

# COGNITIVE THERAPY for PATIENTS with PERSONALITY DISORDERS



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## Overview of Cognitive Therapy for Personality Disorders

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- Cognitive conceptualization (cross-sectional and longitudinal)
- Use of the therapeutic alliance
- Structured sessions
- Emphasis on between session work
- Evaluation of thoughts and beliefs
- Problem-solving orientation and behavioral change
- Emotional regulation techniques and modification of beliefs about experiencing emotion
- Relapse prevention

## Techniques Used In CT for Axis II Patients

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- ❑ Cognitive
- ❑ Behavioral
- ❑ Problem Solving
- ❑ Emotional
- ❑ Environmental
- ❑ Interpersonal
- ❑ Biological
- ❑ Supportive
- ❑ Experiential
- ❑ Cognitively-Oriented "Transference"

## Dysfunctional Assumptions of Axis II Patients that Interfere with Treatment

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- ❑ About engaging in treatment
- ❑ About experiencing negative emotion
- ❑ About solving problems
- ❑ About getting better

## Research on CT for Axis II Disorders

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- Single case reports
  - Morrison (2000)
  - Bizzini (1998)
  - Davidson & Tyrer (1996)
  
- Post hoc analyses of Axis I disorders
  - Leibbrand, Hiller & Fichter (1999)
  - Simun (1999)
  - Comer (1998)
  - Dreessen, Hoekstra & Arntz (1997)

## Post-hoc analyses of Axis I Disorders

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- ❑ Kuyken et al (2001)
- ❑ Woelwer (2001)
- ❑ Vallis, Howes & Standage (2000)
- ❑ Marchand et al (1998)
- ❑ Chambless, Tran & Glass (1997)
- ❑ De Haan et al (1997)
- ❑ Hoffart & Hedley (1997)
- ❑ Steiger & Stotland (1996)

## Co-morbid (Axis I and II) studies

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- ❑ Koerner & Linehan (2000)
- ❑ Leibbrand, Hiller & Fichter (1999)
- ❑ Black et al (1996)
- ❑ Fisher & Bentley (1996)
- ❑ Nelson-Gray (1996)
- ❑ Neziroglu et al (1996)

## Studies on Borderline Personality Disorder

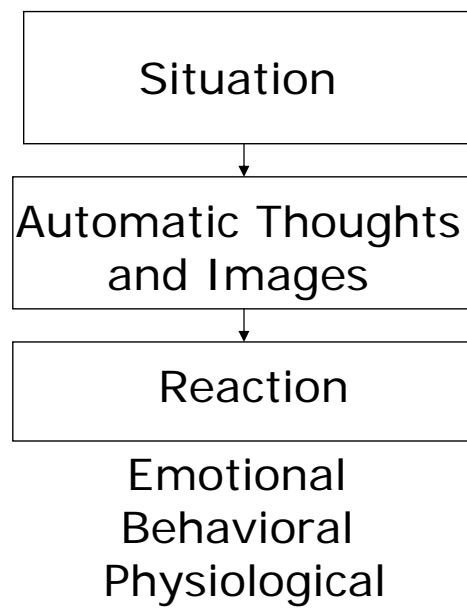
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- Linehan et al (1991)
- Brown et al (2004)
- Davidson et al (in press)

For an abstract of an analysis of CT meta-analyses, visit [www.beckinstitute.org](http://www.beckinstitute.org)

# GENERAL COGNITIVE MODEL

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## Situation

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Therapist asks Andrea about her goals for therapy



### **Reaction:**

**Emotional:** Anger

**Physiological:** Tension in face, arms and shoulders

**Behavioral:** Shrugs, avoids eye contact, says nothing

## Situation

Therapist asks Andrea about her goals for therapy

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### Automatic Thoughts

"Why is she asking me that? It's so superficial. Setting goals won't help. My problems are too deep. She should know that. Didn't she read the evaluator's report? She probably thinks I'm just like everyone else. I'm not going to let her get away with treating me like this."

