

# Alliance ruptures: how Transference-Focused Psychotherapy helps in anticipating, planning for, and managing them



ESSPD Clinical Workshop: Dealing with alliance ruptures  
Riga, Latvia on 5–7 June 2025

Tennyson Lee, TFP-UK  
DeanCross Personality Disorder Service & CUSP  
East London NHS Foundation Trust



# Objectives and Sequence

1. TFP overview
2. How this links to alliance rupture
3. Clinical material
4. Discussion

## Break

1. Q&A, role play
2. Summary



# Clinical case

34 yr u/e female, 2 young daughters, long term partner

P/C

Very difficult relationships with those she dearly loves

Dx: Borderline PD

Rx:

in a weekly therapy

We join 20 minutes in in her 3<sup>rd</sup> month of treatment...(talking re her daughter)



# How do you address the rupture? Contribution from TFP



INTERNATIONAL SOCIETY OF TRANSFERENCE-FOCUSED PSYCHOTHERAPY

Advancing Treatment of Borderline Personality Disorder

[Home](#)

[About ISTFP](#)

[News](#)

[Treatment](#)

[Publications](#)

[Training](#)

[Membership](#)



5th Biennial ISTFP Conference, Barcelona, October 2018

# Transference Focused Psychotherapy

## A Structural and structured approach to PD



An evidence-based manualized individual outpatient therapy for serious personality disorders that can be adapted to all psychiatric settings

*A structural* understanding of personality

*A structured* approach to working with personality disorder

# Borderline personality disorder: a comprehensive review of diagnosis and clinical presentation, etiology, treatment, and current controversies

*(World Psychiatry 2024;23:4-25)*

Falk Leichsenring<sup>1,2</sup>, Peter Fonagy<sup>3</sup>, Nikolas Heim<sup>4</sup>, Otto F. Kernberg<sup>5</sup>, Frank Leweke<sup>1</sup>, Patrick Luyten<sup>3,6</sup>, Simone Salzer<sup>4</sup>, Carsten Spitzer<sup>2</sup>, Christiane Steinert<sup>1,4</sup>

- Psychotherapy the treatment of choice for BPD
- Evidence base for DBT, Schema Focused Therapy, MBT, TFP,
  - No approach superior to others
- ~50% patients not respond to psychotherapy
- Medication: no evidence available consistently showing efficacious for core symptoms of depression

# Efficacy of TFP: Three RCTs

ORIGINAL ARTICLE

## 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; Arnold Arntz, PhD

**Context:** Borderline personality disorder is a chronic psychiatric condition, prevalent in outpatient settings. Only limited effects of treatment have been documented.

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

**Design:** A multicenter, randomized, controlled trial.

**Setting:** Four general community mental health centers.

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

**Intervention:** Three years of either SFT or TFP, twice a week.

**Main Outcome Measures:** Borderline Personality Disorder Severity Index, fourth version, and general psychopathologic dysfunction (SFT/TFP personality concepts). Patient status was assessed before randomization and then at 3 years.

## Article

## Evaluating Three Treatments for Borderline Personality Disorder: A Multiwave Study

John F. Clarkin, Ph.D.

Kenneth N. Levy, Ph.D.

Mark F. Lenzenweger, Ph.D.

Otto F. Kernberg, M.D.

**Objective:** The authors examined three-year-long outpatient treatments for borderline personality disorder. Behavioral treatments were significantly associated with improvement in suicidality.

BJPsych

The British Journal of Psychiatry (2010) 196, 1-7. doi: 10.1192/bjp.bp.109.070177

Met  
nose  
der  
ence  
beh  
men  
cate  
inter  
ers  
havi  
depr  
mult  
Res  
sis  
r  
treat  
itive  
func  
1 ye  
focu

## Transference-focused psychotherapy v. treatment by community psychotherapists for borderline personality disorder: randomised controlled trial

Stephan Doering, Susanne Hörz, Michael Rentrop, Melitta Fischer-Kern, Peter Schuster, Cord Benecke, Anna Buchheim, Philipp Martius and Peter Buchheim

### Background

Transference-focused psychotherapy is a manualised treatment for borderline personality disorder.

### Aims

To compare transference-focused psychotherapy with treatment by experienced community psychotherapists.

### Method

In a randomised controlled trial (NCT00714311) 104 female out-patients were treated for 1 year with either transference-focused psychotherapy or by an experienced community psychotherapist.

### Results

Significantly fewer participants dropped out of the transference-focused psychotherapy group (38.5% v. 67.3%) and also significantly fewer attempted suicide ( $d = 0.8$ ,  $P = 0.005$ ). Transference-focused psychotherapy was significantly superior in the domains of borderline

symptomatology ( $d = 1.6$ ,  $P = 0.001$ ), psychosocial functioning ( $d = 1.0$ ,  $P = 0.002$ ), personality organisation ( $d = 1.0$ ,  $P = 0.001$ ) and psychiatric in-patient admissions ( $d = 0.5$ ,  $P = 0.001$ ). Both groups improved significantly in the domains of depression and anxiety and the transference-focused psychotherapy group in general psychopathology, all without significant group differences ( $d = 0.3-0.5$ ). Self-harming behaviour did not change in either group.

### Conclusions

Transference-focused psychotherapy is more efficacious than treatment by experienced community psychotherapists in the domains of borderline symptomatology, psychosocial functioning, and personality organisation. Moreover, there is preliminary evidence for a superiority in the reduction of suicidality and need for psychiatric in-patient treatment.

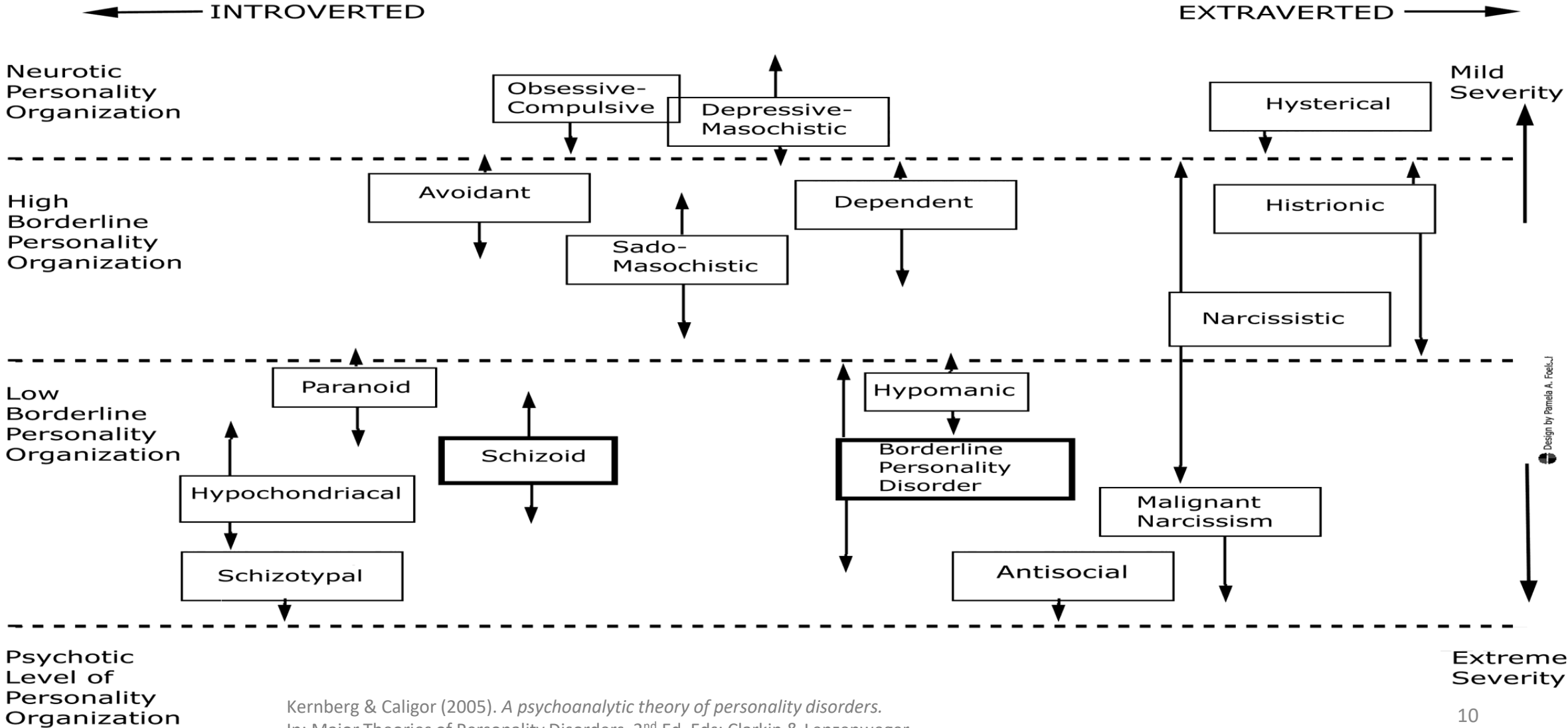
### Declaration of interest

None.

