Schema Therapy for Borderline Personality Disorder

This section describes the knowledge and skills required to carry out schema therapy with adult clients who have a diagnosis of borderline personality disorder.

It is not a 'stand-alone' description of technique and it should be read as part of the core competences for work with individuals with personality disorder and the CBT Competences Framework (http://www.ucl.ac.uk/clinical -psychology/CORE/CBT)

Source manuals

Arntz, A. & Van Genderen, H. (2009) *Schema Therapy for Borderline Personality Disorder* Chichester: John Wiley and Son

Young, J.E. (1999) *Cognitive Therapy for Personality Disorders: A Schema-Focused Approach* New York: Guilford Press

Knowledge of personality disorder

An ability to draw on knowledge of borderline personality disorders in adults, including:
incidence and prevalence within the adult population
the symptoms and course of borderline personality disorders in adults
diagnostic criteria for borderline disorders and common comorbidities such an overlap with other personality disorders and other clinical disorders such as anxiety, depression, and alcohol and substance misuse, eating disorders or psychosomatic disorders
problems resulting from childhood sexual, emotional or physical abuse or neglect
the impact of biological, psychological, family and social factors in the development and maintenance of borderline personality disorders in adults
normal and dysfunctional processes in attachment and their contribution to the development and maintenance of borderline personality disorders in adults
the impact of parenting styles on cognitive, social and emotional development
cognitive and behavioural models of personality disorder (including Beck and Young's model of personality disorder)
cognitive therapy techniques for schema change and how these can be adapted for clients with borderline personality disorder (including relevant experiential, behavioural and interpersonal techniques)
An ability to draw on knowledge that there is a mutually interdependent relationship between changing schemas and behaviours, with changes in one facilitating changes in the other

An ability to draw on knowledge that schema therapy is a long-term therapy, and that at least 18 months is required for meaningful and stable improvement to occur

Knowledge of the schema model

An ability to draw on knowledge that schema therapy:
is based on CBT and also draws on a range of theoretical models, including psychodynamic ideas (e.g. object relations and attachment theory)
incorporates a range of techniques from Gestalt Therapy (particularly imagery work and empty chair dialogues) and Emotion-Focused Therapy (facilitating the emotional processing of traumatic experience)
places an emphasis on the use of the therapeutic relationship along with "reparenting" or "constrained parenting" as a means of facilitating therapeutic engagement and change

An ability to draw on knowledge of characteristic early maladaptive schemas that are posited to arise when core needs are not met in childhood e.g. schemas based on:
rejection (reflecting expectations that needs for security and nurturance will not be met in a predictable manner and that others will abuse and cannot be trusted)
impaired sense of autonomy (reflecting negative expectations of a capacity to perform competently)
impaired limits (reflecting a deficiency in setting limits for the self or respecting limits set by others)
an excessive focus on the needs and responses of others
over-vigilance and inhibition in relation to the expression of needs

An ability to draw on knowledge of the concept of schema modes:
those schemas, coping responses, or healthy behaviours that are currently active for an individual
An ability to draw on knowledge that the schema model identifies a number of specific schema modes that are grouped into four general categories (with some modes seen as healthy for an individual, while others are maladaptive):
Child modes (e.g. modes characterised by vulnerability, anger, impulsivity or a sense of isolation)
Maladaptive Coping modes (e.g. modes characterised by excessive compliance or, surrender, being detached/cut-off/avoidant or overcompensating (e.g. with excessive anger, or arrogance)
Maladaptive Parent modes (e.g. modes in which the person is punitive to the self or others, or sets excessively high demands for the self)
Healthy Adult mode. (a mode that acknowledges the needs inherent in child modes, sets limits on (and moderates) maladaptive coping and parenting modes, and enables adaptive functioning as an adult across a range of contexts and settings
An ability to draw on knowledge that four specific schema modes are considered characteristic of borderline personality disorder:
the abandoned/abused child mode
and the angry/impulsive child mode
the detached protector mode
the punitive parent mode