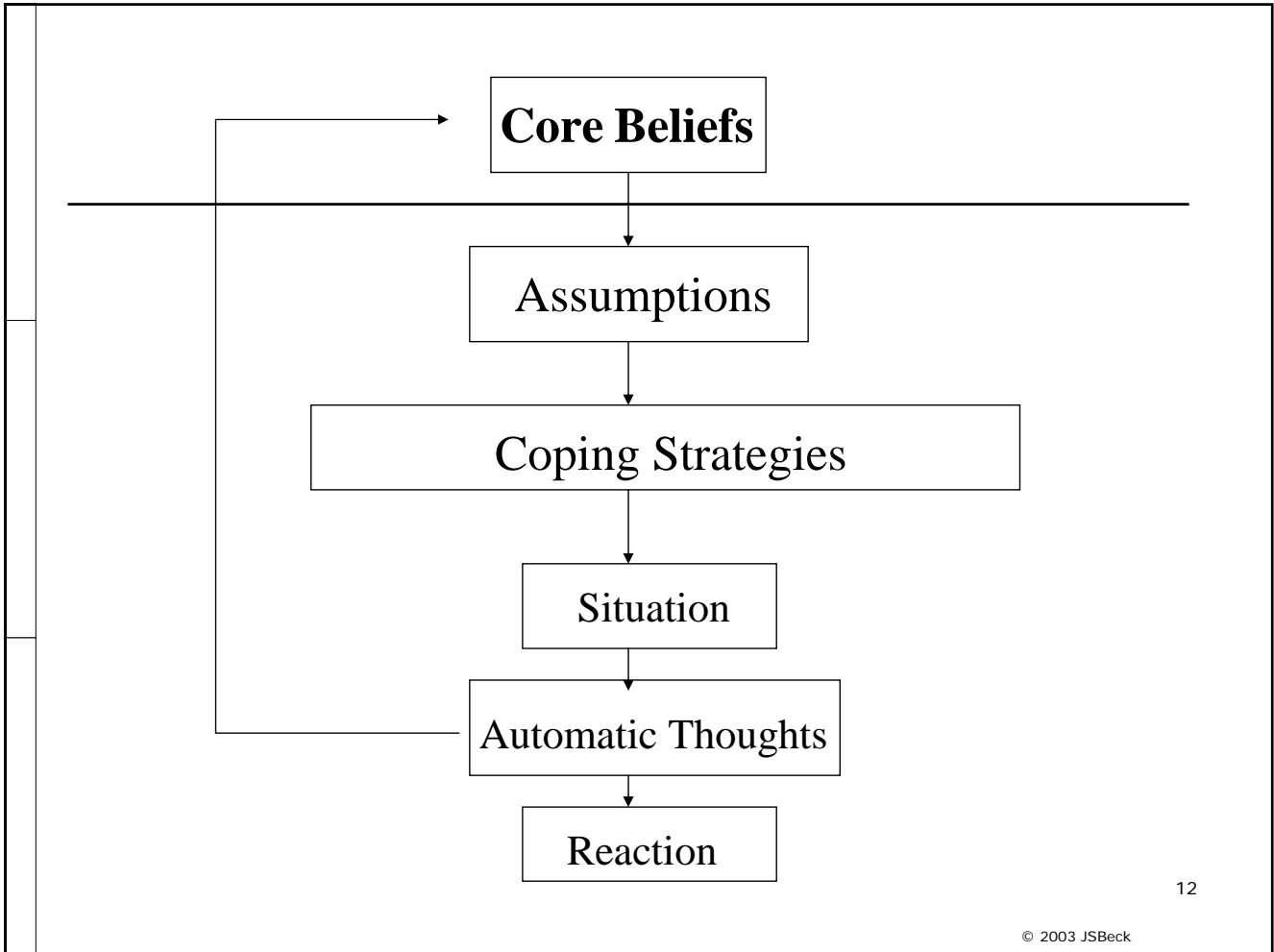


### Reaction:

**Emotional:** Anger

**Physiological:** Tension in face, arms and shoulders

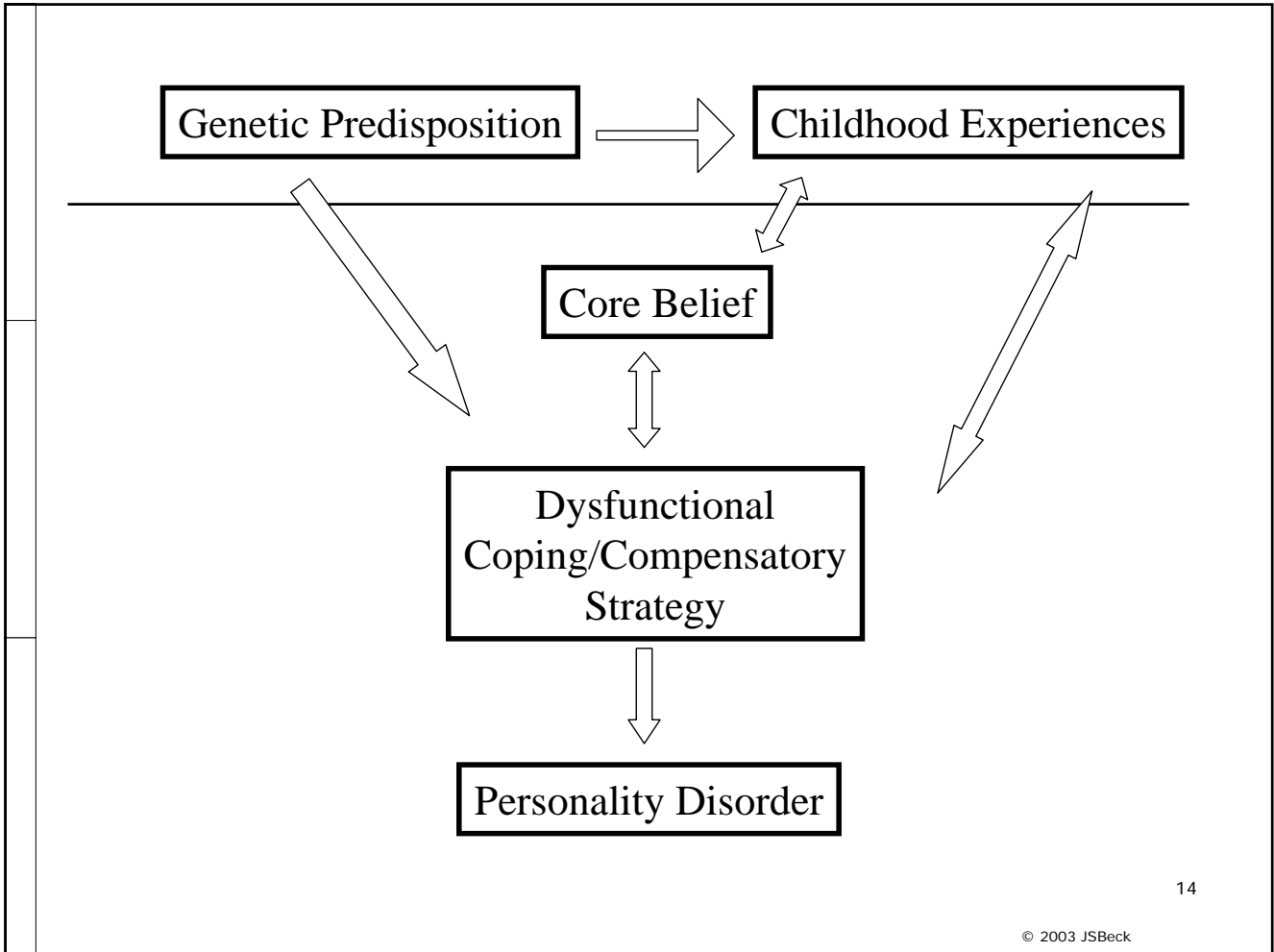
**Behavioral:** Shrugs, avoids eye contact and says nothing



## Categories of Core Beliefs about the Self

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- Helplessness
- Unlovability
- Worthlessness