# A *STRUCTURAL* APPROACH

- Identity
- Defensive Operations
- Reality Testing
- Quality of Object Relations
- Aggression
- Moral Functioning

# Relationship Between DSM-5 Personality Disorders and Structural Diagnosis



Kernberg & Caligor (2005). *A psychoanalytic theory of personality disorders*.  
 In: Major Theories of Personality Disorders, 2<sup>nd</sup> Ed. Eds: Clarkin & Lenzenweger.  
 NY, Guilford, 115-156.

# 2.3 ICD 11 and DSM-5

## ICD 11 Steps

1. **PD present?** (criteria similar to ICD10 – impact, enduring, pervasive) ***Self and Interpersonal (ie Other)***
  
2. ***Severity?***: mild, moderate, severe
  1. Self functioning (identity)
  2. Interpersonal functioning ie Other (understanding other’s perspective)
  3. Pervasive
  4. Impact
  
3. **Main Domain trait?**:
  1. Negative affects
  2. Dissocial
  3. Disinhibition
  4. Anankastic
  5. Detachment

## Alternative Model DSM-5 for PD

Level of impairment	Self		Interpersonal	
	Identity	Self-direction	Empathy	Intimacy
0 None, little				
1 Some				
2 Moderate				
3 Severe				
4 Extreme				

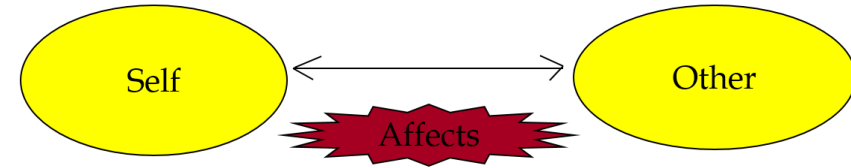
# ICD-11

# TFP

- Steps

1. PD present?

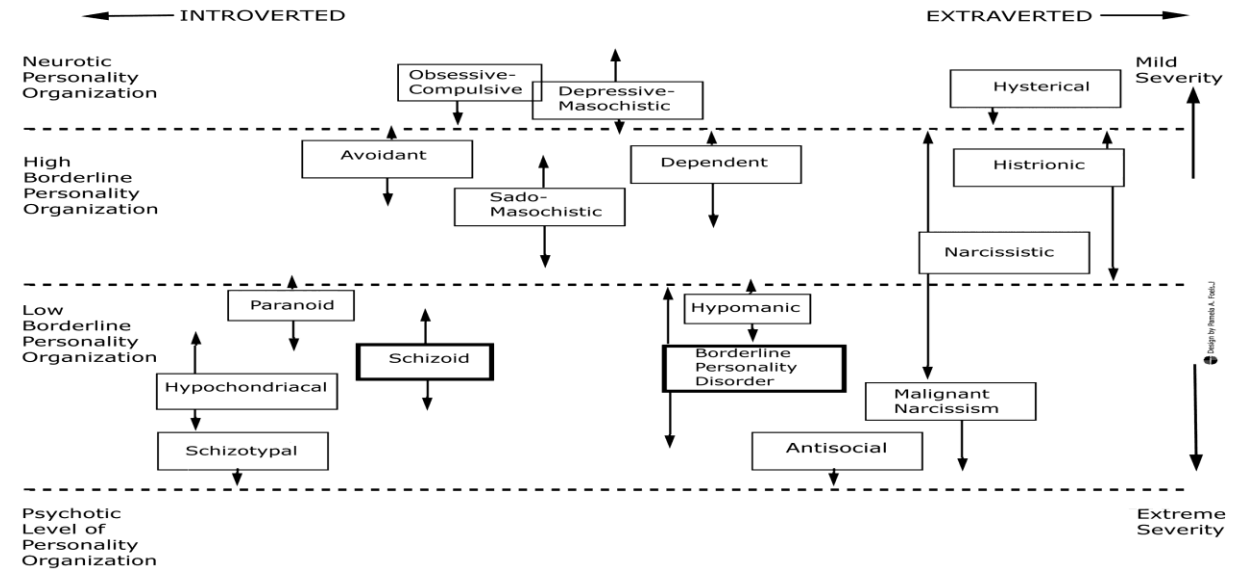
- *Self and Interpersonal (ie Other)*



The Object Relations Dyad

2. Severity?: mild, moderate, severe

1. Self functioning (identity)
2. Interpersonal functioning ie Other (understanding other's perspective)
3. Pervasive
4. Impact



# The Structural Classification of Personality Disorders by Levels of Severity

slide by Eve Caligor.

	Identity: diffusion?	Defences: primitive?	Reality Testing poor	Object relations: unstable	Aggression	Morality: lack of
Normal	- (consolidated, coherent representations)	- (mature ie adaptive, flexible)	- (good)	- (stable, mutuality, intimacy & sexuality)	- modulated	- Functioning Moral compass
Neurotic (LPFS 1)	- (as in normal)	- Repression based	-	- Mutuality, some rigidity, problems c intimacy	-	-
Hi Level BPO (mild) (LPFS 2)	+ Partially consolidated	+ Mixed splitting and repression	+	+ Some capacity for mutuality unstable	+	Generally adequate
Mid level BPO (LPFS 3)	++ Poorly consolidated	++ Splitting based	++	++ Need fulfilling orientation	++	++ Variable
Low level BPO (LPFS 4)	+++	+++ Splitting based	+++	+++ Manipulative exploitative	+++	+++ severe deficits

