

## Cognitive Therapy for Personality Disorders

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## Techniques Used In Cognitive Therapy

- Cognitive
- Behavioral
- Problem Solving
- Emotional
- Biological
- Interpersonal

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- Environmental
- Supportive
- Experiential
- Therapeutic relationship techniques

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## CBT is Effective for Axis II Disorders in Case Reports

- Morrison (2000)
- Bizzini (1998)
- Davidson & Tyrer (1996)

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## Co- Morbid Axis II Disorders Do Not Affect Axis I Outcome with CBT Treatment

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

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## CBT Studies Showing Poorer Outcome for Axis I Disorders with Co-Morbidity on Axis II

- 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 (Axis I and Axis II) Diagnoses

- 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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## 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)

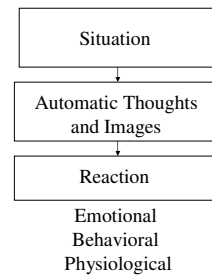
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## Cognitive Therapy Checklist

1. Cognitive conceptualization
2. Strong therapeutic alliance
3. Agenda
4. Homework
5. Problem-solving orientation
6. Evaluation of thoughts and beliefs
7. Relapse prevention

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## GENERAL COGNITIVE MODEL



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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

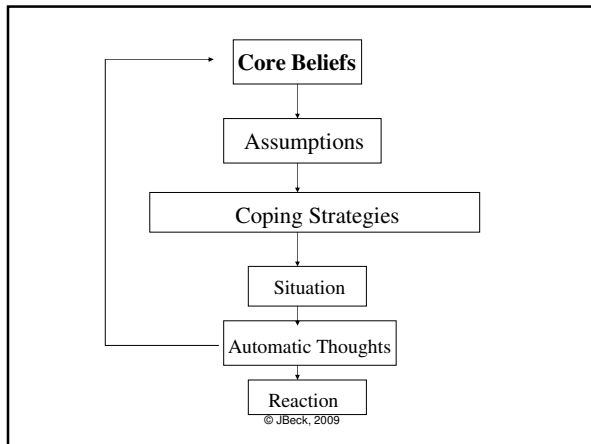
"Why is she asking me that? It's so superficial. Setting goals won't help. My problems are too deep. She should know that."



### Reaction:

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

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- Meaning of automatic thoughts

--If this thought is true, what does that mean about you?

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### HELPLESS CORE BELIEFS

I am inadequate, ineffective, incompetent, can't cope, helpless, deprived, can't get what I need/want.

I am powerless, out of control, trapped, vulnerable, likely to be hurt, weak, needy, a victim.

I am inferior, a failure, a loser, not good enough, defective, don't measure up.

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### UNLOVABLE CORE BELIEFS

I am unlikable, unwanted, will be rejected or abandoned, always be alone.

I am undesirable, unattractive, ugly, boring, have nothing to offer.

I am different, defective, not good enough to be loved by others.

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### WORTHLESS CORE BELIEFS

I am worthless, unacceptable, bad, crazy, broken, nothing, a waste.

I am hurtful, dangerous, toxic, evil.

I don't deserve to live.

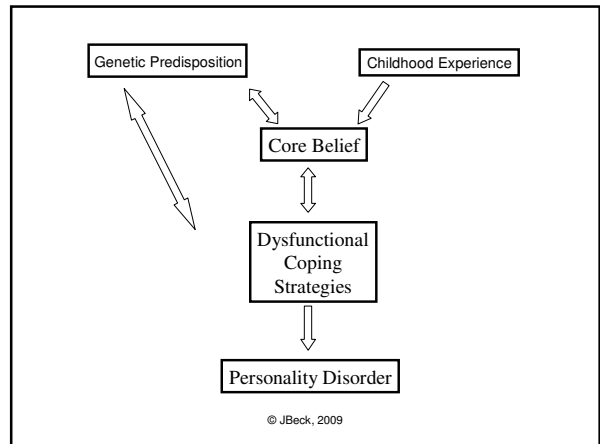
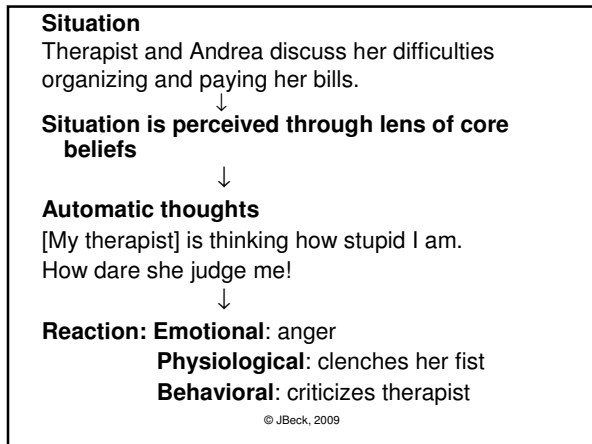
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### Andrea's Core Beliefs

I am vulnerable, bad, helpless

Other people are critical, harsh and superior to me.

