



## Schema Therapy for Borderline Personality Disorder (SFT)

BPD-patients are generally not very popular among clinicians, and they often raise strong countertransference feelings. One of the problems with BPD is that these patients tend to suddenly change in emotional state, confusing therapists and making them easily feeling helpless and lost. Schema Therapy (ST) offers a model to understand these different states, and to apply specific methods and techniques depending on the specific emotional state of the patient. Briefly, ST understands BPD as resulting from problematic childhood experiences, characterized by lack of safety and high threat levels. This includes unsafe attachment and emotional (and often sexual) abuse. These experiences, in interaction with temperament, are assumed to have led to a set of so-called “schema modes”, representing the different emotional-cognitive-behavioral states the borderline patient can switch into. For BPD, ST distinguishes the Abandoned-Abused Child Mode (in which the patient re-experiences (threat of) abandonment and abuse from childhood); the Angry-Impulsive Child Mode (in which the patient rebels against maltreatment in rather uncontrolled ways); the Punitive Parent Mode (in which the patient feels bad and guilty, based on internalization of punitive reactions of caregivers); the Detached Protector Mode (in which the patient uses the prevalent survival strategy developed during childhood, that is to detach from emotions, needs, and connection to other people); and the Healthy Adult Mode which is weak in BPD.

ST can be seen as a way to repair early experiences, so that healthy development can take place, and dysfunctional modes become less prominent. ST has 3 foci:

- (1) the therapeutic relationship (the therapists offers a safe relationship and “reparents” in a limited way);
- (2) the past (traumatic experiences are processed, often using experiential techniques like imagery rescripting);
- (3) the present (present problems are addressed). Emotional states are understood by a schema-mode model, helping patients to get grip on their emotions and therapists to choose the right technique. Studies demonstrated that ST is a very effective and cost-effective treatment, despite its length of 1.5-3 years.

### Key Learning Objectives

1. to understand and apply the schema mode model of BPD, so that BPD-symptoms and behaviours can be understood
2. to be able to detect the mode the patient is in, and to choose an appropriate technique
3. to understand and apply the basic ST-techniques
4. to use the therapeutic relationship to ‘reparent’
5. to be able to choose focus and type of technique according to the phase of therapy

**Training modalities** (i.e. experiential, didactic, role play etc)

1. Didactic power point presentation
2. Modeling techniques (DVD, life role play)
3. Experiential: practice in pairs
4. Questions and discussion

**Key references**

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1. Arntz, A. & van Genderen, H. (2009). *Schema Therapy of Borderline Personality Disorder*. Wiley-Blackwell
2. Giesen-Bloo, J., van Dyck, R., Spinhoven, P., van Tilburg, W., Dirksen, C., van Asselt, T., Kremers, I., Nadort, M., & Arntz, A. (2006). Outpatient Psychotherapy for Borderline Personality Disorder. *Archives of General Psychiatry*, 63, 649 – 658.
3. Young, J.E., Klosko, J., & Weishaar, M.E. (2003). *Schema Therapy: A Practitioner's Guide*. New York: Guilford.