



Comparing the effectiveness of family-oriented schema therapy by supportive therapy on borderline personality disorder

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Original Article

Abstract

BACKGROUND: Based on the increasing spread of chronic diseases and their destructive role, a borderline personality disorder is the most common personality disorder in the group of chronic mental diseases. This research aims to compare the effectiveness of family-centered schema therapy, with and without supportive therapy. It was done to reduce the symptoms of patients with borderline personality disorder.

METHODS: This semi-experimental research was conducted with a pre-test/post-test design. 30 people were selected by census method based on the research inclusion criteria from among all patients with a definite diagnosis of borderline personality disorder at Quds Hospital in Sanandaj, Kurdistan, Iran, in the spring of 2021. They were randomly divided into intervention and control groups, and the intervention group received 12 hours of family-oriented intervention and supportive therapy in a group manner in 8 sessions. The data collected through the Borderline Personality Disorder Severity Index (BPDSI) were analyzed by comparing the amount of borderline personality disorder in the research units before and after the intervention using SPSS statistical software.

RESULTS: The average symptoms of borderline personality disorder in supportive therapy and family-centered schema therapy were equal to 13.64 and 11.00, respectively, before the group intervention and 11.24 and 7.92, after the intervention.

CONCLUSION: The combined treatment of family-centered schema therapy with therapeutic support has caused more reduction in the symptoms of borderline personality disorder than the family-centered therapy without therapeutic support; therefore, it is suggested that the combined mode of family-centered schema therapy and therapeutic support should be prioritized in therapeutic interventions.

KEYWORDS: Borderline Personality Disorder; Supportive Therapy; Family-Oriented Schema Therapy

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Introduction

The American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision (DSM-IV-TR) describes borderline personality

disorder as: "A pervasive pattern of instability in interpersonal relationships and self-concept and a specific impulsive mood that begins in early adulthood and emerges in different environments and situations". The prevalence of this disorder in society is approximately 2% and it is more common in women.¹ Personality disorders are chronic states whose symptoms start from adolescence or childhood, are inflexible and relatively stable, and continue

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throughout life. They are durable mental and behavioral patterns that do not match the cultural standards and cause a person's unhappiness and disrupt his functions.² This class of disorders causes a decrease in the quality of life and high social costs.³ The worst types of personality disorder in terms of harming oneself and others are antisocial, schizotypal, and borderline personalities, and according to global statistics, the prevalence of personality disorders in the world is as follows: schizoid personality disorder = 9.4%, paranoid personality disorder = 3.2%, schizotypal personality disorder = 0.6% to 6.4%, antisocial personality disorder = 3.3%, borderline personality disorder = 6.1%, dramatic personality disorder = 8.1%, obsessive personality disorder = 4.2%, dependent personality disorder = 6.0%, and avoidant personality disorder = 4.2%. It is possible to point out the importance of paying attention to borderline personality disorder, whose prevalence statistics have also increased.⁴ One of the obvious and destructive characteristics of patients with a borderline personality disorder is mood and behavioral fluctuations (including the feeling of family-centered therapy schema that easily changes to the feeling of supportive therapy and then to anger). Another feature of disturbed interpersonal relationships is that they are very dependent on others; they not only need the support, security, and encouragement of others to maintain their intellectual and behavioral balance, but are also very vulnerable to separation from support sources.⁵ Risky behaviors (irregular spending of money, unconventional sexual relations, etc.), unnecessary anger and self-harm, excessive use of drugs and alcohol to calm down, and escape from problems and many dangers. others, which will subsequently affect individuals and society due to this disorder.⁶ Therefore, considering the prevalence of borderline personality in society and its destructive role, different treatment models should be

considered, so that an effective step can be taken in controlling and reducing borderline personality disorder. For example, we can refer to the research of Zamani et al⁷, which aimed to treat and diagnose the internal structures of patients with borderline personality disorder and reached the conclusion that the schema treatment led to relative emotional stability in the patients. So that they could establish mutual relations with others and feel better.⁷

