Dialectical Behavior Therapy of borderline patients with and without substance use problems: Implementation and long term effects

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Research group efficacy study
Amsterdam Institute for Addiction Research

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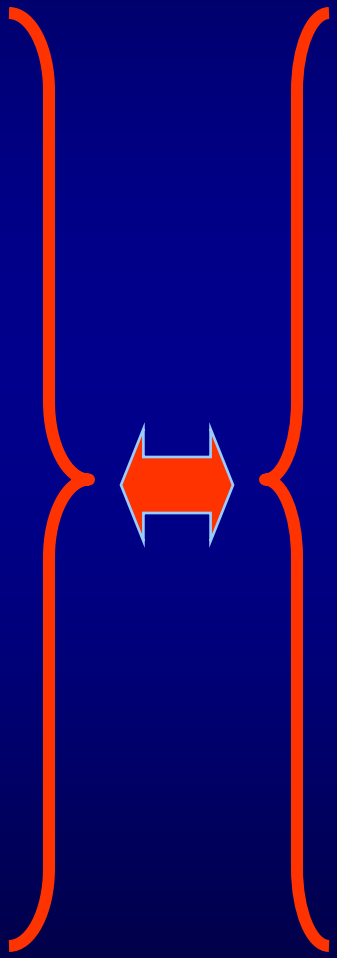
Background

- High prevalence of BPD, both in psychiatric AND substance abuse samples
- Some support for Dialectical Behavior Therapy (DBT), but substance abuse is exclusion criterion
- Rigid separated treatment programs for substance abuse and BPD

Situation of BPD-SUD patients

Addiction Centers

- SUD female patients with comorbid BPD
- Many other problems
- Frequent Crisis
- Treatment of Substance abuse
- 'Revolving Door' Patients



Mental health Care

- BPD female patients with comorbid SUD
- Many other problems
- Frequent Crisis
- Treatment of (para) suicidal behaviour
- 'Revolving Door' Patients

Criteria for pilot group

- Inclusion criteria
  - BPD primary diagnosis (Substance dependence or abuse not excluded)
  - Female gender
  - Agreement with treatment conditions
  - Recent parasuicide

- Exclusion criteria
  - Chronic psychosis
  - Bipolar disorder
  - Mental retardation

Results of pilot study

- No suicide
- Enthusiastic patients (although a drop-out rate of 30%)
- Enthusiastic therapists

therefore

Start of treatment program
and research program

Study description:Aims

- To replicate Prof. Linehan's original study
- To investigate the efficacy of DBT for female BPD patients with comorbid SUD
- To investigate the impact of the level of base-line severity of BPD problems on the efficacy of DBT

Treatment conditions

- TAU:
  - ongoing outpatient treatment from original referral source
  - N=31: N=11 addiction center, N=20 CMHC
- DBT:
  - 1 year - according to manual (Linehan 1993)
  - 27 patients divided over 3 groups of 8-10 patients
  - N=27: N=8 addiction center, N=19 CMHC
  - Therapists:
    - » Individual: psychiatrists & clinical psychologists
    - » Group: social workers & clinical psychologists

Patient characteristics

Characteristic	DBT	TAU	Total
Never married	56%	68%	62%
No work	82%	77%	80%
Age	35.1±8.2	34.7±7.4	34.9±7.7
# BPD criteria	7.3±1.3	7.3±1.3	7.3±1.3
Suicide attempt ever	70%	71%	71%
Self-mutilation ever	93%	94%	93%
Lifetime # acts (med)	13.1	14.4	14.2

Variation in Substance Abuse behavior among the participants

EuropASI N = 58	**BPD SA+ N=31**	
Severity ratings ASI ≥ 5	**N**	**%**
Cannabis	30%	9
Heroin	9%	3
Cocain	17%	5
Methadone	13%	4
Alcohol	50%	15
Medication (sedatives)	64%	19
Poly drug abuse	56%	17
Average number of years of SA	7.6	
Average number of treatments	4	

Summary of findings:Results on BPD symptomatology and SUD (12 and 18 months)

1. DBT → better treatment retention (63% vs. 23%)
2. DBT → greater reductions of self-mutilating & self-damaging impulsive acts, ESPECIALLY among those with higher baseline frequency
3. Standard DBT has a beneficial impact on alcohol problems, but not on drugs problems

but

after one year of treatment (DBT), treatment needs to be continued in order to sustain the effect

Conclusions

- The AIAR-DBT study supports the conclusion that DBT is efficacious in reducing high-risk behaviour with chronic parasuicidal BPD patients, *even* when they have co morbid (alcohol) substance abuse problems.

- DBT keeps patients alive, stabilizes them and thereby creates the possibility to treat underlying problems.

Recommendation

Because patients with BPD tend to have multiple problems simultaneously, or, tend to shift from one to another type of problem behavior,

and because the development of symptom specific programs would introduce an undesirably high degree of differentiation that poses an enormous, if not impossible organizational challenge for the mental health field,

treatment programs for BPD, knowledge of borderline problems and knowledge of substance abuse problems should be integrated,

that is to say,

integrated programs should be created.