An ability to draw on knowledge that one of the principal goals of schema therapy is to help clients to strengthen their Healthy Adult mode (and hence learn to navigate, negotiate with, nurture, or neutralize their other modes)
An ability to understand how different techniques can be applied to different modes during treatment

Starting phase and Case Conceptualisation

An ability to conduct a detailed comprehensive assessment over a number of sessions
across multiple domains (including cognitive, affective, behavioural, somatic).
involving partners, relatives or friends (if available and with the client's consent (KD)
using a range of methods (including clinical interview, self-report instruments (such as the Young Schema Questionnaire) and clinical records) in order to gain a clear picture of the nature and long-term history of the problems
An ability to gain an overview of the client's current life situation, any specific stressors and the social support and resources available to them
An ability to elicit information to get an overview of past history and present life situation by:
helping the client translate vague or abstract complaints into more concrete and discrete problems
helping the client identify and generate a problem list
helping the client elaborate their belief system and information processing strategies through which they construe and interpret their world
identifying the key cognitions that contribute to the maintenance of difficulties
gaining an overview of the client's coping mechanisms (e.g. stress tolerance, level of functioning and capacity for introspection and self-objectivity)
An ability to identify the presence and significance of co-occurring psychological problems common in this population (including anxiety, depression, eating disorders or psychosomatic disorders, as well as alcohol and substance misuse)
an ability to identify whether co-occurring problems need to be addressed before proceeding with an intervention for personality disorder (e.g. alcohol dependence, or acute psychiatric disturbance)
an ability to conceptualise co-occuring problems as part of specific schema modes
An ability to identify the presence and significance of problems resulting from childhood sexual, emotional or physical abuse or neglect
An ability to assess and to respond to indicators of risk of suicide
An ability to assess and to respond to indicators of risk of harm to others
An ability to assess and respond to the client's attitude about, and motivation, for therapy
An ability to gauge the client's level of literacy to guide the selection of written materials used to support the therapeutic process (e.g. self-help materials)

Risk assessment

An ability to assess the degree of risk to the client and others, and to reassess risk throughout the assessment and intervention
An ability to match the urgency of response to the level of risk involved,
An ability to work in collaboration with other professionals and carers to manage risk
An ability to refer the client for adjunctive or alternative interventions that may be appropriate (e.g. crisis teams or specialist mental health services)
An ability, when working with other professionals to manage risk, to ensure that there is clarity about roles and expectations of what will be done, and by whom

Ability to engage the client and develop a working alliance

An ability to develop an initial alliance by showing an active interest in the client's life circumstances, interests and strengths, and by:
showing warmth, empathy, genuineness and conveying a consistently non-judgemental attitude, while not denying the gravity of problematic behaviours (e.g. violence against others, criminal acts)
showing an understanding of the impact that previous problematic contacts with

services may have on the client's presentation at interview
instilling a sense of hopefulness by helping the client to consider the possibility that they can do something to overcome their problems
maintaining a stance that supports the entitlement of people with personality disorders to access appropriate clinical care and management from mental health services

An ability to establish a re-parenting relationship with the client-by making explicit the rationale for this approach and by explaining that the therapist will:
foster the neglected components of the clients past by providing a therapeutic relationship that directly counteracts the child's early childhood experiences with their parents
behave as a parent in giving advice and opinion as to a child, to encourage the healthy development of the client within the limits of a therapy relationship
develop the re-parenting relationship by being respectful, warm, open and affirming, while giving clear direction
gradually promote the autonomy of the client as therapy progresses

An ability to make use of self-disclosure in order to foster and facilitate the client's learning and development e.g.:
normalizing the client's experience by sharing a past problem and demonstrating how this was resolved, or the problem lived with
"small talk" at the start or end of session that aims to make the relationship more personal by giving the client a sense of the therapist as a 'real person' (e.g. describing leisure activities)
helping the client reflect on the relationships that they characteristically form with others by sharing personal feelings that the client evokes in the therapist
an ability for the therapist to communicate their experience of the client in an empathic manner
an ability to share both positive and negative feelings that are evoked by the client
An ability to draw on knowledge of the risks of inappropriate self-disclosure e.g.:
sharing current unresolved problems that burden the client
sharing dramatic or shocking examples of problems
disclosure that distorts the boundaries of the therapeutic relationship by shifting the focus from the client to the therapist

