

Drug Addiction in Personality Disorders

A Psychodynamic Psychotherapeutic Approach

General Strategy

- Simultaneous, parallel treatment of addiction and personality structure
- Addiction treatment may involve psychopharmacological, psychotherapeutic and social rehabilitative approach, including cognitive-behavioral supportive rehabilitative, and self-help group approaches
- Severe personality disorders worsen the prognosis for relapse and abstinence, and justify efforts to treat the personality disorder
- Transference Focused Psychotherapy attempts to treat and resolve severe personality disorder

Present trend in classification of personality disorders

- Dimensional model of severity that transcends specific syndromes
- Integration of the self and mature relations with others as measure of normality. Identity and functioning in work or profession, love and sex, social life and creativity. “g factor”.
- Initial evaluation of patients: structural interview
- Severe personality disorders reduce reward system in social functioning, reinforcing/causing drug induced reward responses to increase and stabilize. Neurobiological and psychodynamic motivation in habituation and dependency.

Practical psychotherapeutic arrangements

- Long term treatments; 1 or 2 weekly sessions, strict adherence requirements and major therapeutic focus initially. Contract setting in team with addiction therapy, and ongoing mutual consultation
- Degree of dishonesty as major determinant of external information
- Basic technique: supportive approach in charge of addiction specialists: CBT, DBT, motivation reinforcement in group settings

An Analytical Approach

- Analytical approach to personality disorders: activation of split off early object relations and their interpretation.
- Free association, sources of interpretation, transference analysis, technical neutrality, countertransference utilization
- Interpretation of denial of reality, including technical neutral confrontation with threat of relapse and dishonesty

Complications

- Secondary gains: eliminate early! Need to work and/or study
- Antisocial behavior: control, auxiliary therapists?
- Contradictory approaches of addiction team and psychotherapist
- Suicide management: differential diagnosis of suicide and depression
- Search for self-destructive behavior other than drugs and/or alcohol
- Chronic hopelessness: what would you do? Treatment goals!
- Dependency requires total abstinence

Specific Dynamics in various pathologies

- Antisocial behavior: differential diagnosis. Involvement with family, work authorities, the forensic system. Conditions for treatment: control dangerousness.
- Narcissistic pathology: escape from envy and failure. Need start from “scratch”.
- Depressive-masochistic personalities and unconscious guilt acting out
- Borderline Personality Disorder
- The differential management of anxiety and depression: are they normal?

Aggression and Self Destruction

- Profound self-destructive needs built into the personality “adhesion to near death” chronic suicidal wishes as escape channel from conflicts
- Severe early abandonment and sadism reinstated as victim and perpetrator
- Self mutilation, eating disorders, neglect of illness, attack of partner
- Addictions as identification with victim and perpetrator

The Basic Therapeutic Relationship

- VMPPF cortex and DLPF cortex in the relationship with amygdala hippocampus. Only affective, not purely cognitive experiences obtain profound personality effects.
- The development of authenticity in the interaction, without denial of gravity of patients' aggression. Willingness to help, wishes to help, while accepting potential failure.
- Patient's may hate this potential of therapist, or feel guilty