ISTFP CONGRESS 2026 · VIENNA · PRELIMINARY RESULTS

Structured Psychotherapies for Alcohol Use Disorder in Adults with Personality Disorders

A systematic review — preliminary synthesis · psychodynamic & structured models

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PRISMA 2020 / PRISMA-S

PROSPERO CRD420261284069 · RoB 2 / ROBINS-I · GRADE

1 · Background & objectives

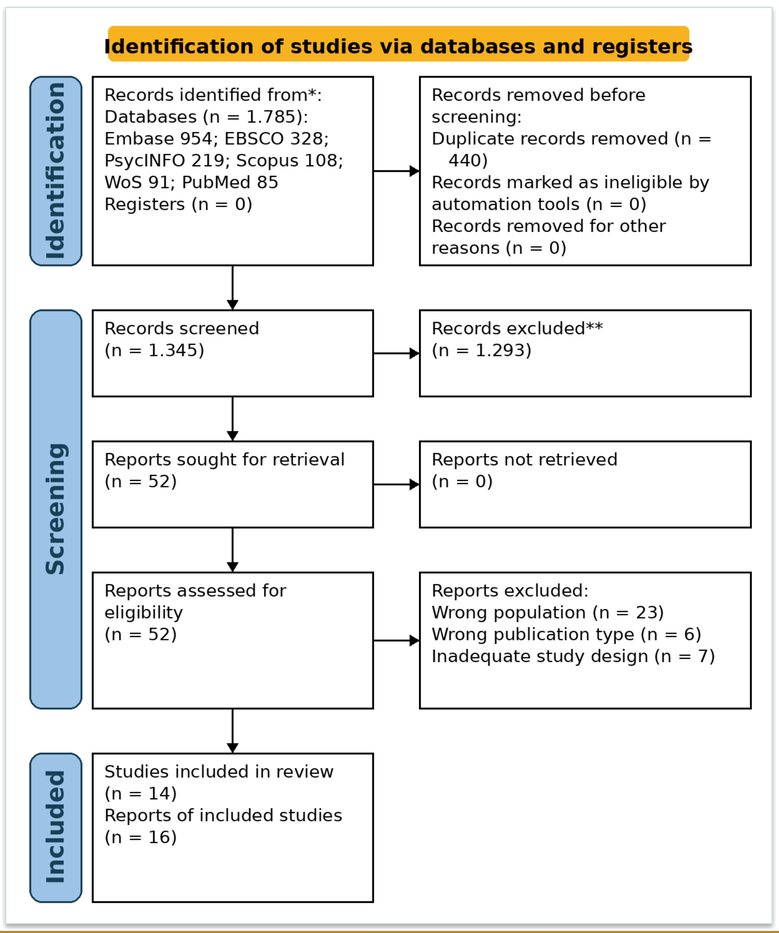
AUD frequently co-occurs with personality disorders (PD), with increased clinical severity, poorer treatment adherence and worse functional outcomes.

Emotional dysregulation, impulsivity and interpersonal difficulties may blunt standard AUD treatments. **Structured, manualized psychotherapies** target both substance use and personality pathology — but evidence is heterogeneous and fragmented.

Objective: evaluate the effectiveness of structured psychotherapies for AUD in adults with comorbid PD — on alcohol use, abstinence, relapse, PD symptoms, emotion regulation, adherence and quality of life.

2 · Methods (PRISMA 2020)

6 databases · Dec 2025 · dual independent screening



16 articles included · 14 studies (PRISMA 2020)

3 · Search strategy

Embase	954	EBSCO	328
PsycINFO	219	Scopus	108
WoS	91	PubMed	85

P personality disorder* · BPD · ASPD

I DBT · MBT · TFP · schema · GPM · CBT · DDP

C TAU · waitlist · pharmacotherapy

O alcohol use · relapse · abstinence

4 · Screening protocol

PHASE 1 · Title / abstract

Adults ≥18 y · PD + AUD · any psychotherapy · empirical design.

Rule: NO → exclude · UNCERTAIN → full text.

PHASE 2 · Full text — criteria

1. Adults ≥18 y
2. PD + AUD confirmed (DSM/ICD)
3. **Comorbidity ≥80% of sample**
4. **Structured / manualised therapy**
5. ≥1 outcome: alcohol · retention · PD · QoL

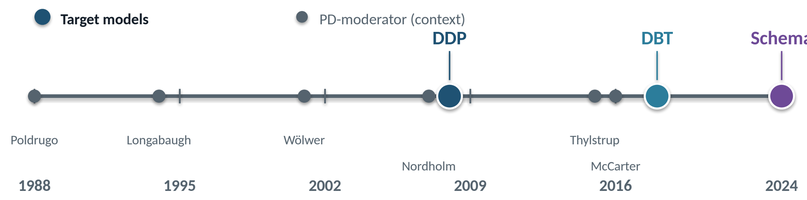
5 · Results at a glance

67–73% — DDP retention

≈61% — DBT-ST abstinence

68% — Schema BPD remission

16.6→3.8 — drinking days/mo



6 · Conclusions & TFP relevance

- DDP (Gregory) is the strongest body of evidence — only controlled design with a-priori primary alcohol outcomes — yet **high risk of bias** (small n, attrition, LOCF) and no significant between-group differences.
- Schema Therapy (Boog): promising but **low-level evidence** (uncontrolled case series); fits the target population.
- Only Gregory assesses social/occupational functioning (social support, employment); Boog measures quality of life — **non-equivalent instruments**.
- Heterogeneous outcomes & designs → **structured narrative synthesis, not meta-analysis.**
- **No study evaluates TFP in AUD+PD — a research priority.**

Change tracks relational & mentalizing processes → **TFP & object-relations therapies are testable candidates.**

Included studies — evidence map (16 articles · 14 studies)

Model / cohort	Design · level	Country	Key findings
PD-SPECIFIC STRUCTURED PSYCHOTHERAPY · core evidence			
DDP — Deconstructive Gregory (N=30) · 4 rep.	RCT + 30-mo FU · Level II	USA	↓ BPD sympt., parasuicide & alcohol misuse; retention 67–73%; sustained to 30 mo.
DBT — Skills Training Maffei/Cavicchioli (N≈186) · 3 rep.	Open trial + analyses · Level III	Italy	↓ AUDIT-C & craving; ≈61% abstinence; emotion dysregulation a key mediator.
Schema Therapy Boog (N=20) · 2 rep.	Case series + 1-yr FU · Level III	Netherlands	↓ drinking & craving; 68% BPD remission; drinking days/mo 16.6→3.8 at 1 yr.
PD AS A MODERATOR OF STANDARD AUD TREATMENT · context (does not meet target question)			
7 studies Wölwer · Poldrugo · Longabaugh · Nordholm · Thylstrup · McCarter	RCTs & cohorts · Level II–III	DE·IT·US·DK·AU	PD (antisocial/borderline) → more dropout & poorer outcomes; matching helps.

SELECTED REFERENCES

Gregory RJ et al. Psychotherapy 2008 · Goldman & Gregory 2010 · Maffei/Cavicchioli 2018–20 · Boog M et al. 2023–24 · Longabaugh 1994 · Page MJ et al. BMJ 2021 · Rethlefsen 2021.

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