

COGNITIVE THERAPY for PATIENTS with PERSONALITY DISORDERS



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Overview of Cognitive Therapy for Personality Disorders

- 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

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

Dysfunctional Assumptions of Axis II Patients that Interfere with Treatment

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

Research on CT for Axis II Disorders

- 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

- ❑ 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

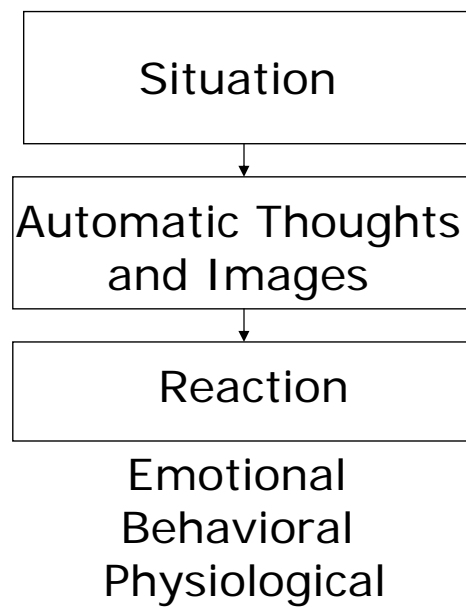
- ❑ Koerner & Linehan (2000)
- ❑ Leibbrand, Hiller & Fichter (1999)
- ❑ Black et al (1996)
- ❑ Fisher & Bentley (1996)
- ❑ Nelson-Gray (1996)
- ❑ Neziroglu et al (1996)

Studies on Borderline Personality Disorder

- 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

GENERAL COGNITIVE MODEL



Situation

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



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."

