Cognitive Behavior Therapy for Personality Disorders

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Readings
A. Beck, Davis & Freeman (Eds.), Cognitive Therapy for Personality Disorders, 3rd Ed. (2015) Guilford Publications

Agenda
Research
Cognitive Formulation of Personality Disorders
Cognitive Conceptualization
The Therapeutic Alliance
Modifying Core Beliefs

Co-Morbid Personality Disorders Do Not Affect Outcome of Acute Disorders with CBT Treatment
- Lopez & Basco (2014)
- Simun (1999)
- Comer (1998)
- Dressen, Hoekstra & Amtz (1997)

CBT Studies Showing Poorer Outcome for Acute Disorders with Co-Morbid PDs
- Fournier et al (2008)
- Kuyken et al (2001)
- Woelwer (2001)
- Vallis, Howes & Standage (2000)
- Chambless, Tran & Glass (1997)
- De Haan et al (1997)
- Hoffart & Hedley (1997)
- Steiger & Stotland (1996)
CBT is Effective for Co-Morbid Diagnoses (Acute and PD)
Koerner & Linehan (2000)
Leibbrand, Hiller & Fichter (1999)
Fisher & Bentley (1996)

Additional Research on CBT for Personality Disorders

Research on CBT for Borderline Personality Disorder
- Davidson et al (2006)

Review article on CBT for Personality Disorders

Simplified Cognitive Model

<table>
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<tr>
<th>Situation</th>
<th>Automatic Thoughts and Images</th>
<th>Reaction</th>
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Emotional: Anger
Physiological: Tension in face, arms, 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 everyone else."

Reaction:
Emotional: Anger
Physiological: Tension in face, arms, shoulders
Behavioral: Shrugs, avoids eye contact, says nothing

Core Beliefs about the Self
HELPlessness
UNLOvability
WORTHlessness

Andrea’s Core Beliefs
I AM VULNERABLE, BAD, HELPLESS.
OTHER PEOPLE ARE CRITICAL, HARSH AND SUPERIOR TO ME.

Core Beliefs about the World and Other People

Situation:
Therapist and Andrea discuss her difficulties organizing and paying her bills.

Situation is perceived through lens of core belief

Automatic thoughts:
[My therapist] is thinking how stupid I am. How dare she judge me!

Reaction:
Emotional: Anger
Physiological: Clenches her fist
Behavioral: Criticizes therapist

Coping Strategies
Typical Overdeveloped and Underdeveloped Strategies

<table>
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<tr>
<th>Personality Disorder</th>
<th>Overdeveloped Strategies</th>
<th>Underdeveloped Strategies</th>
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<tr>
<td>Obsessive-Compulsive</td>
<td>Control Responsibility</td>
<td>Spontaneity Impulsivity</td>
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<td></td>
<td>Systematization</td>
<td></td>
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<tr>
<td>Dependent</td>
<td>Help-Seeking Clinging</td>
<td>Self-sufficiency Mobility</td>
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<tr>
<td>Passive-Aggressive</td>
<td>Autonomy Resistance</td>
<td>Intimacy Apathylessness</td>
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<td></td>
<td>Passivity Sanction</td>
<td></td>
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<td></td>
<td>Sabotage Cooperativeness</td>
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PD Beliefs and Strategies

<table>
<thead>
<tr>
<th>Personality Disorder</th>
<th>Core Belief about the Self</th>
<th>Belief about Others</th>
<th>Assumptions</th>
<th>Behavioral Strategy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Avoidant</td>
<td>I'm unlovable.</td>
<td>Other people will evaluate me negatively.</td>
<td>If people know the real me, they'll reject me. If I put on a facade, they may accept me.</td>
<td>Avoid intimacy</td>
</tr>
<tr>
<td>Dependent</td>
<td>I'm helpless.</td>
<td>Other people should take care of me.</td>
<td>If I rely on myself, I'll fail. If I depend on others, I'll survive.</td>
<td>Rely on other people</td>
</tr>
<tr>
<td>Histrionic</td>
<td>I'm nothing.</td>
<td>Other people will not value me for myself alone.</td>
<td>If others regard me in a non-special way, it means they consider me inferior. If I achieve my entitlements, others will show their appreciation.</td>
<td>Entertain</td>
</tr>
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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.
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.
Complex Cognitive Model

Sequence leading to impulsive behavior

Situation:
Husband comes home and yells at client, calling her degrading names, because the children are fussy, whiny, demanding.

