

UNIVERSITY OF ILLINOIS AT CHICAGO  
Department of Psychiatry

**CLINICAL FELLOWSHIP IN  
ADDICTION PSYCHIATRY**

**Rodney Eiger, MD  
Program Director**

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## **CLINICAL FELLOWSHIP IN ADDICTION PSYCHIATRY**

The field of Addiction Psychiatry has seen a mushrooming of information regarding the neurochemical, physiological, and anatomical implications of various substance use disorders. This has been accompanied by a more rigorous approach to finding answers to the questions of which treatment modalities are effective in countering these disorders than had been used even a decade ago. New neurochemical/physiological/anatomical insights have helped to point towards new pharmacological approaches to substance use disorders or to provide rationales for older pharmacological treatments. These same insights are beginning to provide an underpinning for the verbal interventions used in the treatment of substance use disorders---interventions which have also seen advances in the last ten years and which still remain the sine qua non of substance use disorder treatment. Given the widespread incidence of substance use disorders and their staggering social costs, the development of advances and the training of specialists in this area warrant a certain urgency. The American Board of Psychiatry and Neurology recognizes that optimal care of the patient with a substance use disorder requires specialized training in the field and training which incorporates the foregoing advances and insights. ABPN has designated Addiction Psychiatry as one of a limited number of psychiatric subspecialties for which subspecialty certification is available.

Also because of the urgent need for treatment of these disorders, individuals trained to care for this diverse but impaired population often find themselves in a position to have more options for practice than others less prepared. Psychiatrists certified with Added Qualifications in Addiction Psychiatry are among the most sought after psychiatric specialists in the U.S., and employment opportunities are available in virtually all regions of the country.

The University of Illinois at Chicago is pleased to offer a one-year fellowship in Addiction Psychiatry, which will permit the successful candidate, upon completion of the program, to eventually take the examination for subspecialty certification in Addiction Psychiatry. Testing for subspecialty certification in Addiction Psychiatry began in 1993.

Early on, board-certified psychiatrists who had worked extensively with addicted clients were permitted to take the subspecialty certification examination. Since 1998, however, only those who have completed a recognized Addiction Psychiatry Fellowship, such as that available at UIC, are eligible to sit for this examination.

### **CLINICAL OPPORTUNITIES:**

Participants in the Addiction Psychiatry Fellowship program at the University of Illinois - Chicago gain experience in:

1. The practical aspects of detoxifying the client with a substance use disorder from any of a variety of substances
2. Psychotherapeutic treatment of the client with a substance use disorder (along with interventions aimed at significant others) in both inpatient and outpatient settings
3. Treatment of patients with comorbid substance use disorders and other psychiatric disorders
4. Methadone maintenance treatment
5. Treating patients from a variety of socioeconomic, gender, ethnic, and age backgrounds with substance use disorders
6. Treatment of substance use disorders in various settings such as VA, emergent/urgent care, “community”, consult-liaison in general hospital, and private practice settings
7. The psychopharmacology of substance use disorders
8. Treating substance use disorders specifically in adolescents

Fellows may have an opportunity to identify populations or settings of particular interest to them and to develop rotations in conjunction with faculty that permit the fellow to gain more in-depth knowledge of those areas of interest.

#### **OVERVIEW OF CLINICAL ROTATIONS:**

1. ***Outpatient general addiction treatment.*** These general (See Rush and Lutheran rotations below) outpatient rotations, which will vary in intensity, will take place in outpatient settings at The Haymarket Center, the Jesse Brown VA Medical Center, and the University of Illinois Hospital and Clinics (“UIC”). It should be noted that the outpatient experience at the VA will either be in the context of a rotation in the VA’s Substance Abuse Residential Rehabilitation Program (patients in SARRTP receive most of their programming in the VA’s outpatient general Addiction Treatment Program) or in ATP itself. For example, at UIC, the Fellow may see patients who are referred from various settings. At UIC, the Fellow will have an opportunity to do groups with substance use-disordered UIC college students, UIC Hepatology Service patients, or patients participating in the UIC First Episode Psychosis program. Some of the patients acquired during the Fellow’s various rotations described in this “clinical rotations” section will become part of the Fellow’s ongoing UIC or VA caseload which will continue after he/she rotates off, for example, the Haymarket service or whatever service. During these general outpatient rotations, the Fellow will develop and enhance skills in detoxifying clients from a variety of substances in an ambulatory setting, hone group and individual therapy skills, and manage the various comorbidities---psychiatric and otherwise--- that patients often present with.

