

## *Summary*

# Review of Schema Therapy Effectiveness Studies in Personality Disorders

Burcu Altın

Ankara University

Cansu Alsancak-Akbulut

Ankara University

Personality Disorders (PD) are complex psychological problems, which were found to be highly prevalent in society (Weissman, 1993). Several psychotherapeutic approaches have been developed in the last decades in order to deal with the problems associated with PD. One of the most commonly used approaches in the treatment of PD is Schema Therapy (ST) (Young & Klosko, 1993; Young, Klosko, & Weishaar, 2003). Schema therapy, which has been influenced by Gestalt therapy and Cognitive-Behavioral Therapy, focuses on unmet psychological needs (connectedness, autonomy, reasonable expectations, realistic limits, worthiness) throughout childhood by the parents and significant others, and the ways of meeting these needs in the supportive and empathetic psychological relationship (Kellog & Young, 2006; Young et al., 2003). The effectiveness studies of ST usually proved that although there were individual differences, ST was effective in the treatment of PD (Jacob & Arntz, 2013; Masley, Gillanders, Simpson, & Taylor, 2012; Sempertegui, Karreman, Arntz, & Bekker, 2013).

Schema model theorizes that the origins of pathology were the result of the link between unsatisfied developmental needs and repeated harmful experiences (e.g. neglect and abuse) (Johnson, Cohen, Kasen, Smailies, & Brook, 2001; Nordahl, Holthe, & Haugum, 2005; Specht, Chapman, & Cellucci, 2009). These negative experiences might lead to early maladaptive schemas, which were defined as pervasive negative perception of oneself, others, and the environment (Young, 1994), and schema modes, which were defined as individuals' situational pattern of behaving, feeling, and thinking, which are based on schemas (Arntz, Klokman, & Sieswerda, 2005, p. 227). The change in the symptoms of PD depends on the weakening of the early maladaptive schemas and schema modes (Young et al., 2003).

A high number of studies have been examining the validity of conceptual grounds of ST and the effectiveness of the therapeutic techniques of ST in the treatment of PD. Extending the treatment groups and psychothera-

peutic techniques and increasing the effectiveness would contribute the theory and applications. The effectiveness studies provide valuable information to evaluate the effectiveness of therapy approaches on different groups. Therefore, the purpose of the current study was to review the studies examining the effectiveness of ST.

### Method

A comprehensive review of the studies, which examined the effectiveness of schema model on PD, was conducted. Relevant studies were searched both in Turkish and English on Web of Science, PsycINFO, and Google Scholar. Studies between 1990, when the ST has originated, and 2017 were included in this review. The general keywords, which were "personality disorders and Schema Therapy", "Schema Therapy and effectiveness", and "Mode therapy and effectiveness", were sought in the title, abstract, and keywords of the studies. We reached 22 papers and the books, which include information regarding schema model and ST (e.g., Arntz & Jacob, 2013; Young et al., 2003). The papers about etiology of PDs and effectiveness of other therapy approaches were not included in the reviewed papers.

### Results

#### **The Effectiveness of Schema Therapy in Personality Disorders**

Studies examining the effectiveness of ST usually focused on Borderline PD. These studies generally provided evidence of the effectiveness of ST. Nevertheless, the results have shown that while some cases get benefited more from the ST, therapy might not be related to significant improvements in others (Sempertegui et al., 2013). For instance, a study concerning an ST of 62 cases with Borderline PD during 1,5 years showed that at the end of the treatment only 42% of the cases did not meet the diagnostic criteria of Borderline PD (Nadort et al., 2009).

Studies comparing the effectiveness of ST and other therapy approaches usually showed that ST was more effective in patients with Borderline PD. Giesen-Bloo and colleagues (2006) compared ST and transference-focused therapy of 88 patients with Borderline PD in a randomized controlled trial. Results showed significant improvements in both groups; nevertheless, patients in the ST group displayed a higher level of improvement and life quality at the end of the treatment as compared to those in the transference-focused therapy group. Furthermore, Arntz (2008) tested and compared the effectiveness of transference-focused therapy and schema-focused cognitive therapy. It was demonstrated that there was a higher drop-out rate in transference-focused therapy than schema-focused cognitive therapy.

A vast majority of effectiveness studies of ST have focused on Borderline PD (Sempertegui et al., 2013), yet there were studies that examine the effectiveness of ST on other PDs, as well. Gude and Hoffart (2008) compared schema-focused cognitive therapy and psychodynamic therapy in patients with Cluster C PD and panic disorder with agoraphobia. It was found that schema-focused cognitive therapy was more effective than psychodynamic therapy in decreasing interpersonal problems of patients. In another study (Bamelis et al., 2012) participants were a large group of patients ( $n=300$ ) with Avoidant PD, Dependent PD, Obsessive-Compulsive PD, Paranoid PD, Histrionic PD, and Narcissistic PD. The patients in this study were followed for three years. Results displayed that ST was more effective and cost-friendly as compared to patient-focused therapy, which was developed for the treatment of PDs.

