

Cognitive Therapy of Personality Disorders

THIRD EDITION

Edited by

Aaron T. Beck

Denise D. Davis

Arthur Freeman



THE GUILFORD PRESS

New York London

About the Editors

Aaron T. Beck, MD, is the founder of cognitive therapy, University Professor Emeritus of Psychiatry at the University of Pennsylvania, and President Emeritus of the Beck Institute for Cognitive Behavior Therapy. He is the recipient of numerous awards, including the Albert Lasker Clinical Medical Research Award, the American Psychological Association (APA) Lifetime Achievement Award, the American Psychiatric Association Distinguished Service Award, the Robert J. and Claire Pasarow Foundation Award for Research in Neuropsychiatry, and the Institute of Medicine's Sarnat International Prize in Mental Health and Gustav O. Lienhard Award. Dr. Beck has worked extensively with personality disorders and has been an investigator on two studies using cognitive therapy with borderline personality disorder.

Denise D. Davis, PhD, is Assistant Director of Clinical Training in Psychology at Vanderbilt University. She is a Founding Fellow of the Academy of Cognitive Therapy (ACT) and a Fellow of the APA, and is certified by the ACT as a trainer, speaker, and consultant for cognitive therapy. Dr. Davis was the founding Associate Editor of the journal *Cognitive and Behavioral Practice* prior to serving the first full term as that journal's Editor. Her research and clinical interests include ethics, psychotherapy termination, and cognitive therapy of personality disorders.

Arthur Freeman, EdD, ABPP, is Professor of Behavioral Medicine at Midwestern University, where he is Executive Director of the Clinical Psychology Programs at both the Downers Grove, Illinois, and Glendale, Arizona, campuses. He is a past president of the Association for Behavioral and Cognitive Therapies and the International Association for Cognitive Psychotherapy and a Distinguished Founding Fellow of the ACT. With over 100 chapters and articles, his work has been translated into 20 languages and he has lectured in 45 countries. Dr. Freeman's research and clinical interests include marital and family therapy, and cognitive-behavioral treatment of depression, anxiety, and personality disorders.

Preface

By definition, personality disorders are deeply embedded in an individual's sense of self, often exacting a significant toll in the life of that person and impacting his or her social networks, including caregivers. Terms such as "tough," "problematic," "challenging," "unremitting," and even "intractable" have all been used to describe the course of treating individuals with personality difficulties. As we complete this third edition of *Cognitive Therapy of Personality Disorders*, we appreciate these fundamental realities. At the same time, we believe that "inspired," "collaborative," and "hopeful" are apt ways to describe the evolution and promise of cognitive therapy as a treatment for disorders of personality.

In 1988, when Aaron Beck first asked Arthur Freeman to collaborate on a volume on treating clients with personality disorders, there were few treatment manuals designed to help this high-profile, low-success group of patients. Most of the literature at the time was based on a psychodynamic perspective that conceptualized disorders of personality as "neurosis," or "neurotic styles" (Shapiro, 1965). Inspired by the incredible impact of *Cognitive Therapy of Depression* (Beck, Rush, Shaw, & Emery, 1979) and *Anxiety Disorders and Phobia: A Cognitive Perspective* (Beck & Emery with Greenburg, 1985), the natural next frontier for testing Beck's cognitive therapy model was the treatment of personality disorders. Accumulating evidence from clinical trials of treatments for symptomatic disorders such as depression or anxiety provided further impetus for the work, as there were always patients who dropped out or didn't respond in typical ways to the treatment protocols. Often these patients also had known or suspected personality disorders. Given the clear clinical need and relative lack of tested treatments, it seemed reasonable to explore ways to extend and adapt the cognitive model for treating this population. There was no shortage of challenging patients, and the early adopters of cognitive therapy grappled with ways to achieve progress and overcome roadblocks. Much

creative thinking occurred in case conference discussions, where ideas were proffered and then taken back to the consulting rooms to test for clinical value.

