

Cognitive Behavior Therapy for Personality Disorders

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COGNITIVE BEHAVIOR THERAPY

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Readings

J. Beck, Cognitive Therapy for Challenging Problems: What to do When the Basics don't Work (2005) Guilford Publications

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

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Agenda

Research

Cognitive Formulation of Personality Disorders

Cognitive Conceptualization

The Therapeutic Alliance

Modifying Core Beliefs

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Co- Morbid Personality Disorders Do Not Affect Outcome of Acute Disorders with CBT Treatment

- Lopez & Basco (2014)
- Leibbrand, Hiller & Fichter (1999)
- Simun (1999)
- Comer (1998)
- Dressen, Hoekstra & Arntz (1997)

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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)
- Marchand et al (1998)
- Chambless, Tran & Glass (1997)
- De Haan et al (1997)
- Hoffart & Hedley (1997)
- Steiger & Stotland (1996)

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CBT is Effective for Co-Morbid Diagnoses (Acute and PD)

Koerner & Linehan (2000)

Leibbrand, Hiller & Fichter (1999)

Black et al(1996)

Fisher & Bentley(1996)

Nelson-Gray (1996)

Neziroglu et al(1996)

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Additional Research on CBT for Personality Disorders

- Leichernring & Leibing (2003) Meta-analysis
- Svartbert et al (2004) RCT for Cluster C
- Emmelkamp et al (2006) RCT for Avoidant PD

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Research on CBT for Borderline Personality Disorder

- Davidson et al (2006)
- Giesen-Bloo et al (2006)
- Weinberg et al (2006)
- Brown et al (2004)
- Linehan et al (1991)

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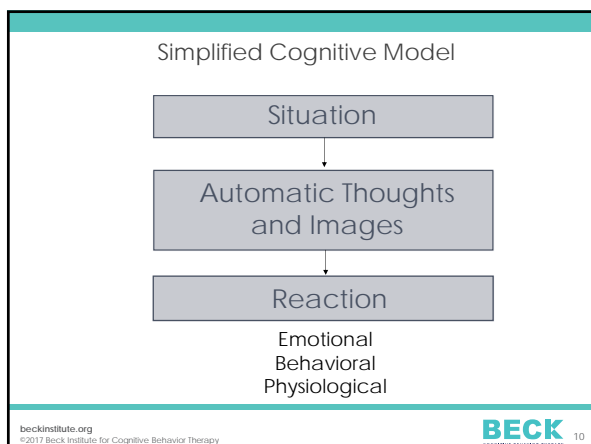
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Review article on CBT for Personality Disorders

- Matusiewicz et al (2010)

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Situation:
Therapist asks Andrea about her goals for therapy

↓

Reaction:

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

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Situation:
Therapist asks Andrea about her goals for therapy

↓

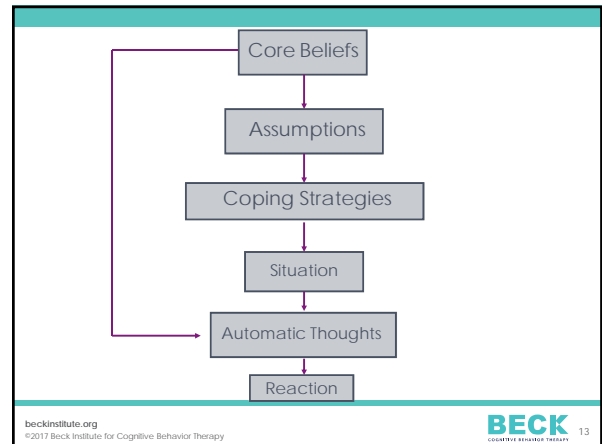
Automatic thoughts:
"Why is she asking me that? It's so superficial. Setting goals won't help. My problems are too deep. She should know that. Didn't she read the evaluator's report? She probably thinks I'm just like everyone else. I'm not going to let her get away with treating me like everyone else."

↓

Reaction:

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

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Core Beliefs about the Self

HELPLESSNESS

UNLOVABILITY

WORTHLESSNESS

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Andrea's Core Beliefs

I AM VULNERABLE, BAD, HELPLESS.

OTHER PEOPLE ARE CRITICAL, HARSH AND SUPERIOR TO ME.

