



ISHA CHAITANYA
FOUNDATION
Addiction Recovery & Mental Health
Rehabilitation Center

ISHA CHAITANYA FOUNDATION – HASSAN

COMPREHENSIVE CLINICAL & PSYCHOSOCIAL REHABILITATION CURRICULUM

1. Treatment Framework & Philosophy

Isha Chaitanya Foundation adopts an **integrated bio-psycho-social-spiritual treatment model** for Alcohol Use Disorder (AUD) and Substance Use Disorders (SUD). Addiction is conceptualized as a **chronic, relapsing condition** that requires structured clinical intervention, active family involvement, and sustained long-term follow-up.

Core Objectives of Rehabilitation

- Enhance intrinsic motivation for recovery and sustained abstinence
 - Address psychological, behavioral, social, and spiritual determinants of addiction
 - Restore interpersonal, occupational, and family functioning
 - Facilitate social reintegration and structured relapse prevention
 - Ensure continuity of care through comprehensive aftercare planning
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2. Multidisciplinary Professional Team

2.1 Clinical Psychologists

Scope of Responsibility

- Comprehensive diagnostic evaluation and clinical formulation
 - Identification and management of co-occurring psychiatric conditions
 - Delivery and supervision of evidence-based psychotherapies
 - Risk assessment (relapse, self-harm, treatment non-compliance)
 - Periodic clinical reviews and outcome evaluation
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2.2 Counseling Psychologists

Scope of Responsibility

- Individual therapeutic engagement and process work
 - Motivation enhancement and behavior change facilitation
 - Group counseling and structured skills training
 - Emotional processing and coping skill development
 - Maintenance of therapeutic alliance and engagement
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2.3 MSW Counselors (Psychiatric Social Workers)

Scope of Responsibility

- Psychosocial and environmental assessment
 - Family systems intervention (offline and online)
 - Group facilitation and community-based interventions
 - Social reintegration and aftercare coordination
 - Follow-up monitoring and compliance tracking
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3. Phase-Wise Clinical Curriculum

Phase I: Intake, Assessment & Treatment Planning

Objectives

- Establish clinical diagnosis and addiction severity
- Identify psychological, social, and environmental determinants
- Assess readiness and motivation for change

Clinical Activities

- Comprehensive intake interview
- Substance use pattern mapping
- Mental Status Examination (MSE)
- Psychosocial and family assessment
- Risk screening (relapse, self-harm, non-compliance)

Professionals Involved

- Clinical Psychologist
- MSW Counselor

Clinical Output

- Individualized Treatment Plan (ITP)
 - Problem formulation and goal hierarchy
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Phase II: Motivational Enhancement & Therapeutic Alliance

Motivational Enhancement Therapy (MET)

Delivered by: Clinical / Counseling Psychologists

Clinical Purpose

- Resolve ambivalence toward abstinence
- Strengthen intrinsic motivation
- Enhance treatment engagement and retention

Core Techniques

- Reflective listening
- Empathic confrontation
- Development of discrepancy
- Reinforcement of self-efficacy

Session Structure

- Duration: 45–60 minutes
- Frequency: Weekly or bi-weekly

Therapeutic Alliance Development

- Establishment of trust and psychological safety
- Collaborative goal setting
- Consistent therapist–client engagement

This phase lays the foundation for deeper cognitive and behavioral interventions.

Phase III: Group Counseling & Focus Group Discussions (FGD)

Structure

- Group size: 6–10 residents
- Duration: 60–90 minutes
- Facilitators: Counseling Psychologists / MSW Counselors

Focus Areas

- Identification of common addiction patterns
- Emotional awareness and expression
- Interpersonal skill development
- Peer accountability and mutual support
- Processing of relapse experiences

Clinical Rationale Group-based processes reduce isolation, enhance insight through peer feedback, and strengthen social coping mechanisms.

Phase IV: Problem Assessment & Case Formulation

Assessment Domains

- Cognitive distortions and maladaptive belief systems
- Emotional regulation deficits
- Trigger identification and high-risk situations
- Family dynamics and codependency patterns
- Social and occupational stressors

Clinical Tools

- Functional behavior analysis
- Cognitive–behavioral mapping
- Family systems formulation

Outcome

- Improved engagement in mutual-help groups post-discharge
 - Strengthened relapse prevention through community support
 - Long-term recovery orientation aligned with abstinence-based principles
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Milestone Celebration in Recovery (AA & NA–Aligned)

Purpose

To reinforce motivation, self-efficacy, and sustained commitment to recovery by acknowledging key sobriety milestones, in alignment with the traditions and practices of **Alcoholics Anonymous (AA)** and **Narcotics Anonymous (NA)**.

