Research report

Psychotherapy for depression: A randomized clinical trial comparing schema therapy and cognitive behavior therapy

Janet D Carter a,*, Virginia V McIntosh b, Jennifer Jordan b, Richard J Porter b, Christopher M Frampton b, Peter R Joyce b

a Department of Psychology, University of Canterbury, P.O. Box 4800, Christchurch, New Zealand
b Department of Psychological Medicine, University of Otago, Christchurch, New Zealand

ARTICLE INFO

Article Info
Received 14 December 2011
Received in revised form 19 June 2013
Accepted 19 June 2013
Available online 17 July 2013

Keywords:
Psychotherapy
Schema
CBT
Depression: RCT

ABSTRACT

Background: The efficacy of Cognitive Behavior Therapy (CBT) for depression has been robustly supported; however, up to fifty percent of individuals do not respond fully. A growing body of research indicates Schema Therapy (ST) is an effective treatment for difficult and entrenched problems, and as such, may be an effective therapy for depression.

Methods: In this randomized clinical trial the comparative efficacy of CBT and ST for depression was examined. 100 participants with major depression received weekly cognitive behavioral therapy or schema therapy sessions for 6 months, followed by monthly therapy sessions for 6 months. Key outcomes were comparisons over the weekly and monthly sessions of therapy along with remission and recovery rates. Additional analyses examined outcome for those with chronic depression and comorbid personality disorders.

Results: ST was not significantly better (nor worse) than CBT for the treatment of depression. The therapies were of comparable efficacy on all key outcomes. There were no differential treatment effects for those with chronic depression or comorbid personality disorders. Limitations: This study needs replication.

Conclusions: This preliminary research indicates that ST may provide an effective alternative therapy for depression.

© 2013 Elsevier B.V. All rights reserved.


Contents lists available at ScienceDirect
Journal of Behavior Therapy and Experimental Psychiatry
journal homepage: www.elsevier.com/locate/jbtep

Schema therapy for patients with chronic depression: A single case series study

Ioannis A. Malogiannis a,*, Arnoud Arntz c, Areti Spyropoulou d, Eirini Tsartsara a, Aikaterini Aggeli e, Spyridoula Karveli b, Miranda Vlavianou e, Artemios Pehlivanidis e, George N. Papadimitriou e, Iannis Zervas a,b

a 1st Department of Psychiatry, Eginition Hospital, Athens Medical School, Athens, Greece
b Greek Society of Schema Therapy, 10555 Athens, Greece
c Maastricht University, The Netherlands

d Corresponding author. Tel.: +30 210 728 3000; fax: +30 210 728 3000.

ARTICLE INFO

Article Info
Received 26 November 2013
Received in revised form 6 February 2014
Accepted 9 February 2014

Keywords:
Chronic depression
Schema therapy
CBT
Single case series
Early maladaptive schemas

ABSTRACT

Background and objectives: This study tested the effectiveness of schema therapy (ST) for patients with chronic depression.

Methods: Twelve patients with a diagnosis of chronic depression participated. The treatment protocol consisted of 60 sessions, with the first 55 sessions offered weekly and the last five sessions on a biweekly basis. A single case series A—B—C design, with 6 months follow-up was used. Baseline (A) was a wait period of 8 weeks. Baseline was followed by introduction to ST and bonding to therapist (phase B) with individually tailored length of 12–16 sessions, after which further ST was provided (phase C) up to 60 sessions (included the sessions given as introduction). Patients were assessed with Hamilton Rating Scale for Depression three times during baseline, at the end of phase B, then every 12 weeks until the end of treatment and at 6 months follow-up. Secondary outcome measures were the Hamilton Rating Scale for Anxiety and the Young Schema Questionnaire.

Results: At the end of treatment 7 patients (approximately 60%) remitted or satisfactorily responded. The mean HRS dropped from 21.07 during baseline to 9.40 at post-treatment and 10.75 at follow-up. The effects were large and the gains of treatment were maintained at 6-month follow-up. Only one patient dropped out for reasons not related to treatment.

Limitations: The lack of control group, the small sample and the lack of a multiple baseline case series.

Conclusions: This preliminary study supports the use of ST as an effective treatment for chronic depression.