Overall, results of previous literature have shown that ST was effective in decreasing the symptoms of PD and increasing the patients' interpersonal relationships. Also, the effectiveness of ST was found to be higher when its effectiveness was compared with other therapy approaches.

### Group Schema Therapy in Personality Disorders

Group Schema Therapy (GST) has been applied by using two different approaches. These approaches were GST model, which was developed by Farrell and Shaw (1990), and Schema-Focused Cognitive Behavioral Therapy (SCBT-g) protocol, which was developed by van Vreeswijk and Broersen (2006) (as cited in van Vreeswijk et al., 2012). Group ST model focuses on schema modes, group-based processes, and experiential techniques. Schema-Focused Cognitive Behavioral Therapy, on the other hand, includes mostly cognitive techniques and focuses on early maladaptive schemas and psychoeducation. Both of the approaches were proved to be effective in the treatment of PDs and gaining secondary

benefits (weakening early maladaptive schemas and schema modes, increasing life satisfaction etc.).

Three studies applied GST and individual-based ST to patients with Borderline PD (Dickhaut & Arntz, 2014; Farrell et al., 2009; Fassbinder et al., 2016) and found that GST was effective in decreasing the symptoms, increasing general functionality and life satisfaction, and weakening early maladaptive schemas and schema modes. In addition, GST was found to be effective when applied to patients with several PD symptoms. For instance, Skewes and colleagues (2015) were followed eight patients (two patients with Borderline PD, five patients with Avoidant PD, and one patient with Avoidant and Schizoid PD) for 20 sessions. Results of this study displayed individual differences in the short- and long-term effectiveness of GST. Although all of the participants had significant decreases in the level of depression and anxiety, four of the participants did not meet the criteria for PD at posttest. Long-term effectiveness was proved by showing that five of the participants did not meet the criteria for PD at follow-up test, which was assessed six months after posttest. Yet, two patients used the right to waive from the therapy sessions.

The effectiveness of GST and SCBT-g on adolescents and older people were examined in case studies (Roelofs et al., 2016; Videler, Rossi, Schoevaars, van der Feltz-Cornelis, & van Alphen, 2014). These studies have shown that the effectiveness of GST model might be generalized to different age groups. Applying GST to adolescents, Roelofs and colleagues (2016) found that participants learn to use healthy adult modes and non-adaptive coping strategies and improve their life satisfaction. Furthermore, the applications of SCBT-g to older participants (aged more than 60) showed that at the end of the treatment there were significant improvements in decreasing psychological symptoms, early maladaptive schemas, and schema modes (Videler et al., 2014).

Overall, group ST applications were proved to be effective in decreasing the psychological symptoms, early maladaptive schemas and schema modes, and increasing general life satisfaction in adults, youths, and older people.

### The Effectiveness of Schema Therapy in Case Studies

The case studies have given opportunities to examine the effectiveness of ST and individual differences in the treatment gains. In one of the case studies, researchers applied ST for 18 to 36 weeks to six patients with Borderline PD. The results showed that effect size of the improvements in these cases was high at the end of the treatment. Specifically, five of the patients have clinically significant improvements, and three of them did not meet the criteria for Borderline PD when treatment was

completed (Nordahl & Nysaeter, 2005). In another study, a judicial case with a high level of psychopathy was treated with ST and environment therapy for four years. There were observed improvements in psychopathy features, cognitive schemas, and criteria for risky behaviors at the end of the treatment (Chakhssi, Kersten, Ruiters, & Bernstein, 2014). Seavey and Moore (2012) applied 68 sessions of ST to a patient with Major Depressive Disorder and PD Not Otherwise Specified for 21 months. The symptoms of the case consisted of depressive symptoms, thoughts about endamaging, paranoia, social isolation, and narcissism. The treatment was successful for this case, and the early maladaptive schemas weakened at the end of the treatment.

Overall, case studies have demonstrated that ST was effective in decreasing the symptoms of PD and comorbid conditions and increasing the functionality of patients.

### Discussion

Efficiency studies have shown how effective ST is in reducing psychological symptoms and increasing life satisfaction, and how these effects differ on an individual level. These studies also have extended the field in terms of the development of ST theories and practices. Considering the popularity of ST in recent years and the success of treatment in PDs, it is important to assess the effectiveness of these practices holistically. For this reason, in this review, the studies examining the effectiveness of ST in the treatment of PDs were reviewed.

In the current study, it has been found that ST was associated with many positive outcomes in the treatment of PDs and in the acquisition of secondary effects, both in individual therapy and group therapy. When the individual applications of ST were examined, it was found that psychopathological symptoms of Borderline PD patients decreased, functionalities and quality of life increased, and early maladaptive schemas and schema modes weakened (Arntz, 2008, Giesen-Bloo et al. 2006). In addition, individuals who have been diagnosed with PD may be able to demonstrate strong improvements, indicating that they have not met the diagnostic criteria of PD. This effect was stronger as compared to the effectiveness of the other therapy orientations (e.g., psychodynamic, transfer-focused, and patient-focused). The emergence of positive results in ST might be accounted for relationship-based nature of ST (Spinhoven et al., 2007) and the application of limited reparenting technique, all of which are used to support self-understanding and acceptance in patients (Arntz & Jacob, 2012).

