted for the treatment of Alcohol-Related Disorders in US since 1950 (3). Treatment models began to be organized after 1980 in. Turkey. The first organized clinics for Alcohol Related Disorders began to activate in University Hospitals and a structured program at AMATEM inside of Bakırkoy Psychiatric and Neurological Hospital is started to administer in 1983 (4).

Alcohol related disorders can be treated in three main setting (3):

---Medical Hospital
---General Psychiatric Hospital

---Specialized Chemical Dependeney Unit

The common idea of clinicians is that the patients whit Alcohol Related Disorders have to be treated in specialized clinics. The causes of this necessity are:

1-the presence of a knowledgeable and dedicated clinical staff
2-addicted patients may feel themselves uncomfortable around each other
3-availability of confrontation of patients with their problems
4-availability of peer support

## ANATOLIA TREATMENT CLINIC FOR ALCOHOL-RELATED DISORDERS

Alcohol addicted patients had been treated in Anatolia Treatment Clinic for Addiction since 1994 before the necessity of seperation was observed. And Anatolia Treatment Clinic for Alcohol Related Disorders was structured in 1996 as another unite with 22 rooms in it. The treatment program was revised and structured.

Evaluation of patients

To make an effective treatment process can be obtained on the condition that the evaluation of patient should be made exactly. Hospitalization can be realized after the conditions which are intoxication, whitdrawal, medical complications, and emotional status are reviewed. Alcohol related and other psychiatric disorders are diagnosed according to DSM IV criteria and other properties of patients are evaluated a psychiatrist in the first interview. Advanced psychiatric and medical investigations of patients are completed in later steps of hospitalization. Furthermore, SCID-P, SCID II, SCL 90 R, Hamilton Depression Scale, Mini-Mental State Test, Brief Psychiatrric Rating Scale, Spielberger State-Trait Anxiety Scale, Suicide Scales may be used in psychiatric evaluations and a self-test (AA World Services Inc. Computer Bulletin) about addiction which consists 26 questions is administered to the patient.

Inpatient treatment program has two main steps in Anatolia Clinics.The detoxification step is the first step. The second step aims rehabilitation. While benzodiazepines and carbamazepine mainly constitute the medical therapy in detoxification period, seratonine re-uptake inhibitors are preferred to use in rehabilitation period for comorbid depressive disorders and anxiety disorders or alcohol craving.

## GROUP THERAPY PROCESS

The patients can participate to the group sessions after the medical and psychiatric evaluation of them. The data about the patient are reviewed by two psychiatrists, a psycologist and a counselor.The patients who have severe withdrawal and other physical symptoms, antisocial properties and who are in severe depression and psychosis are not included to the sessions. Group process comprises the educational activities. And confrontational, cognitive-behavioural and supportive methods can be used in this process. Group members are always from the hospitalized patients.

The First Session

The main subject in the first session is to let patient evaluate himself. The aim is to see how the patients perceive the problem with alcohol and himself. This is the first step that the

Patient acquires insight. The preceding goal is to understand the patient's orientation about himself and the alcohol related problem rather than to confront him. Explanations and supportive appoaches for motivation can be used on request.

## The Second Session

The main theme is to assess the problem with alcohol and to talk about the symptoms of alcohol dependence A printed list and explanations about alcohol related problems(tolerance, withdrawal, loss of control, transient amnesias, social problems ) are given to the patients. These explanations are read in the session. The aim is to confront the patient whit alcohol related – problems.

Another next meeting to the second session aims to educate the patoents on alcohol related disordes, etiology, and the biological influences of alcohol. Some patients can have an individual interview for more explanation, confrontation, and supportive approach.

**The Third Session**

Alcohol dependence and the family is the main subject of this session. It is scrunitized how the alcohol problem effects the interactions in the family. The necessity of participitating of the family into the treatment process is also discussed in the session.

**The Fourth Sesion**

Patients draw how they feel themselves and their milieu with alcohol in the fourth meeting and the pictures are tried to be commented by group members.

**The Fifth Session**

The conditions which can constitute a risk to be relapsed are discussed in this session. The risky conditions which are to begin to approoach such that alcohol is used, depression, existence of problems in social life, to leave the discipline in daily life, and other factors are listed by the group therapist. The experience of group members who have repeated relapses may be reviewed.

**The Sixth Session**

The conditions for being able to sustain the remission period are the subjects to the sixth group meeting. A supportive approach for group members on avoiding alcohol is preferred

**The Seventh Session**

The alternating life styles to avoid alcohol is the theme of this session. To make some alternafing activities in a discipline is dicussed. The regularity of activities as sleeping, meals, daily working time, entertainment in daily life is emphasized.

**The Eighth Session**

Wrighting a letter about alcohol and related problems is the main activity of this session.