Moreover, Nadort et al., investigated the effectiveness of schema therapy, this time also on outpatients with borderline personality disorder with available telephone triage and advice (TTA) outside office hours. The results of this research also indicated that schema therapy was effective after 1.5 years on 42% of patients in such a way that these people had recovered.⁸ The research of Vakili et al. examined the effectiveness of dialectical behavior therapy on the symptoms of borderline personality disorder in male prisoners of Chenaran City, Iran. It was a quasi-experimental research with a pre-test, post-test, and follow-up plan with a control group. The results of mixed variance analysis showed that compared to the control group, the experimental group showed a significant decrease in the symptoms of borderline personality disorder, especially in emotional instability; however, withdrawal symptoms, interpersonal relationships, and paranoid beliefs did not change.⁹

Recent studies show that borderline personality disorder is treatable and even its prognosis is better than other disorders such as mood and bipolar disorders. Currently, different therapeutic approaches are effective in reducing suicidal and harmful behaviors.¹⁰ Among them, we can mention the schema therapy approach.

Schema therapy is one of the methods of integrative psychotherapy introduced by the American psychologist, Jeffrey Young. Schema means a set of fundamental beliefs and thought patterns that are formed around a subject in a

person's mind and lead to certain behaviors.¹¹ In their research, Bidari and Hajjalizadeh showed that schema therapy reduced the symptoms of borderline personality disorder, except for impulsivity, feelings of anger, and paranoid beliefs. Examining the effectiveness of individual schema therapy in reducing suicidal and self-harming behaviors showed that this approach was effective in reducing these behaviors. Significant intergroup differences in terms of suicidal and self-harming behaviors were observed in the skill training and follow-up phase.¹² The effectiveness of this approach in reducing suicidal behavior and self-harm has been confirmed in many studies, including Pompili et al.,¹³ Stiglmayr et al.,¹⁴ and Lieb et al.¹⁵

When a person's life cycle undergoes discontinuity, problems often occur. It is not the duty of one person alone to overcome these issues. It is the duty of the whole family and every member of it to act in this important direction; thus, another approach that is effective in the field of borderline personality disorder is family therapy which is performed with the presence of one or more families and is considered a specialized clinical approach for groups.¹⁶ In the chronic condition and auxiliary or complementary treatment, supportive psychotherapy can be mentioned; it means a type of psychotherapy that is used for mental patients with chronic problems. The term supportive psychotherapy has many different meanings. Here, this term refers to an approach of psychological treatment that is used for chronic and debilitating effects of mental illnesses.¹⁷ The background of the research indicates that other studies have examined and confirmed the effectiveness of schema therapy regarding borderline personality disorder separately. However, there has not been a study of the effects of family-oriented schema therapy or combined with therapeutic support for the treatment of borderline personality disorder in a component-wise and categorized manner, and

their relationship and predictability, especially between therapeutic support and the combined mode of family-centered schema therapy has not been investigated. Therefore, from a practical point of view, by conducting this research, it is possible to formulate intervention programs and integrated therapeutic schemas in shaping and supporting patients in controlling this condition and educating the family (parents, spouse, etc.) in line with the change in style. The treatment helped in reduction symptoms of borderline personality disorder, and the main aim of the research was to compare the effectiveness of family-oriented schema therapy, with and without supportive treatment, in reducing the symptoms of patients with borderline personality disorder.

Methods

This research is applied in terms of its purpose and its implementation method. It is a semi-experimental type of pre-test and post-test with a control group, which was carried out in the winter of 2019 and the spring of 1400 in Quds Hospital in Sanandaj, Northwestern Kurdistan, Iran.

The studied population included all patients with borderline personality disorder who visited Quds Hospital in Sanandaj in 2019, including 60 people who were excluded from the study population with the definite diagnosis criteria of borderline personality disorder based on the psychiatrist's opinion and the result of the borderline personality disorder test. They said that their lack of cooperation was also one of the exclusion criteria from the study. The researcher was working in the relevant hospital and, therefore, with the consent of the center and access to the patients' files, based on the criteria for entering the study, he started the study with their verbal consent. The sampling method in this research was the purposeful sampling method and 30 patients with a definite diagnosis of borderline personality disorder were selected

by census and randomly placed in two intervention groups of 15 people and a control group of 15 people. So, at the time of discharge, the patient's urgent need for drug treatment, or the declaration of non-cooperation of some of them, the sample dropped and other people were replaced again.

