



Dependent Personality Disorder (DPD)

When the Fear of Being Alone Fuels the Decision to Self-Medicate

What is Dependent Personality Disorder?

Dependent Personality Disorder is a mental health condition marked by an excessive need to be cared for and a deep fear of being left alone or abandoned. People with DPD struggle to make everyday decisions without constant reassurance, often surrendering control of their lives to others while feeling helpless to care for themselves.

What Does it Look Like?

- **Inability to Make Decisions**
They can't choose what to eat or wear without asking someone else first.
- **Clinging Behavior**
They go to extreme lengths to maintain relationships, even tolerating mistreatment.
- **Fear of Being Alone**
The thought of being without support fills them with panic and helplessness.
- **Excessive Need for Reassurance**
They constantly seek approval before taking any action, no matter how small.

How Does DPD Contribute to Relapse?

For someone with DPD, the anxiety of being alone or making independent choices is challenging. Substances become a way to quiet that fear and feel capable of functioning.

- 1) **Substances Replace Human Dependency**
When relationships fail or aren't available, alcohol and drugs become a substitute source of relief for their anxiety.
- 2) **Treatment Requires Building Independence**
Effective treatment requires social interaction and vulnerability that can't be built in a few weeks time.
- 3) **Without Treating DPD, Dependency Shifts**
They leave treatment still unable to function alone, and substances fill the void left by the program's structure.

Prevalence:

0.5% of U.S. adults¹

Co-Occurrence:

7% of alcohol-dependent individuals have co-occurring DPD²

Relapse Risk:

11.6x more likely to develop SUDs than average³

Sources: ¹ Grant et al., *Prevalence, Correlates, and Disability of Personality Disorders in the United States: Results from the NESARC (2004)*, *Journal of Clinical Psychiatry*. ² Echeburua E., et al. *Personality Disorders in Alcohol-Dependent Patients. In Vivo*, 2010. ³ *Co-Occurrence of Personality Disorders and Substance Use Disorders*, PMC/NIAAA

Long-Term Treatment for DPD and Addiction

During treatment, individuals with DPD may comply with rules and appear highly motivated, but compliance isn't the same as transformation. Someone who simply transfers their dependency from a relationship to a treatment program hasn't built the life skills needed to develop genuine self-reliance.

Our **long-term, progress-based model** provides the consistent structure DPD requires to gradually build independent decision-making. Clients advance when they demonstrate they can manage challenges on their own, not when they've simply followed instructions.



“The fear underneath DPD is that they can't survive on their own. Treatment has to address that core belief, which takes time.”

 **Meghan Bohlman, LPC-S, LCDC, EMDR-Trained**
Executive Clinical Director, Burning Tree Ranch



Dual Diagnosis Treatment for DPD

When DPD and addiction co-occur, treating only the substance use leaves the underlying dependency patterns intact. They return to the same helplessness that initially drove them to substances.

- **Treating Both Conditions Together**
Without addressing their underlying fears, the urge to drink or use remains strong.
- **Building Independent Coping Skills**
Someone with DPD must learn to tolerate discomfort and make decisions without external validation.
- **Providing Enough Time**
Decades of dependency can't be undone in weeks.

Dual Diagnosis:

The presence of **both a substance use disorder and a mental health condition** occurring together. Effective treatment for dual-diagnosis addictions must address both aspects simultaneously.



Have Other Treatment Programs Missed the Deeper Issues?

Burning Tree Ranch is the Nation's only authentic long-term treatment program for chronic relapse. Call us at (866) 287-2877 or visit us online at www.BurningTree.com.

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