© 2014 Elsevier Ltd. All rights reserved.
Treatment for Chronic Depression Using Schema Therapy

Fritz Renner and Arnoud Arntz, Department of Clinical Psychological Science, Maastricht University
Ina Leeuw, Academic Community Mental Health Centre (RIAGG) Maastricht
Marcus Huibers, Department of Clinical Psychology, VU University Amsterdam,
Department of Clinical Psychological Science, Maastricht University

Schema therapy (ST) is an integrative treatment approach to chronic lifelong problems with an established effectiveness for treating personality disorders. This article describes the adaptation of ST to chronic depression by reviewing the literature on the underlying risk factors to chronic depression. A model of chronic depression is presented, describing the interplay between empirically supported risk factors to chronic depression (early adversity, cognitive factors, personality pathology, interpersonal factors). We provide a treatment protocol of ST for chronic depression describing techniques that can be used in ST to target these underlying risk factors. Based on the current body of empirical evidence for the underlying risk factors to chronic depression, ST appears to be a promising new treatment approach to chronic depression, as it directly targets these underlying risk factors.

Key words: chronic depression, early maladaptive schemas, risk factors, schema therapy. [Clin Psychol Sci Prac 20: 166-180, 2013]
Outpatient Psychotherapy for Borderline Personality Disorder

Randomized Trial of Schema-Focused Therapy vs Transference-Focused Psychotherapy

Josephine Giesen-Bloo, MSc; Richard van Dyck, MD, PhD; Philip Spinhoven, PhD; Willem van Tilburg, MD, PhD; Carmen Dirksen, PhD; Thea van Asselt, MSc; Ismay Kremers, PhD; Marjon Nadort, MSc; Arnoud Arntz, PhD

Context: Borderline personality disorder is a severe and chronic psychiatric condition, prevalent throughout health care settings. Only limited effects of current treatments have been documented.

Objective: To compare the effectiveness of schema-focused therapy (SFT) and psychodynamically based transference-focused psychotherapy (TFP) in patients with borderline personality disorder.

Design: A multicenter, randomized, 2-group design.

Setting: Four general community mental health centers.

Participants: Eighty-eight patients with a Borderline Personality Disorder Severity Index, fourth version, score greater than a predetermined cutoff score.

Intervention: Three years of either SFT or TFP with sessions twice a week.

Main Outcome Measures: Borderline Personality Disorder Severity Index, fourth version, score; quality of life; general psychopathologic dysfunction; and measures of SFT/TFP personality concepts. Patient assessments were made before randomization and then every 3 months for 3 years.

Results: Data on 44 SFT patients and 42 TFP patients were available. The sociodemographic and clinical characteristics of the groups were similar at baseline. Survival analyses revealed a higher dropout risk for TFP patients than for SFT patients (P = .01). Using an intention-to-treat approach, statistically and clinically significant improvements were found for both treatments on all measures after 1-, 2-, and 3-year treatment periods. After 3 years of treatment, survival analyses demonstrated that significantly more SFT patients recovered (relative risk = 2.18; P = .04) or showed reliable clinical improvement (relative risk = 2.33; P = .009) on the Borderline Personality Disorder Severity Index, fourth version. Robust analysis of covariance (ANCOVA) showed that they also improved more in general psychopathologic dysfunction and measures of SFT/TFP personality concepts (P < .001). Finally, SFT patients showed greater increases in quality of life than TFP patients (robust ANCOVAs; P = .03 and P < .001).

Conclusions: Three years of SFT or TFP proved to be effective in reducing borderline personality disorder-specific and general psychopathologic dysfunction and measures of SFT/TFP concepts and in improving quality of life; SFT is more effective than TFP for all measures.

Arch Gen Psychiatry. 2006;63:649-658
Schema Therapy for Personality Disorders—A Review

Gitta A. Jacob
University of Freiburg, Germany

Arnoud Arntz
Maastricht University, The Netherlands

Schema therapy (ST) with the schema mode approach is currently one of the major developments in CBT for personality disorders. The schema mode model includes both a general approach to treatment as well as specific variants for each personality disorder. The first specific mode model has been defined for borderline personality disorder. Treatment based on this model has been found to be very effective in several studies. A meta-analysis of these studies is presented. Further mode models have also been defined for most personality disorders and for forensic patients. Preliminary results of studies in these patient groups are also promising. Important current and future developments include applications of ST in other treatment settings (i.e., group and inpatient treatment), and the development of approaches for chronic Axis I disorders. Important topics for future research include direct comparisons of ST to other active treatment conditions, dismantling studies, and more fundamental investigations of experiential treatment techniques.
A schema-focused approach to group psychotherapy for outpatients with borderline personality disorder: A randomized controlled trial