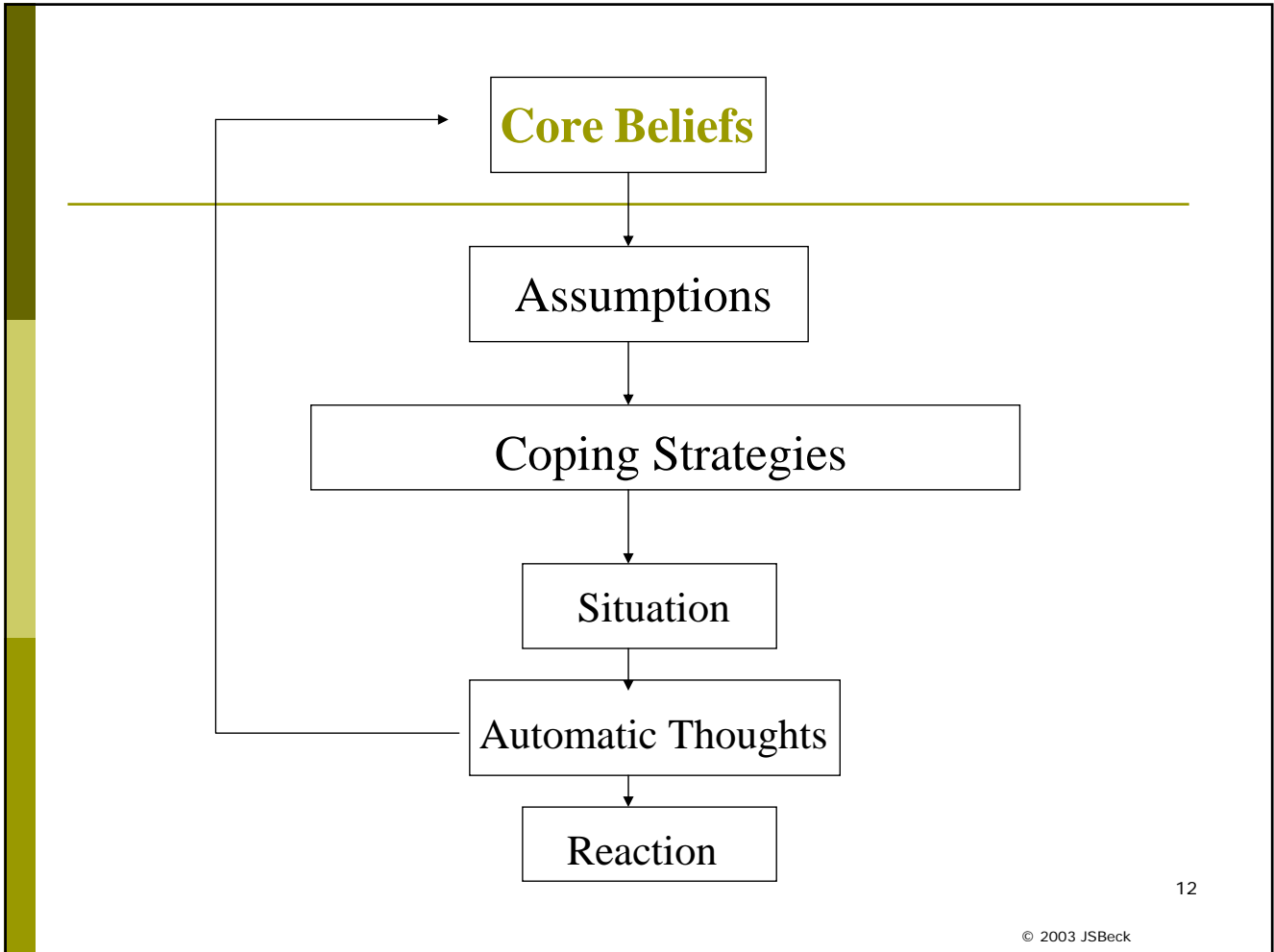


Reaction:

Emotional: Anger

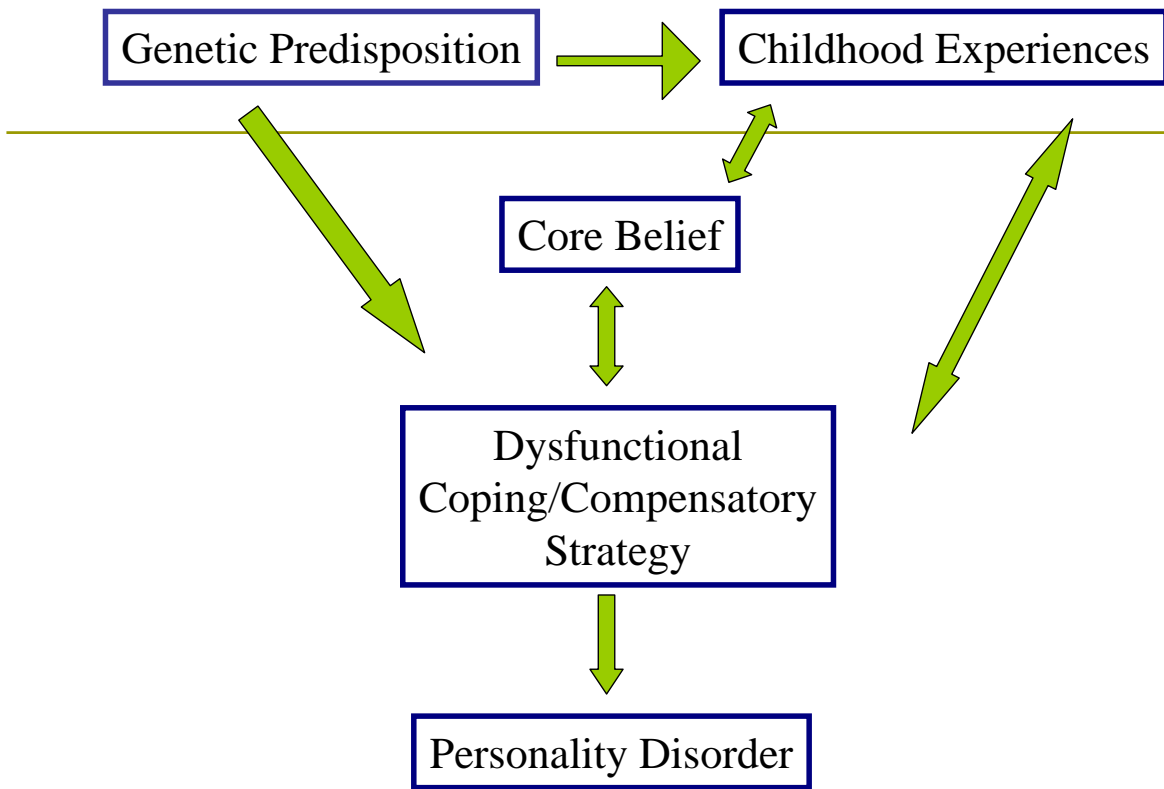
Physiological: Tension in face, arms and shoulders