An ability to strengthen the therapeutic relationship by:
being available between scheduled sessions
providing personal contact details that the client can use when in a crisis

Ability to develop a formulation

An ability to work with the client to develop a verbal and diagrammatic formulation which:
helps the client understand their current situation
relates current functioning and key historical factors within childhood development to the cognitive model
clarifies the ways in which unhelpful behaviours have become overdeveloped and how this relates to the client's beliefs about self and others (e.g. using violence in response to the perception of a threat)
identifies changes to behaviour that will involve developing behavioural strategies that

are currently underdeveloped (e.g. finding alternatives to alcohol as a way of managing stress)
guides the choice of interventions and techniques.
identifies potential barriers to engagement and/ to any aspect of the intervention
is reviewed and updated in response to information which emerges during therapy

Structure and style of therapy

An ability to draw on knowledge that a long-term commitment is required from the therapist, reflecting the assumption that change in schema-focused work rests in large part on work conducted within and through the therapeutic relationship

An ability to structure sessions by:	
	working collaboratively with the client to set an agenda for each session that reflects the client's current schema mode, which prioritises responses and implements appropriate techniques (e.g. prioritising and responding to life-threatening issues)
	ensuring that the main tasks identified in the agenda are carried out
	introducing the themes of the session and maintaining a focus on these
	"checking in" with the client regarding their emotional state, current concerns and any recent events with which they are preoccupied
	identifying, setting and reviewing homework assignments
	where appropriate, practising tasks within sessions before the client undertakes these as a homework assignment
	responding to non-completion of homework assignments nonjudgmentally by exploring the reasons for this, and ensuring that these are addressed (accepting that for some clients homework may not be fully undertaken until towards the end of therapy)

Establishing the ground rules for therapy

An ability to establish and agree with the client clear parameters within which the treatment will take place and to maintain consistency in relation to the agreed parameters by;	
	ensuring (at an early stage of contact) that procedures for time-keeping, missed appointment and cancellations are agreed by both parties
	setting limits on disruptive behaviour within sessions (to provide a sense of security for the client and to enable a more productive working relationship)
	ensuring that challenges to ground rules are responded to in a consistent manner
An ability to discuss confidentiality and its limits, and the ways in which information (if any) will be shared with other agencies (such as mental health or social work services)	

An ability to judge when it is appropriate to include partners, friends or relatives in the sessions, and to negotiate their inclusion with the client

Agreeing priorities for intervention

An ability to work collaboratively with the client to agree priorities for treatment by:		
	making use of the formulation to agree that priority will be given to violence and aggression towards others, suicidal behavior and serious self-harm	
		indicating the rationale for discontinuing treatment if this priority cannot be agreed
	providing a written account of the formulation and the aims of treatment to help engagement in treatment and to guide the next phase	

Ability to present the rationale for Schema Therapy

An ability to discuss the underlying principles and concepts of schema therapy with the client, in a manner matched to their capacities e.g.:
discuss terms such as “reparenting” “schema modes” ‘personality disorder”, ‘cognitions’ and ‘thoughts’, “core beliefs” .
using concrete examples elicited from the client to illustrate and personalise theoretical ideas
using written material that outline the schema modes model
An ability to rename the schema modes to make them more applicable to the client’s situation and to aid understanding e.g.:
referring to the abandoned/abused child as “little (plus the name of the client)”, or the angry/impulsive child as “Angry…”)

An ability to provide a rationale for the use of practice and experiential assignments (that these are a way of trying out ideas and practising new skills in their normal environment).