During the study, it was tried not to force the patients to attend the treatment sessions, and for them, family-centered schema therapy intervention and supportive therapy based on the protocol in 8 sessions of 90 minutes and in a group twice a week were conducted by the researchers. The control group received no intervention. The data collection tool included a two-part questionnaire. After the end of the research, in order to comply with the ethical standards of the people who were in the control group and expressed their consent, they received the intervention of schema therapy protocol. The researcher was present in the hospital with the patients during the time of conducting the research and the steps of data collection and conducting the intervention protocol and was responsible for collecting the data obtained from the study.

The first part is related to demographic information (age, level of education, and history of addiction) and the second part is related to the evaluation of the Borderline Personality Disorder Severity Index (BPDSI), which has 70 items and nine criteria of borderline personality disorder (abandonment, interpersonal relationships, identity, impulsivity, suicidal

behaviors, examined emotional instability, emptiness and worthlessness, explosive anger, paranoid thoughts) based on DSM. All the questions were scored by the authorities based on a 10-point scale that was prepared by Viour and Kelass in 1993, which obtained a reliability coefficient of 82% using Cronbach's alpha method and acceptable construct validity.¹⁸ In Iran, Salavati and Yeke Yazdandoost¹⁹ reported a reliability coefficient of 0.85 for each subscale and the whole scale using the binomial method.²⁰ In the present study, the collected data were analyzed by using descriptive statistics and by comparing the amount of borderline personality disorder in the research units before and after the intervention through the multivariate analysis of variance (MANOVA) test using SPSS statistical software (version 22, IBM Corporation, Armonk, NY, USA).

The implementation protocol of this study was approved by the National Ethics Committee of the School of Psychology and Counseling of the Islamic Azad University, Sanandaj Branch (code of ethics: IR.IAU.TMU.REC.1399.027).

Results

Table 1 shows the demographic information of the participants regarding sex, age, level of education, and history of addiction separately.

A total of 30 men with an average age of 32.4 ± 8.2 years (18 to 53) were studied, 65% of them had a diploma or sub-diploma education, and 21 of them (70%) had an addiction.

Table 1. Demographic information of the participants

Demographic information	Group	Participants (intervention and control)
Variable		n (%)
Age (year)	Under 25	6 (15)
	26 to 35	13 (55)
	36 to 45	9 (25)
	46 and above	2 (5)
Education	Diploma and sub-diploma	17 (65)
	Post-diploma	6 (10)
	Master	4 (10)
	PhD and above	3 (15)
Addiction	Yes	21 (70)
	No	9 (30)

Table 2. The results of the normality test of the data distribution of family-oriented schema therapy and supportive therapy

Variable	Group	Skewness statistic	Skewness SE	Kurtosis statistic	Kurtosis SE	Kolmogorov-Smirnov z	P
Family-oriented	Before intervention	0.231	0.337	-0.246	0.662	0.153	0.124
	After intervention	-0.876	0.337	1.326	0.662	0.203	0.062
Supportive treatment	Before intervention	0.121	0.337	-0.337	0.662	0.153	0.109
	After intervention	-0.205	0.337	-0.258	0.662	0.148	0.113

SE: Standard error

According to the significance level of the Kolmogorov-Smirnov test for each of the variables of family-oriented therapy and supportive therapy (Table 2) and their normal distribution, parametric tests were used to analyze the data.

The findings showed that the significance level of the Kolmogorov-Smirnov test for the variable of family therapy before the intervention (0.124), family-centered schema therapy after the intervention (0.062), supportive therapy before the intervention (0.109), and supportive therapy after the intervention (0.113) was greater than the value of 0.05. As a result, they had a normal distribution. The results obtained based on the control group and the test group before the intervention for each variable are stated in table 3.

