

**Giesen-Bloo, J., Dyck, R. van, Spinhoven, P., Tilburg, W. van, Dirksen, C., Asselt, T. van, Kremers, I., Nadort, M., & Arntz, A. (2006). Outpatient psychotherapy for borderline personality disorder, randomized trial of schema-focused therapy vs transference-focused psychotherapy. *Archives of General Psychiatry*, 63, 649-658.**

*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.