Borderline Personality Disorder and Substance Use

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A plan of sorts

- A few caveats
- Comorbidity
- DBT-informed (Dialectical Behaviour Therapy)
  - DBT (very briefly)
  - Dialectics
  - Substance use targets
  - Dialectical approach to abstinence
  - Establishing abstinence through promoting change
  - Establishing abstinence by coping ahead
  - Supporting abstinence by encouraging acceptance
  - Failing well
  - Butterflies
  - Strategies for attachment
- Concluding thoughts
- Comments and questions

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A few caveats …

- I know a bit about BPD
- I know less about substance use
- I know even less about miracles
- However … high levels of comorbidity often mean it can be a bit of a juggle

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Substance use in BPD

- The figures are a bit rubbery
  - Incidence of BPD 1.9 – 5.6% of the population (APA DSM-5)
  - Substance use in BPD 26 to 84% (Troll 2000)
- The good news (Zanarini 2011, 10 year follow-up study)
  - 90 percent of patients with BPD with co-occurring substance use experienced a period of remission (at least a 2-year period of not meeting criteria for a substance use disorder)

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Symptoms overlap

- Both may include
  - impulsive, self-destructive behaviours
  - mood swings, ranging from severe depression to manic periods of intense energy
  - manipulative, deceitful actions
  - lack of concern for own health and safety and an insistence on pursuing dangerous behaviour in spite of the risks
  - a pattern of instability in relationships, jobs and finances

Dual Diagnosis.Org

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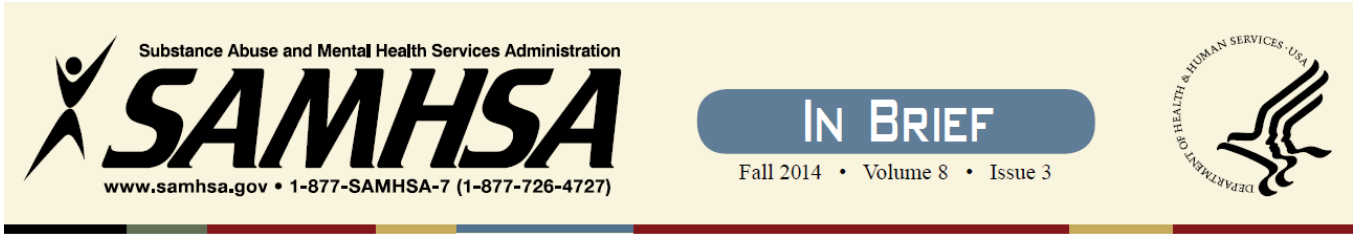
A helpful overview

- Useful web article:
- http://store.samhsa.gov/shin/content/SMA14-4879/SMA14-4879.pdf
- Very few studies on comorbidity between BPD and SUD. Based on the studies that have been done, “a few approaches seem to show promise. Perhaps the most researched approach is Dialectical Behavior Therapy, which has been adapted for treatment of co-occurring BPD and SUDs (Dialectical Behavior Therapy-S [DBT-S]).”



- AN INTRODUCTION TO CO-OCCURRING BORDERLINE PERSONALITY DISORDER AND SUBSTANCE USE DISORDERS

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Dialectical Behaviour therapy

- "When DBT is successful, the **patient learns to envision, articulate, pursue, and sustain goals that are independent of his or her history** of out-of-control behavior, including substance abuse, and is better able to grapple with life's ordinary problems. DBT's **emphasis on building a life worth living is a broader therapeutic goal than reduction in problem behaviors, symptom management**"

Dimeff & Linehan: Science and practice in action – Dialectical Behavior Therapy

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DBT hierarchy (individual therapy)

- Staying alive & not self-harming
- Therapy-interfering behaviours – directly addresses anything that gets in the way of therapy, with a very active focus on keeping a person in therapy
- Quality-of-life-interfering behaviours – directly addresses those aspects of a person's life that have a significant negative impact on how they live their life
- Skills
  - Tolerating distress
  - Regulating emotions
  - Building quality relationships through effective interactions
  - Learning to stay in the moment with what is, not getting caught up in catastrophic thoughts & actions or checking out (dissociation)

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5 Components of good therapy

- Enhance capabilities
  - Skills training
- Improve motivational factors
  - focus on inhibitions, cognitions, reinforcement, contingencies
- Generalisation to natural environment
  - phone coaching, homework
- Enhance therapist capabilities and motivation to treat effectively
  - Consult, supervision, adherence and competence monitoring, continuing education, staff incentives
- Structure the environment
  - Work with others when consultation to the patient is inappropriate

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DBT components (comprehensive model)

- At least a year of hard work
  - Weekly individual therapy
  - Weekly skills training
  - Weekly skills homework & practice
  - Phone access for skills coaching
  - Weekly DBT consult for therapists

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Some DBT assumptions

- Patients are doing the best they can
- Patients need to do better, try harder and be more motivated to change
- Patients may not have caused all of their own problems, but they have to solve them anyway
- The lives of suicidal, borderline individuals are unbearable as they are currently being lived
- Patients must learn new behaviours in all relevant contexts

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Dialectics

- Dialectics is a system of argument in which synthesis is sought between two extremes (thesis and antithesis)
- Synthesis discovers what is valuable in both and seeks to resolve contradictions between the two
- Dialectics is a reconciliation of opposites in a continual process of synthesis
- **The primary dialectic in DBT is that between acceptance and change**