Behavioral: Shrugs, avoids eye contact and says nothing



Categories of Core Beliefs about the Self

- Helplessness
- Unlovability
- Worthlessness



TYPICAL OVERDEVELOPED and UNDERDEVELOPED STRATEGIES

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

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

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AXIS II BELIEFS AND STRATEGIES

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

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

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

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Typical Borderline Beliefs

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)

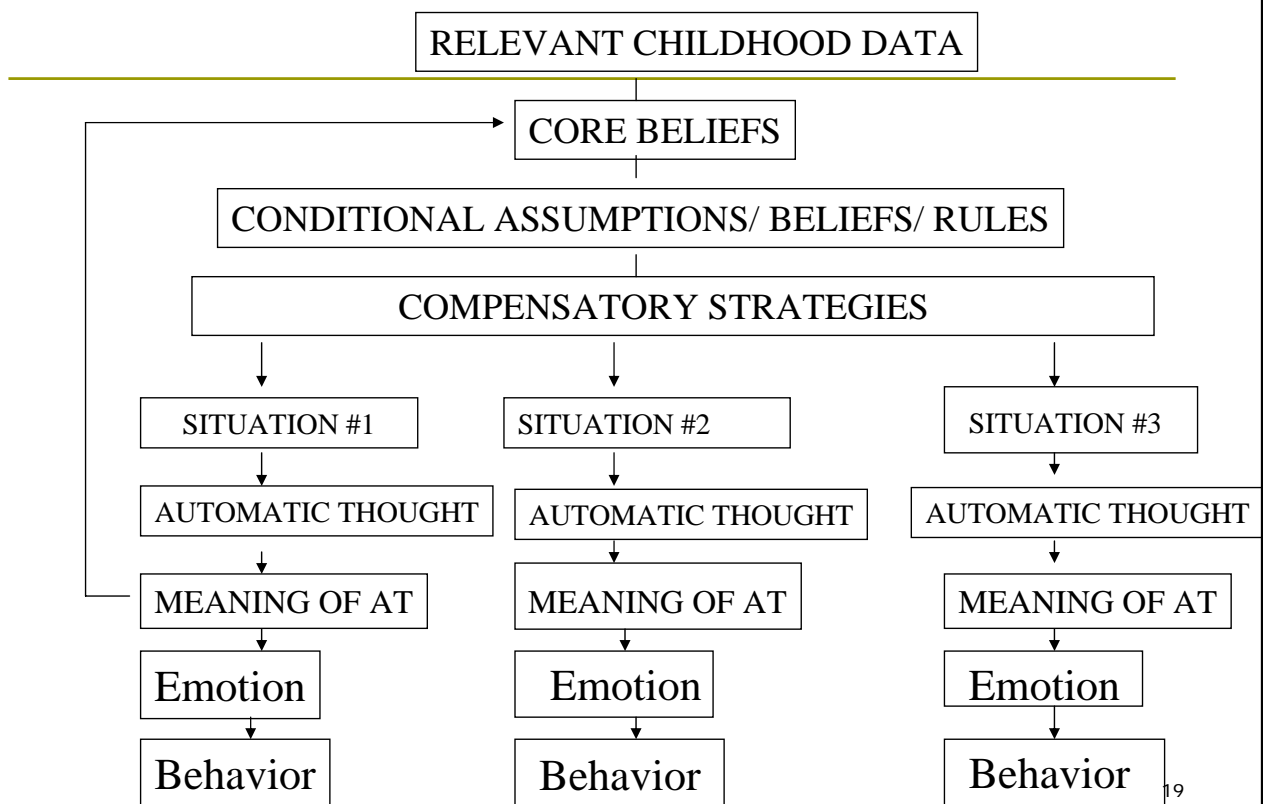
7. I can't cope as other people can.
8. People will get at me if I don't get them first.
9. People will pay attention only if I act in extreme ways.
10. I cannot trust other people.
11. I have to be on guard at all times.
12. People will take advantage of me if I give them the chance.
13. People often 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.