Working with schema modes

An ability for the therapist to respond in a flexible manner to whichever mode is dominant during therapy sessions by:
naming the modes that arise within the session both to help educate the patient to differentiate between them, and to specifically address the modes as they occur
using experiential, cognitive and behavioural techniques either alone or in combination, depending on which schema mode is dominant.
undertaking specific methods and techniques to address the issues raised by the dominance of a particular mode
being prepared to switch techniques and methods quickly and appropriately during a therapy session

An ability to respond to the “detached protector mode” (when the client avoids strong emotions and feelings) by:
ensuring that the therapeutic relationship is based on trust and empathy in order to of provide increased support for the patient
using the two chair technique to explore and handle emotions in a more adult way
working collaboratively with the client to examine evidence (“pros and cons”) for the core beliefs associated with the detached protector mode in order to develop alternative more adaptive beliefs
helping the client initiate and maintain new, more positive, relationships that give them the opportunity to practice the expression of emotions

An ability to respond to the “abandoned and abused child” mode (when the client feels afraid, upset and fears being abandoned), for example by:
using a re-parenting approach to strengthen the therapeutic relationship
using a range of experiential techniques, particularly imagery and historical role play
using an educational approach (e.g. didactic input from the therapist as well as suggested reading on childhood development) so that the client begins to understand about the rights of children

An ability to respond to the angry/impulsive child mode (characterised by feelings of anger, impulsive and seemingly irrational behaviour) for example by:
using empathic confrontation
focusing on and addressing the experience and expression of anger
setting limits on disruptive behaviour within sessions (as a last resort, and to provide a sense of security for the client and to enable a more productive working relationship)

An ability to respond to the punitive parent mode (characterised by self-injury and suicidal acts) for example by:
using experiential techniques, particularly the multiple chair technique
working with the client to keep a “positive data log” and a collaborative review of the client’s life history to test the validity of core beliefs

An ability to strengthen the healthy adult mode (one of the principal goals of schema therapy), by:
the therapist modelling or representing the healthy adult mode (particularly at the beginning of therapy)
providing support for the client when they are in the abandoned/abused child mode
setting limits for the client when they are in the angry/impulsive child mode
neutralising or providing support when the client is in the maladaptive parental mode
after clearly distinguishing the client and the parental modes, supporting the client to oppose and eradicate (rather than integrate) the voice of the punitive parent
as therapy progresses, helping the client take over the role of the healthy adult from the therapist, replacing maladaptive coping modes with the healthy adult mode
enabling adaptive functioning as an adult (e.g. working, parenting, taking on mature responsibilities, maintaining friendships and building relationships)

Working with feelings using experiential techniques

An ability to use experiential and imagery techniques;
to recreate problematic situations so that the client re-experiences in the session the emotions that occurred during interactions with others
to work with feelings in the current situation as well as from the client’s past
to establish a connection between the current schemas and events from the clients past

An ability to use imagery rescripting where the client or therapist feels that the experience of some aspect of a situation needs to be altered to enable the emotional processing of traumatic events
An ability to convey that the aim is to change the meaning of past experiences (rather than rewriting the past itself) by using a two stage process, e.g.:
the client imagines the (traumatic) childhood memory from the perspective of the child
the therapist enters the image to rescript
later in treatment, the client rescripts by entering the image themselves, as a “healthy adult”

An ability to work with the client to use imagery rescripting to evoke changes in the client's schemas by reflecting on the implications and insights that emerge during the process

An ability to use role play to recreate problematic historical situations within the session, and enable the client to re-experience emotions that occur during interactions with others	
An ability to use the two-or-more chair role-playing technique to promote "schema dialogue"	
An ability to use historical role play focussed on the client's childhood:	
	helping the client to become immersed in the situation in order to relive the feelings evoked at the time
	suggesting role switching, such that the client "becomes" the adult figure within the role play and the therapist "becomes" or takes on the role of the child
	discussing the client's emotions and feelings with a view to reinterpreting events
	revisiting the role play using information gained through previous role plays and subsequent discussions to try out new behaviours (e.g. behaving in a more assertive fashion)
	reflecting on the process and moving on to a re-evaluation of original assumptions
An ability to use role play to focus on problematic current situations e.g.:	
	eliciting and working with factors that are maintaining the clients dysfunctional schemas (e.g. considering how the client misinterprets the behaviour of others)

