



Schema therapy for patients with borderline personality disorder: a single case series

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Abstract

The effectiveness of schema therapy for patients with borderline personality disorder (BPD) developed by Young was investigated using a single case series trial of six patients who all had primarily a DSM-IV BPD diagnosis. The treatment approach comprised the core elements of schema therapy with an emphasis on schema mode work and limited re-parenting. An A–B direct replication series with follow-up assessments at 12 months was implemented. From baseline to follow-up improvement was large, as indicated by large effect sizes, and improvement was clinically meaningful for five of the six patients included. Three of the six patients did not any longer fulfill the criteria for BPD by the end of the treatment.

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1. Introduction

Borderline personality disorder (BPD) is one of the most prevalent personality disorders in both in- and out-patient clinics (Maier, Lichtermann, Klingler, Heun, & Hallmayer, 1992; Maier et al., 1992; Moldin, Rice, Erlenmeyer-Kimling, & Squires-Wheeler, 1994). Many approaches for treatment are proposed for BPD, but there is

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no single treatment approach that seems to be the treatment of choice, although therapy in the form of psychodynamic psychotherapy or dialectical behavior therapy (DBT) is suggested (Oldham et al., 2001).

New approaches are emerging and during the last decade several cognitively oriented approaches have been developed for treating patients with BPD. Among these are cognitive therapy (Beck, Freeman, & Associates, 1990; Layden, Newman, Freeman, & Byers Morse, 1993; Freeman & Fusco, 2003), rational emotive therapy (Ellis, 2001), cognitive coping therapy (Sharoff, 2002), cognitive evolutionary therapy (Liotti, 2002) and schema therapy (Young, 1996; Young & Behari, 1998; Young, Klosko, & Weishaar, 2003; Arntz, 2004).

Schema therapy is based on a cognitive–integrative conceptualization of personality disorders using a broader and more eclectic approach than the usual cognitive therapy approaches, integrating various theoretical formulations (Young, 1994; Arntz, 1994; Young, Klosko, & Weishaar, 2003). Schema therapy targets the establishment of a working relationship through emphasizing the patient's emotions and bonding issues. By specific interventions such as limited re-parenting combined with experiential techniques on adverse childhood interpersonal experiences the patient learns to contain and endure the negative effects of abandonment and despair. In the therapeutic model, the schema mode change is emphasized, where the patient learns to deal with his or her various modes (abandoned child, angry child, punitive parent and detached protector) through experiential techniques and the therapy relationship. By working with a modification of schema modes and maladaptive coping styles the patients are treated for periods of 1–4 years (Young & Behari, 1998; Young, Klosko, & Weishaar, 2003). Schema therapy has rapidly developed into a therapy of wide interest, particularly in the United Kingdom, Scandinavia and the Netherlands. However, schema therapy is not yet a comprehensive and fully empirically-validated theory and therapy of personality pathology in general or of BPD in particular. The concepts used in schema therapy, such as early maladaptive schemas or schema modes, were not developed to correspond directly to any specific personality disorder, but are supposed to define core structures of personality pathology (Young & Gluhoski, 1996). Validation of the role of early maladaptive schemas and schema modes, and relationship to the various personality disorders are now published in several recent studies (Petrocelli et al., 2001; Jovev & Jackson, 2004; Rijkeboer, van den Bergh, & van den Bout, 2005; Nordahl, Holthe, & Haugum, 2005; Arntz, Klokman, & Sieswerda, 2005; Lobbestael, Arntz, & Sieserda, 2005), and the findings are consistent in showing the strong sensitivity of personality pathology.

There is, to our knowledge, no published randomized and controlled study of the efficacy of schema therapy for BPD or for any other specific personality disorder. However, there is one unpublished study conducted by Giesen-Bloo, Arntz, van Dijck, Spinhoven, & van Tilburg (2004), comparing schema therapy with transference focused psychotherapy (TFP). In a multi-site trial, 88 patients were randomized either to schema therapy or to TFP, and they were all treated for a maximum of 3 years. By comparing the treatments on cost-effectiveness, changes in borderline criteria and quality of life, the authors found that schema therapy was

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