Beck and Freeman decided to summarize this clinical perspective and make it available for wider clinical testing. They began by enlisting the help of a few of the superb therapists who were trained or strongly influenced by Beck's work at the Center for Cognitive Therapy at the University of Pennsylvania. This small cadre of nine early associates of the Beck Center (now Founding Fellows of the Academy of Cognitive Therapy) collaboratively shaped their insights about how the cognitive model could be adapted for patients with personality disorders. Together they produced the first edition of *Cognitive Therapy of Personality Disorders* in 1990, the pioneer effort that outlined a comprehensive cognitive approach for each of the personality disorders described in DSM-III-R. Our colleagues reviewed the work and called it "useful," "scholarly," "clinically valuable," and "an advancement of the therapy of this difficult group." The active, problem-oriented treatment methods comprised by cognitive therapy enlivened the options for patients with complex or intractable problems, and this approach was widely embraced by the growing corps of therapists.

After the successful reception of that first edition, Beck and Freeman were asked to develop a second edition. They thought about what to revise, correct, modify, or change based on the reviews of the book, and on findings from ongoing work in the field. Continuing with the collaborative approach, they decided to invite one of the contributors from the first volume, Denise Davis, to serve as contributor and general editor. In her role as coeditor and contributing author, she helped shape the direction of revisions, bridged the work from the first to second editions, and ensured integration and continuity of "voice" throughout the new volume. We reassembled a small group of 10 contributors, carrying forward the basic foundation with several of the same authors, but also adding new contributors for new dimension and perspective in the work. Rather than simply a light rehash of what we had said 14 years earlier, the text was advanced both theoretically and clinically. Once again, we had the enveloping experience of inspiration and hope in what our contributors and we produced. And, once again, the professional reviews were most positive.

In 2012, The Guilford Press asked us to consider a third edition of *Cognitive Therapy of Personality Disorders*. Was there more to say? Were there new data that could inform our treatment formulations? What had we not covered in the previous editions that would be relevant to further improving care for patients with personality disorders? After much consideration, we decided to proceed, with Davis taking on the role of lead editor.

We had a huge challenge. DSM-5 was on the way, with much fanfare, disagreement, and uncertainty about its content, particularly its treatment of personality disorders. What was the DSM task force going to leave in, and what were they going to leave out? We prodded our friends for

information, but even those who knew didn't really know. We decided to maintain our clinical focus and produce another text designed and focused on the daily work of the frontline therapist. We moved ahead with anticipation of updates in DSM-5, and integrated this new information as soon as it was released. Based on our experience as clinicians, researchers, editors, and consumers of the scholarly literature, we chose to include several disorders that had been moved over the years to the back of DSM, and others that had been totally dismissed. For example, in our combined century of clinical practice, we had all seen many patients that fit the criteria (delineated in earlier editions of DSM) of passive-aggressive personality. So we included this clinical entity in our discussion to help practicing clinicians understand, conceptualize, and treat it in their patients. Similarly, we decided that inclusion of the depressive personality could address an important gap in the literature.

From the outset, we endeavored to retain the richness and detail that had been well received in the second edition, while also providing a comprehensive and substantial update that is well integrated across the chapters. The result is a third edition that is approximately 65% new material. The new edition retains the two-section format from the second edition (beginning with theory, research, and general clinical methods, then moving to clinical applications to specific personality disorders), but also includes a new third section on comorbidity and clinical management. In total, five chapters offer totally new content that did not appear in previous editions—on the topics of neural mechanisms of maladaptive schemas and modes, diversity and culture, depressive personality disorder, symptomatic comorbidity, and clinical management. The chapters on the research overview, clinical assessment, dependent personality disorder, narcissistic personality disorder, histrionic personality disorder, and antisocial personality disorder have each been completely rewritten under new or combined authorship. Coverage of paranoid personality disorder has been combined with schizotypal and schizoid personality disorders in a single chapter. In addition, the existing chapters on theory, general principles and specialized techniques, and therapeutic alliance are all substantially updated.