An ability to focus on the experience and expression of anger by:	
	allowing the client to ventilate angry emotions (even where these are directed to the therapist and/or are based on incorrect inferences)
	empathising with the client and making connections to relevant schema modes
	reality testing by discussing which aspects of the client's anger are justified and which are not
	using role play to explore and practice how to deal more effectively with a similar situations (e.g. practising assertive behaviour)
	modelling how to express different degrees of anger (e.g. expressing this verbally (e.g. expressing different degrees of anger) or behaviourally (e.g. by hitting pillows)
	using an educational approach (e.g. didactic input during therapy sessions, or suggested reading on child development) to help the client understand that emotions such as anger are a necessary and functional part of human life

An ability to help the client to express feelings by using writing, e.g.:	
	encouraging the client to write (but not to send) a letter addressed to a person who has caused distress describing the feelings that this has engendered.
	asking the client to write (but not to send) letters to express positive feelings
	encouraging the client to write letters or emails to the therapist about issues that may be too difficult to raise in person during sessions

Modifying beliefs

An ability to identify beliefs which are central and those that are more peripheral, and to focus on the most important
An ability to help the client construe beliefs as ideas whose validity can be tested
An ability to discuss the concept of core beliefs with the client (including their origins in childhood events and the factors which tend to maintain them)
An ability to promote the development of new, more adaptive beliefs rather than trying to modify old, existing core beliefs

An ability to utilize more than one specific schema change techniques for the same belief
An ability to use guided discovery to help question the evidence for a core belief using continuum strategies (i.e. emphasising that beliefs are on a continuum, rather than being all-or-nothing)
An ability to employ appropriate techniques for challenging beliefs with clients who require more concrete approaches, e.g.:
rating core beliefs on a visual analogue scale with the aim of helping to move the client from a categorical to a more nuanced view
translating extreme interpretations into dimensional terms to counteract dichotomous thinking
An ability to carry out a collaborative review of the client's life history to test the validity of core beliefs which may have developed in childhood and that have continued to be maintained and reinforced
An ability to work with the client to keep a "positive data log" covering all experiences and thoughts that would support a new adaptive belief, and strengthen new schema by:
encouraging the client to challenge core beliefs by examining the evidence contained within the log
helping the client learn not to distort or ignore evidence in support of new schema (or which is contradictory to old schema) by evaluating the evidence in the log
An ability to use Socratic questioning, so that data that were previously ignored, negated or distorted can be judged by the client for their degree of fit with the new modified belief
An ability to lead an examination of the old core belief and through a collaborative process to develop a new more adaptive belief or modify a pre-existing one
An ability to work with significant others (partners, friends or relatives), to help them:
identify when they may be reinforcing the client's maladaptive core beliefs about themselves or others
reinforce new more adaptive beliefs and behaviour (e.g. by setting limits for unacceptable behaviours, or by encouraging more independent behaviour)

Developing new core beliefs and behaviours

An ability to modify core beliefs and the behaviours that are activated in relation to these beliefs, and promoting the development of new beliefs and behaviours using a variety of techniques for accessing core beliefs, e.g.:
helping the client gain access to themes directly related to core dysfunctional beliefs by asking about the meaning of events that have resulted in high levels of distress or emotional reaction
helping the client to test out the reality of their underlying assumptions by discussing events that occur within (and relate to) the therapeutic relationship
employing imagery techniques in order to help the client increase the vividness of recall (and which may trigger a core schema and enable access to a core belief)
exploring memories, childhood experiences, dreams and daydreams to help identify core beliefs and schemas that may have formed in childhood
working with clients to record dysfunctional thoughts and core beliefs, and reviewing these records to elicit core beliefs.
working with clients to describe behavioural problems or difficulties in relating to other people, where specific areas of avoidance (e.g. of social situations) may point to underlying core beliefs
using self-rating questionnaires (including the Dysfunctional Attitude Scale or the Schema Questionnaire) to help determine dominant themes which may be related to core beliefs

