



ELSEVIER

Contents lists available at ScienceDirect

Journal of Behavior Therapy and Experimental Psychiatry

journal homepage: www.elsevier.com/locate/jbtep



A schema-focused approach to group psychotherapy for outpatients with borderline personality disorder: A randomized controlled trial

Joan M. Farrell^{a,*}, Ida A. Shaw^b, Michael A. Webber^a

^aIndiana University School of Medicine, Department of Psychiatry, Center for Borderline Personality Disorder Treatment & Research, Larue D. Carter Memorial Hospital, 2601 Cold Spring Road, Indianapolis, IN 46222, USA

^bBASE Consulting Group, LLC, 6551 Carrollton Avenue, Indianapolis, IN 46220, USA

ARTICLE INFO

Article history:

Received 2 December 2008

Received in revised form 30 December 2008

Accepted 4 January 2009

Keywords:

Borderline personality disorder

Schema-focused therapy

Schema therapy

Cognitive behavioral therapy

Group psychotherapy

ABSTRACT

This study tests the effectiveness of adding an eight-month, thirty-session schema-focused therapy (SFT) group to treatment-as-usual (TAU) individual psychotherapy for borderline personality disorder (BPD). Patients ($N = 32$) were randomly assigned to SFT-TAU and TAU alone. Dropout was 0% SFT, 25% TAU. Significant reductions in BPD symptoms and global severity of psychiatric symptoms, and improved global functioning with large treatment effect sizes were found in the SFT-TAU group. At the end of treatment, 94% of SFT-TAU compared to 16% of TAU no longer met BPD diagnosis criteria ($p < .001$). This study supports group SFT as an effective treatment for BPD that leads to recovery and improved overall functioning.

© 2009 Elsevier Ltd. All rights reserved.

1. Introduction

Borderline personality disorder (BPD) is a disabling and prevalent psychiatric disorder, which is characterized by substantial distress and disruptions in functioning. Patients with BPD experience a chronic pervasive pattern of instability in areas of affect, behavior, interpersonal relationships, identity, and cognition. It is a disorder with high prevalence – 1–2% in the general population and up to 25% or more in clinical populations, depending upon the study (Lieb, Zanarini, Schmahl, Linehan, & Bohus, 2004). Prevalence appears to be increasing, as recently the Wave 2 National Epidemiologic Survey on Alcohol and Related Conditions found a prevalence rate of 5.9% for BPD in the general population (Grant, Chou, Goldstein, Huang, Stinson, Saha, et al., 2008). Although several medications

* Corresponding author. Tel.: +1 317 941 4331.

E-mail address: joan.farrell@fssa.in.gov (J.M. Farrell).

have shown efficacy for various symptoms in controlled trials, the Cochrane review indicates that there is no convincing evidence that any medication is a treatment for BPD as a whole (Stoffers, Lieb, Voellm, et al., in preparation). Thus, psychotherapy continues to be the necessary and primary treatment modality for BPD (Webber & Farrell, 2008).

Specific structured psychotherapies have demonstrated efficacy for some BPD symptoms in randomized controlled clinical trials. These include Dialectical Behavioral Therapy (Linehan, Comtois, Murray, Brown, Gallop, Heard, et al., 2006), Schema-Focused Therapy (Schema Therapy; Giesen-Bloo, van Dyck, Spinhoven, van Tilburg, Dirksen, van Asselt, et al., 2006), Cognitive Therapy (Davidson et al., 2006); Transference-Focused Psychotherapy (Clarkin, Levy, Lenzenweger, & Kernberg, 2007; although differences with comparison groups were N.S.), Mentalization-Based Therapy (Chiesa, Fonagy, & Holmes, 2006), and Systems Training for Emotional Predictability and Problem Solving (Blum et al., 2008). Two recent pilot studies targeted specifically toward reducing self-injury also look promising (Gratz & Gunderson, 2006; Weinberg, Gunderson, Hennen, & Cutter, 2006). Comparability across treatments, however, is limited by the use of different measures of BPD symptoms, their severity and global adjustment (McMain & Pos, 2007; Moher, Schulz, & Altman, 2001).

Despite the positive findings of these treatments for some patients and some symptoms of the disorder, comprehensive BPD treatment continues to be a challenge. The BPD symptoms least impacted by psychotherapeutic treatment are those more related to temperament and the ability to function effectively in occupational and social roles (Binks et al., 2006). Consumers of BPD treatment express dissatisfaction with psychotherapy that eliminates life-threatening symptoms, but leaves them underemployed and still feeling dysphoric and empty (Alexander, 2006a, 2006b). Schema-Focused Therapy (SFT) has shown particular promise as a comprehensive treatment for BPD with the goal of complete recovery in a large, well-designed clinical trial of individual psychotherapy twice weekly for three years or less in the Netherlands (Giesen-Bloo et al., 2006). In addition, cost-effectiveness for SFT was demonstrated (Van Asselt et al., 2008). An independent small-scale Norwegian case series study reported similar effectiveness of individual SFT (Nordahl & Nysaeter, 2005).

The consistency and duration of psychotherapy that may be needed for more comprehensive BPD treatment, however, is difficult to obtain, particularly for individuals with severe symptoms who are treated in public healthcare settings. There are compelling economic and service delivery reasons to use a group psychotherapy modality. In addition, groups uniquely possess important curative factors stemming from supported peer-to-peer interactions, such as universality, a sense of belonging, vicarious learning, and opportunities for in vivo practice, among others. In light of the clinical and cost-effectiveness of SFT and the potential advantages of the group format, we developed a schema therapy group for outpatients with BPD and conducted a randomized controlled clinical trial of this group treatment added to ongoing individual psychotherapy “as usual”. This study tests the hypotheses that the active treatment group participating in a thirty session, eight-month schema therapy group program in addition to weekly individual psychotherapy will experience significant reductions in BPD symptoms and global severity of psychiatric symptoms and improvement in global functioning compared to the control group participating in individual treatment-as-usual (TAU) alone.

2. Method

2.1. Participants

Thirty-two women with a diagnosis of BPD, ages 22–52, were located by referral from individual psychotherapists in the community. The study was advertised by flyers sent to all psychologists and psychiatrists who were affiliated in any way with the local medical school and posted in local community mental health and university outpatient clinics. Potential subjects could inquire about the study themselves but needed to be referred by their individual psychotherapist to participate in the study.

Patients who agreed to participate were told that they would be randomly selected as to whether they were assigned to the group treatment added to their individual psychotherapy, or would remain in their individual psychotherapy. The informed consent suggested that the time and effort involved for those in the control group would contribute to our understanding of effective BPD treatment. In addition, participants were informed that they would be offered the treatment found to be most effective after the

متن کامل مقاله

دریافت فوری ←

ISIArticles

مرجع مقالات تخصصی ایران

- ✓ امکان دانلود نسخه تمام متن مقالات انگلیسی
- ✓ امکان دانلود نسخه ترجمه شده مقالات
- ✓ پذیرش سفارش ترجمه تخصصی
- ✓ امکان جستجو در آرشیو جامعی از صدها موضوع و هزاران مقاله
- ✓ امکان دانلود رایگان ۲ صفحه اول هر مقاله
- ✓ امکان پرداخت اینترنتی با کلیه کارت های عضو شتاب
- ✓ دانلود فوری مقاله پس از پرداخت آنلاین
- ✓ پشتیبانی کامل خرید با بهره مندی از سیستم هوشمند رهگیری سفارشات