The obtained results showed that the rate of personality disorder symptoms of the patients under supportive treatment before the intervention in the first round was severe (53%) in the test group and moderate (73%) in the control group. Besides, the average score of the supportive treatment of the test group was 13.64 with a standard deviation (SD) of 2.69 and the average score of the supportive treatment of the control group was 13.16 with an SD of 2.24.

The rate of symptoms of borderline personality disorder with the family-centered schema therapy of the patients before the intervention in the first round was medium (60%) in the test group and mild (48%) in the control group. Moreover, the average score of family-centered schema therapy in the test group was 11 with an SD of 1.63 and the average score of family-centered schema therapy in the control group was 10.76 with an SD of 1.94. The results obtained based on the control group and the test group after the intervention for each variable are stated in table 4.

According to table 4, the rate of symptoms of borderline personality disorder with the supportive treatment of patients after the second intervention in the test group was medium (66%) and in the control group was medium (80%). In addition, the average supportive treatment score of the test group was 11.24 with an SD of 2.58 and the average supportive treatment score of the control group was 13.20 with an SD of 1.73.

Moreover, the highest rate of symptoms of borderline personality disorder with family-oriented treatment in the test group is moderate 11(73.4) and the lowest rate is in the mild control group 0(0) (Table 4).

Table 3. The rate of borderline personality disorder symptoms in patients treated with family-oriented schema therapy and therapeutic support in the test group before the intervention and in the control group of the first round

Variable	Group	Mild	Medium	Severe	Total	Mean ± SD
		n (%)	n (%)	n (%)	n (%)	
Family-oriented	Test	6 (40.0)	9 (60.0)	0 (0)	15 (100)	11.00 ± 1.63
	Control	8 (53.4)	6 (40.0)	1 (6.6)	15 (100)	10.76 ± 1.94
Supportive treatment	Test	2 (13.3)	5 (33.3)	8 (53.4)	15 (100)	13.64 ± 2.69
	Control	1 (6.6)	11 (73.4)	3 (20.0)	15 (100)	13.16 ± 2.24

SD: Standard deviation

Table 4. The rate of borderline personality disorder symptoms in patients treated with family-centered schema therapy and therapeutic support in the test group after the intervention and in the second control group

Variable	Group	Mild	Medium	Severe	Total	Mean ± SD
		n (%)	n (%)	n (%)	n (%)	
Family-oriented	Test	7 (46.6)	6 (40.0)	2 (13.4)	15 (100)	7.92 ± 2.18
	Control	0 (0)	11 (73.4)	4 (26.6)	15 (100)	9.88 ± 1.42
Supportive treatment	Test	4 (26.6)	10 (66.7)	1 (6.6)	15 (100)	11.24 ± 2.58
	Control	1 (6.6)	12 (80.0)	2 (13.4)	15 (100)	13.20 ± 1.73

SD: Standard deviation

After performing the Student's t-test at the significant level of $P < 0.05$, it can be concluded that there was a significant difference between the amount of supportive treatment for patients with borderline personality disorder in the test group after the intervention and in the control group of the second round, and also there was a significant difference between the amount of family-centered schema therapy of patients with borderline personality disorder in the test group after the intervention and in the control group of the second round. The comparison of this difference in both variables before and after the treatment by the group is shown in table 5.

Discussion

This research was conducted to compare the effectiveness of family-centered schema therapy, with and without supportive therapy, in reducing the symptoms of patients with borderline personality disorder, and the results showed that the patients who received family-centered schema therapy intervention with supportive therapy, their symptoms of borderline personality disorder decreased to a greater extent and reached an average level.

The first hypothesis of the research is that "family-centered schema therapy has an effect on the amount of borderline personality disorder symptoms in patients." According to our findings, there was no significant difference between the average family-centered schema treatment of the control group patients in the stages before and after the intervention. But this difference was significant in the test group. According to the average values, the amount of family-oriented schema therapy for patients in the test group decreased significantly after the intervention. Moreover, the independent t-test indicated that there was no significant difference between the mean of the family-centered schema therapy of the patients of the two test and control groups before the intervention, and there was a significant difference after the intervention.