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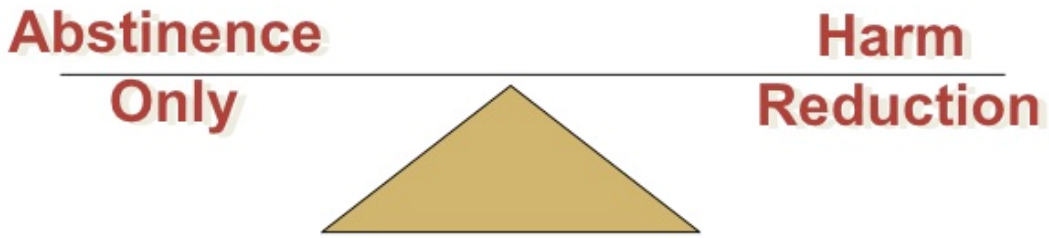
Dialectics

DBT: Dialectical Abstinence Model



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DBT for BPD & SUD

- Marsha Linehan & Linda Dimeff

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Dialectics

- "The simultaneous embrace of acceptance and change in DBT is consistent with the philosophical approach found in Twelve-Step programs, expressed in the Serenity Prayer:
  - "God, grant me the serenity to accept the things I cannot change, the courage to change the things I can, and the wisdom to know the difference."
- The patient and therapist regularly ask, "What haven't we considered?" or "What is the synthesis between these two positions?"

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Substance use targets

- decreasing abuse of substances
- decreasing discomfort associated with abstinence and/or withdrawal
- decreasing urges, cravings and temptations
- decreasing risks, e.g. deleting telephone numbers of drug contacts, changing own number, throwing away drug paraphernalia, staying away from risky places and people (burning bridges)
- increasing healthy behaviours, e.g. developing new friends & interests, rekindling old friendships, seeking environments that don't support use, etc

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Dialectical approach to abstinence

- In the quest for abstinence, DBT pushes for immediate and permanent cessation of drug abuse (change), while also recognising that a relapse does not equal failure (acceptance).
- It “joins unrelenting insistence on total abstinence with nonjudgmental, problem-solving responses to relapse that include techniques to reduce the dangers of overdose, infection, and other adverse consequences.”

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Establishing Abstinence Through Promoting Change

- "The therapist communicates the expectation of abstinence in the very first DBT session by asking the patient to commit to stop using drugs immediately.
- Because a lifetime of abstinence may seem out of reach, the therapist encourages the patient to commit to a length of abstinence that the patient feels certain is attainable— a day, a month, or just 5 minutes. At the end of this period, the patient renews the commitment, again for a sure interval.
- Ultimately, he or she achieves long-term, stable abstinence by piecing together successive delimited drug-free periods.
  - The Twelve Steps slogan, "Just for Today," invokes the same cognitive strategy to reach the same goal—a lifetime of abstinence achieved moment by moment."

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Establishing Abstinence by Coping ahead

- Coping ahead is the skill of anticipating potential cues and preparing responses ahead of time.
- Additionally, it strongly encourages bridge burning.
- Woven throughout the absolute abstinence dialectic is that drug use would be disastrous and must be avoided.

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Supporting Abstinence by Encouraging Acceptance

- Relapse is seen as a problem to solve, rather than as evidence of failure.
- When there is a slip, it is the therapist's job to help the patient *fail well – i.e.* to guide a behavioural analysis of the events that led up to and followed the drug use, for use in future.
- The therapist's job is to help the patient make a quick recovery from the lapse "by mitigating the intense negative emotions and thoughts that many patients feel after a lapse and that can hinder re-establishing abstinence ("What's the point? I've already blown it. I might as well really go for it.")."

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Failing well

- Failing well also involves repairing the harm done during the lapse and serves two functions:
  - increasing awareness and memory of the negative consequences
  - directly treating justified guilt
- With abstinence restored, the therapist moves back to the opposite pole (absolute abstinence)
- Failing well is particularly important given the susceptibility to dysregulated emotion by people with BPD and SUD

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Butterflies

- Substance-abusing people are often difficult to engage in treatment
- Although some engage easily, many behave like butterflies, flying frequently into and out of the therapy and departing at the very moment it looks as if they've landed for good.
- Butterfly problems include: episodic engagement in therapy, failure to return telephone calls or participate in sessions, and ultimately early termination from treatment.
- Therapists have relatively little power to persuade butterflies to do things they prefer not to do.

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Strategies for attachment

- In the very first session, a DBT therapist will raise the butterfly attachment problem and the likelihood of the patient falling out of therapy. This then guides “a what do we do when” conversation …
- Part of this may involve “just in case” plans, with the patient listing all the places they might become lost (e.g., addresses and telephone numbers related to drug use) along with supportive family and friends who can be counted on to help the therapist and patient reconnect.
- Other strategies might include: increasing contact with the patient during the first several months of treatment (e.g., scheduling check-in telephone calls between sessions, text or email messages), bringing therapy to the patient, and shortening or lengthening therapy sessions.

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In conclusion …

- People with BPD and co-existent SUD have a really difficult time of it.
- The people who support them and/or exist around also have a really difficult time of it.
- Therapy does work … but it is generally long term, not short term. Therefore, it's really important for all concerned that everyone does their best to care for themselves and those around them.
- While patience may be a virtue, unless you're a saint you won't always be virtuous. Be kind and non-judgemental towards yourself – focus on what works; repair where necessary.
- While it is important to focus on what is effective in the short, medium and long term, it's often impossible to do all three at the same time.

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The end

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