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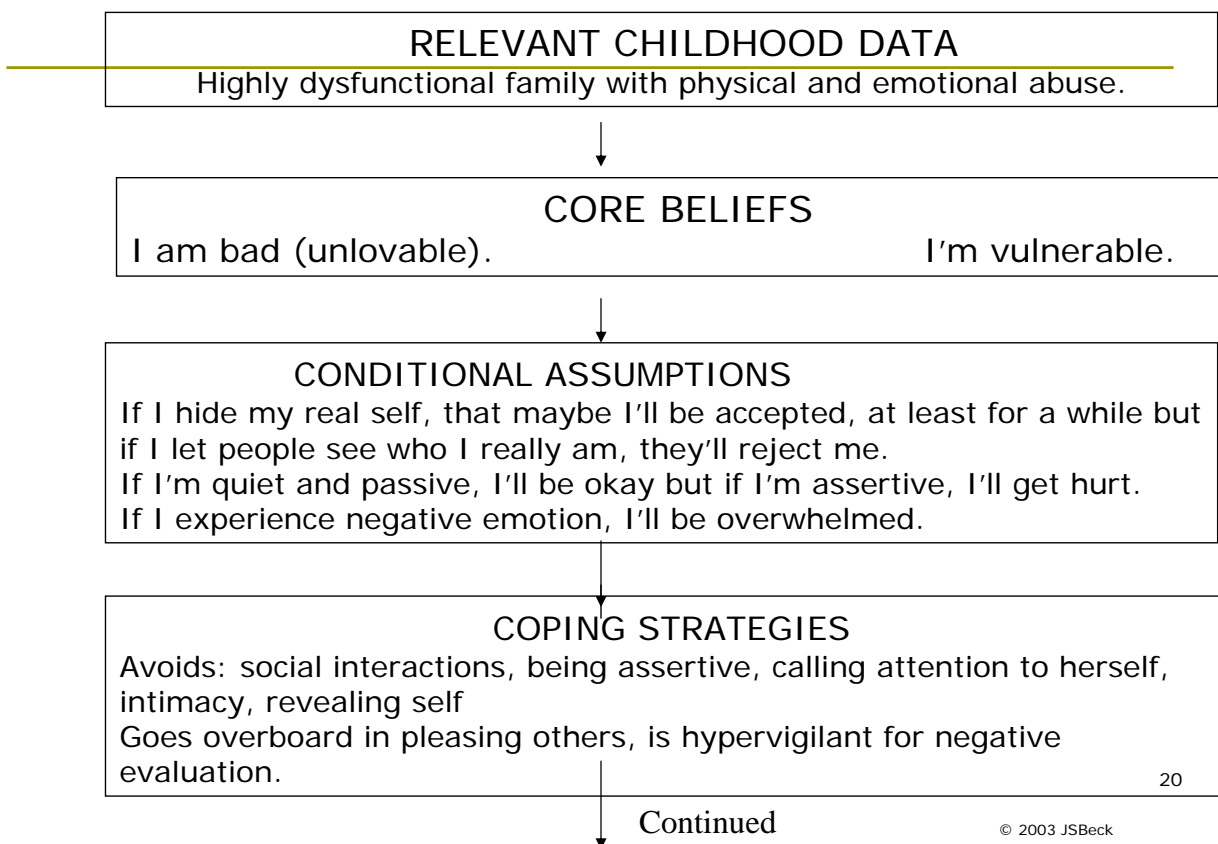
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COGNITIVE CONCEPTUALIZATION DIAGRAM

