



ISHA CHAITANYA
FOUNDATION
Addiction Recovery & Mental Health
Rehabilitation Center

ISHA CHAITANYA FOUNDATION – HASSAN

COMPREHENSIVE MEDICAL & PSYCHIATRIC REHABILITATION CURRICULUM

1. TREATMENT PHILOSOPHY & CLINICAL APPROACH

Isha Chaitanya Foundation follows an **integrated bio-psycho-social-medical treatment model**, recognizing:

- Alcohol and Substance Use Disorders (AUD & SUD) as **chronic medical and psychiatric illnesses**
- Psychiatric disorders as conditions requiring **long-term medical, psychological, and social intervention**
- Recovery as a **continuous process**, not a one-time treatment

The Foundation ensures:

- **Medically safe detoxification**
- **Psychiatric stabilization**
- **Holistic rehabilitation**
- **Family involvement**
- **Long-term continuity of care**

Clinical governance is jointly led by a **Psychiatrist and a General Physician**, ensuring patient safety, ethical care, and treatment continuity.

2. MULTIDISCIPLINARY MEDICAL TEAM STRUCTURE

2.1 Psychiatrist

Core Responsibilities

- Psychiatric diagnosis and formulation
- Management of substance-induced and primary psychiatric disorders
- Prescription and monitoring of psychotropic and anti-craving medications
- Risk assessment (suicide, aggression, relapse)
- Withdrawal-related psychiatric complication management
- Discharge planning and aftercare psychiatric supervision

2.2 General Physician

Core Responsibilities

- Comprehensive physical health assessment
- Management of medical comorbidities
- Monitoring vitals and systemic complications
- Detox safety and medical stabilization
- Nutritional, hydration, and infection management
- Coordination with psychiatrist for integrated care

3. PHASE-WISE MEDICAL & PSYCHIATRIC CURRICULUM

PHASE I: ADMISSION & COMPREHENSIVE ASSESSMENT

Objectives

- Establish medical and psychiatric diagnosis
- Assess detoxification and treatment risks
- Determine inpatient treatment suitability

General Physician Assessment

- Detailed medical history
 - Physical examination and vitals
 - Screening for liver disease, hypertension, diabetes, infections
 - Nutritional and hydration status
 - Review of current medications
-

Psychiatric Assessment

- Substance use history and severity
 - Mental Status Examination (MSE)
 - Diagnosis of psychiatric disorders (depression, anxiety, psychosis, bipolar disorder, etc.)
 - Withdrawal risk assessment (DTs, seizures) Suicide and self-harm risk evaluation
-

Outcome

- Medical and psychiatric diagnosis
 - Risk stratification
 - Individualized Medical-Psychiatric Treatment Plan
-

PHASE II: MEDICALLY SUPERVISED DETOXIFICATION

Purpose

To ensure **safe withdrawal**, prevent complications, and stabilize the patient physically and mentally.

A. Alcohol Detoxification (Jointly supervised by Psychiatrist & General Physician)

Medical Management

- Regular monitoring of vitals
- Fluid and electrolyte management
- Thiamine and vitamin supplementation
- Management of blood pressure, tremors, nausea

Psychiatric Management

- Benzodiazepine-based withdrawal protocol
 - Management of agitation, anxiety, insomnia
 - Prevention and treatment of seizures and delirium tremens
 - Continuous mental status monitoring
-

B. Drug Detoxification

Substance-specific protocols applied

General Physician

- Management of autonomic symptoms
- Pain, gastrointestinal, and sleep disturbances
- Infection and wound care (if required)

Psychiatrist

- Craving control
 - Mood stabilization
 - Anxiety and sleep management
 - Medication titration
-

Monitoring

- Daily medical rounds
- Daily psychiatric evaluation
- Continuous nursing observation

Duration: Usually 5–14 days, individualized

PHASE III: MEDICAL & PSYCHIATRIC STABILIZATION

Objectives

- Restore physical health
 - Stabilize psychiatric symptoms
 - Prepare patient for rehabilitation phase
-

