



ECHO IDAHO:

Counseling Techniques for SUDs

**Ethical Considerations for Alcohol Withdrawal
Syndrome**

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Disclosures

- I do not have any financial disclosures.

Learning Objectives

- Define alcohol withdrawal syndrome (AWS) and review signs and symptoms of alcohol withdrawal.
- Introduce the ethical framework for discussing alcohol withdrawal management by briefly outlining the core ethical principles guiding social work practice.
- Summarize the key ethical considerations surrounding alcohol withdrawal from a social worker's perspective.
- Discuss tools and strategies including ASAM clinical guideline recommendations

Review

- Person-first language.
- Addiction vs physical dependence.
- Addiction is a treatable chronic medical disease.
- It involves complex interactions between neurobiology, genetics, environment, and life experience.
- It is defined as a “chronic, relapsing disorder characterized by compulsive drug-seeking and use despite adverse consequences”.
- Prevention and treatment approached are about as successful as methods for other chronic diseases.

Words are Important

Words to Use

Person with a substance use disorder

Person with alcohol use disorder

Substance use disorder

Drug misuse, harmful use

Substance use

Not actively using

Testing positive for substance use

Actively using

Testing positive for substance use

Person in recovery, person in long-term recovery

Words to Avoid

Addict/drug abuser

Alcoholic

Drug problem, drug habit

Drug abuse

Substance abuse

Clean

A clean drug screen

Dirty

A dirty drug screen

Former/reformed addict/alcoholic

Alcohol Withdrawal Syndrome (AWS):

- A set of symptoms that can develop when someone with alcohol dependence stops or significantly reduces their alcohol intake.
- These symptoms vary based off of how long & how much a person has been drinking.
- Can range in severity from mild to severe.
- Can progress quickly and may lead to fatality.
- Withdrawal management refers to the medical and psychological care of patients who are experiencing withdrawal symptoms as a result of ceasing or reducing their substance use.
- “The process of withdrawal management includes not only attenuation of the physiological and psychological features of withdrawal, but also interrupting the momentum of habitual compulsion use in a person with SUD.”
 - ASAM Clinical Practice Guideline on Alcohol Withdrawal Management

What are the symptoms of alcohol withdrawal?

