

Mindful Continuing Education

How Personality Disorders Impact Treatment Outcomes for Alcohol Misuse and Depression

1. Co-morbid alcohol misuse and mental health problems are a major health concern as they place significant burden on the health care system, and according to the authors, they are associated with a broad range of negative outcomes, including more severe depressive symptoms, poorer social functioning, more days out of role, poorer treatment outcomes

- A. Increased service utilization
 - B. Deficits in completion of daily activities
 - C. A lack of coping skills
 - D. Poor overall motivation
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Interventions and Treatment Outcomes

2. Available evidence suggests each of the following about alcohol misuse, depression, and personality disorders EXCEPT:

- A. Poorer response to treatment for depression has been found among people with co-occurring personality disorders and depression
 - B. Among clients attending substance misuse services, higher rates of psychopathology and service use have also been reported for those with co-occurring personality disorders
 - C. Some treatment studies suggest that while comorbid personality disorders almost always negatively affect alcohol misuse treatment outcomes, they do not appear to impact other substance treatment results, such as smoking abstinence
 - D. Treatment outcome studies report higher rates of attrition, lower compliance, and poorer outcomes on alcohol use measures at follow-up among individuals with comorbid alcohol misuse and personality disorders
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Discussion- Treatment Effects in This Combined Dataset

3. Parent studies demonstrated that longer interventions were more effective than the brief integrated intervention (BI) condition at 12-months, contributing to larger reductions in depression and:

- A. Fewer interpersonal conflicts
 - B. Positive changes in social and professional obligations
 - C. Achievement of relevant and time-oriented goals
 - D. Improvements in functioning
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4. Outcomes indicated that the presence of some personality disorder profiles negatively impacted overall change during the follow-up period (primarily Cluster A) as well as treatment-related outcomes (primarily Cluster C), especially in regard to overall substance misuse and psychosocial functioning.

- A. True
 - B. False
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5. Study findings indicated that brief motivational interviewing (MI) and cognitive behavior therapy (CBT) based interventions addressing alcohol misuse should probably be initiated regularly:

- A. For those with Cluster A personality disorders
 - B. For those with Cluster B personality disorders
 - C. For those with Cluster C personality disorders
 - D. Regardless of personality disorder characteristics
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Associations Between Personality Disorder, Depression and Functioning Outcomes

6. For individuals with more pronounced personality disorder cluster profiles, recovery may be aided simply by gaining a better understanding of depressive symptoms and the factors that affect mood, substance misuse and:

- A. Interpersonal relationships
 - B. Social behavior
 - C. Treatment response
 - D. Motivation to change
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Conclusions

7. Current analyses indicated a tendency for participants with higher baseline alcohol scores to experience less improvement in depression at 6-months, and those with poorer baseline functioning experienced:

- A. Greater reductions in alcohol consumption at 6-months
 - B. An increase in alcohol consumption at 6-months
 - C. No significant change in alcohol consumption at 6 or 12-months
 - D. Reductions in alcohol consumption at 6-months, with reductions leveling off at 12-months
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Conclusions

8. Experts recommend that adjunctive components be incorporated into integrated therapy programs to more fully engage individuals with particular personality disorder cluster profiles, in an attempt to counteract the potentially negative consequences associated with these conditions, perhaps with a specific focus on emotion regulation and:

- A. Navigating relationships
- B. Coping strategies
- C. Stress reduction
- D. Avoiding self-harm

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