

COGNITIVE SCHEMES IN DUAL DIAGNOSIS FROM THE RATIONAL EMOTIVE BEHAVIOUR THERAPY MODEL.

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INTRODUCTION

• Ellis' Rational Emotive Behaviour Model (REBT) conceives the drug addiction as a disrupted behaviour in response to the presence of different types of irrational thoughts that boycott the life goals of the individual (Ellis & DiGiuseppe, 1992; Bishop, 2002).

• In the same way, Personality Disorders can be understood from the existence of irrational thoughts that not only generate but also maintain them. The most frequent thoughts in every disorder have been identified yet (Beck, Freeman et al, 1995).

• We understand dual diagnosis as the comorbid diagnosis of a drug dependence disorder besides a mental disorder of the DSM-IV Axis I or II. Until now, no studies have been conducted that focus on the comorbidity from the point of view of cognitive schemes. Previous investigations focus in the study of every separate diagnosis. One of the methodological limitations of these studies is the controversy regarding which disorder is primary and which is secondary.

AIM

The goal of the present work is to study the kind of irrational thoughts (in content and form), that shows a sample of dual patients with drug addiction and comorbid diagnosis of Borderline Personality Disorder (BPD), because this personality disorder is the most related to drug abuse.

METHOD

Subjects: In order to save that inconvenient, we compared 3 groups. Participants were men and women, and the drug addiction was to cocaine. Index groups were voluntary patients admitted in the Dual Diagnosis Unit asking for treatment.

G1) Drugaddicts with BPD: Dual patients with BPD diagnosis who have developed the addiction before the age of 17 (n=33).

G2) BPD subjects with drugaddiction: Dual patients with BPD diagnosis who developed the addiction after the age of 25 (n=33).

G3) Control group (n=35), volunteers who ask the questionnaire battery.

Questionnaire:

All of them are asked to answer the spanish version of the Attitudes and Beliefs Test (Burgues, 1990).

This is a questionnaire that assesses the form of irrational thoughts:

- Exigence,
- Catastrophism,
- Low Frustration Tolerance (LTF),
- Condemnation.

And the three next contents:

- Approval,
- Success,
- Comfortability.

Every style is assessed through 6 to 8 items scales. Its 48 items are scored on a Likert-type scale.

Statistical Analysis: (Spss v.12.0)

Parametric tests were used due to the variance homogeneity (Levene). One-Way ANOVA for independent samples to compare the mean between index and control groups. Scheffé for post hoc contrast. Signification at .05 level.

RESULTS

Table 1. Means significative differences between control and dual diagnosis groups.

	DRUGADDICTS WITH BPD (G1)	BPD WITH ADDICTION (G2)	CONTROLS (G3)	ANOVA	
n	33	33	35		
	x (sd)	x (sd)	x (sd)	F	p
Age	33.82 (6.93)	34.76 (6.2)	35.57 (9.8)	1,33	,268
EXIGENCE	23.21 (4.94)	22.03 (4.42)	20.74 (5.07)	2,22	,114
CATASTROPHISM	17.52 (5.17)	15.12 (4.79)	12.00 (4.16)	11,70	,000
L.T.F.	17.55 (4.33)	17.76 (4.35)	12.60 (3.81)	16,81	,000
CONDEMNATION	13.21 (4.49)	14.00 (4.14)	9.05 (3.44)	9,99	,000
APPROVAL	21.18 (5.82)	19.64 (5.57)	15.03 (3.28)	14,04	,000
SUCCESS	26.58 (6.25)	18.94 (4.45)	18.91 (4.24)	25,49	,000
COMFORTABILITY	25.70 (6.34)	24.21 (6.53)	18.17 (4.98)	15,23	,000

Table 2. Contrasts.

	Means Difference	Scheffé		Means Difference	Scheffé		Means Difference	Scheffé	
G1 vs. G2	2,394	,125	CATRASTROPHISM	G1 vs. G2	-,212	,979	G1 vs. G2	-,788	,742
G1 vs. G3	5,515	,000	L.T.F.	G1 vs. G3	4,945	,000	G1 vs. G3	4,165	,002
G2 vs. G3	3,121	,028	APPROVAL	G2 vs. G3	5,158	,000	G2 vs. G3	4,952	,000
G1 vs. G2	1,545	,457	SUCCESS	G1 vs. G2	7,636	,000	G1 vs. G2	1,485	,603
G1 vs. G3	6,153	,000	COMFORTABILITY	G1 vs. G3	7,661	,000	G1 vs. G3	7,526	,000
G2 vs. G3	4,608	,001		G2 vs. G3	,025	1,225	G2 vs. G3	6,041	,000

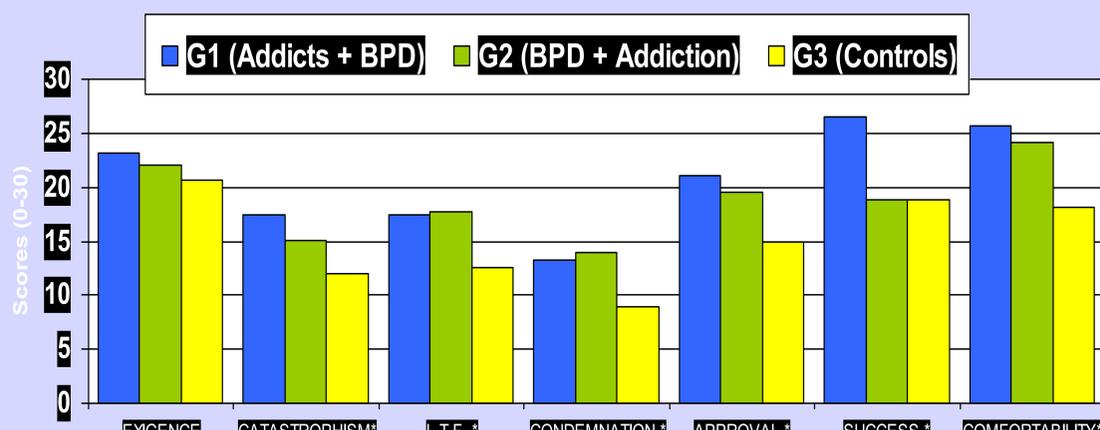


Figure 1: (*) Significant differences. Contrasts (Scheffé):

Form: EXIGENCE: G1=G2=G3

CATASTROPHISM: G1=G2>G3

L.T.F.: G1=G2>G3

CONDEMNATION: G1=G2>G3;

Content: APPROVAL: G1=G2>G3

SUCCESS: G1>G2=G3

COMFORTABILITY: G1=G2>G3

RESULTS - ANOVA & CONTRASTS

1) There are significative differences between groups on Catastrophism, LTF, Condemnation, Approval, Success and Comfortability.

2) Significative differences were found between groups respect to the form of expression of irrational thoughts. We found a bigger tendency to the Low Frustration Tolerance in G1 and G2 than in controls, and a higher tendency to Catastrophism and Condemnation in duals than in controls.

3) There are a higher presence of contents referred to the need of Approval in G1 and G2 dual patients than in controls. The need of Success is bigger in G1 than in G2 and G3. The need of Comfortability was bigger in duals than in controls.

4) No significant differences were found between dual groups except the bigger need of Success of addicts with BPD than borderlines addicts.

CONCLUSION

The common factor hypotheses seems to be adequate to understand the dual diagnosis relationship between addiction disorder and borderline personality disorder because both constructs are the same irrational thought schemes, except that addicts are more interested in Success than BPD.