2. ***Psychiatry Consult-Liaison Service (with a focus on patients with substance use disorders):*** This rotation takes place in the UIC Hospital. Fellows will assist medical, obstetric, surgical, and inpatient psychiatric services in the diagnosis and management of patients with substance use disorders.
3. ***Methadone Maintenance Treatment:*** This rotation takes place at the Jesse Brown VA Medical Center. This may be a single rotation or occur in combination with other outpatient rotations. The Fellow evaluates and follows patients with opioid dependence and gains experience with opioid replacement therapies. Some of the patients that the resident sees in this rotation may become part of his/her ongoing caseload and will continue to be followed after the resident leaves the service.
4. ***Adolescent Addiction Treatment:*** This rotation takes place at the Illinois Masonic Hospital. The rotation is set in a four day per week/three hours per day intensive outpatient program for adolescents and uses a variety of both group and individual therapies.
5. ***Substance Abuse Residential Rehabilitation Treatment Program (SARRTP):*** This rotation takes place at the Jesse Brown VA Medical Center. Here, Fellows will get a chance to work with patients who are participating in a minimum 35 day live-in residential program. The Fellow will gain experience with screening patients for entrance into this program, and particularly with the various treatment modalities these patients receive, most of which occur in the general outpatient Addiction Treatment Program at JBVAMC.
6. ***Impaired Professional Treatment at Rush Behavioral Health/Rush University Medical Center or the Illinois Professionals Health Program/Lutheran General Hospital:*** These are comprehensive chemical dependence programs located in Chicago's western suburbs that have a particular expertise in the treatment of substance-impaired professionals. Outpatient, intensive outpatient, day hospital, inpatient and outpatient detoxification, and addiction consult/liaison services are examples of the sorts of experiences that the Fellow can get at one or both of these programs. Here, the Fellow will gain experience working with a special population using a variety of treatment modalities.
7. ***Haymarket Center:*** This is a comprehensive program in a community setting which offers a variety of inpatient and outpatient services to both indigent and funded patients. Here the resident will have an opportunity to work with a varied community population that includes, for example, pregnant women.

8. ***Psychiatric Assessment Clinic:*** This is the general psychiatric intake and urgent/emergent care clinic for JBVAMC. Here, virtually all of the patients presenting for services have either current substance use disorders or a past history of substance use disorders. Many of the patients seen in this clinic will present via the ER at the VA. Here, the resident will get an opportunity to work with substance-related emergencies and urgent care situations.
9. ***Other clinical opportunities:*** Depending on need and/or interest, the Fellow may have an opportunity to use existing programs in the Chicago area for additional rotations. Examples of clinical rotations that have been developed for individual Fellows in the past include rotations focused on women's treatment, high-risk obstetrics, emergency, adolescent, and forensic services.

### **TRAINING OBJECTIVES:**

The Addiction Psychiatry Program at the University of Illinois at Chicago has been developed to provide a solid foundation in evaluation, consultation, and treatment of:

1. Patients with uncomplicated substance use disorders and their significant others.
2. Medical and surgical patients in the emergency department, intensive care units, and general wards of the hospital setting with acute and chronic substance use disorders, including also acute intoxication and overdose.
3. Patients with substance use disorders and their significant others with comorbid psychopathologies, as well as patients with medical comorbidities as well as medical comorbidities commonly associated with substance use disorders such as chronic pain, the hepatitises and HIV-related disorders.

The Addiction Fellow will gain experience in dealing with substance use disorders related to the following substances and groups of substances:

1. Alcohol
2. Opioids
3. Cocaine and other stimulants
4. Marijuana and hallucinogens
5. Benzodiazepines
6. Sedative/hypnotics
7. Phencyclidine
8. Nicotine
9. Organic solvents
10. "Designer" and "club" drugs
11. Over-the-counter, herbal and other "alternative" medications

### **KNOWLEDGE BASE:**

1. Knowledge of the signs and symptoms of the use and misuse of the major categories (and combinations of the major categories) of substances of abuse as well as knowledge of the types of treatment required for each category where there are differences in treatment approach.
2. Knowledge of the signs of withdrawal from these major categories (and combinations of major categories) of substances and knowledge and experience with the range of options for treatment of the withdrawal syndromes and the complications commonly associated with such withdrawal syndromes.
3. Knowledge of the signs and symptoms of overdose, the medical and psychiatric sequelae of overdose, and experience in providing proper treatment of overdose
4. Knowledge of the signs and symptoms of the social and psychological problems as well as the medical and psychiatric disorders that often accompany the chronic use and misuse of the major categories (and combinations of the major categories) of substances of abuse.
5. Knowledge and understanding of the special problems of the pregnant substance user and of the babies born to substance-using mothers.
6. Knowledge of significant other systems and dynamics relevant to the etiology, diagnosis and treatment of substance use disorders.
7. Knowledge of the neurochemical and structural bases, genetic vulnerabilities, risk and protective factors, epidemiology, and prevention of substance use disorders.
8. Understanding of the current economic, for example “managed care”, aspects of providing substance use disorder, other psychiatric and other health-care services to patients with substance use disorders.
9. Knowledge of quality assurance issues pertaining to the treatment of patients with substance use disorders
10. Knowledge of the cost effectiveness of various treatment modalities for patients with substance use disorders.