# Treatment Implications of Personality Organisation

slide by Eve Caligor. Code for table: Rx=treatment

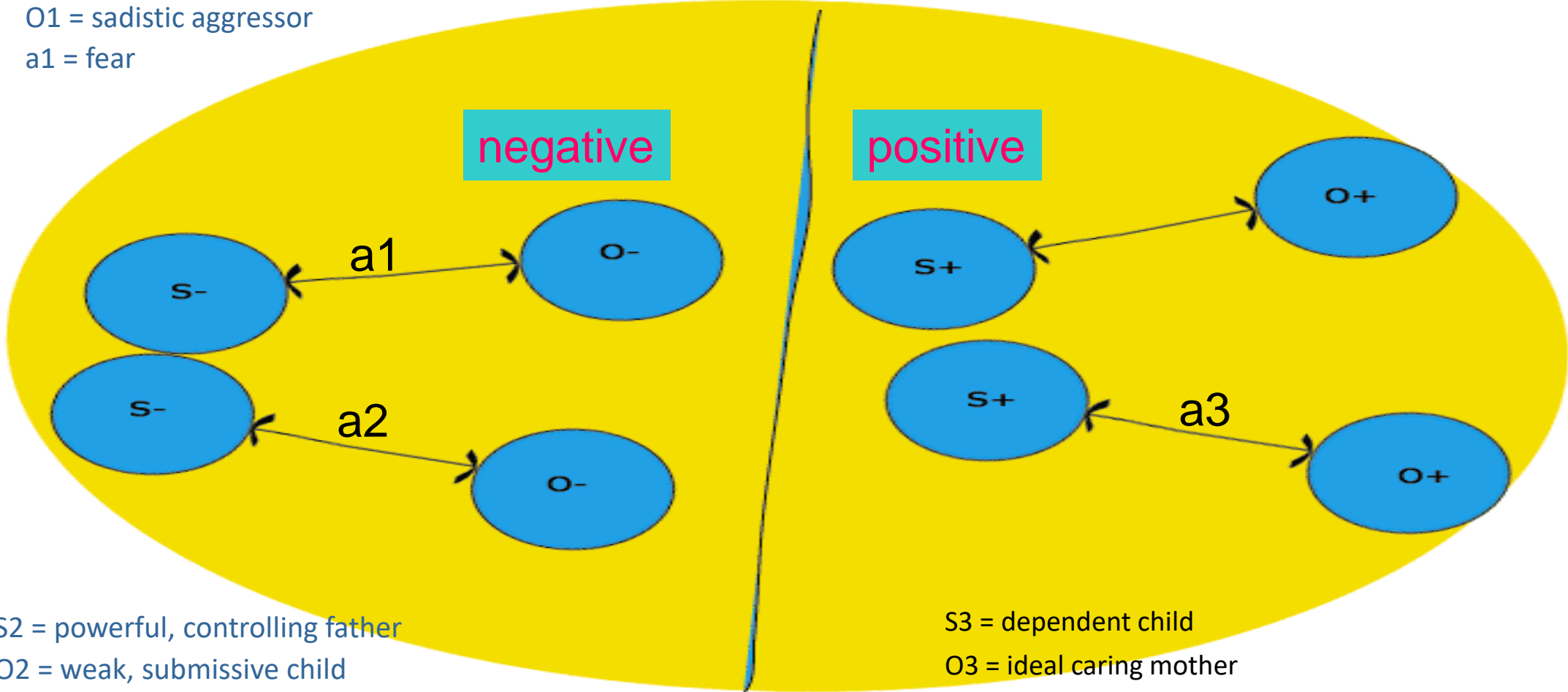
	Prognosis	Clinical Objectives	Structure – Contract and limit-setting	Treatment Process	Typical CT	‘Transference-focused’
Neurotic (LPFS 1)	Excellent	Flexible functioning in area of conflict	Less need	Centrality of verbal communication	Familiar range of affective experience	Often not affectively dominant
Hi Level BPO (mild) (LPFS 2)	Very good in structured Rx	Greater depth and stability of experience of self and others	Structured contract brings conflict into Rx	Verbal and non-verbal	More highly charged and extreme	Often affectively dominant
Mid level BPO (LPFS 3)	Good Early Rx characterised by acting out	Resolution of destructive behaviour More coherent Self/Other experience	Carefully structured contract essential Consider 2ndry gain	Non-verbal and CT	Highly charged, intense, poorly integrated, intrusive	Affectively dominant
Low level BPO (LPFS 4)	Guarded High risk of destructive acting out	Behaviour control More control of aggression (more coherent Self/Other experience)	Extensive contracting Focus on safety of therapist, patient, family, 2ndry gain	Non-verbal and CT	Highly charged, highly paranoid, Experiences as alien	Affectively dominant



