ST3-ADD-FELL-EPA2 – Long-term management of alcohol use disorders

Area of practice | Addiction psychiatry
---|---
Stage of training | Stage 3 – Advanced
EPA identification | Version
ST3-ADD-FELL-EPA2

The following EPA will be entrusted when your supervisor is confident that you can be trusted to perform the activity described at the required standard without more than distant (reactive) supervision. Your supervisor feels confident that you know when to ask for additional help and that you can be trusted to appropriately seek assistance in a timely manner.

Title
Long-term management of severe alcohol use disorders.

Description
The trainee can establish and implement a relapse prevention treatment plan for patients with alcohol dependence. Following the assessment and stabilisation of acute alcohol-related problems, the trainee is able to use a range of long-term treatment modalities, communicate them and collaborate effectively with patients, their families/carers and other health professionals through to discharge from treatment.

Fellowship competencies

<table>
<thead>
<tr>
<th>Fellowship competencies</th>
<th>ME</th>
<th>HA</th>
<th>COM</th>
<th>SCH</th>
<th>COL</th>
<th>SCH</th>
<th>PROF</th>
<th>MAN</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1, 2, 3, 4, 5, 6, 7, 8</td>
<td>1</td>
<td>1, 2</td>
<td>2</td>
<td>1, 2</td>
<td>3</td>
<td>PROF</td>
<td>1, 2</td>
</tr>
</tbody>
</table>

Knowledge, skills and attitude required

Competence is demonstrated if the trainee has shown sufficient aspects of the knowledge, skills and attitude described below.

Ability to apply an adequate knowledge base

- Pharmacology of alcohol – pharmacodynamics and pharmacokinetics.
- Medical and neurocognitive complications in alcohol users: cognitive disorders (e.g., acquired brain injury, dementias, Wernicke’s and Korsakoff’s syndromes), chronic liver disease.
- Pharmacotherapies and psychosocial treatments for alcohol relapse prevention treatment and the relevant evidence.
- Knowledge of mutual help programs, which could be informed by the trainee’s attendance at meetings, e.g., AA, Rational Recovery, SMART Recovery.
- Alcohol-related public health issues.
- Physical and neurocognitive assessment and diagnosis of a patient with problematic alcohol use.
- Appropriate liaison with, and referral to, other medical and non-medical professionals in order to optimise overall treatment.
- Collaborative development of a treatment plan with mutually agreed treatment goals.
- Appropriate selection, initiation and management of pharmacotherapies to promote relapse prevention and controlled drinking or abstinence in patients with alcohol use disorders.
- Retain patient in treatment for alcohol use and facilitate the recovery process.
- Management of lapses and relapses including development of appropriate relapse-prevention plans.
- Management of other co-existing psychiatric disorders.
- Recruitment of, and collaboration with, family/carers to promote reduced drinking.
- Referral to, and collaboration with, other health professionals and mutual help groups.

**Attitude**
- Exhibit a non-judgemental, hopeful, empathic and inclusive approach to the engagement of patients, families and carers and progress to recovery.
- Address stigmatised beliefs in colleagues and patients’ families, wider social networks and the community.

<table>
<thead>
<tr>
<th>Assessment method</th>
<th>Progressively assessed during individual and clinical supervision, including three appropriate WBAs.</th>
</tr>
</thead>
</table>
| **Suggested assessment method details** | - Case-based discussion.  
- Mini-Clinical Evaluation Exercise.  
- Professional presentation – in a multidisciplinary forum.  
- Observed Clinical Activity (OCA).  
- Direct Observation of Procedural Skills (DOPS). |

**References**

COL, Collaborator; COM, Communicator; HA, Health Advocate; MAN, Manager; ME, Medical Expert; PROF, Professional; SCH, Scholar