Automatic thoughts:
He’s right. I’m bad. It’s my fault they’re cranky. I should have been able to handle this better.

Reaction:
Emotional: Overwhelming sadness and shame
Physiological: Face becomes very hot

Additional Automatic Thoughts:
I can’t stand it when he’s angry at me!
Doesn’t he know I tried to keep things calm!
He expects too much from me. I hate this!

Reaction:
Emotional: Anger
Physiological: Muscle tension in face, arms, and chest

Permission giving thought:
I have no choice.

Planning thought:
I should go find the razor blade.

Reaction:
Emotional: Partial relief
Physiological: Sense of “fog”
Behavioral: Gets razor blade and cuts self

Automatic thought:
Good. (That’s a relief).

Reaction:
Emotional: Increased relief
Physiological: Decreased tension
Dysfunctional Assumptions of Patients with PDs that Interfere with Treatment

If I ______, then what bad thing could happen?

Or what bad thing could it mean?

Dysfunctional Assumptions (cont.)

If I engage in treatment, ______.
If I let myself experience negative emotion, ______________.
If I try to solve my problems, _______.
If I get better, ___________.

Building the Therapeutic Alliance with All Patients

- Foster patients’ sense of safety in session
- Basic counseling skills: empathy, accurate understanding, compassion, genuine regard, caring, attunement, etc.
- Collaboration and collaborative empiricism
- Monitor affect shifts in session

THE THERAPEUTIC ALLIANCE

- Rationale for interventions
- Shared conceptualization and treatment plan
- Feedback (to therapist)
- Variation of style
- Solving problems/alleviating distress
When patients display negative affect shift in session

- Elicit “hot cognitions” about therapist/therapy (including fears, hurts, and predictions)
- Reinforce patient for expressing negative feedback
- Conceptualize difficulty and plan strategy

When appropriate...

- Model apologizing and problem solving.
- Summarize distorted automatic thoughts in context of cognitive model.
- Help patient test validity of automatic thoughts and assumptions.
- Evaluate assumptions in context of other relationships.
- Provide honest, positive feedback.

Negative Reactions to Patients

- Examine your expectations
- View as opportunity to re-conceptualize patient
- Assess limit-setting
- Respond to own dysfunctional thoughts/beliefs
- Consult with colleagues
- Do appropriate self-care

Techniques to Modify Core Beliefs

- Complete a case conceptualization diagram between sessions. Share it in parts verbally.
- Decide when to directly work on belief modification.
- Elicit advantages and disadvantages of modifying beliefs.

Pose a Therapeutic Hypothesis about the Core Belief

Either you are right and you really are a bad person (and if so, we’ll work together to make you a better person).

OR

You are not bad but you have a belief that you’re bad.

Develop a New Core Belief

Avoid polar opposite beliefs; guide patient toward adopting something in the middle

“I’m bad,” TO “I’m okay.”

“I’m incompetent,” TO “I have strengths and weaknesses like everyone else.”

“I’m defective,” TO “I’m normal.”
Pose an Information Processing Model to the Patient

Explain how it is that the patient’s core belief “feels” so true – yet how it may not be true, or not completely true.

Modify the Core Belief Daily

Evidence that seems to support old core belief with reframe

I turned Neil down for a date **BUT** he was bugging me and I don’t really like him and I did it nicely and I’m entitled to choose who I want to spend time with.

Evidence that seems to support the new core belief

- I helped [my neighbor] with a heavy package
- I paid all my bills
- I called my sister on her birthday

Create Yardsticks of Evaluation

--for self and others

Behavioral Experiments;

Acting “as if”
Modifying the Meaning of Childhood Experiences
1. Access memory or image
2. Facilitate patients' experiencing the negative emotion
3. Identify themes or beliefs
4. Identify automatic thoughts and emotions in image
5. Facilitate cognitive restructuring
6. Reinforce new beliefs and strategies in coming week

CT for Personality Disorder References


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