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Day-hospitalization: A New Tool in Treatment of Addicted Patients

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Abstract: The setting up of the day-hospital since February 2018 was a bet on the institutional plan because the team dared to begin with already existing means: every professional was committed part time but already working in another unit. The economic viability has been proven; this permitted enrollment of staff and increase of activity. The practice with addicted patients started in 2001 by creation of an Out-Patients Center. Professionals also intervened in other units: Emergency department, General Medicine, Surgery, Obs and Gyne, and Psychiatry. Five beds on an Adult Psychiatry ward were reserved for withdrawal. The care associates individual and group accompaniment. Professionals are trained to look for resources inviting patients to rely on them and developing them. Speech group sessions every week during two hours are one of the pillars of the care. It will be proposed to every participant, at a time, to learn how to listen to what happens in his/her interior life, to listen to other participants and to speak up sharing experience. There is a constant reflection about the efficiency of the tool which is regularly adjusted to patients' needs: a patient centered approach is practiced. Day-hospitalization as an element in the care of addicted patients permits a more differentiated approach of each individual. It should be reserved to particularly vulnerable patients offering them care according to individual needs.

Keywords: Addiction, Alcohol Abuse Disorder, Day-Hospitalization, Patient-Centered Psychotherapy, Group Therapy, Speech Group

1. Introduction

The authors wish to share an institutional experience and therapeutic setting up started in February 2018. Decision had been made by the medical team and the manager to open a day hospital with addicted patients. The originality was that already existing means were used, every intervening professional working in other units being included part time in the team of the day hospital. The project had been elaborated during one year. We wanted to show:

1. This new tool helps patients to take themselves in hand,
2. This model is viable on the economic plan according to the Law of Social Security.

If this could be proved, more patients could be taken in care and the activity could be developed. Supplementary staff would be hired.

Practice with addicted patients started in 2001 by creation of an Out-Patients Center. Professionals also intervened in other units: Emergency department, General Medicine, Surgery, Obs and Gyne, and Psychiatry. Five beds on an Adult Psychiatry ward were reserved for withdrawal.

The authors are the basic team of the day-hospital: two doctors, one psychologist, and two nurses. Other intervening parties are a social worker, educator, art-therapist, nurse-manager, adapted physical activities instructor, physical therapist, dietitian, medical secretary. Each intervenes for a variable percentage of full-time in the day-hospital. A client-centered approach is practiced taking into account all psychiatric and addictive pathologies. Current elements of research were taken into account [1-5].

2. Method

2.1. Method: Purpose of Day-hospitalization

According to observation, practice, patients suffering from addiction so-called alcohol abuse, to their demand, always benefitted from withdrawal. Before the opening of the

specialized out-patient center, in majority the patients had a relapse when they came back to consult a doctor. The question was raised about the tools to propose in order to help the patients to encourage their desire to become abstainers. Clinical assessment based on criteria of addiction and all psychiatric disorders (mood disorders, anxiety disorders, psychoses…), individual accompaniment and group psychotherapy called "speech group", were offered: see several scientific publications [6-9, 13] and for the general public [10-15]. Patients are invited to elaborate their motivations before and after withdrawal and to clarify their relation to the alcohol, encouraging them to free themselves of mechanisms of dependence. The specialized out-patient center became a reliable tool for patients and their GPs. Patients often say that thanks to their involvement in the speech group they understand the mechanisms of dependence learning to take themselves in hand, in comparison with the previous practice that didn't propose specialized follow-up after withdrawal. The new practice of day-hospitalization came to complete this reflection on a new tool proposed to vulnerable patients.

For a lot of patients, the fact to move from full-time hospitalization to difficult daily life, corresponds to a passage at "all" to "mere nothing ". This can explain frequent relapses after discharge of full-time hospitalization. Of course, patients had been prepared to discharge having received information on addictive mechanisms; but they didn't confront themselves again to real life and they didn't integrate different tools helping them to take themselves in hand.

2.2. Method: Practice of Day-hospitalization

To the opening in February 2018, four places were open at the rate of two half-days per week. Patients are welcomed by a nurse. They signed a sheet of "rules and regulation" that specifies, notably, that it is prohibited from coming under alcohol use, a breathalyzer is practiced in the beginning, and they must leave the keys of their vehicle. If alcohol intake is noticed during sessions, which requires a second breathalyzer, a doctor refers them to the Emergency Department to take care of acute ethyl poisoning. In case of refusal, they can go back to their home accompanied by a family member or a friend or by taxicab. The team's commitment with a particular patient is confirmed after a period of observation. Rules and regulation had been elaborated and adjusted according to patient's behaviour: it is about, at a time, to protect patients and to guarantee conditions of work of team's members.