## TYPICAL OVERDEVELOPED and UNDERDEVELOPED STRATEGIES

| Personality Disorder | Overdeveloped  | Underdeveloped  |
|----------------------|--|---|
| Obsessive-Compulsive | Control<br>Responsibility<br>Systematization                                       | Spontaneity<br>Impulsivity<br>Light-heartedness         |
| Dependent            | Help-seeking<br>Clinging<br>Subjugation  | Self-sufficiency<br>Decision-making                     |
| Narcissistic         | Competitiveness<br>Acting superior<br>Criticizing others<br>Demanding entitlements | Cooperation<br>Tolerance<br>Meeting others' expectation |

Adapted from Beck, A.T. et al (2004), Cognitive Therapy of Personality Disorders

## AXIS II BELIEFS AND STRATEGIES

Adapted from A. Beck, A. Freeman, et al. Cognitive Therapy of Personality Disorders, Guilford, 2003.

| <b>Personality Disorder</b> | <b>Core Belief about the Self</b> | <b>Belief about Others</b>                         | <b>Assumptions</b>  | <b>Behavioral Strategy</b>              |
|-----------------------------|-----------------------------------|--|---|---|
| <b>Avoidant</b>             | I'm bad/<br>unlovable.            | Other people<br>will evaluate<br>me<br>negatively. | If people know<br>the real me,<br>they'll reject<br>me.<br><br>If I put on a<br>façade, they<br>may accept<br>me. | Avoid intimacy                          |
| <b>Paranoid</b>             | I'm vulnerable.                   | Other people<br>are<br>potentially<br>malicious.   | If I trust others,<br>I'll get hurt.<br><br>If I'm always<br>on alert, I can<br>protect myself.                   | Be<br>hypervigilant,<br>mistrust others |

Adapted from Beck, A.T. et al (2004), Cognitive Therapy of Personality Disorders

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## Typical Borderline Beliefs

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1. If people get close to me, they will discover the “real” me and reject me.
2. Unpleasant feelings will escalate and get out of control.
3. Any signs of tension in a relationship indicate the relationship has gone bad; therefore, I should cut it off.
4. I am needy and weak.
5. I need somebody around and available at all times to help me carry out what I need to do or in case something bad happens.
6. I am helpless when left on my own.

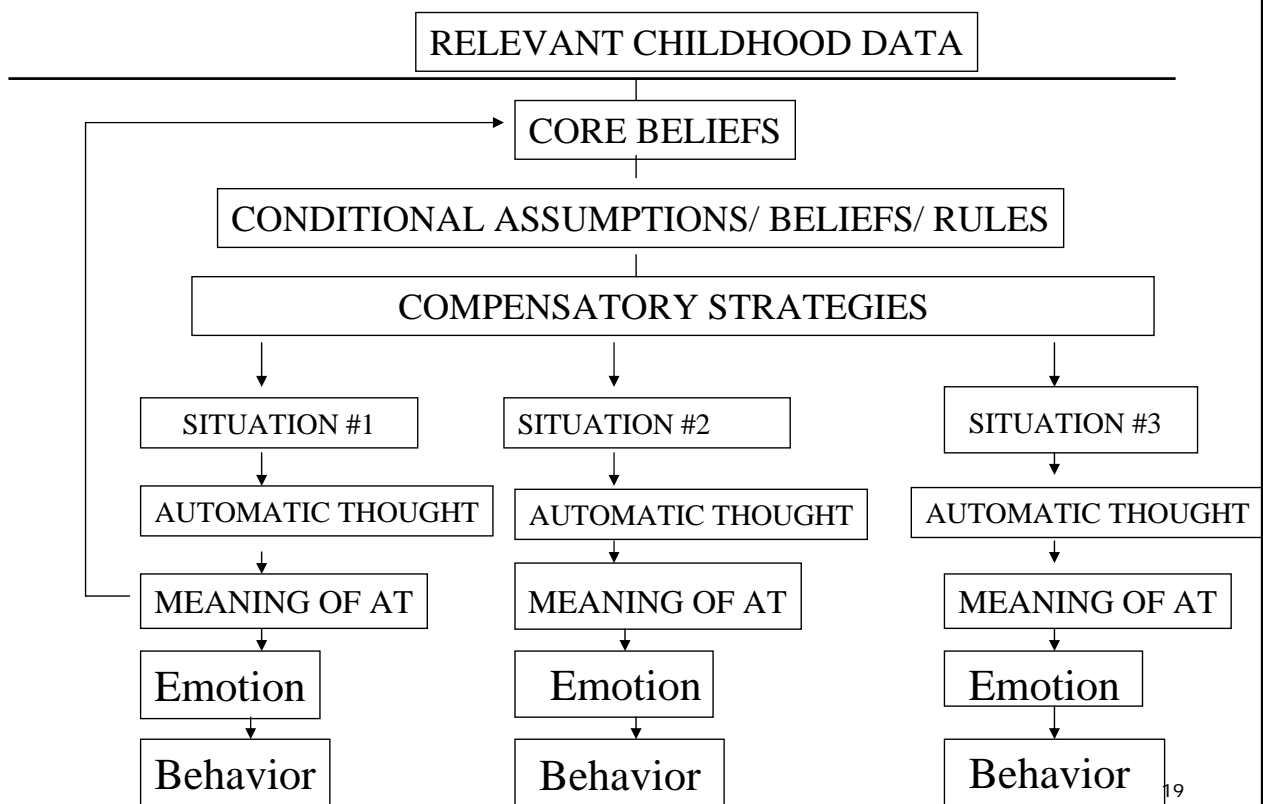
## Borderline Beliefs (cont)