Joan M. Farrell a,*, Ida A. Shaw b, Michael A. Webber a

a Indiana University School of Medicine, Department of Psychiatry, Center for Borderline Personality Disorder Treatment & Research, Larue D. Carter Memorial Hospital, 2601 Cold Spring Road, Indianapolis, IN 46222, USA
b BASE Consulting Group, LLC, 6551 Carrollton Avenue, Indianapolis, IN 46220, USA

ABSTRACT

This study tests the effectiveness of adding an eight-month, thirty-session schema-focused therapy (SFT) group to treatment-as-usual (TAU) individual psychotherapy for borderline personality disorder (BPD). Patients (N = 32) were randomly assigned to SFT-TAU and TAU alone. Dropout was 0% SFT, 25% TAU. Significant reductions in BPD symptoms and global severity of psychiatric symptoms, and improved global functioning with large treatment effect sizes were found in the SFT-TAU group. At the end of treatment, 94% of SFT-TAU compared to 16% of TAU no longer met BPD diagnosis criteria (p < .001). This study supports group SFT as an effective treatment for BPD that leads to recovery and improved overall functioning.
Out-patient psychotherapy for borderline personality disorder: cost-effectiveness of schema-focused therapy v. transference-focused psychotherapy


Background
Schema-focused therapy (SFT) and transference-focused psychotherapy (TFP) for borderline personality disorder were recently compared in a randomised multicentre trial.

Aims
To assess the societal cost-effectiveness of SFT v. TFP in treating borderline personality disorder.

Method
Costs were assessed by interview. Health-related quality of life was measured using EQ-5D. Outcomes were costs per recovered patient (recovery assessed with the Borderline Personality Disorder Severity Index) and costs per quality-adjusted life-year (QALY).

Results
Mean 4-year bootstrapped costs were €37,826 for SFT and €46,795 for TFP (95% uncertainty interval for difference −21,775 to 35,460); QALYs were 2.15 for SFT and 2.27 for TFP (95% UI 0.51 to 0.28). The percentages of patients who recovered were 52% and 29% respectively. The SFT intervention was less costly and more effective than TFP (dominant), for recovery; it saved €90,457 for one QALY loss.

Conclusions
Despite the initial slight disadvantage in QALYs, there is a high probability that compared with TFP, SFT is a cost-effective treatment for borderline personality disorder.

Declaration of interest
None. Funding detailed in Acknowledgements.
Implementation of outpatient schema therapy for borderline personality disorder with versus without crisis support by the therapist outside office hours: A randomized trial

Marjon Nadort, Arnoud Arntz, Johannes H. Smit, Josephine Giesen-Bloo, Merijn Eikelenboom, Philip Spinhoven, Thea van Asselt, Michel Wensing, Richard van Dyck

Abstract

Objective: This study aimed to evaluate the success of implementing outpatient schema focused therapy (ST) for borderline patients in regular mental healthcare and to determine the added value of therapist telephone availability outside office hours in case of crisis (TTA).

Methods: To enhance the implementation, the following adaptations regarding the original ST protocol were applied: a reduction in the frequency and duration of the therapy; training therapists of eight regular healthcare centers in ST with a structured and piloted program supported by a set of films (DVDs) with examples of ST techniques; training and supervision given by Dutch experts. Telephone availability outside office hours was randomly allocated to 50% of the therapists of each treatment center. Patient's outcome measures were assessed with a semi-structured interview and self-report measures on BPD, quality of life, general psychopathology and an ST questionnaire, before, during and after treatment.

Results: Data on 62 DSM-IV defined BPD patients were available. Intention-to-treat analyses showed that after 1.5 years of ST 42% of the patients had recovered from BPD. No added value of therapist telephone availability (TTA) was found on the BPDSI score nor on any other measure after 1.5 years of ST.

Conclusions: ST for BPD can be successfully implemented in regular mental healthcare. Treatment results and dropout were comparable to a previous clinical trial. No additional effect of extra crisis support with TTA outside office hours ST was found.

© 2009 Elsevier Ltd. All rights reserved.
Results of a Multicenter Randomized Controlled Trial of the Clinical Effectiveness of Schema Therapy for Personality Disorders

Lotte L.M. Bamelis, Ph.D.
Silvia M.A.A. Evers, Ph.D.
Philip Spinhoven, Ph.D.
Arnoud Arntz, Ph.D.

Objective: The authors compared the effectiveness of 50 sessions of schema therapy with clarification-oriented psychotherapy and with treatment as usual among patients with cluster C, paranoid, histrionic, or narcissistic personality disorder.