The effectiveness studies of ST have been generally focused on Borderline PD (Semperagui et al., 2013);

nevertheless, there are findings in the relevant literature that ST was also effective in Cluster A and C PDs (e.g., Ball and Young, 2000, Bamelis et al., 2012). However, as far as we know, there has been no ST effectiveness study conducted with those who have been diagnosed with schizotypal PD, including in Cluster A. This limitation of the field can be accounted for several factors. People with Cluster A PD patterns may have difficulty in establishing a healthy relationship with the therapist due to their limited social skills (Waldeck and Miller, 2000). In addition, due to the fact that these individuals have lower employment and functional capacity (McClure et al., 2013), there may be limitations in receiving financial support for the therapy. In addition, there may be a longer duration of treatment protocol with these individuals (Bamelis et al., 2010). However, in order to determine the effectiveness of ST in these diagnostic groups, therapies that focus on these special groups need to become more prevalent.

Like the individual applications of ST, GST and SCBT-g, which are group-based practices, are effective in achieving positive results for PD pathologies (e.g., Renner et al., 2013, Roelofs et al., 2016, Skewes et al., 2015, Videler et al., 2014). These positive results were relevant for several populations, including adolescents, young and middle-aged adults, and elderly individuals. For example, it has been found that the GST was effective in improving the PD symptoms and in increasing the level of general functionality, weakening the schemas and modes, and increasing the quality of life and happiness (Dickhaut and Arntz, 2014, Farrell et al., 2009, Skewes et al., 2015). In addition, the short-term SCBT-g protocol has also demonstrated efficacious results in the attenuation of PD indications, early maladaptive schemes, and modes of coping (Renner et al., 2013). However, group therapy studies have limitations, such as studying with small samples, not adding a control group, or not supporting clinical diagnoses in standardized interviews (Renner et al., 2013). In addition, the magnitude of the observed effects differed from person to person, while in some patients the effectiveness of therapy was stronger, while in others it was weaker (Roelofs et al., 2016). For this reason, it remains unclear whether the positive developments can be linked to the therapy process or another effect.

Case or case series studies have suggested that the practice of ST alone and in combination with other therapy orientations were significantly effective in decreasing the symptoms of comorbid cases, attenuating early maladaptive schemas and modes, and increasing functionality levels (Seavey and Moore, 2012; Young, 2000). It has been also seen that this level of influence differs from person to person. For example, in a study conducted by

Nordahl and Nysaeter (2005), three out of six patients who had Borderline PD did not meet the criteria for PD diagnosis when the treatment was completed. On the other hand, in the study conducted by Ball and Young (2000), the patient who received Borderline KB had terminated the therapy before the therapy process was completed. These studies have shown that the effectiveness of ST could differ from person to person. Studies that examine the causes of these differences will contribute to the field in terms of recognizing individual differences. An examination of the psychological preparedness and motivation of the therapist, the evaluation of the psychopathology symptoms accompanying the PD patterns, the identification of mode interactions, and the observation of therapist-client interactions will provide important information on the effectiveness of therapy.

### **Limitations of the Study and Implications for Future Studies**

The studies examining the effectiveness of ST in the treatment of PDs have many limitations. These limitations, including the lack of a control group, the use of small samples, the differences in the application of treatments between groups, and the lack of random assignment, dampen the generalization of the results to larger groups and cause-effect explanations. In addition, the limited number of studies involving follow-up measures has led to limited evaluations of the long-term effects of ST. The results of the present study should be considered in light of these limitations in the relevant literature.

Studies reviewed in the present study did not include studies, in which diagnostic criteria were examined, factors that were effective in the developmental process of BP were searched, or methods in which ST was measured. The results were not organized in terms of gender, socioeconomic level, or cultural background of the participants. The re-evaluation of the effectiveness of the ST by considering these variables will contribute to the literature. In future studies, the organization of study designs with a control group, the inclusion of larger sample groups, and the conduct of follow-up studies will allow for causality interpretations of the long-term effectiveness of the therapy process. In addition, study designs that compare different therapeutic orientations will provide more comprehensive results on the effectiveness of ST. In addition, the increase in the number of case studies in the field related to the topic and the implementation of the ST in the group format will increase the validity of the evaluations.

In addition to the individuals with the Borderline PD, conducting the ST with different groups will facilitate the generalization of the effectiveness of the ST to various groups. For example, it is necessary to assess the

effectiveness of ST in patients with Cluster A or C, individuals with various psychiatric symptoms, and young people, children and elderly individuals. The effectiveness of practices carried out with children or adolescents may be limited in children and adolescents due to having fewer recurrent life patterns. For this reason, while working with private groups, it is necessary to make age-sensitive ST practices. Schema Therapy applications can enable to weaken children's newly developing early maladaptive schemas and help them to deal more effectively with their identity crisis. Also, ST model might be beneficial in parenting education programs due to the focus on the importance of early parent-child relationships in ST model.