



PERSONALITY DISORDERS PREDICT RELAPSE IN ALCOHOLIC PATIENTS

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Abstract — This prospective study examines the association of *DSM-III-R* Axis II comorbidity with (time to) relapse since the end of treatment in a sample of 105 outpatient and 82 inpatient alcoholics. Furthermore, this study addresses the role of motivation for change, time in program, and working alliance in the mechanism underlying the association between Axis II and relapse. We found that Axis II comorbidity in alcoholics is a robust predictor of relapse following treatment, while the effect is strongest in outpatients with low motivation for change and/or short time in program. Motivation for change and time in program did not mediate the association of Axis II with relapse. We also found poor working alliance to be related to personality pathology among inpatients, and from our findings it can be hypothesised that poor working alliance is part of the mechanism underlying the observed impact of Axis II on treatment outcome in outpatients. A preliminary model of the role of personality pathology in the mechanism of relapse is proposed. © 1998 Elsevier Science Ltd

Personality disorders have been found to be highly prevalent among treated substance abusers including both alcoholics and drug addicts (DeJong, van den Brink, Harteveld, & van der Wielen, 1993; Verheul, van den Brink, & Hartgers, 1995). Based on the median of the prevalence rates reported in a large number of studies, it has been estimated that, among alcoholics, 44% meet criteria for at least one Axis II disorder and approximately 18% and 21% meet criteria for antisocial and borderline personality disorder, respectively (Verheul et al., 1995). It should be noted, however, that prevalence rates typically vary across sample characteristics (e.g., primary substance of abuse; age; gender; treatment setting), the specific diagnostic criteria that are employed (e.g., exclusion criteria for substance-induced personality pathology; time-frame requirements), and assessment procedures (e.g., method; time of measurement; Brooner, King, Kidorf, Schmidt, & Bigelow, 1997; Rounsaville et al., 1998; Verheul, Hartgers, van den Brink, & Koeter, 1998; Verheul et al., 1995).

Several authors have suggested that comorbid personality disorders predict poor treatment response and/or outcome, including alcohol use disorders, problems in the therapeutic relationship or working alliance, resistance to change, noncompliance and premature treatment dropout, of Axis I conditions (Andreoli, Gressot, Aapro, Tricot, & Gognalons, 1989; Beck, Wright, Newman, & Liese, 1993; Blume, 1989; Reich & Green, 1991; Reich & Vasile, 1993; Strand & Benjamin, 1997). Most likely, these statements were based on studies from the 1980s showing that Axis II comorbidity, particularly antisocial personality disorder, was related to poor alcohol treatment outcome (e.g., Kosten, Kosten, & Rounsaville, 1989; Rounsaville, Dolinsky, Babor, & Meyer, 1987; Schuckit, 1985). Because these studies typically did not control for pretreatment

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functioning, however, the evidence can be considered speculative at most. More recent studies have convincingly shown that Axis II comorbidity is, although associated with pre- and posttreatment problem severity, not a robust predictor of the amount of improvement or treatment response, suggesting that substance abusers with Axis II comorbidity might benefit from treatment at least as much as substance abusers without Axis comorbidity (Cacciola, Alterman, Rutherford, McKay, & Snider, 1996; Cacciola, Alterman, Rutherford, & Snider, 1995; Darke, Finlay-Jones, Kaye, & Blatt, 1996; Powell et al., 1992; Verheul, van den Brink, Hartgers, & Koeter, in press). Similar findings have been reported in studies among patients with Axis I conditions other than substance abuse, for example, anxiety disorders (Dreessen, Arntz, Lutjels, & Sallaerts, 1994). From these findings, it has been concluded that personality disordered patients are not adequately characterised by qualifications such as "noncompliant" and "resistant to change," nor adequately helped by the attitude of "therapeutic nihilism" that often results from a negativistic view on the prognosis of these patients (Penick et al., 1996; Verheul, 1997). It should be admitted, however, that the empirical evidence in favour of this position is also rather speculative. The available empirical studies dedicated to the predictive value of Axis II comorbidity among substance abusers have typically evaluated improvement or treatment response in terms of Addiction Severity Index (ASI) composite change scores, whereas no studies have examined the association of Axis II comorbidity and (time to) reinstatement of drinking or relapse following treatment. This is remarkable because the prevention of relapse is the primary goal of most treatments and, therefore, relapse can be considered a clear indicator of treatment failure, whereas ASI composite change scores are far more abstract indicators with unknown validity. One study has examined personality pathology (using the Tridimensional Personality Questionnaire; Cloninger, 1987) as a predictor of relapse among alcoholics following treatment, reporting persistence to be predictive of the latency to relapse (Cannon, Keefe, & Clark, 1997). We are aware of no studies examining measures of *DSM-III-R* personality disorders as predictors of relapse. The primary objective of this study is to examine the association of *DSM-III-R* personality disorders and (time to) relapse in alcoholics following treatment.

Axis II comorbidity is a relatively distal variable in relation to patients' treatment response. Recently, it has been argued that naturalistic (nonexperimental) outcome studies might benefit from taking into account variables that potentially mediate and/or modify the impact of predictor variables on treatment outcome (Finney, Hahn, & Moos, 1996). Variables that might mediate and/or modify and thereby help to explain the mechanism underlying the association between Axis II and relapse are, for example, more proximal client attributes that possibly result from personality pathology (e.g., low motivation for change) and unfavourable treatment processes (e.g., poor working alliance; shorter duration of treatment; premature dropout). For example, DeJong (1993) reported that the presence of any Cluster B personality disorder among inpatient alcoholics predicted relapse, while the effect was fully mediated by time in program. Thus, only or particularly those patients with Cluster B pathology who stayed in treatment for a short time or dropped out prematurely, were at high risk for relapse. Furthermore, it has been found that ratings of the working alliance predict treatment participation and posttreatment drinking behaviour in outpatient (but not in inpatient aftercare) alcoholics (Connors, Carroll, DiClemente, & Longabaugh, 1997). Because Axis II comorbidity has been suggested to interfere with the realisation of an effective therapeutic alliance (e.g., Beck et al., 1993; Paris, 1996), it can be hypothesised that working alliance is a mediator of the association between Axis II

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