## The Object Relations Dyad

# Split Personality Organization Paranoid-Schizoid Position

S1 = abused victim  
O1 = sadistic aggressor  
a1 = fear

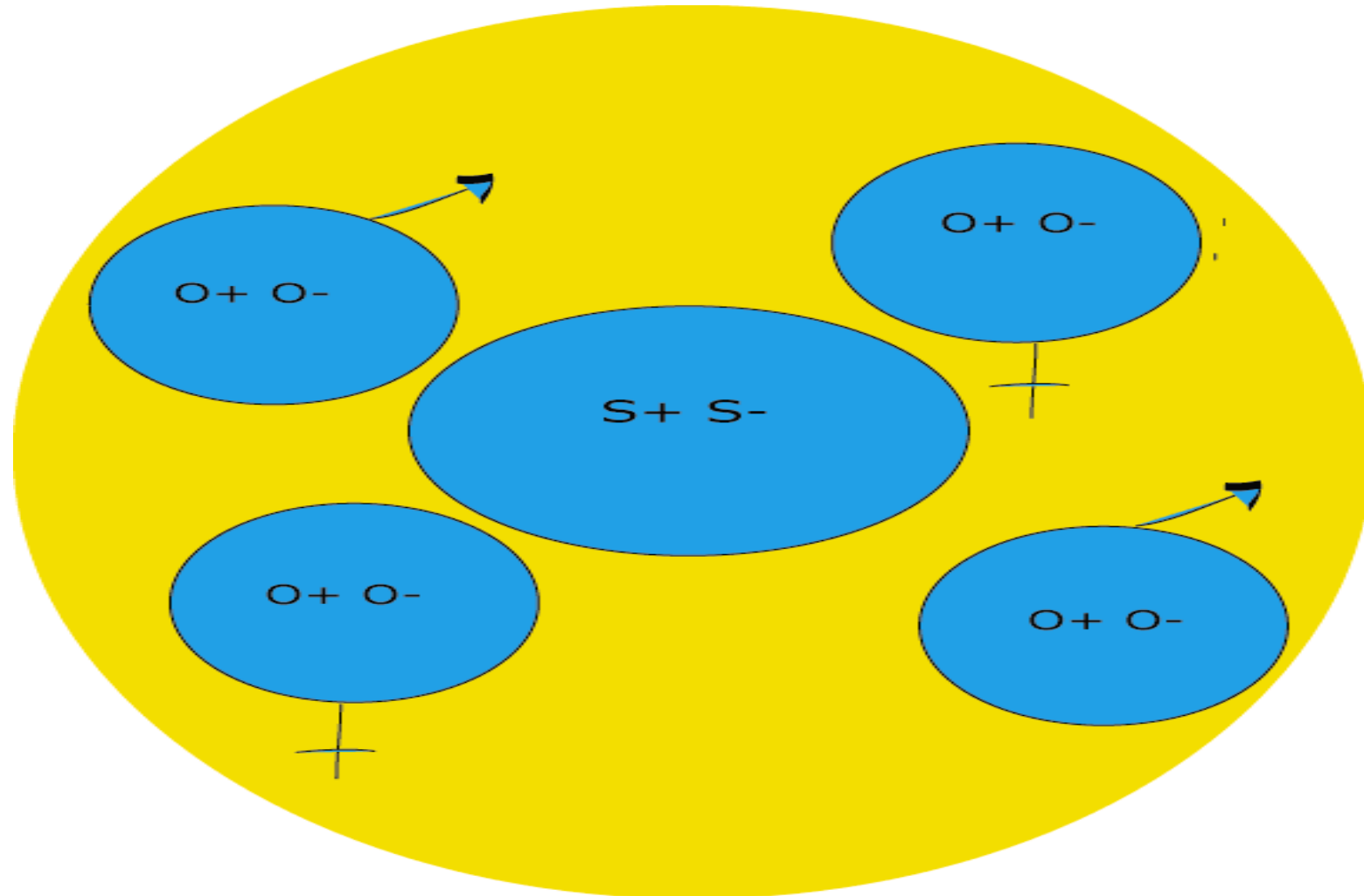


S2 = powerful, controlling father  
O2 = weak, submissive child  
a2 = rage

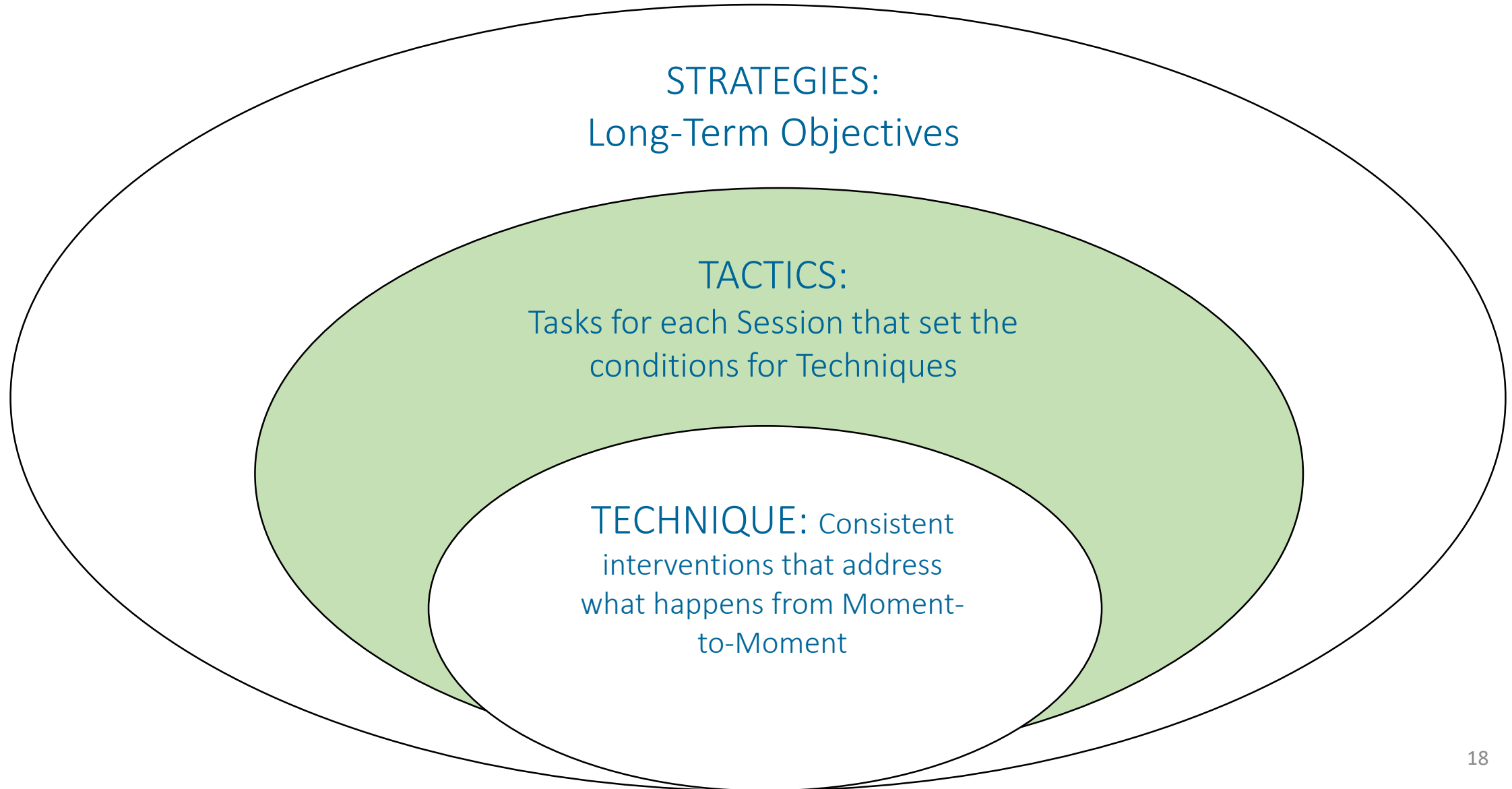
S3 = dependent child  
O3 = ideal caring mother  
a3 = love

# Self and object representations in normal personality organisation

(Clarkin et al. 2006)



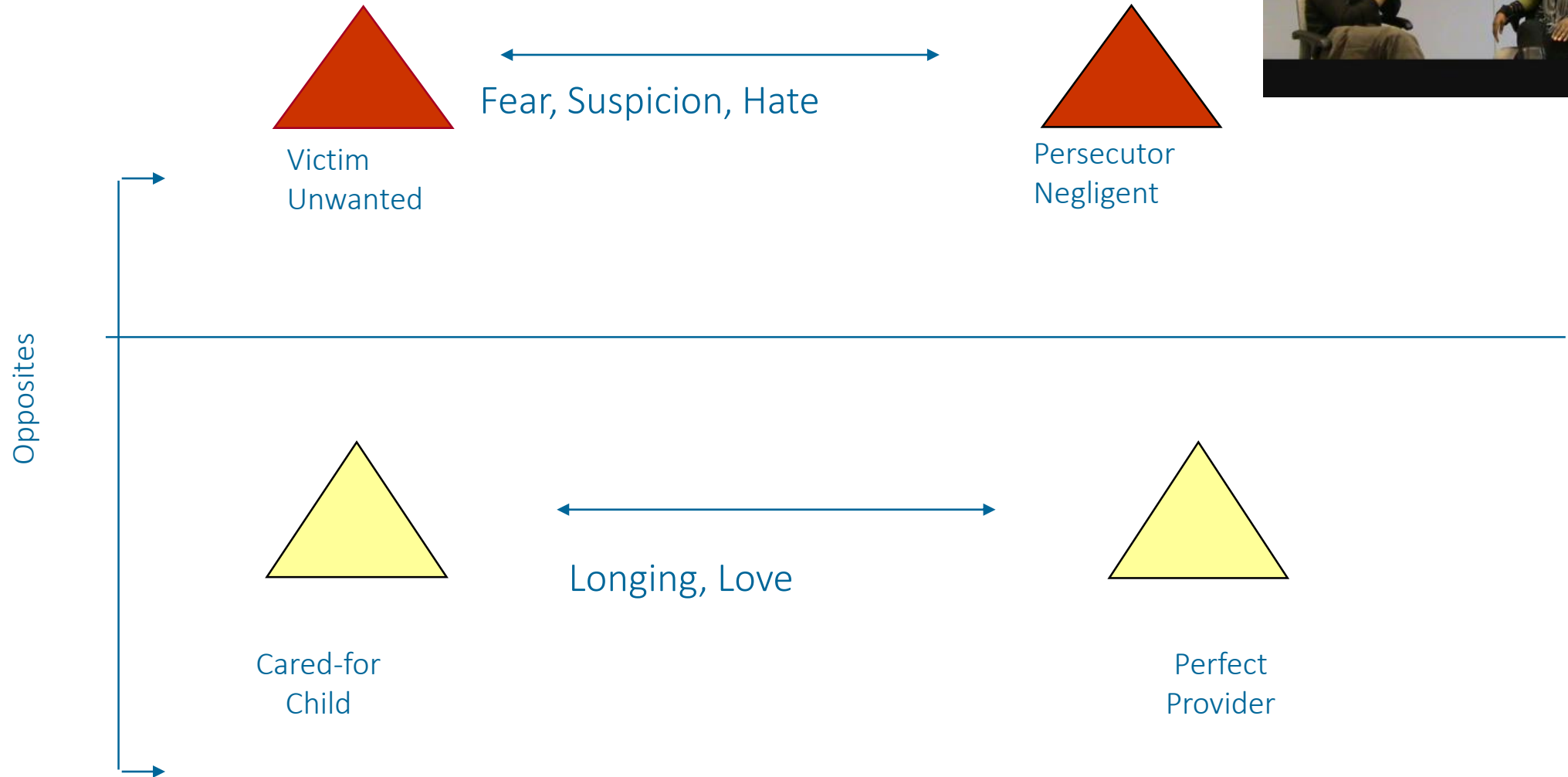
# A Structured Approach



# STRATEGY

Object Relationship Interactions

1 Anticipating rupture



# TACTICS

## 2 PLANNING FOR RUPTURE

Set Treatment Frame through the Treatment Contract

Maintain the frame and boundaries of treatment to control acting out

# Theory: Contracting

## Aims

1. Create conditions that contain intense affects and acting out and enhance possibility for reflection
  - le Protect the very survival of patient, clinician and treatment
  - Note: too hot or too cold?
1. Any deviation allows interpretation re patients' internal world or countertransference of therapist
2. Limit patient's 2ndry gains

Clarkin JF, Yeomans FE, Kernberg O. Psychotherapy for Borderline Personality focusing on object relations. Ch 6 Assessment Phase II Treatment Contracting pp 179-220. Washington, Am Psychiatric Publishing, 2006.

# Practice: How contracting contributes to practice of TFP

## Functions of treatment contract

### Sets treatment frame

Provides a safe place for patient's dynamics to unfold

Allows interpreting the meaning of deviations from the contract

Enables organization so that Rx can anchor patient's life

### Define responsibility of patient and service

### Allow therapist to remain neutral and think clearly

*'You are uncaring not to take my phone calls'*

### Assesses if patient motivated to pursue Rx

Forefronts the ambivalence

Counters the sense of urgency

# Sets treatment frame

Provides a safe place for patient's dynamics to unfold

The question of DSH..

Allows interpreting the meaning of deviations from the contract

The question of attendance, late coming etc

Enables organization so that Rx can anchor patient's life

The question of passivity...