Method: A multicenter randomized controlled trial, with a single-blind parallel design, was conducted between 2006 and 2011 in 12 Dutch mental health institutes. A total of 323 patients with personality disorders were randomly assigned (schema therapy, N=147; treatment as usual, N=135; clarification-oriented psychotherapy, N=41). There were two cohorts of schema therapy therapists, with the first trained primarily with lectures and the second primarily with exercises. The primary outcome was recovery from personality disorder 3 years after treatment started (assessed by blinded interviewers). Secondary outcomes were dropout rates and measures of personality disorder traits, depressive and anxiety disorders, general psychological complaints, general and social functioning, self-ideal discrepancy, and quality of life.

Results: A significantly greater proportion of patients recovered in schema therapy compared with treatment as usual and clarification-oriented psychotherapy. Second-cohort schema therapists had better results than first-cohort therapists. Clarification-oriented psychotherapy and treatment as usual did not differ. Findings did not vary with specific personality disorder diagnosis. Dropout was lower in the schema therapy and clarification-oriented psychotherapy conditions. All treatments showed improvements on secondary outcomes. Schema therapy patients had less depressive disorder and higher general and social functioning at follow-up. While interview-based measures demonstrated significant differences between treatments, differences were not found with self-report measures.

Conclusions: Schema therapy was superior to treatment as usual on recovery, other interview-based outcomes, and dropout. Exercise-based schema therapy training was superior to lecture-based training.

(Am J Psychiatry 2014; 171:305–322)
Schema Therapy for Forensic Patients with Personality Disorders: Design and Preliminary Findings of a Multicenter Randomized Clinical Trial in the Netherlands

Abstract
According to Dutch Law, patients committing severe crimes justifying imprisonment of four years or more who cannot be held (fully) accountable for these acts can be sentenced to compulsory hospitalization in a specialized TBS hospital in the Netherlands. In the current paper, the effects of TBS treatment will be addressed in terms of recidivism numbers after termination of TBS treatment, as well as in behavioral changes that are observed during admission to TBS hospitals. Although these results offer some indirect support suggesting that TBS is effective, no randomized controlled trials had been conducted up until now that could confirm this. In the current study, preliminary results are reported from a multicenter randomized clinical trial on the effectiveness of Schema Therapy (ST) for hospitalized TBS patients with Antisocial, Borderline, Narcissistic, or Paranoid Personality Disorders, including those with high levels of psychopathy. Patients at seven TBS clinics were randomly assigned to receive three years of either ST or Treatment As Usual (TAU), and are being assessed on several outcome variables, such as recidivism risk (HCR-20, START), personality disorder symptoms (SIDP-IV, SNAP), and successful re-integration into the community. A three-year follow-up study will examine actual recidivism. One hundred and two patients are participating in the study. The preliminary findings from the first 30 patients to complete the three-year study suggest that ST is yielding better outcomes than TAU with regard to reducing recidivism risk and promoting re-entry into the community. These findings are not yet statistically significant, and thus need to be interpreted with caution until confirmed in our complete sample and follow up. However, they suggest that ST may be a promising treatment for offenders with personality disorders, including some psychopathic ones.
Schema therapy for borderline personality disorder: A comprehensive review of its empirical foundations, effectiveness and implementation possibilities

Gabriela A. Sempértegui a,⁎, Annemiek Karreman a, Arnoud Arntz b, Marrie H.J. Bekker a

a Tilburg University, The Netherlands
b Maastricht University, The Netherlands

HIGHLIGHTS
► Offers both theoretical description and empirical review of the schema model for BPD.
► Evidence exists for a number of schema constructs and mechanisms.
► The extant efficacy studies show positive outcomes of schema therapy for BPD.
► Schema therapy seems a societal cost-effective approach.
► Further work is required to achieve full empirical support of the model and therapy.

ABSTRACT
Borderline personality disorder is a serious psychiatric disorder for which the effectiveness of the current pharmacotherapeutical and psychotherapeutical approaches has shown to be limited. In the last decades, schema therapy has increased in popularity as a treatment of borderline personality disorder; however, systematic evaluation of both effectiveness and empirical evidence for the theoretical background of the therapy is limited. This literature review comprehensively evaluates the current empirical status of schema therapy for borderline personality disorder. We first described the theoretical framework and reviewed its empirical foundations. Next, we examined the evidence regarding effectiveness and implementability. We found evidence for a considerable number of elements of Young’s schema model, however, the strength of the results varies and there are also mixed results and some empirical blanks in the theory. The number of studies on effectiveness is small, but reviewed findings suggest that schema therapy is a promising treatment. In Western-European societies, the therapy could be readily implemented as a cost-effective strategy with positive economic consequences.

© 2012 Elsevier Ltd. All rights reserved.