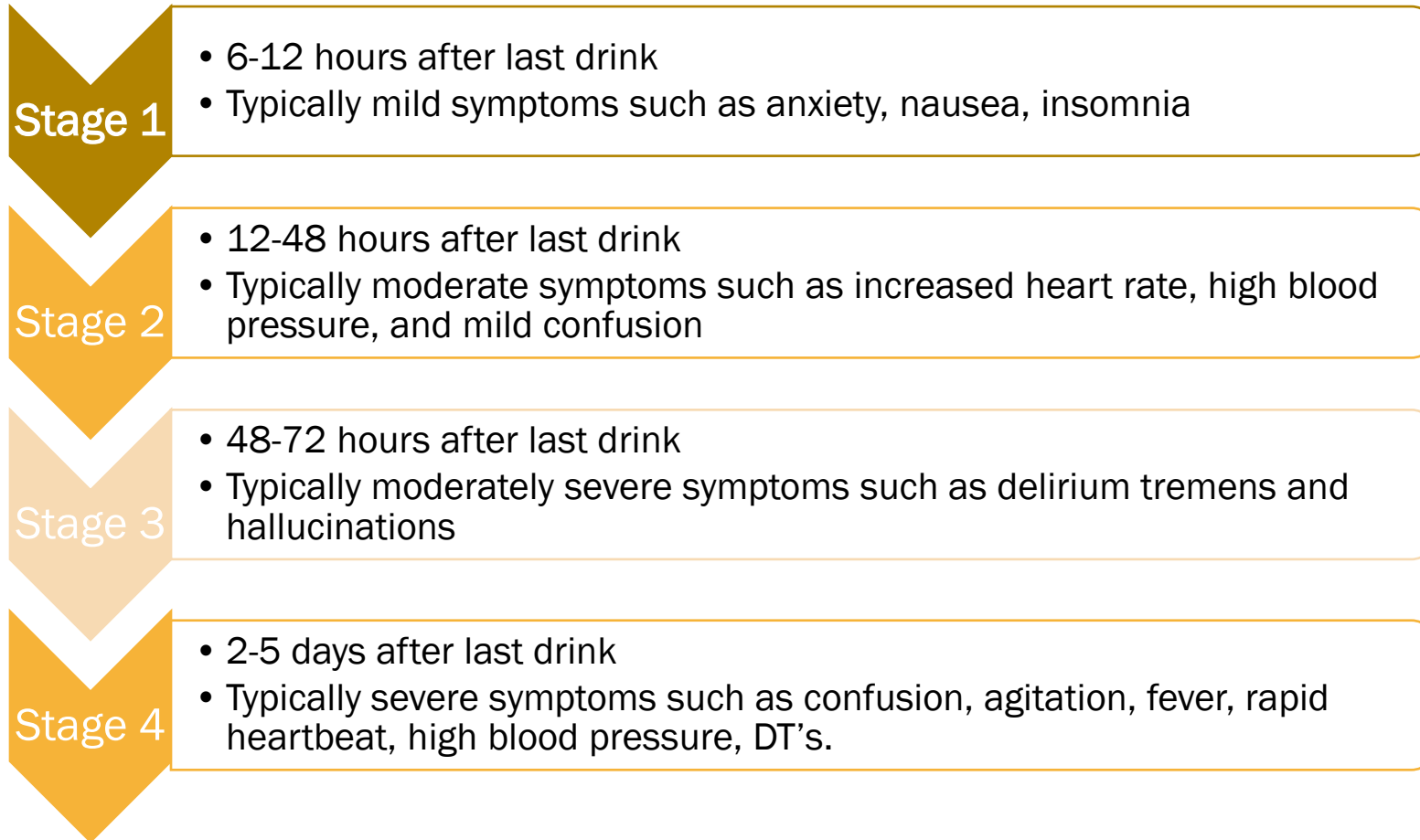
Mild Symptoms:

- **Anxiety**
- **Sweating**
- **Tremors or shakes**
- **Dehydration**
- **Rapid heart rate**
- **High blood pressure**
- **Trouble sleeping**
- **Nausea and/or vomiting**
- **Diarrhea**

Severe Symptoms:

- **Delirium tremens (DTs): a medical emergency that can cause a wide range of dangerous side effects.**
- **Seizures**
- **Tremors**
- **Confusion & disorientation**
- **Hallucinations**
- **Elevated heart rate & blood pressure**
- **Fever**
- **Delusions**
- **Agitation & irritability**

Alcohol Withdrawal Timeline:



Lingering Symptoms:

1-6 months after cessation

Increased anxiety and trouble sleeping

Neurobiological Perspective:

- Alcohol effects the gaba receptors in our brain, the primary inhibitory neurotransmitters or ‘calming neurotransmitters’ that limit activity and helps people calm down & sleep.
- Overtime the gaba system is down regularly and in response to that our stimulatory system or glutamate gets exaggerated and out of balance.
- So how do we explain this in simple terms for our clients?

“The See-Saw of Alcohol Tolerance”

PATHOPHYS OF ALCOHOL WITHDRAWAL

Alcohol Use

Think of the brain as a balance of inhibitory (GABA) and excitatory (glutamate) signals. Alcohol is essentially extra GABA.



Compensation

With heavy, prolonged alcohol use, the internal GABA system is downregulated and glutamate is increased.



Withdrawal

When alcohol is removed or reduced, there is lack of inhibitory (GABA) and excess excitatory signaling (glutamate) resulting in alcohol withdrawal symptoms



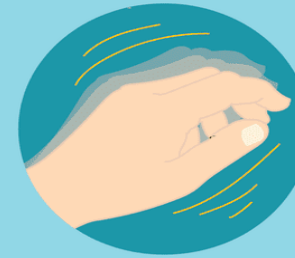
Common Symptoms During Alcohol Withdrawal



