

Transference-Focused Psychotherapy (TFP) for Borderline Personality Disorder (BPD)

This section describes the knowledge and skills required to carry out Transference-focused psychotherapy (TFP) for Borderline Personality Disorder (BPD)

It is not a 'stand-alone' description of technique, and should be read as part of the psychoanalytic/ psychodynamic competence framework.

Effective delivery of this approach depends on the integration of this competence list with the knowledge and skills set out in the other domains of the psychoanalytic/ psychodynamic competence framework.

Source: Clarkin, J., Yeomans, F. and Kernberg, O. (2006) *Psychotherapy for Borderline personality: Focusing on Object Relations*. Washington, DC, American Psychiatric Publishing

Knowledge

Knowledge of the nature of BPD

Knowledge of the features which characterise a borderline personality "organisation":

identity diffusion (i.e. lack of an integrated concept of self and lack of an integrated concept of significant others),

reliance on "primitive" defence mechanisms to deal with intense affects, centring around splitting and projective identification

a fluctuating capacity for reality testing, which is generally maintained but sometimes impaired

Knowledge of the psychological and interpersonal difficulties experienced by clients with a diagnosis of BPD, including:

polarised perceptions of others (who may be idealised or devalued)

difficulties establishing and maintaining intimate relationships

lack of impulse control and anxiety tolerance

Knowledge of the theoretical underpinnings of TFP

An ability to draw on knowledge of object-relations theory, and that:

TFP is informed by Kleinian theory and technique (which emphasises that external reality is experienced and reacted to through the filter of an internal, unconscious world of object relations)

TFP formulates the problems of clients with BPD as resulting from a lack of integration of the idealised and persecutory features of their earliest relationships (i.e. 'good' and 'bad' objects) in the internal representations of self and other

affects are considered to be a response to the activation (in the client's mind) of specific self-other representations

An ability to draw on knowledge of the developmentally "primitive" defences that are characteristic of BPD, particularly splitting and projective identification.

Basic principles of TFP

An ability to draw on knowledge that all interventions in TFP (and especially exploration of the transference and the client's defences) should take place in the context of safe containment (provided by a clearly specified treatment frame)
An ability to draw on knowledge that TFP's primary focus is on understanding the client's internal world as it manifests in the transference, so as to help the client to identify and work through unconscious or "dissociated" internal conflicts (expressed through behaviour rather than verbally, or communicated by the client's projective mechanisms and typically experienced in the countertransference)
an ability to draw on knowledge that whilst retaining an overall focus on the transference, TFP also actively enquires about the client's life outside sessions
An ability to draw on knowledge that TFP advocates the systematic exploration of the transference and of the client's defences early in the treatment
An ability to draw on knowledge that the therapeutic alliance is built by emphasizing the therapist's empathy with the total subjective experience of the client, including negative, hostile and angry elements
An ability to draw on knowledge that TFP focuses on the role of aggression in BPD, often defending against a search for an ideal, nurturing object, with the aim of helping the client to acknowledge this aggression, understand it and eventually integrate it
An ability to draw on knowledge of the distinction between rage and pathological hatred or aggression:
rage is conceptualised as a basic affect occurring when an obstacle is interposed between the self and gratification
pathological hatred or aggression is associated with a consolidated and internalized image of a bad, frustrating object that wilfully induces suffering, and is split off from an image of a potentially responsive, nurturing object

Principal strategies employed in TFP

An ability to draw on knowledge that TFP works through the "reactivation" of the client's internal representations of self and other in the transference (with the aim of increasing the client's capacity for reflection and hence the re-integration of their projections (i.e. split-off self- and other- representations))
Knowledge that TFP has four core strategies:
working through the transference to allow the client to experience the therapeutic relationship in a more balanced, integrated way (and as the basis for then addressing the client's external relationships)
defining the client's dominant pattern of object relations through:
using the transference to infer dominant self and other representations
tolerating the countertransference and using this to inform the understanding of dominant patterns of relating
observing and interpreting the client's "role reversals" (when the client may alternately enact the self and other representations of an internalized object relationship, so that, when enacting the "other" representation, the client may appear to enact a role they typically ascribe to another person)
observing and interpreting connections between representations of self and other that are defensively split-off and are the source of conflict and internal fragmentation (particularly observing splitting between representations of a nurturing and a frustrating object relationship).
An ability to establish a verbal treatment contract which implicitly challenges self-defeating or destructive behaviours, protecting the client and the work of the therapy by requiring the client to find alternative strategies for self-expression and gratification