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

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Situation is perceived through lens of core belief

↓

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

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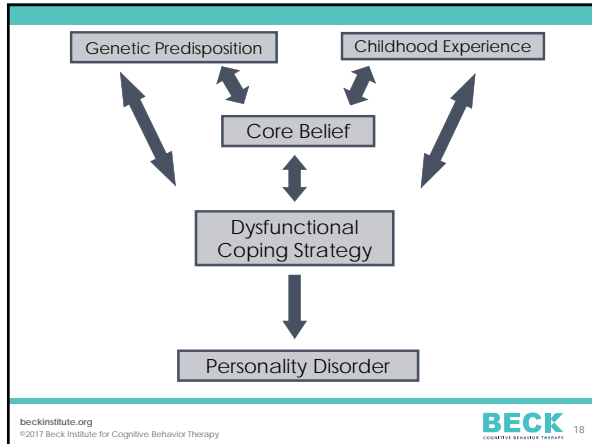
Reaction:

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

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Core Beliefs about the World and Other People

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Typical Overdeveloped and Underdeveloped Strategies

Personality Disorder	Overdeveloped Strategies	Underdeveloped Strategies
Obsessive-Compulsive	Control Responsibility Systematization	Spontaneity Impulsivity
Dependent	Help-Seeking Clinging	Self-sufficiency Mobility
Passive-Aggressive	Autonomy Resistance Passivity Sabotage	Intimacy Assertiveness Activity Cooperativeness

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Personality Disorder	Overdeveloped Strategies	Underdeveloped Strategies
Paranoid	Vigilance Mistrust	Serenity Trust
Narcissistic	Self-aggrandizement Competitiveness	Sharing Empathy Encouragement
Antisocial	Attacking Deprive others Exploit	Empathy Reciprocity Social sensitivity
Schizoid	Autonomy Withdrawal	Intimacy Reciprocity
Avoidant	Avoidance Inhibition	Self-assertion Gregariousness
Histrionic	Exhibitionism Expressiveness Impressionistic	Self-discipline Control Systematization

Adapted from Beck, A.T., Freeman, A. & Associates, Cognitive Therapy of Personality Disorders, 2004

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PD Beliefs and Strategies

Personality Disorder	Core Belief about the Self	Belief about Others	Assumptions	Behavioral Strategy
Avoidant	I'm 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
Dependent	I'm helpless.	Other people should take care of me.	If I rely on myself, I'll fail. If I depend on others, I'll survive.	Rely on other people

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Obsessive Compulsive	My world can go out of control.	Other people can be irresponsible.	If I'm not totally responsible, my world will fall apart. If I impose rigid rules and structure, things will turn out okay.	Control others rigidly
Paranoid	I'm vulnerable.	Other people are malicious.	If I trust other people, they will harm me. If I am on my guard, I can protect myself.	Be overly suspicious
Antisocial	I'm vulnerable.	Other people are potentially exploitative.	If I don't act first, I can be hurt. If I can exploit first, I can be on top.	Exploit others

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Narcissistic	I'm inferior. (The manifest compensatory belief is I'm superior.)	Other people are superior. (The manifest compensatory belief is others are inferior.)	If others regard me in a non-special way, it means they consider me inferior. If I achieve my entitlements, it shows I am special.	Demand special treatment
Histrionic	I'm nothing.	Other people will not value me for myself alone.	If I am not entertaining, others won't be attracted to me. If I am dramatic, I'll get others' attention and approval.	Entertain

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Schizoid	I'm a social misfit.	Other people have nothing to offer me.	If I keep my distance from others, I'll make out better. If I try to have relationships, they won't work out.	Distance self from others
Schizotypal	I am defective.	Other people are threatening.	If I sense that others are feeling negatively toward me, it must be true. If I'm wary of others, I can divine their true intentions.	Assume hidden motives
Borderline Personality Disorder	I'm defective. I'm helpless. I'm vulnerable. I'm bad.	Other people will abandon me. People can't be trusted.	If I depend on myself, I won't survive. If I trust others, they'll abandon me. If I depend on others, I'll survive but ultimately be abandoned.	Vacillate in extremes of behavior

