Cognitive Therapy for Borderline Personality Disorder with Mary Anne Layden
[Motion picture]

The APA psychotherapy videotape series delivers another excellent illustration of cognitive therapy in practice with *Cognitive Therapy for Borderline Personality Disorder*, by Mary Anne Layden, PhD. Throughout this video Layden models a balance between empathic presence and methodical adherence to cognitive therapy (CT) technique. The content of the session primarily involves Layden addressing a patient’s dysfunctional schemas and maladaptive coping strategies, as these areas are often the primary focus of CT with patients with borderline personality disorder (BPD). The tape serves as an informative companion piece to the book *Cognitive Therapy of Borderline Personality Disorder* (Layden, M.A., Newman, C.R., Freeman, A., & Morse, S., 1993).

The session depicts the 19th individual CT session of a 40-year old female patient who had recently been hospitalized after a series of suicide attempts. Like other videotapes in this series, a professional actress portrays the client. The performance is based on real case materials. If this video has an area of weakness, it is in the actress’ performance. While the “patient” does enact some of the more challenging behaviors that people with BPD might exhibit, such as dissociation and affective lability, the acting can sometimes seem overdone and artificial. Despite this, Layden proceeds with focused intention. Her use of validation, empathic listening, and role-play exercises demonstrates a gentle and emotionally intelligent use of CT technique with a patient who presents as affectively fragile.

Whenever the patient begins to dissociate or appear emotionally numb, Layden uses specific techniques to bring the patient into the present moment. For example, when the patient reports that her hands “feel like wood,” Layden encourages her to rub her hands together and to remind herself of where she is. Rather than merely giving the instructions, Layden models the behavior herself. The degree to which the Layden is able to track the patients’ shifts in mood, and to seamlessly adapt a flexible response is truly impressive.

A brief booklet accompanies the tape. It covers a synopsis of the treatment approach, client background information, process notes for prior sessions, and a series of questions for the viewer. While the written material is helpful and interesting, it is rather brief. Given the complicated nature of working with persons with BPD, a synopsis of the therapy techniques longer than 1 and 1/2 pages would probably be helpful, especially for students and practitioners who are unfamiliar with a CT approach. Nonetheless, the booklet does serve as a reasonable introduction and guide.

Students and clinicians often express concern over dealing with difficult patients early in their careers, and those patients with severe personality disorders can be among the most challenging. As such, *Cognitive Therapy for Borderline Personality Disorder* should be an important addition to the videotape library of any CT practitioner or training program. It can provide the viewer with a rare glimpse into the therapy session of a highly skilled cognitive therapist, as she addresses a “patient” in extreme distress. This videotape is highly recommended.
References

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