

Frontiers in Cognitive Behaviour Therapy for Personality Disorders

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Clinicians generally find individuals with personality disorders to be challenging to treat, especially compared to clients who have only a straightforward depression or anxiety disorder. In this article we will summarise research on the efficacy of cognitive behaviour therapy (CBT) for personality disorders. Then we will focus on the conceptualisation and treatment of CBT for personality disorders that is based on the work of Aaron Beck and colleagues; that is, it is predicated upon the cognitive model of psychopathology. Next, we will describe two other forms of treatment with cognitive behavioural roots: schema therapy and dialectical behaviour therapy. A final section will suggest future directions.

■ *Keywords:* cognitive behaviour therapy, personality disorders

Research on Cognitive Behaviour Therapy for Personality Disorders

Personality disorders can predispose people to other disorders, rendering treatment difficult (Millon, 2011), and a high degree of comorbidity exists between personality disorders and symptomatic disorders (Johnson, Cohen, Kasen, & Brook, 2005). A number of researchers have noted that cognitive behaviour therapy (CBT) is useful for the treatment of personality disorders (e.g., Davidson et al., 2006; Davidson, Tyrer, Norrie, Palmer, & Tyrer, 2010; Rafaeli, 2009), though there have been relatively few outcome studies to date, despite the prevalence of this diagnosis (Crits-Christoph & Barber, 2015). Much of the research has consisted of single case studies, case descriptions, and controlled or uncontrolled trials, with a general paucity of randomised controlled trials (RCTs), except for borderline personality disorder (BPD).

The subjects and their treatments have been quite varied. Studies have been conducted with patients who have a single personality disorder diagnosis, patients who have a variety of personality disorder diagnoses, and patients who have symptomatic diagnoses with comorbid personality disorders. Most patients received individual CBT treatment on an outpatient basis, though a few received group treatment instead of, or in addition to, individual treatment, and a few studies were conducted with inpatients or patients in day programs. Studies also differed in length of treatment and in outcome measures. Although all studies used some form of CBT, the focus of treatment and treatment interventions often varied, and some trials were conducted using concurrent treatments.

A number of studies have examined the effectiveness of CBT for symptomatic disorders in the presence of personality disorder comorbidity, with equivocal results.

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