According to the mean values, the average symptoms of borderline personality disorder in the test group decreased after the intervention of family-oriented schema therapy. Therefore, it was concluded that family-centered schema therapy group intervention affected reducing the symptoms of borderline personality disorder in patients.

Table 5. Comparing the mean of supportive therapy and family-centered schema therapy before and after the intervention by test and control group

Variable		Test	Control	Independent t-test (df = 48)
Family-oriented	Pre-test	13.64 ± 2.69	13.16 ± 2.24	P = 0.497, t = 0.648
	Post-test	11.24 ± 2.58	13.20 ± 1.73	P = 0.003, t = 3.148
Paired t-test (df = 24)		P = 0.007, t = 2.954	P = 0.943, t = -0.073	
Supportive treatment	Pre-test	11.00 ± 1.63	10.76 ± 1.94	P = 0.638, t = 0.473
	Post-test	7.92 ± 2.17	9.88 ± 1.42	P = 0.001, t = 3.766
Paired t-test (df = 24)		P = 0.001, t = 5.020	P = 0.116, t = 1.631	

Data are presented as mean ± standard deviation (SD).

df: Degree of freedom

Concerning the second hypothesis of the research that is: "family-centered schema therapy with supportive therapy affects the level of borderline personality disorder in patients", the results of the paired t-test did not show a significant difference between the mean supportive treatment of the control group of patients in the stages before and after the intervention, but this difference was significant in the test group.

According to the mean values, the amount of supportive treatment for patients in the test group decreased significantly after the intervention. Besides, the independent t-test indicated that there was no significant difference between the mean supportive treatment of the patients of the two test and control groups before the intervention, and there was a significant difference after the intervention.

According to the mean values, the average symptoms of borderline personality disorder in the test group decreased after the intervention of family-oriented schema therapy with supportive therapy. Therefore, it can be concluded that family-centered schema therapy group intervention with supportive therapy affected reducing the symptoms of borderline personality disorder in patients.

Because in this research, schema therapy with and without supportive therapy was used as a combination, it is not correct to check the dimensions and whether it is aligned or not aligned with the results of other research. In this regard, it can only be acknowledged that the hypotheses of the research were confirmed and it can be said that the general results of the current research are in agreement with the results of the research of Farrell et al.,²¹ on a sample of 32 people with a borderline personality disorder to investigate the effect of group therapy with a schema-oriented approach, and with the results of the research of Stiglmayr et al.¹⁴ conducted on a sample of 51 girls aged 18 to 24 years which found that

subjects with borderline personality disorder received less support in their childhood mother-child relationships.

In terms of therapeutic support, it was consistent with the results of Zamani et al.⁷ who aimed to treat and diagnose the internal structures of patients with borderline personality disorder; they concluded that schema therapy led to relative emotional stability in patients. It was aligned, and there was no contradiction in the results and there were no studies that violated the present study. Because the purpose of this study was to confirm and compare the effectiveness that the alignment with the goals of the mentioned studies was mentioned in each dimension.

Conclusion

The literature bases of these studies show that group schema treatments affect personality disorder and supportive treatments also affect different aspects of the patient's individual life.

Limitations: The limitations of the research included the lack of research conducted in this field in Iran, ignoring other factors affecting borderline personality disorders, and considering a specific schema treatment to show the exact effect of factors and relationships.

The results of this research provide new solutions for the management of a drug-free treatment structure for borderline personality disorder. In this context, it is even possible to plan on the prioritization of schema therapy combined with supportive therapy.

Moreover, the basic content of family-centered schema therapy can be effective for the dimensions examined in personality disorder, so that the degree of weakness of borderline personality disorder dimensions is evaluated more accurately. It is possible to use the schema treatment according to it.

Since this research only examined the characteristics of family-centered schema therapy with and without supportive therapy,

it is suggested to carry out further research on the combined effect of schema treatment with supportive treatment on people undergoing drug treatment.

Conflict of Interests

Authors have no conflict of interests.

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