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7. I can't cope as other people can.
8. People will get at me if I don't get them first.
9. People will pay attention only if I act in extreme ways.
10. I cannot trust other people.
11. I have to be on guard at all times.
12. People will take advantage of me if I give them the chance.
13. People often say one thing and mean something else.
14. A person whom I am close to could be disloyal or unfaithful.

A. Butler et al (2002) *"Assessment of dysfunctional beliefs in borderline personality disorder."* Behavioral Research and Therapy.

# COGNITIVE CONCEPTUALIZATION DIAGRAM



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## COGNITIVE CONCEPTUALIZATION DIAGRAM

### RELEVANT CHILDHOOD DATA

Highly dysfunctional family with physical and emotional abuse.



### CORE BELIEFS

I am bad (unlovable).

I'm vulnerable.



### CONDITIONAL ASSUMPTIONS

If I hide my real self, that maybe I'll be accepted, at least for a while but if I let people see who I really am, they'll reject me.

If I'm quiet and passive, I'll be okay but if I'm assertive, I'll get hurt.

If I experience negative emotion, I'll be overwhelmed.



### COPING STRATEGIES

Avoids: social interactions, being assertive, calling attention to herself, intimacy, revealing self

Goes overboard in pleasing others, is hypervigilant for negative evaluation.