An ability to draw on knowledge that:
in the early and mid phases TFP primarily relies on the interpretation of transference to help the client understand and begin to re-integrate their projections
in the later phases of therapy greater use is made of reconstructive interpretations (linking past and present) in addition to an ongoing focus on the here-and-now relationship with the therapist

Assessment

Knowledge

An ability to draw on knowledge that a core aim of assessment is to assess:
the client's personality organisation, (particularly the degrees of identity diffusion, use of primitive defence mechanisms, and consistency of reality testing)
to provide information about the quality of the client's object relations,
to assess difficulties that may have arisen in prior treatments
to negotiate a treatment contract that reflects the principles of TFP
An ability to draw on knowledge that assessment consists of three phases, each with distinctive aims:
an initial phase of assessment focused on the client's difficulties and their past and current functioning)
a middle phase focused on exploring of the client's subjective experience of themselves
a final phase focused on arriving at a diagnosis, introducing the model and treatment contracting

Process of assessment

An ability to listen to both the content of what the client reports <i>and</i> the manner in which the client presents, such as non-verbal behaviours and expressions of affect
An ability to monitor how the client responds to tactful confrontation of key conflicts and defences in the assessment interview
An ability to monitor the quality of the interaction between therapist and client:
an ability to use the information and experience of the assessment as the basis for formulating ideas about early transference themes

Initial phase of assessment

An ability to help the client describe their past and present difficulties, including symptoms
An ability to explore the client's family and personal history
An ability to explore and assess core areas of functioning that are likely to impact on treatment (e.g. risk; substance abuse)
An ability to assess the client's expectations of, and motivation for, treatment
with clients who have had previous treatment, an ability to explore their reports of previous treatments in order to identify any likely threats to the proposed treatment

Middle phase of assessment

An ability to engage the client in describing how they perceive themselves
An ability to explore and sensitively challenge aspects of the client's behaviour or experience which are unclear or incongruous
An ability to help the client to begin to engage in the process of reflecting and being curious about themselves and their difficulties

Final phase of assessment

An ability to introduce the client to the nature of TPF in an open, direct manner that allows the client to ask questions
An ability to engage the client in negotiating the verbal treatment contract and in reflecting on what this means to them:
an ability to provide an opportunity for the client to raise any questions and/or objections
an ability to observe and comment on the client's reaction to the proposed contract
An ability to clearly communicate to the client the boundaries of the therapy (including the management of emergencies) and the respective expectations/responsibilities of client and therapist
An ability to identify (and hence anticipate and plan for) potential threats to the treatment, making explicit the reasons for the therapist's concern (and basing this in what the client has reported)
An ability to identify potential threats to the therapy (e.g. active behaviours (such as suicide threats), or contextual and psychodynamic factors (such as social isolation or a perception of the self as disabled))
An ability to formulate a contract which challenges any secondary gain from symptoms or behaviours
An ability to respond thoughtfully and flexibly to the client's reaction to the contract and to consider the need for some accommodations so as to engage the client

Diagnosis and formulation

An ability to distinguish between a neurotic, borderline and psychotic organisation
An ability to identify the presence of Axis 1 disorders
An ability to integrate various sources of information (e.g. the client's own reports, the therapist's countertransference) in order to reach a dynamic formulation of the client's difficulties

Interventions

Basic therapeutic stance

An ability to establish an involved, concerned stance that helps to establish an alliance with the part of the client that has some wish, and rudimentary capacity, to relate
An ability to be emotionally engaged in the therapeutic relationship whilst also sustaining a reflective stance that can contain the client's emotional experience and "affect storms"
An ability to maintain a consistent stance that prioritises understanding over action and that conveys clear boundaries about what the therapist can and cannot do
An ability to maintain analytic neutrality in relation to the client's conflicts (i.e. not taking sides with any aspects of the conflicted self-other representations or gratifying particular wishes):
an ability to respond flexibly to the client's destructive behaviour (directed towards the self, other or the treatment itself), which may require a deviation from technical neutrality
An ability for the therapist to reflect on the meaning of inevitable deviations from a basic neutral stance, so as to restore the position of analytic neutrality through interpretation:
an ability to explore with the client the meaning they attribute to the deviation

Managing the treatment frame

Knowledge

An ability to draw on knowledge that the treatment frame aims to provide containment and to facilitate the activation of the client's internalised representations of self and other within a safe setting
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Application

