A Phase-Based Treatment Model for Co-Occurring Substance Use and Personality Disorders within a Transference-Focused Therapy Framework

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Patients with co-occurring Substance Use Disorder (SUD) and Personality Disorder (PD) may benefit from a structured three-phase treatment pathway that integrates addiction treatment principles with Transference-Focused Therapy while maintaining abstinence as a central therapeutic requirement.

Co-occurring SUD and PD

- PDs are highly prevalent among individuals with SUD
- Both conditions are associated with significant functional impairment
- Relapse remains common during addiction treatment
- Personality pathology may complicate recovery efforts

Why TFP?

- Evidence supports TFP for severe personality pathology
- TFP provides a structured framework for exploring internal object relations
- Sustained abstinence is generally required to maintain the therapeutic frame

Clinical Challenge: Dual Professional Roles

Addiction Setting	Psychotherapy setting
Relapse prevention	Personality integration
Abstinence monitoring	Transference analysis
Crisis intervention	Interpretation of dyads

PHASE 1

DETOXIFICATION AND ESTABLISHMENT OF ABSTINENCE

OBJECTIVES:

- ✓ Detoxification
- ✓ Establishing abstinence
- ✓ Reduction of life-threatening behaviors
- ✓ Crisis stabilization

Entry criteria:

- *Active substance use*
- *Medical instability*
- *High risk behavior*

PHASE 2

STRUCTURAL READINESS AND CONTRACTING

OBJECTIVES:

- ✓ Assess readiness for TFP
- ✓ Build treatment alliance
- ✓ Establish **treatment contract**
- ✓ Clarify responsibilities

Treatment contract:

- *Abstinence expectation*
- *Session attendance*
- *Medical follow up*
- *Relapse procedures*

PHASE 3

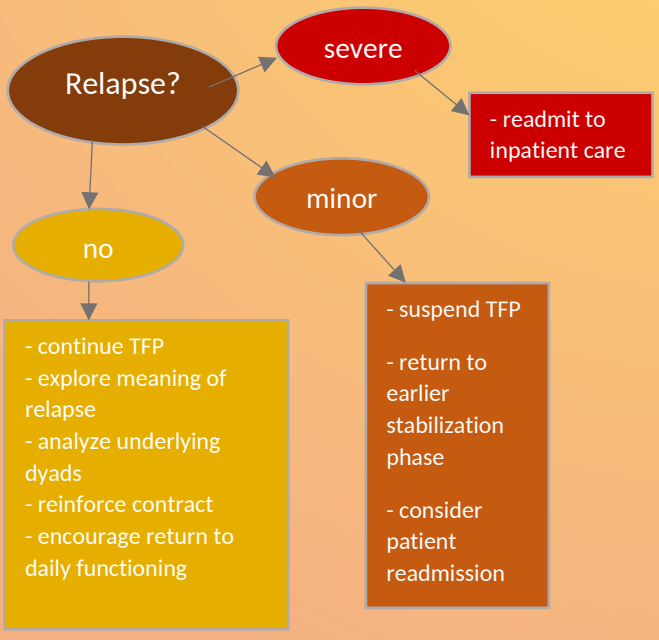
TFP: PERSONALITY INTEGRATION

OBJECTIVES:

- ✓ Explore personality pathology
- ✓ Analyze object relations and dyads
- ✓ Promote structural integration
- ✓ Maintain abstinence

Ongoing requirements:

- *Psychiatric follow up*
- *Regular psychotherapy sessions*
- *Contract adherence*



Why this matters?

- ➢ High rates of personality disorders among patients with substance use disorders
- ➢ Both conditions are independently difficult to treat
- ➢ Relapse remains common in addiction treatment
- ➢ TFP has demonstrated effectiveness for personality pathology
- ➢ Maintaining abstinence is essential for TFP implementation

Clinical Implications: Potential Benefits

- ➢ Clearer treatment sequence
- ➢ Better integration of addiction and personality treatment
- ➢ Preservation TFP treatment frame
- ➢ Provision of relapse-management guidance
- ➢ Support for clinicians working across settings

Key Conclusions

- ➢ Co-occurring SUD and PD require highly structured interventions
- ➢ Abstinence serves as a prerequisite for effective TFP
- ➢ A phased approach may improve treatment organization and continuity
- ➢ Relapse can be managed within the model according to severity and clinical risk