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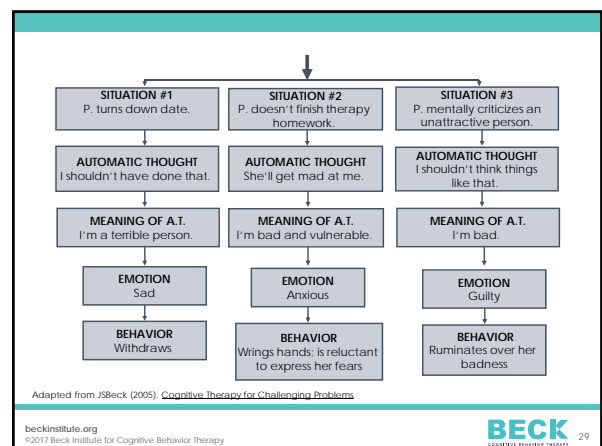
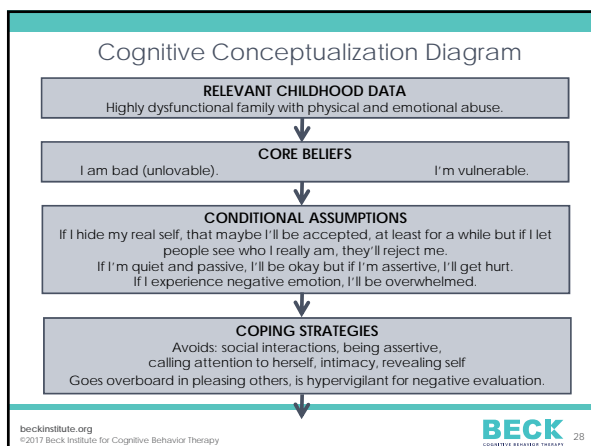
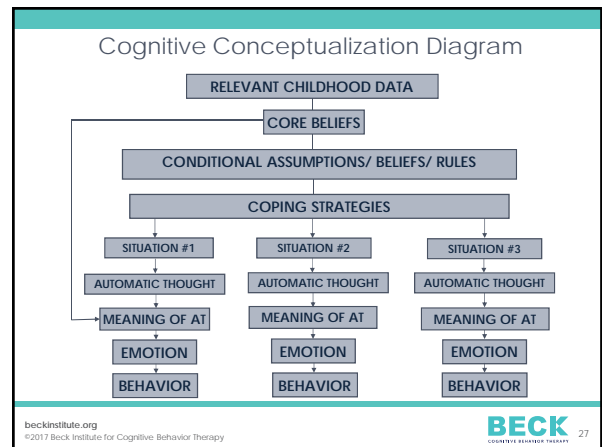
Typical Borderline Beliefs

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.

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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.
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Complex Cognitive Model

Sequence leading to impulsive behavior

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

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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

↓

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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

↓

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Situation:
Notices intense emotion

↓

Automatic thoughts:
I can't stand feeling like this!
The only thing I can do is cut myself but I know I shouldn't.

↓

Reaction:

Emotional:	Anxious, frantic
Physiological:	Face gets hotter, hearts start beating quickly, intense feeling of tension

↓

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Permission giving thought:
I have no choice.

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Planning thought:
I should go find the razor blade.

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Reaction:

Emotional:	Partial relief
Physiological:	Sense of "fog"
Behavioral:	Gets razor blade and cuts self

↓

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Automatic thought:
Good. (*That's a relief*).

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Reaction:

Emotional:	Increased relief
Physiological:	Decreased tension

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Situation:
Realizes what she has done

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Automatic thoughts:
I shouldn't have done that.
I am really sick.
I'm bad.

↓

Reaction:

Emotional:	Shame
Physiological:	Queasiness
Behavioral:	Isolates self

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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?

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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, _____.

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THE THERAPEUTIC ALLIANCE

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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

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- Rationale for interventions
- Shared conceptualization and treatment plan
- Feedback (to therapist)
- Variation of style
- Solving problems/alleviating distress

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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."

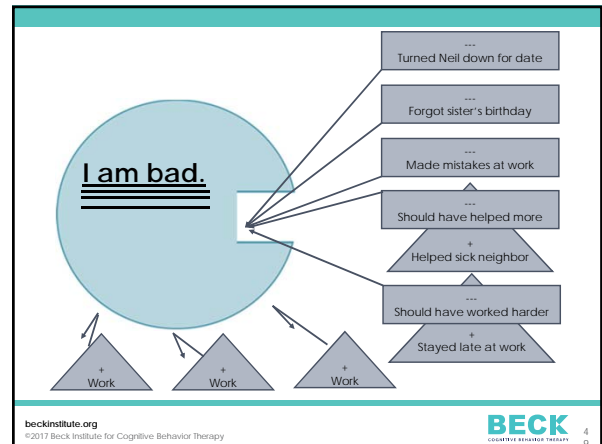
"I'm defective," TO "I'm normal."

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.

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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.*

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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

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Create Yardsticks of Evaluation
--for self and others

Behavioral Experiments;
Acting "as if"

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Historical review of evidence

Rational/emotional roleplays

Metaphors

Cognitive continuum

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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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