



Turning Point
Alcohol & Drug Centre

Who should respond to personality disorders? A stepped care approach to managing complex behaviours in AOD settings

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Background and acronyms

- Personality disorders – PD
- AOD/SUD
- Dual Diagnosis and Comprehensive Care (DD & DDACC)
- Improved Services Grant
- Axis I and Axis II
- DBT



“No wrong door”

- Dual diagnosis / comorbidity concerns
- Axis I disorders
- Mental health settings
- AOD settings



Still looking for the door...

Despite progress, people with Axis II personality disorders often remain
“revolving door patients”...

"We have been damaged, often early in life and we have grown up with mistaken beliefs about ourselves. For these reasons we have difficulties with relationships because we often believe that we are unlovable and we are very sensitive to rejection. For that reason, we need easier and known access to services."



Prevalence of personality disorders in AOD treatment

Data shows variation - up to 75%

Likely around 50% of our clients

Not considering

- Sub clinical symptoms
- Resources necessary for any one client
- Clinical pessimism about this client population



“...uniformly more disturbed” (Linehan, 1999)...

Countless individual risk factors

- + Treatment non compliance
- + Problems for therapeutic relationship
- + Numerous social service agency involvement
 - + Effects on other clients
 - + Organisational dynamics
- = *Clinical pessimism and burn out*

**Clients struggling with
personality disorders are
core business
for AOD services**



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and the issue of feasibility

- “Is investment in unique training in interventions the best approach?”
 - DBT, schema therapy
 - AOD staff = varying levels of experience + high turn over + part time
- Workforce capacity
- Organisational philosophy change
DDACC + Improved Service Grant



Organisational attitude change

Fundamental *SET UP*

- Clients need validation, support, recognition of their experience
- Clinicians need validation, support, recognition of their experience
- *Invalidated, empty clinical self*

STAFF development

STAFF education

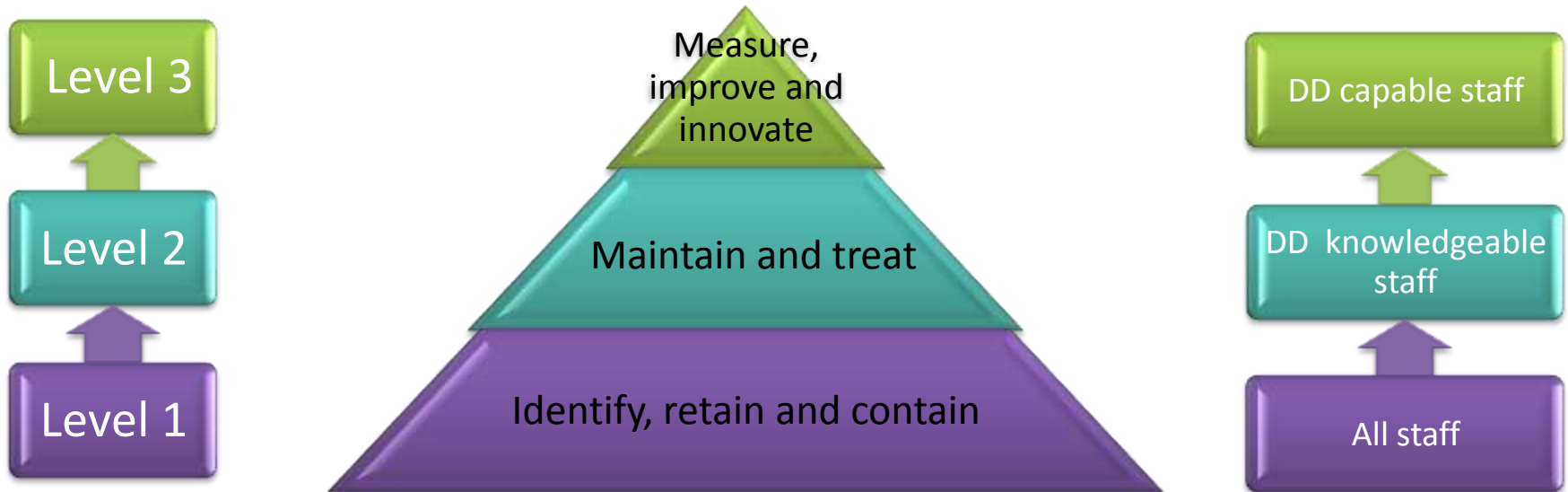
STAFF support



Organisational change

1. Respect and recognition of PD in AOD settings
2. Assessing and managing risk of clients presenting with comorbid SUD and PD
3. Improving clinical / treatment efficacy and client outcomes

Levels of care






LEVEL 1:




Identify, retain and contain

- Awareness and identification
- SUD/PD model
- Reflective practice
- Core skills expanded for personality disorders



LEVEL 2: Identify, retain, contain, maintain and treat

- Advanced clinical skills
- Training/support/supervision
- Positive strategies to challenge negative attitudes and support team efficacy



LEVEL 3: Measure, improve, innovate

- Leader in AOD/PD treatment at individual, group and service level
- Capable of extending the evidence base



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