Working with behavioral problems

An ability to undertake a behavioural approach by:
identifying specific problematic behaviours such as skill deficits, and current strengths such as existing problem-solving abilities
using the data to help the client identify high risk situations and triggers for anger, anti-social behaviour or aggression
helping the client generate more adaptive behaviours, such as leaving the situation or responding in an assertive rather than aggressive way or learning to tolerate distressing emotional states
encouraging generalisation of skills by planning and encouraging graded in vivo practice in a range of situations, including the therapeutic situation, at home and work
An ability to encourage accurate self-monitoring by:
asking the client to keep a diary recording specific behaviours including activities of daily life
reviewing the diary to encourage careful observation of the frequency of adaptive and unhelpful behaviour
encouraging the client to develop their "emotional understanding" (their capacity to recognise and to label their feelings in an accurate manner)
An ability to focus on specific problem areas, e.g.:
addressing issues related to alcohol or drug abuse by agreeing behavioural methods to reduce or to stop consumption, or by referral to a specialist agency
employing behavioural contracting between partners to reduce verbal and physical aggression
setting graded tasks to improve work-related behavior
in the absence of work, structuring daily life by agreeing graded tasks to schedule satisfying alternative activities to improve both quality and satisfaction with life
An ability to help the client initiate and maintain new, more positive, relationships by developing more adaptive beliefs about others

Working with behaviours commonly seen in borderline personality disorder

An ability to be alert to, and vigilant about, suicidal risk by:
paying close attention to suicidal thoughts as well as to suicidal behaviour
being alert to risk issues when clients appear to be in crisis, are overwhelmed by their problems, or seem emotionally cut-off and defeated by problems they feel are insurmountable
An ability to determine which schema mode the client is in at this point and to initiate intervention strategies appropriate to the dominant mode
An ability systematically to appraise the client's use of parasuicidal behaviour or threats of suicide as a maladaptive behavioural strategy to gain attention and help from others
An ability to reduce the frequency of self-harming behaviour by attempting to change the contingencies and hence reinforcing more adaptive ways of signalling distress, e.g:
helping the client develop self-nurturing behaviours to protect and nurture themselves (e.g. by not going for long periods without food or rest, or establishing stable patterns of routine behaviour)
encouraging the patient to counter impulsive and chaotic acts by learning to pace and monitor their behaviour, and to behave in a protective manner towards themselves
helping the client to deal more effectively with dysphoric moods states, by employing standard cognitive techniques (e.g. activity scheduling, challenging negative automatic thoughts and practising new adaptive behaviours)
ensuring that the client has the opportunity to discuss childhood sexual or physical abuse while maintaining a cognitive therapy framework to respond to any problems that may arise

An ability to help the client process childhood trauma by:
only beginning this phase of therapy when the client is socially stable (e.g. has a settled living situation)
using imagery rescripting rather than exposure as the principal method of change
responding to emotional or distressing feelings by scheduling extra time for discussion
being available between sessions by phone to help avoid a crisis provoked by the emotional response to the therapy

An ability to use techniques that strengthen the client's sense of the therapist's support between sessions e.g.:
using a "transitional object" that the client can use as a comfort (e.g. something small that the therapist has provided such as a key ring or card with something positive about the client written on it)
using recordings of sessions to reinforce learning (e.g. a recording of the therapist offering support during the activation of a punitive parent mode)
communicating out of office hours using email

Ability to evaluate change

An ability to evaluate change, for example by using standardised measures to assess:
changes in diagnostic criteria
changes in problematic behaviours (e.g. suicidal behaviour and self-harm
changes in social functioning, self-esteem, anxiety, depression and interpersonal problems
changes in belief
changes in schema modes

Ability to end therapy

An ability to help the client end therapy by:
recognising that clients with personality disorder may be particularly sensitive to the finite nature of therapy because of their life-long experiences
addressing the client's concerns about termination by discussing the issue early in treatment
negotiating a clear ending date
building up community resources and contacts
extending the client's opportunities to meet other in a relatively supportive but less intensive environment
providing a written summary of treatment sessions as an aide memoire for the future
reducing the frequency of sessions as the end of therapy approaches
remaining available at times of crisis after therapy has been formally concluded (in line with the concept of limited reparenting)
remaining available for important events in the client's life like weddings, the birth of a child (in line with the concept of limited reparenting)