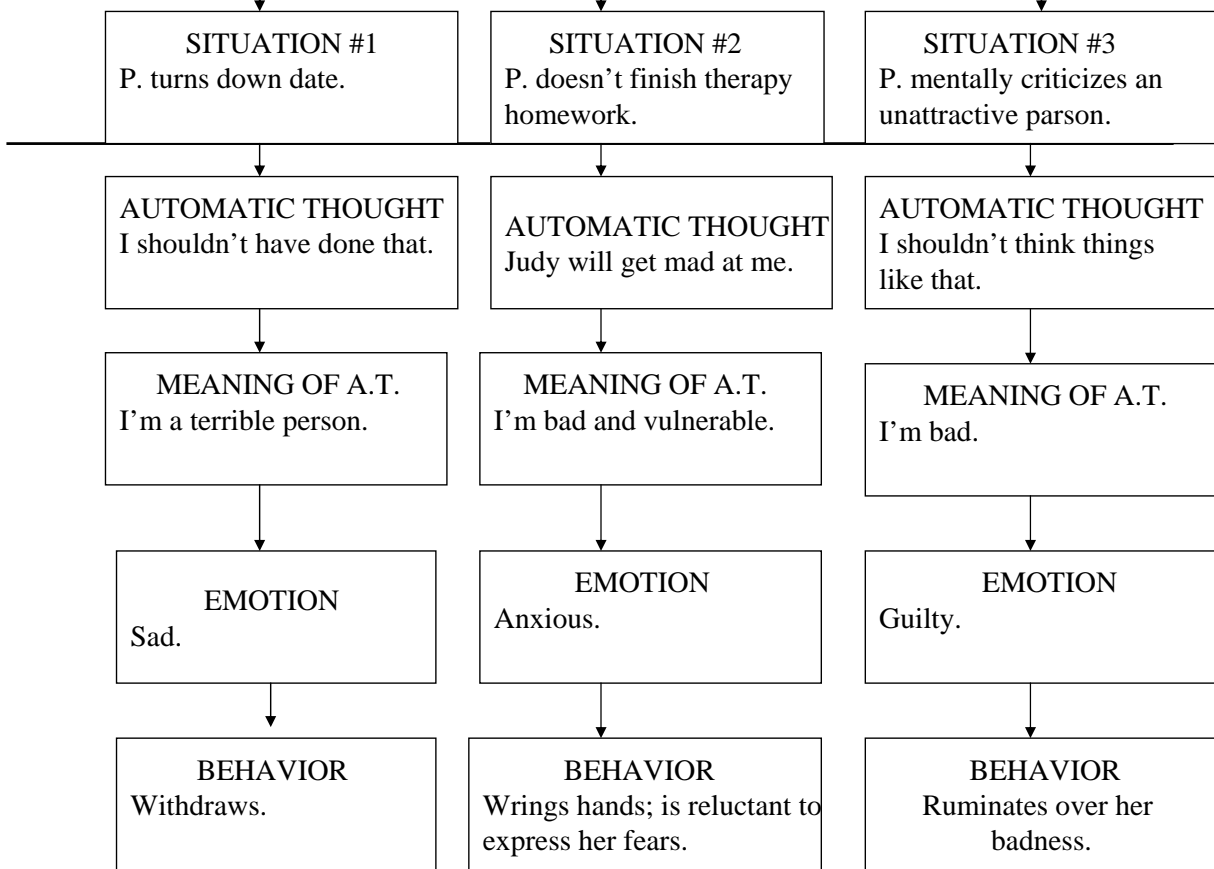


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**COGNITIVE CONCEPTUALIZATION DIAGRAM (continued)**



Adapted from JSBeck (2005). Cognitive Therapy for Challenging Problems

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## Building the Therapeutic Alliance

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- Standard techniques
- When patients react negatively
- Using the alliance to achieve therapeutic goals

## Counter Transference

## Using and Varying Standard Treatment for Axis II Patients

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Setting goals

Structuring sessions

Identifying, evaluating, and responding to automatic thoughts

## Behavioral Techniques for High Distress

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- Coping cards
- Distraction
- Social contact
- Exercise
- Relaxation techniques
- Self-soothing techniques