Indication, admission and discharge are discussed during weekly meeting of the multidisciplinary team. Patient's vulnerability will be appreciated as regards their relation to alcohol abuse and in tie with anxious and depressive or other disorders. If a place is available, the patient will be able to join the day-hospital at the end of inward hospitalization. He/she avoids thus a too long waiting as regards his/her difficult daily life. In this context, day-hospitalization continues the care as a follow up period giving patients assurance of feeling protected against craving, so the return to their domicile is more progressive.

The care associates individual and group accompaniment. In individual, patients benefit from clinical assessment concerning their relation to the alcohol, their emotional life and associated disorders. Professionals are trained to look for resources inviting patients to rely on them and developing them. They know how to work, at a time, with patient's resistance and with ambivalence. It is proposed that every patient works on a personal life project including accompaniment by a nurse, an educator, a social worker according to their expertise. In addition, art-therapy, relaxation, mindfulness, massage, adapted physical activities are offered but always in relation to the interior life linked to the body. Insofar as food is often non balanced, a dietitian intervenes punctually, in individual interview but also giving didactic information to the small group. Lunch in accompaniment with the nurse is also an important element of a half day practice. A doctor, psychiatrist or general practitioner specialized in addiction treatment decides admission at the end of an interview with the patient, as well as his/her discharge or transfer to a different unit. Every patient receives individual treatment, the number of sessions being on average between 20 (10 weeks) and 80 (40 weeks). Duration of day-hospitalization can be short in the absence of depressive disorder and if there is maintenance of abstinence; it will be prolonged if the patient has difficulty to maintain abstinence and in case of anxiety or depressive disorder.

2.3. Method: Speech Group Practice

Speech group sessions every week during two hours are one of the pillars of the care. It will be proposed to every participant, at a time, to learn how to listen to what happens in his/her interior life, to listen to other participants and to speak up sharing experience. Listening in an attentive way and letting oneself being touched in one's feelings is as important as exposing one's examples before others. Participants learn to take a distance from their immediate feelings: these are reasons when they drink alcohol again when they undergo a failure. Now they learn how to discern what is important in their daily life and what is less important, how to support their frustrations, and how to put some words on what they feel. They make some awareness, think about their behaviour and discern how to make the best decision in their context. To listen and to speak, to exchange with others becomes new sources of pleasure: patients move forward and progress in their autonomy.

Five educational intentions have emerged during group practice:

1. Transmission of a knowledge that concerns useful elements for their progress,
2. Knowledge of themselves as regards personal behaviour and discernment, including relation to alcohol and other addictions,
3. Wakening of the taste to change by activation of positive resources,
4. Liberation of ability to speak up,
5. Use of a universal language accessible to everybody.

Every patient will be welcomed for what he is taking into account his/her story. Some fears must be cleared however: that the problem of the individuals is identified by others, to be

seen in one's distress, to feel overgrown by the desire to drink alcohol if one listens to the story of someone else. Depositing one's suffering during a group session and acknowledging the fight of the other permit sharing: putting feelings into words has a liberating effect. The group is thus a land of experimentation to evolve toward a thought more free and autonomous replacing compulsive behaviors.

3. Results

3.1. Results: New Elements Observed Since the Opening of the Day-hospital

The setting up of the speech group in 2001 had permitted the confrontation of personal experiences with those of others. Patients received information and they experimented a tool on the path of their liberty. But it is possible to hide behind others who express their feelings or to show an inauthentic speech.

In the small group of the day-hospital, on the other hand, it is not possible to hide. Personalities are sometimes revealed by confrontation, conflicts are expressed, affinities are developed, and friendship may be revealed. If someone becomes silent, others observe it and the professionals challenge it. But new solidarities can express themselves.

Some alcohol dependent patients act for others but they don't take themselves in charge. For example some women learned that they had to take care of their children. But the children becoming adult and leaving home, the mother can feel abandoned. If she is unsatisfied in her partnership, she can feel a temptation to drink alcohol. In the small group, she can be tempted showing off offering a certain picture of herself wanting to be always perfect taking care of others, but she seems unable to take care of herself or she doesn't give herself the right to do so. She can have difficulty to speak of what she feels; she prefers to say what she knows of herself or she expresses her former habits.

We also observe the manner to enter in relation with others thanks to empathy: some participants know how to pacify conflicts, they learn to put limits to others explaining that one does not always say "yes" to a demand. They learn to say "no", they don't let themselves be used anymore by others, even their own family members. But there is a long way to learn how to be free.

3.2. Results: The Day-hospital Is Integrated in the Range of Other Care-offers

Day-hospitalization will not be proposed to all patients suffering from alcohol abuse. The more vulnerable patients will be concerned. Several elements can be underlined.