# Patient responsibilities

## Safety:

DSH or other destructive acts (incl passivity)

Crisis plan

## Frame

Contactability, attendance,

## Emotional importance

Openness

Silence, withholding, lying

# Service responsibilities

Safe setting

Stable environment

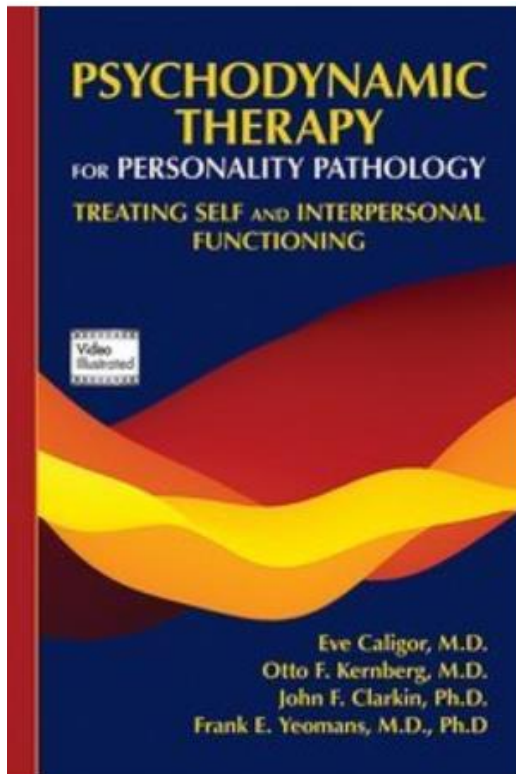
Advance notice re any changes to the programme

Try help the patient gain cognitive and emotional understanding

Clarify the limits of the service's involvement

# Clinical video: Contracting

<https://www.appi.org/caligor>



# TECHNIQUE

## 3 Management of Rupture

- Transference
- Countertransference
- The interpretive process:
  - Clarifying, confronting, and interpreting
- Technical neutrality
- 3 Channels of communication

# Transference

Living of the past in the present situation

Note: TFP prepared to consider the *negative* transference

Paranoid

Narcissistic

# Countertransference

The clinician's transference

Clinician's own contribution

What Patient has projected into the clinician (through Projective identification)

# The interpretive process

Clarification

'Confrontation'

(Interpretation)

# Technical Neutrality

## What it is

Stance: Therapist is aligned with the patient's "observing ego"

Implementation: the manner in which the therapist frames his interventions

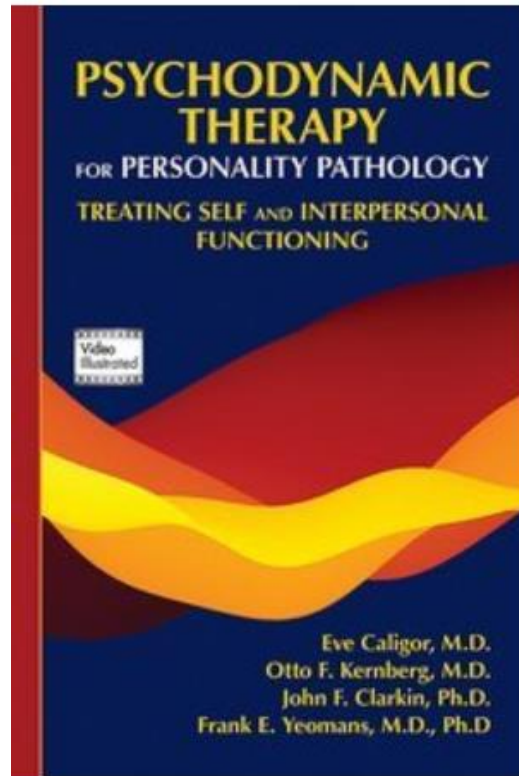
## What it is *not*

Indifference

Emotionally distant

# Clinical video: Technical Neutrality

<https://www.appi.org/caligor>



# 3 Channels of Communication

1. verbal
2. non-verbal
3. countertransference

Channels 2 and 3 often the most important in the early phase of therapy with borderline patients

# Therapist's reaction to pt's DSH

- Anxiety
- Increased interest
- Restraint
- Irritation
- Avoidance
- Denial
- Passivity

But is this the underlying feeling you as therapist are having?

# Countertransference hate

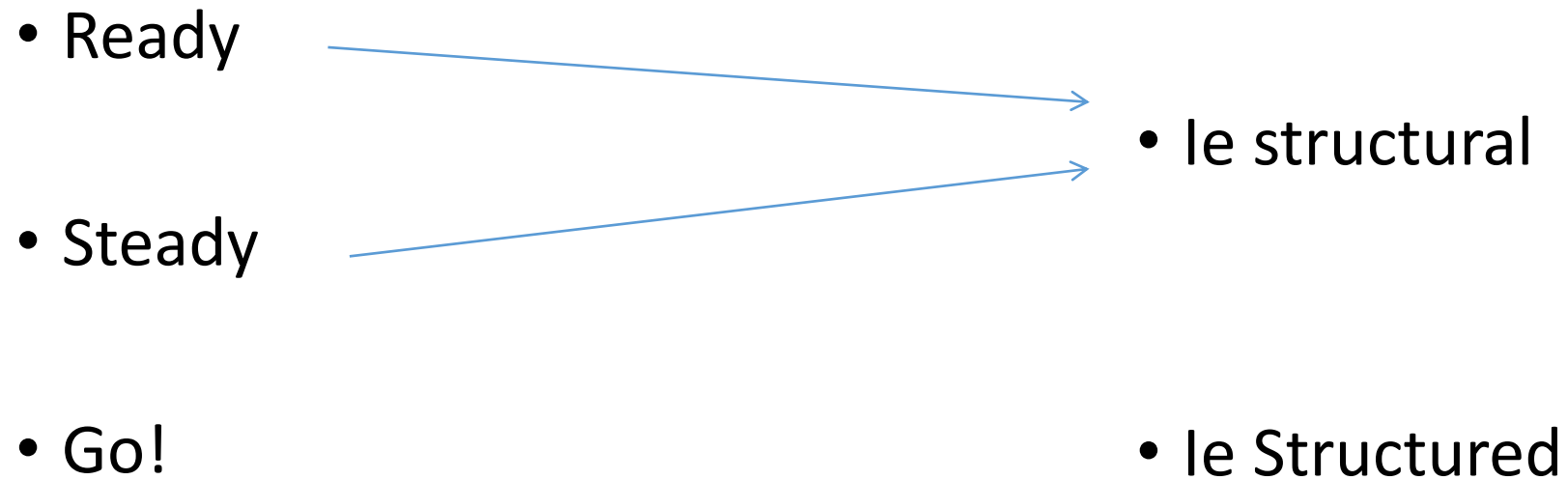
- professional's emotional response to his patient's way of relating to him, and to transference which the professional may form in relation to the patient
- Components of countertransference hate
  - Aversion: most dangerous to the patient – tempts the professional to abandon the pt
  - Malice – therapist sadistic, cruel
- Mx of countertransference: accept, tolerate and contain

## How to apply what we now know re TFP to this vignette?

- Strategy **Anticipation of rupture**
- Tactics **Planning for rupture**
- Technique **Management of rupture**



# Managing the rupture



Ready, steady.. . 1 Tolerate the confusion

**Patient:**

**Clinician (thinks):**

'