Day 1:
Hangover symptoms



Day 2:
Night sweats



Day 3:
Shaking



Day 4:
Paranoia



Day 5:
Relief



Day 6:
Brain fog



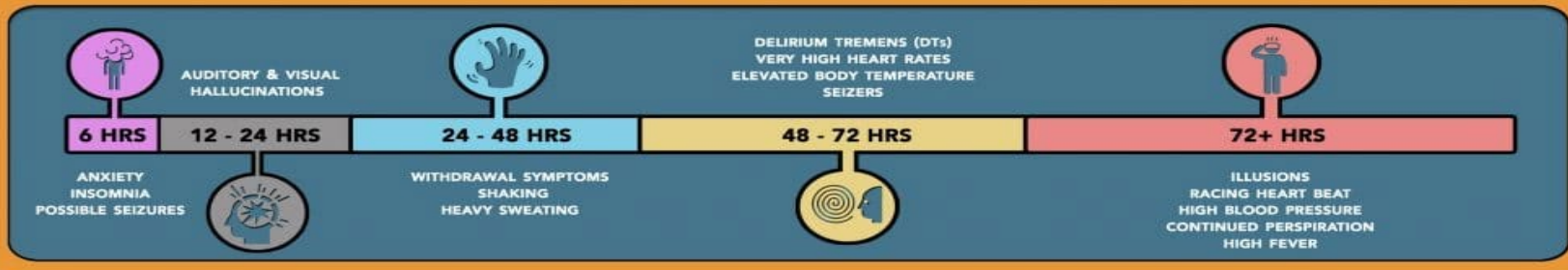
Day 7:
Cravings



Day 8:
Better sleep

ALCOHOL WITHDRAWAL TIMELINE

Alcohol withdrawal symptoms can be described in five phases:



Why is this so important?

- National Institute on Alcohol Abuse & Alcoholism
 - “In the United States, approximately 29.5 million people had AUD in 2022.”
 - “Alcohol misuse costs the United States \$249 billion per year.”
 - “Globally, alcohol misuse is the 7th leading risk factor for premature death and disability.”
- According to the CDC:
 - “178,000 people die from excessive alcohol use in the U.S each year.”
 - **That is 488 deaths per day.**
 - “2/3 of these deaths are due to chronic conditions that develop from long-term alcohol use, including types of cancer, heart disease, liver disease, and alcohol use disorder.”
 - “1/3 of these deaths happen from drinking too much on one occasion such as motor vehicle crashes, poisonings, or suicides.”

NASW Code of Ethics: Ethical Standards

- 1.01 Commitment to Clients
- 1.02 Self-Determination
- 1.03 Informed Consent
- 1.04 Competence
- 1.05 Cultural Competence
- 1.06 Conflicts of Interest
- 1.07 Privacy & Confidentiality
- 1.08 Access to Records
- 1.09 Sexual Relationships
- 1.10 Physical Contact
- 1.11 Sexual Harassment
- 1.12 Derogatory Language
- 1.13 Payment for Services
- 1.14 Clients Who Lack Decision-Making Capacity
- 1.15 Interruption of Services
- 1.16 Referral for Services
- 1.17 Termination of Services

Ethical Considerations:

- Respecting the patient's right to make informed decisions about their care is paramount. However, in cases of severe alcohol dependence, patients may lack the capacity to make sound judgements.
- “Social workers may limit clients’ right to self-determination when in the social worker’s professional judgement, clients’ actions or potential actions pose a serious, foreseeable, and imminent risk to themselves or others.”-NASW Code of Ethics

**Autonomy
&
Informed
Consent**

Ethical Considerations:

- Strategies that can be used to promote consent while respecting the autonomy of individuals experiencing AWS.
 - ❑ Seeking permission from an appropriate 3rd party, ensuring whenever possible that this party acts in a manner consistent with the client's wishes and interests.
 - ❑ Treating the client with empathy & dignity, understanding that AWS is a medical condition requiring support & intervention, not judgement.
 - ❑ Provide comprehensive information about risks & benefits of treatment options.
 - Informing client within their level of understanding
- Social workers->promoting self-determination, empowerment, dignity, & well-being.
- Counseling & therapy -> encouraging the client to take ownership of their decisions and act according to their values.
- Case management-> fostering trust, rapport, empowerment, and collaboration.