An ability to negotiate and maintain a clear treatment contract with the client from the outset (e.g. timing of sessions, therapist and client roles) and to review this as necessary
An ability to identify when interpretation is not sufficient or is not appropriate, and where limit setting by the therapist is required so as to protect the client, others and/or the therapy

Interpretations

Process of interpretation

An ability to make use of the techniques of clarification and confrontation as the basis for making an interpretation
An ability to ensure that communication with the client reflects an attunement to (rather than mirroring of) the client's affective state (e.g matching, but not being drawn into, the client's current affective state or responding in an active manner to the absence of affect)
An ability to allow the client to start each session but also to actively redirect the dialogue back to the identified focus if and when required

An ability to help the client explore their experience of being given an interpretation and the meaning they attribute to it

Focus of interpretations

An ability to focus interpretations on the present, here-and-now interaction (i.e. not interpretations about the past)

An ability to identify the dominant theme in a given session and to address this in the interpretations

An ability (in each session) to identify any imminent risk to the client, therapist or therapy, and to make this the primary focus of intervention before addressing transference dynamics or other content that is emotionally salient

An ability consistently to confront evidence of internal representations of relationships that are characterised by sadistic and masochistic qualities

An ability to gauge when to interpret that an aggressive mode of relating defends against primitive longings for relatedness or care

As the therapy progresses into the middle phase, an ability to expand the focus to link understanding gleaned from the analysis of the transference to the client's external life (i.e. to their current personal, social and occupational functioning)

An ability to evaluate the risks and benefits of early interpretations of deeply unconscious material:

where such interpretations are made, an ability to communicate to the client recognition of their need for the defences deployed

Working in the transference

An ability to encourage the client to elaborate their subjective view of the therapist and of their experience of the interaction in the room (without either accepting or challenging it) so that the therapist can obtain a detailed, 'live', sense of the client's experience of reality:

when the distorted perceptions actively threaten the therapy (e.g. in paranoid and severe regressions), an ability to be more actively challenging of the client's view so as to establish common elements of shared reality

An ability to identify patterns in the shifts and reversals of self-other relationship dyads as they manifest in the transference:

an ability to track "part-representations" to identify the operation of projective and introjective processes so as to help the client understand their function

An ability to focus interpretations on:

identifying the client's dominant internal representations of self and other

helping the client make connections between these representations and their internal conflicts

drawing attention to splitting between persecutory and idealized representations of the other and the complementary representations of the self

An ability to identify and interpret the negative transference so as to help the client to accept and integrate negative feelings:

An ability to identify what the client can tolerate thinking about when in an over-aroused state

An ability to pitch the interpretation according to the assessment of the client's state of mind (e.g. interpreting the client's perception of the therapist, rather than inviting the client to reflect on what they are doing to the therapist, so as to avoid prematurely burdening the client with responsibility for their projection(s))

An ability to distinguish aspects of the positive transference that support the development of the therapeutic alliance (and which are not to be interpreted) from aspects which are defensive or idealised, and which therefore require interpretation

An ability to allow the client to give expression to sexual feelings in the therapeutic relationship and to interpret these (without arousing or shaming the client) so as to manage the erotised transference, and where appropriate using limit setting

Working with the countertransference

An ability to use the therapist's emotional responses to the client as a guide to understanding the client's internal world of relationships:

an ability to distinguish between a "concordant" countertransference (i.e. the therapist empathically identifies with the client's experience) and a "complementary" countertransference (i.e. the therapist identifies with the client's internal object(s))

An ability to consider the pressure to deviate, and actual deviations, from the specified treatment frame as potential instances of countertransference

An ability to tolerate and manage a) strong negative feelings towards the client and b) being the recipient of strong negative feelings from the client

Working on endings

An ability to prepare the client for ending by systematically addressing the meaning of separations and interruptions throughout the treatment (in terms of the unconscious object relations that underlie the client's emotional reaction(s) to separation)

An ability to monitor the progress of therapy relative to the goals of treatment, so as to evaluate when ending is indicated

An ability to reflect on the transference and countertransference to inform the understanding of any difficulties around ending

Metacompetencies

An ability to implement the strategies and techniques of TFP in a flexible manner that is responsive to the within session, moment-to-moment, shifts in the client and to the fluctuations in their needs at particular points in time

An ability to accept and work within the limitations of what is possible therapeutically with some BPD clients so as to persevere with the effort to understand the client in the face of their negativity and/or destructiveness:

an ability to distinguish between a helpful, repetitive working through and a therapeutic impasse.