# Ready, steady 2.. The Countertransference

Feeling stupid, incompetent, controlled, angry

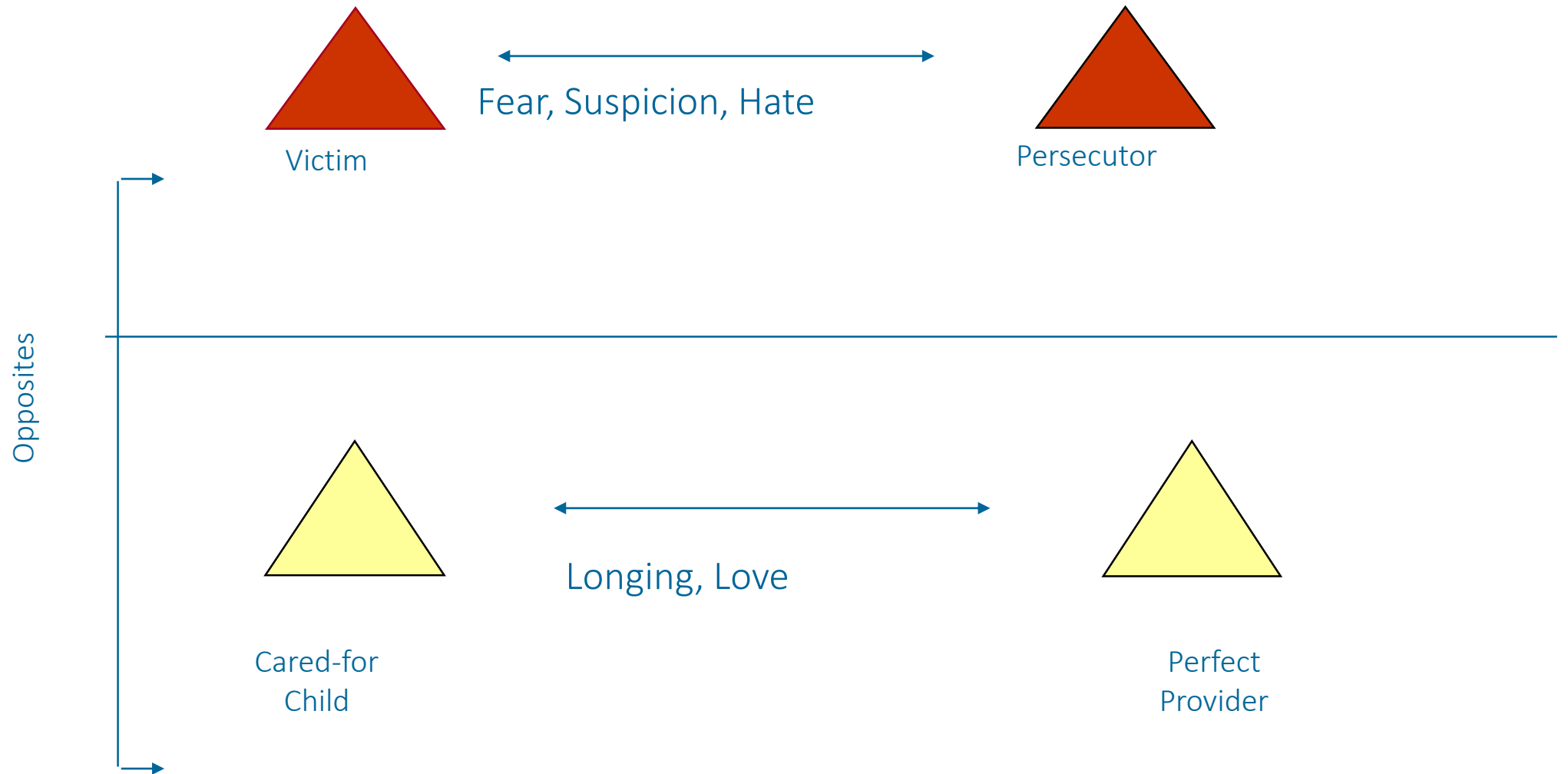
# Identifying the dyads

## Object Relationship Interactions: OSCILLATION



(Oscillation is usually in behavior,  
not in consciousness)

# Ready, steady 3 Identifying the Dyads: Defence



# Ready, steady 4: The 3 channels of communication

Verbal

Non verbal

Earlier detection?

Countertransference

Helpless, incompetent

Judged as such

# Go! 1: Management in the moment

You started this session saying you were feeling anxious and nervous and that I wouldn't listen to you. Now you are saying that you think this is all a waste of time and you want to end this all and kill yourself. Is that correct? Is there something I have missed about what has been happening in our meeting? [clarification]

By threatening to self-harm and saying you don't care what you do, things seem reversed – so that I'm now the anxious one and you're in control [identifying the reversal of the dyad] - but in control of taking your life. This sudden switch in how you feel about yourself and those around you is a problem you have described that also affects your relationship with your partner.

You started off the session telling me how long you had waited for therapy – that after years, you hoped I would be able to help you – because the most important thing for you is to be a good mother [clarification]. You may now be so scared that such an important thing will not happen that it seems safer to walk out on this [interpretation, identification of defensive dyad].

Rather than ending this meeting, I think what has just happened here is what you describe happening with your loved ones, and this worries you. I think your meeting with me is an opportunity for us to understand what leads to these switches in you and what you can do about it. There is something very important that we need to work out.'



# Applied TFP in General Adult Psychiatry:



CUSP training  
in 5 Countries

- UK
- Italy
- South Africa
- India
- Malaysia

# United Kingdom



BJPsych Open

## The Contribution of Transference Focused Psychotherapy in Improving Psychiatry Trainees' Attitude and Technical Confidence Towards Patients With Personality Disorders

Published online by Cambridge University Press: 20 June 2022

[Arianna Sinisi](#), [Mattia Marchi](#), [David Prior](#) and [Tennyson Lee](#)

[Show author details](#) ▾

### Quantitative analysis

**Statistically significant** improvements in the total APDQ score and in the CCPDQ questionnaires.

	Pre-teaching scores		Post-teaching scores		<i>P value</i>
	Mean	s.d.	Mean	s.d.	
APDQ	18.79	2.91	20.5	2.84	0.003
CCPDQ	2.48	0.76	3.47	0.71	0.001

### Thematic analysis

Overall **positive effect** on trainees' attitude and confidence:

- improved understanding of the nature of personality disorder
- Improved awareness and management of countertransference
- Improved awareness of object relations and relation dyads at play in the encounter.

# South Africa

South African Journal of Psychiatry

ISSN: (Online) 2078-6786, (Print) 1608-9685



Page 1 of 6

Original Research

## Teaching transference focused psychotherapy to South African mental health practitioners



### Authors:

Henk S. Temmingh<sup>1</sup>

Iliana Fanidi<sup>2</sup>

Craig Bracken<sup>3</sup>

Tennyson Lee<sup>4,5</sup>

### Affiliations:

<sup>1</sup>Department of Psychiatry and Mental Health, Faculty of Health Sciences, University of Cape Town, Cape Town, South Africa

<sup>2</sup>Department of Psychiatry, University Hospital of Heraklion PAGNI, Crete, Greece

<sup>3</sup>Department of Psychiatry, Faculty of Health Science, University of the Witwatersrand, Johannesburg, South Africa

<sup>4</sup>DeanCross Personality Disorder Service, East London NHS Foundation Trust, London, United Kingdom

**Background:** Personality disorders (PDs) are estimated to occur in 6.8% of South Africans and in 45% to 80% of clinical populations. Mental health practitioners often harbour negative attitudes and lack confidence in working with such patients. Brief training in transference focused psychotherapy (TFP) has been shown to improve attitudes and confidence in the management of clinical encounters with PD.

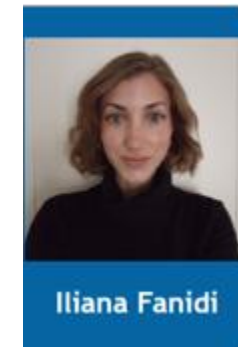
**Aim:** This study aimed to describe the characteristics of attendees at a brief TFP training workshop and determine the impact of training on attitudes and clinical confidence towards patients with PD.

**Setting:** We conducted two 3 h online workshops, spaced 1 week apart to staff at South African University training hospitals.

**Methods:** At baseline, participants ( $N = 41$ ) completed questionnaires on demographics, perceived need for training, supervision adequacy and perceived confidence. At baseline and after the second session, the Attitude to Personality Disorder Questionnaire (APDQ) and the Clinical Confidence in Personality Disorder Questionnaire (CCPDQ) were completed. Longitudinal data were analysed using linear mixed-effects regression.

**Results:** In the completer sample ( $N = 13$ ), there were significant improvements in the APDQ enthusiasm subscale ( $p = 0.029$ ) and in clinical confidence (CCPDQ) ( $p = 0.032$ ). The APDQ total and other subscales also showed improvements. Participants with higher baseline confidence were more likely to drop out.