1. If places and number of opening half-days are limited, patients must often wait before integrating the day-hospital. During this time regular out-patient consultation is proposed. Now patients use anticipation helping them to maintain their demand, and they take support on their desire to move forward.
2. When day-hospitalization began, patients say that it is important for them to know that they will come such day to the day-hospital because their daily and weekly life receives a regulation. When they are under alcohol influence, their life is out of rule. Being taken in care they also use anticipation.
3. Relapse and alcohol intake during caring sessions must be taken into account. Caring on alone doesn't guarantee success of abstinence. Inward-hospitalization can be proposed in this context.
4. Meeting the patients several times a week permits to observe their emotional state, for example euphoria, indifference, challenge, discouragement, despair, serenity. One can also observe diverse behaviour: hiding, showing off, provocation, confinement, and inability to communicate with others as well as loss of confidence in the therapeutic relation.

3.3. Results: More Specific Difficulties

One may observe alcohol-intake during day-hospital session, refusal to deposit car-keys, refusal of hospitalization if proposed, and demand to go home driving one's car after positive breathalyzer. These difficulties had been noted before the setting up of rules and regulations specifying breathalyzer in the beginning of every half-day and the necessity to deposit one's car-keys.

Some may declare: "I want to manage it by my own means ", in that case they deny necessity to move forward progressively step by step; also some say: "I made it" or: "I'm cured".

Some introduce alcohol in the hospital; the practice of breathalyzer at the beginning of the session doesn't eliminate this risk.

Some won't come to a session without mentioning it beforehand; in this case, a team member phones the patient. For example, a patient can take refuge in a certain professional activity but avoiding taking care of himself/herself. Such a behaviour can be encouraged by family members who try " to occupy him/her ". This requires meeting the family allowing them to speak of their anguish and their doubts but underlining the care-program.

It is important to verify, as much as possible that the patients of the small group get along to avoid problems of confrontation and dismissal. It is not always possible insofar as some behaviour is revealed in the small group. It is desirable to avoid associating domineering or manipulating people, because they may draw profit on behalf of others exploiting other more vulnerable people.

4. Discussion

4.1. Discussion: Evolution of the Tool

After one and a half year's practice, it had been possible to prove that the model of day-hospitalization is viable on the type of care. An enrollment of two professionals has been matched including them into General Adult Psychiatry and implicating them part time in the day-hospital. Since January 2020, three half-day sessions a week are proposed to five patients. During the wave of Covid pandemic, group sessions

were replaced by individual interviews via frequent phone calls before Sanitary Authority allowed welcoming patients to face to face again. Group sessions have been organized again since March 2021.

4.2. Discussion: Words of Patients

J. came during 80 sessions because of strong depressive disorder. She said: "in the beginning, as soon as felt unwell, I was angry, I could not express myself quietly. The speech group and the day-hospital helped me to listen when others talked. Sometimes I don't say anything, but I now manage to speak of what I feel. And I now feel a lot freer. And I manage to say "no" to people when they ask me for something. It is even difficult with my family, because insofar as I don't work at the moment, they don't understand that I need to come to the day-hospital for my care. They think that I could take care of them because I don't have anything to do, they say. But I must take care of my care, it is priority. "

R. said that before, he spent much time with friends who incited him to drink alcohol with them. During a speech group session he said that he had understood that he wasted his time with these people, and that he decided to stop seeing them and to remain at home in order to protect himself. He also said that before coming to the day-hospital, he didn't think that he could live without alcohol. He now came to know he can live without alcohol.

5. Conclusions

The setting up of the day-hospital was a bet on the institutional plan because the team dared to begin with already existing means: every professional was committed part time but already working in another unit. The economic viability has been proven; this permitted enrollment of staff and increase of activity.

There is a constant reflection about the efficiency of the tool which is regularly adjusted to patients' needs: a patient centered approach is practiced. Integration of new staff members is profitable to all. Day-hospitalization as an element in the care of addicted patients permits a more differentiated approach of each individual. It should be reserved to particularly vulnerable patients offering them care according to individual needs.

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Biography

Thomas Wallenhorst, M.D., Psychiatrist, Psychotherapist, Addiction Specialist was born in Germany where he qualified as medical practitioner and got his M. D. degree. He then moved to France where he qualified as psychiatrist, psychotherapist and later addiction specialist. Working all the time in the Adult Psychiatry Unit of the General Hospital in Semur-en -Auxois, France, he opened a Day-Hospital for adults, an Out-Patient Unit for treatment of addicted patients. He developed a specific group therapy in a patient centered approach.