**VIDEO FILMS**

Some relevant films are watched once a week. Group members talk about their feeling after they watch the film (Bill's life etc…)

**OUTPATIENT GROUPS**

These meeting are repeated twice a week for outpatient population of our clinic. The themes are based on the proposals from the group members. The supportive method is mainly preferred one in these group meetings. These meetings also keep the social interactions amongst outpatients alive. Inpatients can also be included in these meetings. One of the meetings aim tos hare the feelings and experiences and the other aims to render information. Family members can participitate one of these meetings which aim to give imformation once for every three weeks. The rosettes which symbolize the remission for three months, six, months, and one year and so… are given to the patients after the meetings.

**FAMILY MEETING**

Goup meeting gor the families of outpatients and inpatients become once a week. The experionces with the problem are shared. Information, supportive approaches, confrontations may be preferred on request.

**AA MEETING**

AA members have a meeting once a week at our clinic to introduce AA and to render the patients to participitate into that process.

**MEETING FOR EDUCATION**

The aim of these meetings which become twice a week is to teach alcohol related disorders, the effects of alcohol on mental health and treatment procedures for alcohol related problems by a psychiatrist.

**THE PROCESS OF INDIVIDUAL INTERVIEWS**

**First Interview**

The patient and the problem is tried to be understood and scrutinied. The process of individual therapy is begun to be sructured in this interview. The patient is informed about the treatment program at the end of the interview.

**Second Interview**

Some of the diagnostic scales are adminitered to the patient in this interview (SCID-P, SCID II, SCL 90 R, Hamilton Depression Scale, etc). The symptoms of alcohol related disorders are mnetioned and the therapist informs and confronts the patient with the problem and he wants the patient to write his experiences with alcohol for the next interview.

**Third Interview**

The experiences with alcohol how the patient feels them are reviewed. The therapist let the patient confront with these experience. The effects of alcohol, withdrawal symptoms, effects on family, social life and performance, personality changes are evaluated.

**The Fourth Interview**

The problems with using alcohol are evaluated again. Remission and relapse periods are compared. The possible causes to provoke to use alcohol and to relapse are reviewed. The therapist tries to show the factors which provoke to take alcohol and supports the positive activities seen in remission perios (10). The patient is charged for writing the associations which can be a factor to provoke taking alcohol and his feeings about the period after he is dicharged from the hospital.

**The Fifth Interview**

The theme of this interview is what the patient writes about the associations to make him to take alcohol again. The fears for the remission period are evaluated and some advises are given;

---To change the old customs and to avoid the conditions and things which associates alcohol

---To avoid the milieu that the patient can meet alcohol

---To avoid to stay alone

---To avoid to trust himself not to take alcohol

And outpatient treatment program is stuructured for the patient in this interview.

**SOCIAL SERVICE**

The patient has to be evaluated with his milieu in alcohol related disorders. Social services aim to help the patient and his family to organize the social life and occupational environment.

**RESULTS and DISCUSSION**

Minnesota Model is a common method for alcohol related disorders administered for four weeks. The patient is included into the sessions in which the informations are given about dependence after the detoxification period. The patient can learn the effects and the results of alcohol dependence, and what he has to do to contribute to treatment process in these metings(3).

Minnesota Model depends on group therapies, confrontation methods and the existence of an ex-user. The family or employer can also be charged in the treatment process. The main goal is to integrate the patient into outpatient groups. The psychiatrist is liable for all psychiatric treatments of the patient.the counselor and the psychiatrist have to work in an accord. The most important aspect of this program is to give hope to the patient who feels himself helpless. These programs insist of the importance of the psychological state of patient in the recovery process(3). It has been referred to the “comprehensive and dogmatic adeology” of

Minnesota Model programs as one of their most powerful therapeutic tools(11). The treatment model in our clinic resembles Minnesota Model.

In the last decade some clinicians indicate the necessity of special psychiatrc units for psychiatric problems observed in patients with alcohol dependence(12). But some clinicians assert that these psycihiatric disorder with alcohol dependence may have different propeties. And the treatment of these patients in the same unit can bring some problems. For example it can be inconvenient that a young cocain dependent patient with bulimia and an old depressive and alcoholic patient are hospitalized in the same unite(3). Patients with severe antisocial personality or borderline disorder; psyhotic patients are excluded from the group process. Individual therapy is preferred for those patients.

It will be more acceptable that to treat the patients with another psychiatric disorde in a specialized unit for them(14). In fact most of those concepts for the treatment of other psychiatric disorders are current for the treatment of dependency:

---acceptance of and recovery from a chronic illness

---the need to overcome denial and shame

---the importance of asking for help

---using treatment actively

---developing new coping skills

The treatment program administered in Anatolia Clinics was stuructured by reviewing the various treatment programs throught the clinics in the world and adjusting them according to the in our country.

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