**Conclusion:** Brief training in TFP can lead to significant improvements in attitude and confidence in managing patients with PD.



Emerging similar positive results in Italy, India and Malaysia

# Italy

The contribution of Transference Focused Psychotherapy (TFP) in general adult psychiatry training: improving trainees' technical confidence and attitude towards people with personality disorder.

*Arianna Sinisi, Mattia Marchi, Luca Pingani, Giusy Iorio, Gian Maria Galeazzi, Tennyson Lee*

8th Biennial ISTFP Conference, September 2024, New York



## Thematic analysis results

- **Interesting content** recognized as useful and potentially **transferable** into clinical practice
- Useful for the development of **emotional awareness** and critical reflection on their clinical responses during interaction with patients
- **Theoretical confidence** perceived as improved

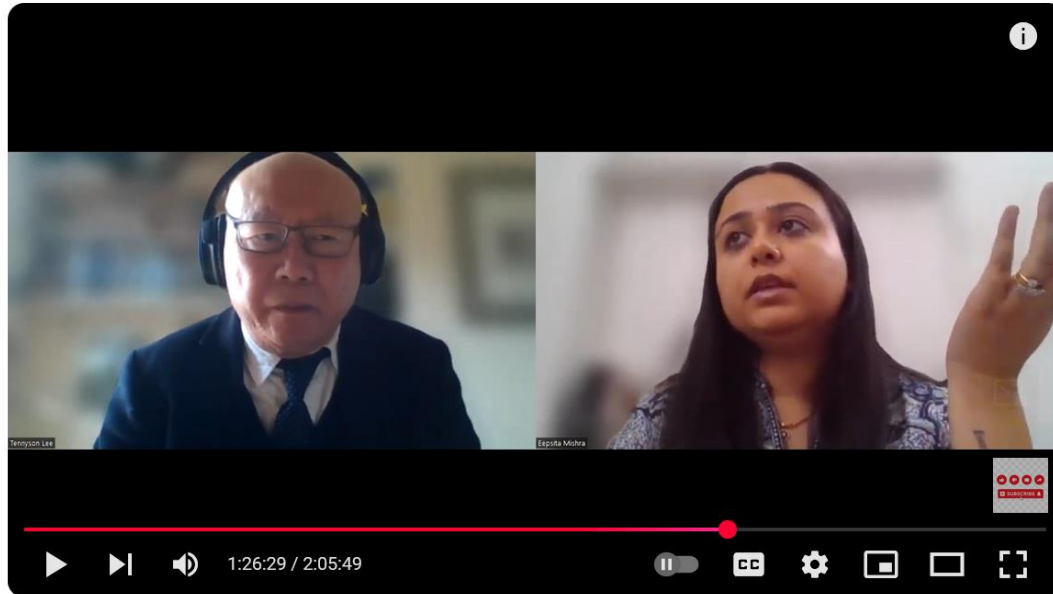
## Quantitative analysis results

The Wilcoxon signed-rank test indicated **statistically significant improvements** in the total APDQ score and in the CCPDQ questionnaires

	Pre-teaching scores		Post-teaching scores		P value
	Mean	SD	Mean	SD	
APDQ	18.17	1.99	18.82	2.01	0.022
CCPDQ	2.30	0.56	2.78	0.59	<0.001



# India



Workshop - Day 1 Transference Focused Psychotherapy for Borderline Personality Disorder

PGIMER PSYCHIATRY  
3.49K subscribers

Subscribe

29



Share

Clip



Overall increase in Clinical Confidence

Specific domains of Clinical Confidence

- Planning course of treatment
- Establish and maintain Treatment frame
- Understanding of psychological mechanisms we are trying to change
- Applying understanding of Obj relations



ROYAL COLLEGE OF PSYCHIATRISTS  
**International  
Congress**

## THE EFFECTIVENESS OF TEACHING APPLIED TRANSFERENCE FOCUSED PSYCHOTHERAPY ON THE ATTITUDES AND TECHNICAL CONFIDENCE OF PSYCHIATRY TRAINEES IN MALAYSIA, ON THE MANAGEMENT OF PATIENTS WITH PERSONALITY DISORDER.

Authors: MNA. ABDUL RASSIP<sup>1,2</sup>, S. MOHAMED<sup>3</sup>, NA. HASHIM<sup>3</sup>, D. RASIDI<sup>1,2</sup>, S. RAZALI<sup>3</sup>, NH. JARIS<sup>3</sup>, T. LEE<sup>1,2</sup>

1. Dean Cross Personality Disorder Service, East London NHS Foundation Trust
2. Centre for Understanding Personality Disorder, London
3. Universiti (Institut) Teknologi MARA (UITM), Malaysia

**NHS**

East London  
NHS Foundation Trust



Quantitative analyses revealed statistically significant improvements in  
Attitudes to Personality Disorder Questionnaire (APDQ)  
Clinical Confidence with Personality Disorder Questionnaire (CCPDQ)

WPA Collaborating Centres & CHiMES Webinar Series

# Embracing the complexity of Personality Disorder: the scientific and clinical contribution of Transference Focused Psychotherapy

Thursday 20th March 2025 at 3pm GMT/UTC online

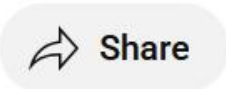
Kam Bhui and Tennyson Lee



## Embracing the complexity of Personality Disorder



Department of Psychiatry, ...  
1.41K subscribers



# Other Clinical Contributions: 1 Training in Psychotherapy



## Transference-focused psychotherapy as an aid to learning psychodynamic psychotherapy: qualitative analysis of UK psychiatry trainees' views

Orestis Kanter Bax,<sup>1,2,3</sup> Georgios Nerantzis,<sup>1,2</sup> Tennyson Lee<sup>1,2</sup>

BJPsych Bulletin (2020) Page 1 of 7, doi:10.1192/bjb.2020.129

<sup>1</sup>Deancross Personality Disorder Service, London, UK; <sup>2</sup>Centre for the Understanding of Personality Disorder, London, UK; <sup>3</sup>Essex Partnership University Trust, UK  
Correspondence to Orestis Kanter Bax (orestis.kanter-bax@nhs.net)

First received 12 May 2020, final revision 29 Oct 2020, accepted 8 Nov 2020

© The Author(s), 2020. Published by Cambridge University Press on behalf of the Royal College of Psychiatrists. This is an Open Access article, distributed under the terms of the Creative Commons Attribution licence (<http://creativecommons.org/licenses/by/4.0/>), which permits unrestricted re-use, distribution, and reproduction in any medium, provided the original work is properly cited.

**Aims & method** Learning psychotherapy can be difficult and stressful. We explore core trainees' ( $n = 5$ ) views on undertaking a psychodynamic psychotherapy training case using transference-focused psychotherapy (TFP), in an East London NHS Foundation Trust supervision group. We used framework analysis of focus group interviews to examine trainees' concerns, their views about this experience and its impact on general psychiatric practice.

**Results** Trainees described various concerns on starting: providing an effective intervention, insufficient experience and training-related pressures. However, they found that TFP addressed some of them and was helpful for learning psychodynamic psychotherapy. Difficulties around the countertransference remained at end-point. Trainees suggested that introductory teaching and learning through observation might be worthwhile.

**Clinical implications** Trainees' experience suggests that an evidence-based operationalised approach such as TFP can be integrated into the core psychiatry curriculum as a psychodynamic psychotherapy learning method. Trainees report benefits extending to other areas of their practice.

**Keywords** Transference-focused psychotherapy; residency; psychodynamic psychotherapy; personality disorders; education and training.

### On completion of long case, CTs said TFP

- provided clarity about the nature and purpose of psychotherapy
- made theory more accessible and less obscure.
- enabled a focus on the patient-therapist relationship "in the here and now"
- increased their ability to focus on the affect vs staying at a cognitive level
- helped address recurrent transference and countertransference patterns
- Helped manage the negative transference.
- **Benefits extend to other areas practice**

### Concerns about starting a psychotherapy long case

*"I have never even seen any kind of talking therapy happen [...] normally in medicine you sort of at least see something, like someone put in a cannula or someone take a history [...]" (participant 1, baseline)*

# Use of Medication in Personality Disorder

- >90% of BPD patients on psychotropics
- No EBM justification for its use
- So why do we do it?