**Autonomy
&
Informed
Consent**

Ethical Considerations:

- Information about the client's AWS should be kept confidential, except when necessary to ensure the client's safety or the safety of others, or when required by law.
- Strategies to maintain this include:
 - Ensuring sessions are conducted in a private, confidential settings where others cannot overhear the conversation.
 - Clearly explain to clients the limits of confidentiality
 - Minimal disclosure
 - Secure communication

Confidentiality

Ethical Considerations:

- Clinicians should only provide treatment or interventions for AWS if they have the necessary knowledge, skills, and experience to do so.
 - We must utilize resources and referrals to ensure clients have access to all treatment options available to them.
- Strategies include:
- Regularly attending workshops and trainings
 - Staying update to date on latest research and best practices
 - Seeking supervision and consultation from experienced colleagues.
 - Utilizing a comprehensive approach by involving various professionals to address different aspects of a client's needs.

Competence

Ethical Considerations:

- Address issues of equity and access to resources for individuals with alcohol use disorders, particularly in marginalized communities.
 - Advocate for policies and interventions that address underlying social determinants of alcohol misuse and withdrawal.
- Strategies include:
- Advocacy
 - Education
 - Community resources
 - Collaboration & trauma-informed care

**Justice
&
Fairness**

Ethical Considerations:

- It's important to practice cultural sensitivity and competence in addressing alcohol withdrawal within diverse populations.
 - Cultural factors may influence help-seeking behaviors, treatment preferences, and outcomes and we must adapt our approach accordingly.
- Strategies include:
- Cultural sensitivity training
 - Use of Interpreters
 - Practicing cultural humility

**Cultural
Competence
& Diversity**

Ethical Considerations:

- Clinicians should prioritize their own-wellbeing to maintain their ability to provide effective support, seeking supervision, support, and self-care activities as needed to prevent burn-out.
- Come up with strategies for managing the emotional and psychological challenges inherent with this work.

**Professional
Boundaries
& Self-Care**

Ethical Considerations:

- Clinicians should work to act honestly, ethically, and with integrity in their interactions with clients, colleagues, and other professionals involved in the treatment of AWS, maintaining the trust and confidence of those they serve.

**Professional
Integrity**

ASAM Clinical Practice Guideline

Recommendations

- Identification
 - Incorporating universal screening
 - For patients known to be using alcohol, assess the risk of developing alcohol withdrawal even in the absence of signs and symptoms.
 - For patients who have the signs & sx suggestive of alcohol withdrawal we must learn:
 - Quantity
 - Frequency
 - When was alcohol last consumed
- Tools that can be used:
 - AUDIT-PC, LARS, PAWSS, and ASAM Criteria
 - Collateral sources such as friends or family
 - Biological test such as blood, breath, or urine test for identifying recent use especially for patients who are unable to communicate or give history.
 - Helps to determine the window of detection.

ASAM Clinical Practice Guideline Recommendations

Initial Assessment

- Establish alcohol withdrawal timeline.
- Assess for risk factors for severe or complicated withdrawal such as:
 - History of alcohol withdrawal delirium or seizure
 - Numerous prior withdrawal episodes
 - Comorbid medical or surgical illness (TBI)
 - Increased age (>65)
 - Long duration of heavy & regular alcohol consumption
 - Seizure history
 - Marked autonomic hyperactivity on presentation
 - Physiological dependence on GABAergic agents such as benzodiazepines or barbiturates
- Tools that can be used:
 - Prediction of Alcohol Withdrawal Severity Scale (PAWSS)
 - Luebeck Alcohol-Withdrawal Risk Scale (LARS)

ASAM Clinical Practice Guideline Recommendations

Level of Care Determination

- Is the patient treatment-seeking or nontreatment-seeking?
- Base off of client's current signs and symptoms, level of risk for developing severe complicated withdrawal, recovery capital & environment
- "Patients with low levels of psychosocial support or an unsafe environment may benefit from a more intensive level of care than otherwise indicated."
- Tools:
 - ASAM Criteria Risk Assessment Matrix
 - Withdrawal severity scales