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### TYPICAL OVERDEVELOPED and UNDERDEVELOPED STRATEGIES

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

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

Adapted from Beck, A.T., Freeman, A. & Associates, *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, 2004.

| Personality Disorder | Core Belief about the Self | Belief about Others                       | Assumptions   | Behavioral Strategy  |
|----------------------|----------------------------|---|---|----------------------|
| <b>Avoidant</b>      | I'm defective/unlovable    | Other people will evaluate me negatively. | If people know the real me, they'll reject me.<br>If I put on a façade, they may accept me. | Avoid intimacy       |
| <b>Dependent</b>     | I'm helpless.              | Other people should take care of me.      | If I rely on myself, I'll fail.<br>If I depend on others, I'll survive.                     | Rely on other people |

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

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

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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.
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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.*
- © JBeck, 2009

- ### DEVELOPING AND REFINING A COGNITIVE CONCEPTUALIZATION
- #### Variations for Challenging Patients
- More complex
  - Greater focus on underlying beliefs and coping strategies
  - Greater emphasis on the role of adverse childhood experiences
  - Course of treatment is longer
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## Core Beliefs

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- ### Identifying Core Beliefs
- Core beliefs expressed as automatic thoughts
  - Themes of automatic thoughts
  - List of core beliefs
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- Meaning of automatic thoughts

--If this thought is true, what's so bad about that?  
 --What's the worst part about that?  
 --So what if . . . ?  
 --What does that mean to you? *About* you?

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## MODIFYING CORE BELIEFS

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## TECHNIQUES TO MODIFY CORE BELIEFS

Complete a case conceptualization diagram between sessions. Continue to refine it after each session.

Share it with patient in parts verbally.

Decide whether to develop one with the patient.

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## 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

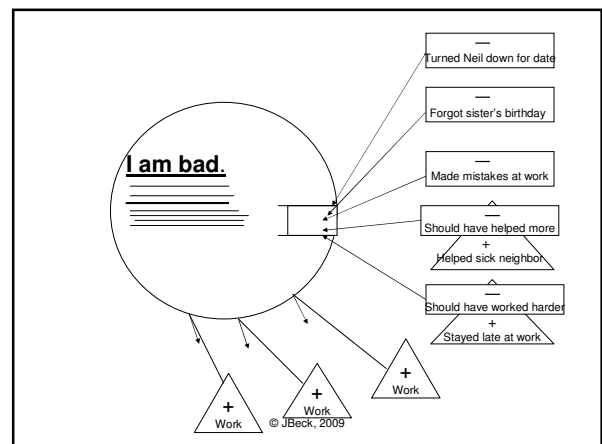
*You are not bad but you have a belief that you're bad.*

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## 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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### 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.”

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### Motivate patients to modify their core beliefs

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### Monitor the Strength of the Core Belief over Time

|  |   |
|--|---|
| <p>Old Core Belief<br/>“I’m bad.”</p> <hr/> <p>Degree of Belief Now<br/>Head _____<br/>Gut _____</p> <p>Highest Level This Week<br/>Head _____<br/>Gut _____</p> | <p>New Core Belief<br/>“I’m okay.”</p> <hr/> <p>Degree of Belief Now<br/>Head _____<br/>Gut _____</p> <p>Highest Level This Week<br/>Head _____<br/>Gut _____</p> |
|--|---|

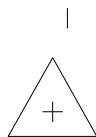
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### Ask patient to work on modifying the core belief daily

#### Evidence that seems to support old core belief with reframe

*I turned Norman 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 whom I want to  
spend time with.*

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#### Evidence that supports 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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Contrast with more extreme negative role models

Create Yardsticks of Evaluation  
--for self and others

Use Bell Curves

Behavioral Experiments

Act “as if”\*

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### Do rational/emotional roleplays

- Therapist as intellectual side
- Patient as emotional side
- Switch roles
  
- Patient alternating between both sides

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### Metaphors

### Cognitive Continuum

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## 15. Historical Review of Evidence

- By school level
- Evidence that seemed to support core belief with reframes
- Evidence that contradicted the core belief
- Statement of new belief

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