Core Principles

- Recognition is based on *progress, humility, and gratitude*, not competition
- Celebrations respect anonymity and voluntary participation
- Milestones are framed as reinforcement of commitment to the recovery process

Milestones Commonly Observed

- 24 hours / 1 day of abstinence
- 30 days
- 60 days
- 90 days
- 6 months
- 9 months
- 1 year and annual anniversaries thereafter

Mode of Celebration

- Sharing sessions led by senior AA / NA members focusing on *experience, strength, and hope*
- Optional token or chip acknowledgment consistent with AA/NA customs
- Reflection circles facilitated by counselors to integrate learning and insight

Clinical & Therapeutic Value

- Reinforces positive behavior change and abstinence maintenance
- Enhances hope and identification with long-term recovery
- Strengthens peer bonding and accountability
- Supports emotional regulation through positive reinforcement

Professional Oversight

- Coordinated by MSW Counselors / Counseling Psychologists
- Conducted in a non-coercive, non-commercial manner
- Clearly distinguished from clinical outcomes or performance metrics

Continuity of Care

- Residents are encouraged to continue milestone celebrations within community AA/NA meetings post-discharge
 - Families may be psycho educated (without breaching anonymity) on the significance of milestones in recovery
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Orientation to AA & NA Meetings, Sponsorship, and Fellowship

Purpose

To familiarize residents with the structure, culture, and functioning of **AA and NA meeting rooms**, and to facilitate a smooth transition into community-based recovery fellowships during and after treatment.

Introduction to AA & NA Meeting Rooms

- Explanation of different types of meetings (open, closed, speaker, discussion, step meetings)
- Orientation to meeting room etiquette, anonymity, and confidentiality
- Understanding meeting formats, readings, and sharing practices
- Gradual exposure through accompanied or in-house AA/NA meetings when appropriate

Sponsorship Orientation

- Education on the role and importance of a sponsor in the 12-Step recovery process
- Clarification of sponsor - sponsee relationships and boundaries
- Encouragement to seek sponsorship voluntarily based on comfort and readiness
- Emphasis on sponsorship as peer support, not professional counseling

Fellowship & Community Integration

- Understanding fellowship as a support system based on mutual help and shared recovery
- Encouragement of peer connection and healthy recovery friendships
- Linking residents to local AA/NA meeting networks prior to discharge
- Reinforcing consistent meeting attendance as part of relapse prevention planning

- **Clinical Coordination**
- Orientation sessions facilitated by MSW Counselors with support from AA/NA senior members
- Participation is voluntary and respects individual belief systems
- AA/NA principles are presented as complementary to clinical treatment, not a replacement

Outcome

- Increased comfort and confidence in attending AA/NA meetings independently
 - Early engagement with sponsorship and fellowship support
 - Strengthened continuity of recovery support post-discharge
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Phase VIII (Continued): Aftercare Components

8.1 Structured Aftercare Program

- Duration: Minimum 6–12 months post-discharge

8.2 Online Individual Follow-Up Counseling

- Mode: Video / telephonic sessions
- Focus: Review of coping strategies and relapse risk reassessment

Frequency

- 0–3 months: Weekly / bi-weekly
 - 3–6 months: Monthly
 - Beyond 6 months: Need-based
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8.3 Online Family Follow-Up Sessions

- Monitoring home adjustment
 - Conflict resolution support
 - Reinforcement of boundaries and recovery-supportive behaviors
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8.4 Alumni & Peer Support Networks

- Online recovery meetings
 - Moderated peer support groups
 - Periodic motivational check-ins
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Phase IX: Monitoring, Documentation & Quality Review

Clinical Documentation

- Session notes and progress reports
- Follow-up compliance logs
- Family feedback records
- Relapse and readmission tracking

Quality Assurance

- Periodic multidisciplinary case reviews
 - Outcome evaluation meetings
 - Program effectiveness audits
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Conclusion

This integrated clinical curriculum ensures that **Isha Chaitanya Foundation** delivers:

- Clinically robust, evidence-based rehabilitation services
- Clearly defined roles for psychologists and MSW counselors
- Strong and continuous family involvement through offline and online modalities
- Long-term recovery support through structured aftercare and monitoring