## Core Beliefs

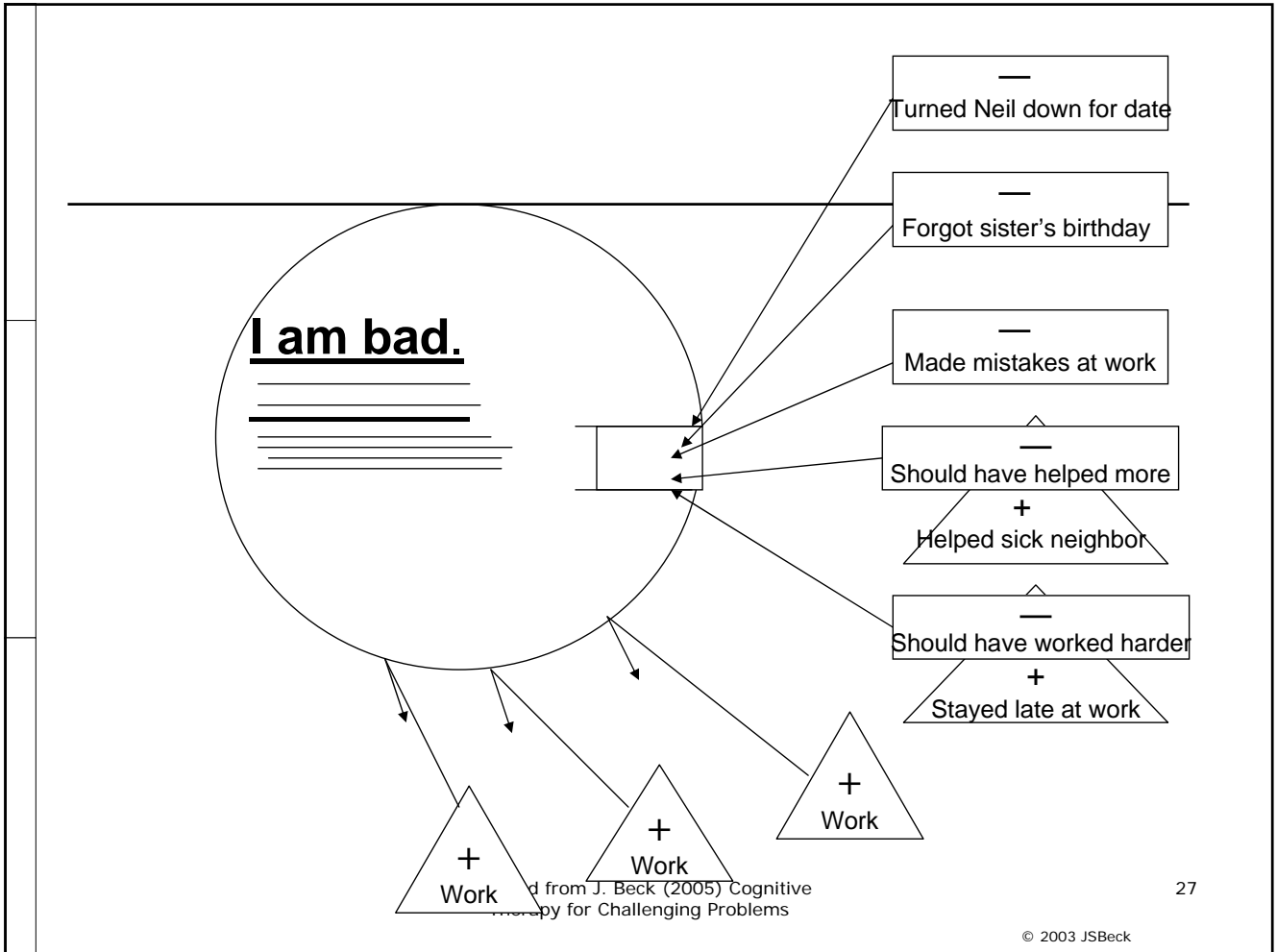
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- Understanding the strength of core beliefs

## TECHNIQUES TO MODIFY CORE BELIEFS

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1. Educating patients about core beliefs
2. Presenting an information processing model



## Techniques to Modify Core Beliefs (cont)

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3. Developing a new core belief
4. Motivating patients to modify beliefs
5. Modifying negative core beliefs daily
6. Reinforcing more realistic core belief daily
7. Contrasting with more extreme negative role models
8. Creating yardsticks of evaluation
9. Devising behavioral experiments
10. Acting "as if"
11. Doing intellectual/emotional role-plays
12. Metaphors
13. Cognitive Continuum
14. Historical Review of Evidence
15. Restructuring the Meaning of Early Experiences through Imagery

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## Association for Behavioral and Cognitive Therapies

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National Membership Organization  
Annual Conference (includes Academy of Cognitive Therapy events)  
CBT Journals

**[www.aabt.org](http://www.aabt.org)**

**Email: [membership@aabt.org](mailto:membership@aabt.org)**

212-647-1890

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