So what did we add and how did we keep the text to a practical length? To keep from ending up with a two-volume set, we chose to delete tables of diagnostic criteria, as these can easily be located elsewhere; trimmed historical discussions; and focused on providing new case illustrations and details relevant to successful clinical interventions. To the chapters on clinical applications for specific disorders, each author has added comments on key treatment goals, lifespan or developmental considerations, termination issues specific to that disorder, common challenges with that disorder, and tips for clinician self-care. The fundamental chapters on theory and basic clinical methods as well as clinical applications chapters have been refreshed and expanded to integrate newer technical developments that are compatible with cognitive therapy and relevant to personality disorders:

motivational interviewing, mindfulness, schema role plays and other experiential exercises, schema-focused feedback, building of functional core beliefs and personal models for resilience, values clarification, and specific strategies for managing the therapeutic alliance. Of special note, Aaron Beck's well-articulated continuity hypothesis is further detailed in his updated chapter on theory, incorporating his latest insights on how primal needs give rise to behavioral strategies that form basic traits of personality, and how personality disorders arise from hypertrophied and inflexibly activated schemas and modes. As in previous editions, Beck's steadfastly compassionate stance and masterful integration of theory and clinical illustration provide an inspiring, hopeful, and essential grounding in his vision of the conceptual model of cognitive therapy. We believe a solid understanding of this fundamental theory is key to effective conceptualization and flexible use of the clinical methods presented throughout the text.

In the 25 years since publication of the first edition, cognitive therapy has been widely adopted as a therapeutic model, on a worldwide scale. So it seems fitting that the list of contributing authors has more than doubled for this edition. Given this larger group of contributors, we decided that it made most sense to link authorship with specific chapters. Some of the previous authors were unable to contribute to this third edition, and we thank them for their efforts, which helped to raise the standard of our work and the field. We would like to acknowledge three specific persons who have contributed to all three volumes: Judith Beck, Christine Padesky, and Karen Simon. In regrouping for this edition, we added new topics already mentioned and invited new authors to join us. We are delighted that this highly esteemed group of clinicians and scientists includes international representation from five different countries in addition to the United States, weaving in cultural nuances that help to deepen our understanding of personality. At the same time, we see that application of the cognitive model is extremely consistent across the globe, providing evidence of its transcultural viability.

We are extremely grateful for the efforts of so many who have worked hard to bring this work this far, advancing psychotherapy generally and cognitive therapy specifically. We are inspired by the visionary wisdom of The Guilford Press, and humbled to see our students and our students' students quoted in the text. We continue to learn from our patients and are encouraged by their response to our efforts. Speaking on behalf of our contributors, we are all inspired by the resilience, brilliance, and unwavering kindness of senior editor Aaron Beck, without question one of the giants and geniuses of our era. We hope you find the ideas presented in this third edition of *Cognitive Therapy of Personality Disorders* to be engaging, informative, useful, and, most of all, a source of hope for your work in helping those who strive to overcome disorders of personality.

Acknowledgments

Cognitive therapy has grown from its humble beginnings to become the fastest-growing psychotherapy in the world. I am particularly proud of this revised edition of *Cognitive Therapy of Personality Disorders* because it represents the collaborative effort of many of the most productive members of my professional family (including, of course, my daughter Judith). I want to express my appreciation to the various contributors to the book and particularly to Denise Davis, Art Freeman, Susan Blassingame, Lucas Zullo, and Kelly Devinney, who brought the revised edition to fruition.

—AARON T. BECK

Tim Beck and Art Freeman have provided many years of encouragement and inspired leadership in the development of cognitive therapy. I want to express my deepest personal thanks to Tim and Art for their friendship and encouragement across editions of this project. Their confidence is indeed a treasured gift. The contributors to this volume have all been wonderful, enlightening, and responsive to the tight timeline and detailed requests. I am most grateful for having had the opportunity to learn from their work. Wendy Behary and Judith Beck were fabulous coauthors on the chapters that we rewrote together. I also wish to thank my beloved collaborator in life, Charlie Sharbel, for the joy, space, and continuing support that made immersion in this project possible.

—DENISE D. DAVIS

In 1977, I began working at the Center for Cognitive Therapy at the University of Pennsylvania, thereby beginning almost four decades of collaboration with Tim Beck. This was a turning point in my life, both personally

and professionally. Tim has been a colleague, counselor, collaborator, supporter, critic, and friend, and it has been my privilege and honor to be working with him. Denise Davis has likewise been a valued colleague, friend, and collaborator for 35 years. My colleagues, students, and friends at Philadelphia College of Osteopathic Medicine and now Midwestern University have been a resource for my thinking and conceptualizing and responsible for making my work satisfying, enjoyable, and even fun. I thank them all.

—ARTHUR FREEMAN

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