#### **BASIC SKILL BASE:**

1. Management of intoxication, detoxification and other acute treatments of the user and misuse of the major categories (and combinations of major categories) of substances of abuse. This includes experience in working collaboratively with mental health professionals and other medical personnel in the emergency

department, intensive care units and general and psychiatric hospital units in the diagnosis and management of acute problems related to substance use disorders.

2. Experience in the use of psychoactive medications in the treatment of psychiatric disorders often accompanying the major categories (and combinations of major categories) of substance use disorders.
3. Experience in the use of techniques required for confrontation of and intervention with a patient with a substance use disorder. This includes particularly dealing with the defense mechanisms that cause the patient to resist entry into treatment and other changes that need to be made to sustain a good recovery. Related to this, the Fellow will be familiar with the Stages of Change model as applied to addictions and the related motivational techniques.
4. Experience in the use of the various psychotherapeutic modalities involved in the ongoing management of the patient with a substance use disorders, including individual psychotherapies, couples therapy, family therapy, and group therapy.
5. Experience in working collaboratively with other mental health providers and allied health professionals, including nurses, social workers, psychologists, nurse practitioners, counselors, pharmacists, and others who participate in the care of the patient with a substance use disorder.

#### **RESEARCH SKILLS:**

1. Familiarity with the major medical journals and professional-scientific organizations dealing with research on the understanding and treatment of substance use disorders
2. Critical analysis of research reports, as presented in journal clubs and seminars.
3. See below under “Research Opportunities”.

#### **TEACHING & SUPERVISION SKILLS:**

1. Experience in teaching and supervising student clinicians in the care of patients with substance use disorders.

#### **ATTITUDINAL BASE:**

1. Acquire professional and ethical attitudes towards individuals with substance use disorders and to recognize beliefs or counter-transference that may impede the ability to identify and manage patients with substance use disorders.
2. Acquire mature and compassionate attitudes and empathic and objective clinical judgment towards patients with substance use disorders.
3. Recognize that patients with substance use disorders are diverse and that stereotypes interfere with recognition.
4. Consider substance use disorders in the same context as other psychiatric disorders: namely, that substance use disorders are independent and also interactive with other disorders.
5. Appreciate that substance use disorders are treatable disorders that respond to specific modalities of treatment.
6. Acquire the ability to interact with other professionals to establish clinical approaches for patients with substance use disorders along with other comorbidities including psychiatric, medical, and surgical.
7. Acquire the sensitivity to treat a variety of patients with substance use disorders, including women, the elderly, adolescents, the developmentally disabled, and minorities.
8. Acquire an objective approach and an intuitive attitude based on sound clinical experience and empirical data provided by research studies.
9. Acquire the ability to utilize resources for the short and long term management of substance use disorders in the community.

#### **DIDACTIC OPPORTUNITIES:**

Addiction Fellows participate in various educational experiences covering the diagnosis and the various treatments available for substance use and related disorders. These experiences will be facilitated by various Fellowship and non-Fellowship individuals and will be based on current cases the Fellow and others are treating, the expert experience of faculty and non-faculty members, current and past research, past and recent journal articles, and textbook chapters.

Specifically, the resident will receive:

1. weekly supervision from the director of the Fellowship covering specific clinical problems, career issues, and any issues that might arise pertaining to the fellowship as a whole

2. Supervision from the faculty at the various sites where the Fellow will be rotating with a frequency to be determined by faculty.
3. The opportunity to assist the director of the Fellowship (or his/her designate) in presenting didactic material for seminars relating to substance use disorders that are part of the core curricula of the various general psychiatry residency classes.
4. The opportunity to attend national meetings pertaining to substance use disorders, specifically at the least, the annual meeting of the American Academy of Addiction Psychiatry and/or AAAP's Review course and/or the annual meeting of the American Society of Addiction Medicine and/or ASAM's Review Course.
5. The opportunity to attend case conferences in the various rotations that the fellow will be assigned to.
6. The opportunity to attend UIC/VA Grand Rounds when the fellow is based in a rotation near the West Side Medical Center.

#### **RESEARCH OPPORTUNITIES:**

In at most the first six months of the Fellowship year, the fellow will be expected to identify an area of special interest within the addiction field. By the end of the Fellowship year the fellow is expected to write a publication-quality paper regarding his/her area of special interest. As an alternative to this requirement, and with the permission of the Fellowship Director, the Fellow may choose a topic for research and will be expected to have completed a publication-quality research project before the end of the Fellowship year. In some cases, the collection of data or other research activities may have begun before the Fellow begins his Fellowship. In this case, the Fellow may use the time in the Fellowship to complete this project. But, a publishable-quality paper will be required of the Fellow before the end of the Fellowship year. The foregoing options are conducted under the supervision of the Fellowship Director and/or a mentor designated by the Fellowship Director.