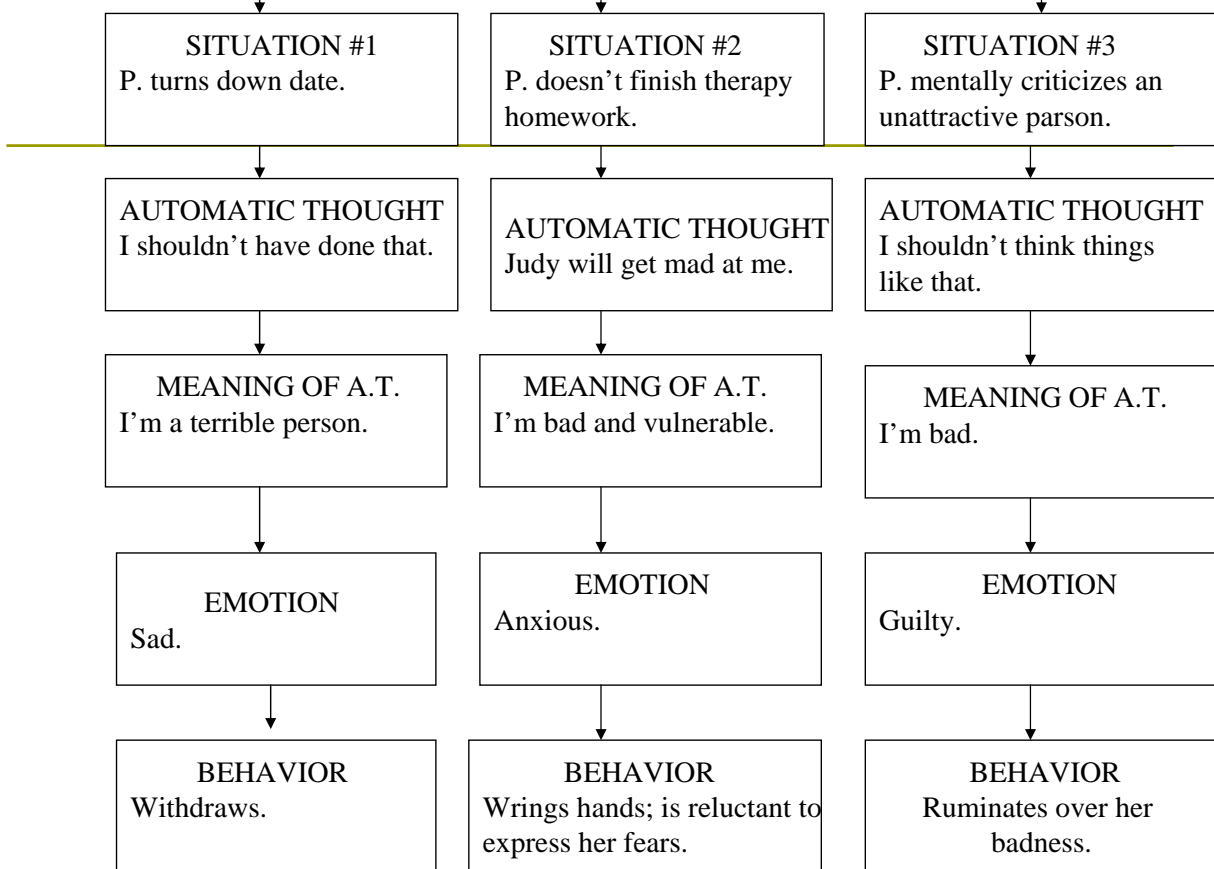


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COGNITIVE CONCEPTUALIZATION DIAGRAM



COGNITIVE CONCEPTUALIZATION DIAGRAM (continued)



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

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Building the Therapeutic Alliance

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

Counter Transference

Using and Varying Standard Treatment for Axis II Patients

Setting goals

Structuring sessions

Identifying, evaluating, and responding to automatic thoughts

Behavioral Techniques for High Distress

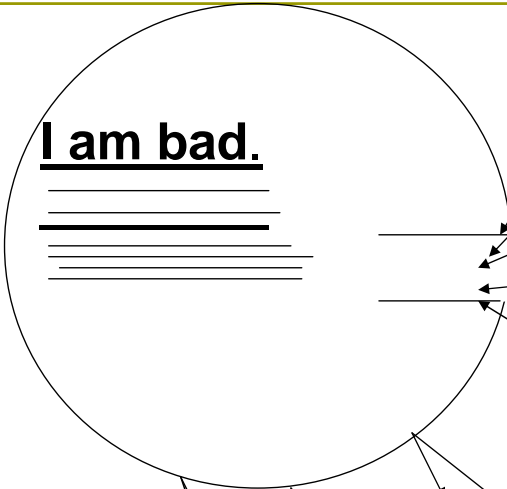
- Coping cards
- Distraction
- Social contact
- Exercise
- Relaxation techniques
- Self-soothing techniques

Core Beliefs

- Understanding the strength of core beliefs

TECHNIQUES TO MODIFY CORE BELIEFS

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



—
Turned Neil down for date

—
Forgot sister's birthday

—
Made mistakes at work

—
Should have helped more
+
Helped sick neighbor

—
Should have worked harder
+
Stayed late at work

+
Work

+
Work

+
Work

Adapted from J. Beck (2005) Cognitive
Therapy for Challenging Problems

Techniques to Modify Core Beliefs (cont)

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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National Membership Organization
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CBT Journals

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