## Using Transference-Focused Psychotherapy Principles in the Pharmacotherapy of Patients with Severe Personality Disorders

Richard G. Hersh

*Abstract:* Transference-focused psychotherapy (TFP) is an evidence-based, manualized treatment for severe personality disorders. TFP provides clinicians with a comprehensive diagnostic approach, overarching theoretical orientation, and specific clinical techniques. While TFP was developed as a long-term psychodynamic psychotherapy for patients with personality disorders, the approach, orientation, and techniques used in psychotherapy treatment may be of use in pharmacotherapy with the same patients. Patients with borderline personality disorder, in particular, are high utilizers of all subtypes of psychotropic medication despite limited evidence for their effectiveness, creating multiple challenges for the prescribing clinician. The author suggests specific ways the TFP model can assist prescribers, including those who do not practice TFP psychotherapy.

# Relational prescribing: PoPs-UK

## Will this tablet make me happy again? The contribution of relational prescribing in providing a pragmatic and psychodynamic framework for prescribers

Haroula Konstantinidou , Dimitrios Chartonas, David Rogalski & Tennyson Lee 

### SUMMARY

We describe the importance of relational factors in prescribing practices and discuss how they may influence treatment outcomes. Although relational factors play a part in every clinician–patient interaction, they are particularly relevant when managing patients with complex emotional needs. We discuss how relational prescribing can add value when incorporated into standard practice. We introduce psychodynamic theory principles, and we suggest a framework to facilitate reflection and support decision-making when clinicians are faced with complex prescribing decisions.

### LEARNING OBJECTIVES

After reading this article you will be able to:

- identify non-pharmacological factors that affect

Excellence 2009), where clinicians might resort to polypharmacy despite lack of clear evidence for its efficacy (Prescribing Observatory for Mental Health 2012). Patients with personality disorder often bring their core relational difficulties to the consultation in ways that need to be understood and managed within the relationship with the clinician. Prescribing dilemmas are also often encountered in many other areas of medicine, such as geriatric medicine and primary care, where there is a body of research on prescribing antibiotics under pressure (Stivers 2007).

Medicine-taking is a complex human behaviour. There is growing evidence that non-pharmacological factors play an active role in treatment outcomes (Mintz 2012). For example, a well-known factor is the clinician and prescriber relationship

**Haroula Konstantinidou** is a consultant medical psychotherapist with Leicestershire Partnership NHS Trust and lead clinician at Francis Dixon Lodge, a therapy service for people with personality disorder in Leicester, UK. She has integrated prescribing into an intense mentalisation-based therapy programme. Her research interests are in psychodynamic psychiatry, therapeutic communities and reflective practice. **Dimitrios Chartonas** is a consultant psychiatrist at the Camden and Islington Personality Disorder Service, Camden and Islington NHS Foundation Trust, London, UK. His teaching interest is in personality disorder and psychodynamic psychiatry. His research interest is in personality disorder, Balint and reflective practice groups, and transcultural psychiatry. **David Rogalski** is a senior mental health pharmacist and independent prescriber working for Camden and Islington NHS Foundation Trust in a

### ARTICLE

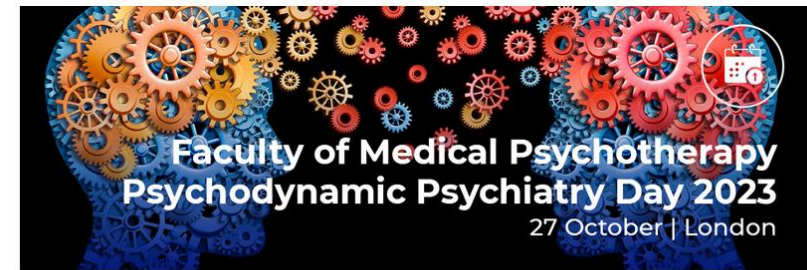
Only one week to go until the **Faculty of Medical Psychotherapy Psychodynamic Psychiatry Day 2023: The Science of the Art of Psychopharmacology**, taking place on Friday 27 October. This conference

## Relational factor that may influence adherence to and prescribing of medication

Konstantinidou, Chartonas, et al (In Press in Maudsley Guidelines)

### Principles

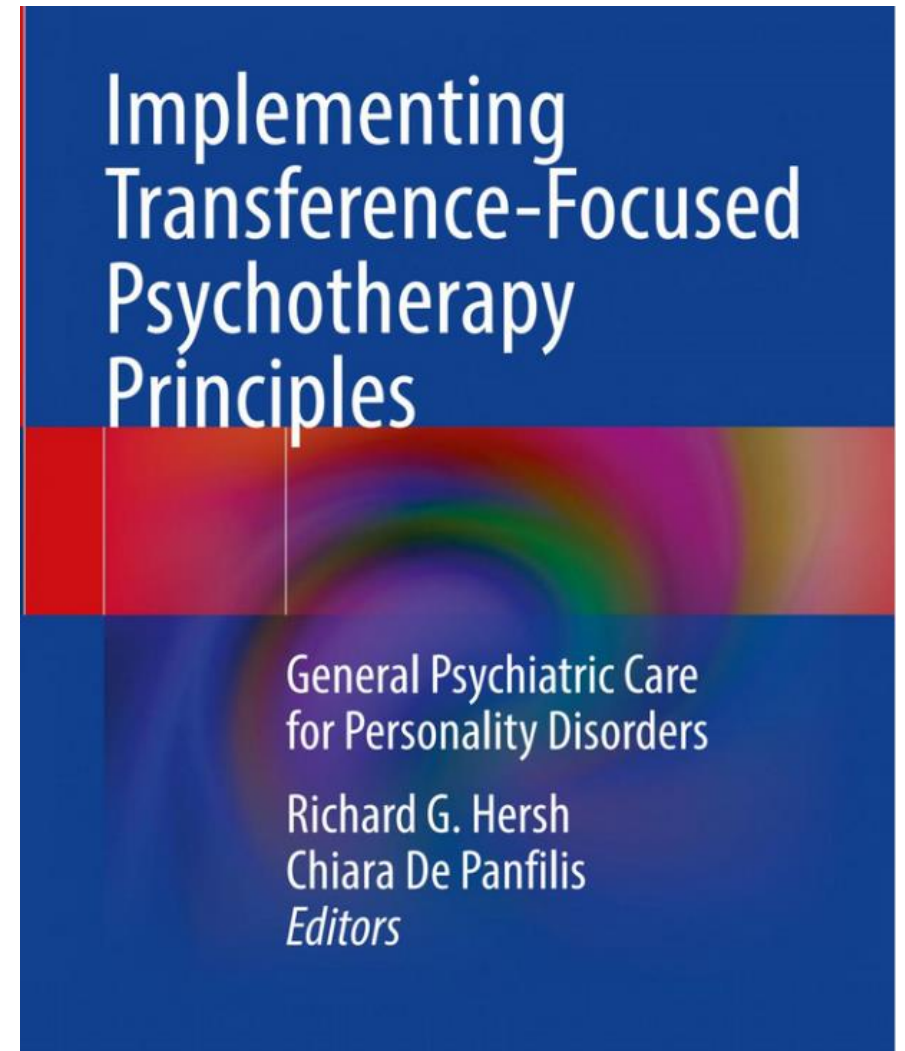
- 1 Object relations
- 2 Treatment framework
- 3 Memory – the role of procedural memory



# References

Lee T, Hersh RG. Managing the clinical encounter with patients with borderline personality disorder in a general psychiatry setting: key contributions from transference-focused psychotherapy. *BJPsych Advances*. 2019;25(4):229-236.

Maltsberger, J. T., & Buie, D. H. (1974). Countertransference hate in the treatment of suicidal patients. *Archives of General Psychiatry*, 30(5), 625-633



# Thanks for listening!



INTERNATIONAL SOCIETY OF TRANSFERENCE-FOCUSED PSYCHOTHERAPY

Advancing Treatment of Borderline Personality Disorder

[Home](#)

[About ISTFP](#)

[News](#)

[Treatment](#)

[Publications](#)

[Training](#)

[Membership](#)



Otto Kernberg speaking at TFP workshop sponsored by the Universidad de Valparaiso 2022