General Physician Interventions

- Treatment of chronic medical illnesses
 - Nutritional rehabilitation
 - Sleep and physical recovery
-

Psychiatric Interventions

- Management of depression, anxiety, psychosis, bipolar disorder
 - Initiation of anti-craving medications
 - Cognitive and emotional stabilization
-

PHASE IV: INTEGRATED TREATMENT PROCEDURE

Medical-Psychiatric Coordination

- Weekly joint case reviews
 - Medication monitoring and adjustment
 - Readiness assessment for therapies and activities
-

Treatment Focus

- Maintenance of abstinence
 - Stabilization of psychiatric illness
 - Improvement in daily functioning
-

PHASE V: FAMILY MEDICAL & PSYCHIATRIC INTERVENTION

Purpose

To educate families and involve them in recovery.

Areas Addressed

- Addiction and mental illness as treatable conditions
 - Importance of medication compliance
 - Managing behavioral symptoms at home
 - Early warning signs of relapse or psychiatric relapse
-

Mode

- On-site family meetings
- Online consultations for distant families

PHASE VI: RELAPSE PREVENTION & DISCHARGE PLANNING

Joint Planning by Psychiatrist & Physician

- Review of medical and psychiatric stability
 - Long-term medication plan
 - Lifestyle, diet, and sleep guidelines
-

Discharge Package

- Medication chart
 - Emergency contact plan
 - Follow-up schedule
 - Warning signs checklist
-

PHASE VII: AFTER-COURSE FOLLOW-UPS & CONTINUING CARE

Duration

Minimum **6–12 months**, extendable as needed.

Psychiatric Follow-Ups

- Monitoring mood, behavior, cravings
- Medication review and compliance
- Early relapse prevention

General Physician Follow-Ups

- Monitoring liver function, metabolic health
- Management of chronic medical conditions
- Physical health recovery tracking

Mode

- In-person visits
 - Tele-consultation / video follow-ups
 - Emergency reviews when required
-

Follow-Up Frequency

- 0–3 months: Monthly
 - 3–6 months: Bi-monthly
 - Beyond 6 months: Need-based
-

PHASE VIII: LONG-TERM CONTINUITY & RELAPSE MANAGEMENT

- Early intervention during relapse warning signs
 - Medication adjustments during stress periods
 - Re-admission planning if clinically required
-

CLINICAL DOCUMENTATION & QUALITY ASSURANCE

Records Maintained

- Medical and psychiatric assessments
- Detox and treatment charts
- Medication and follow-up records
- Relapse and readmission data

Quality Control

- Periodic clinical audits
- Outcome monitoring
- Ethical and legal compliance reviews

Mode

- In-person visits
 - Tele-consultation / video follow-ups
 - Emergency reviews when required
-

Follow-Up Frequency

- 0–3 months: Monthly
 - 3–6 months: Bi-monthly
 - Beyond 6 months: Need-based
-

PHASE VIII: LONG-TERM CONTINUITY & RELAPSE MANAGEMENT

- Early intervention during relapse warning signs
 - Medication adjustments during stress periods
 - Re-admission planning if clinically required
-

CLINICAL DOCUMENTATION & QUALITY ASSURANCE

Records Maintained

- Medical and psychiatric assessments
- Detox and treatment charts
- Medication and follow-up records
- Relapse and readmission data

Quality Control

- Periodic clinical audits
 - Outcome monitoring
 - Ethical and legal compliance reviews
-

CONCLUSION

Through this **Psychiatrist and General Physician-led integrated curriculum, Isha Chaitanya**

Foundation delivers:

- Safe and ethical detoxification
 - Continuous medical and psychiatric care
 - Holistic rehabilitation for addiction and psychiatric patients
 - Structured family involvement
 - Long-term recovery through systematic follow-ups
-