Discussing Level of Care Recommendations, Treatment Plan, and Resources

- As mentioned previously it is important to discuss treatment options within a client's level of understanding.
- Share signs & symptoms that someone's use of alcohol is progressing into alcoholism.
 - Rapid weight gain or loss, slow or staggering walk, inability to sleep or stay awake, unexplained bruises or marks, glazed or red eyes, cold, sweaty palms or shaking hands, puffy face, blushing or paleness, nausea, vomiting or excessive sweating, low or no energy, depressed or anxious, deterioration of personal appearance or hygiene,
 - Consequences that have happened within family or social life.
 - Has their life started to narrow where they had other kinds of interests but now it has diminished to everything surrounding alcohol?
- Share how a client would be able to identify that they are going into withdrawal by reviewing symptoms of alcohol withdrawal and the rate of progression.
- Tool: Check your drinking screening tool that discussed the definition of a standard drink: <https://www.cdc.gov/alcohol/checkyourdrinking/index.html>

Conclusion & Key Points:

- Alcohol withdrawal syndrome is a set of symptoms that can develop when someone with alcohol dependence stops or significantly reduces their alcohol intake.
- Utilizing the alcohol withdrawal timeline can assist in determining best course of action while still meeting the client where they are at.
- Reviewed different tools & strategies in order to meet ethical guidelines while assisting a client presenting with AWS.
- Summarized the key ethical considerations surrounding alcohol withdrawal from a social worker's perspective.
- Reiterated the importance of upholding ethical principles while providing compassionate and effective support to individuals and families affected by AWS

Case Study Examples:

Case Study 1: Capacity and Autonomy

1. Patient X, a 45-year-old individual with a history of chronic alcohol use disorder, presents to the emergency department with symptoms of alcohol withdrawal, including tremors and agitation. Despite being oriented to person, place, and time, Patient X expresses a strong desire to leave the hospital against medical advice. Healthcare providers must navigate the balance between respecting Patient X's autonomy and ensuring their safety in the context of potential severe withdrawal symptoms.

Case Study 2: Informed Consent

1. Patient Y, a 60-year-old individual with a history of alcohol dependence, is admitted to the hospital for detoxification. Due to cognitive impairment from chronic alcohol use, Patient Y struggles to comprehend the risks and benefits of pharmacological interventions for alcohol withdrawal. Healthcare providers face the challenge of obtaining valid informed consent while ensuring that Patient Y receives appropriate treatment to prevent complications.

Case Study 3: Resource Allocation

- In a rural community with limited access to addiction treatment services, several patients present to the local clinic with severe alcohol withdrawal symptoms. The clinic has limited staffing and lacks the resources to provide intensive monitoring or pharmacological interventions. Healthcare providers must make difficult decisions regarding resource allocation, balancing the needs of individual patients with the available healthcare resources.

Case Study 4: Stigma and Discrimination

- Patient Z, a 30-year-old individual experiencing alcohol withdrawal, encounters stigmatizing attitudes from healthcare providers due to their history of substance use. Despite seeking help for withdrawal symptoms, Patient Z feels judged and marginalized, which may impact their willingness to engage in treatment. Healthcare providers must address stigma and discrimination to ensure that Patient Z receives compassionate and effective care.

References

- National Institute on Alcohol Abuse and Alcoholism. “Alcohol Facts and Statistics | National Institute on Alcohol Abuse and Alcoholism (NIAAA).” [Www.niaaa.nih.gov](http://www.niaaa.nih.gov), 2023, www.niaaa.nih.gov/alcohols-effects-health/alcohol-topics/alcohol-facts-and-statistics.
- NASW. “Code of Ethics.” National Association of Social Workers, 2021, www.socialworkers.org/About/Ethics/Code-of-Ethics/Code-of-Ethics-English.
- “Check Your Drinking | Alcohol | CDC.” [Www.cdc.gov](http://www.cdc.gov), 30 Aug. 2022, www.cdc.gov/alcohol/CheckYourDrinking/index.html.
- “The ASAM Clinical Practice Guideline on Alcohol Withdrawal Management.” *Default*, www.asam.org/quality-care/clinical-guidelines/alcohol-withdrawal-management-guideline.

Session Resources

- Session resources coming soon!



Check back after the session for resources that were referenced in the presentation or session chat and patient case recommendations.