Contents

	About th	ne Authors xi	xi			
	Forewor	d xiii				
	Preface.	xvii				
	Video G	uidexxvii				
1		Introduction: A Model of Treatment Targeting Self and Interpersonal Functioning1				
		Section I				
		onality and Personality Disorders the Lens of Object Relations Theory				
Personality and Personality Disorders Withi Framework of Object Relations Theory						
	Part 1	Psychodynamic Description of Personality and Personality Disorder22				
	Part 2	Classification of Personality Pathology Within the Model of Object Relations Theory				
	Part 3	Psychological Structures and Levels of Personality Disorder53				
	Part 4	Clinical Implications of the Structural Model of Personality Disorders71				
3	of Object	Psychodynamics Within the Framework et Relations Theory: Conflict, Anxiety, and Internal Object Relations				

Section II

Overview of TFP-E
BASIC TASKS, THE THERAPEUTIC RELATIONSHIP,
AND STRATEGIES OF TREATMENT

4	Basic Tasks and Elements of Treatment					
5	The Therapeutic Relationship: The Therapist's Attitude and Stance, the Therapeutic Alliance, Transference, and Countertransference 135					
6	Strategies of Treatment and Mechanisms of Change					
	Part 1	Overview of the Basic Strategies of TFP-E				
	Part 2	Basic Strategies of TFP-E and Their Functions				
	Part 3	Tailoring TFP-E Strategies to the Individual Patient196				
		Section III				
The Skillful Consultation						
7 Patient Assessment and Treatment I		Assessment and Treatment Planning 231				
	Part 1	Diagnostic Assessment				
	Part 2	Sharing the Diagnostic Impression and Differential Treatment Planning				

Section IV

Establishing the Treatment Frame

8	Essential Treatment Contracting: Behaviors, Adjunctive Treatments, and Medication299			
	Part 1	Overview of the Treatment Frame and Contract 300		
	Part 2	Universal Elements of the Treatment Contract303		
	Part 3	Individualized Elements of the Treatment Contract319		
		Section V		
	Te	echniques and Tactics of TFP-E		
9	Identifyi	ng a Focus for Intervention 349		
0	Intervening I: Exploratory Interventions and the Interpretive Process			
1	Intervening II: Transference Analysis and Tactics Guiding the Interpretive Process 421			
	Part 1	Transference Analysis 421		
	Part 2	Tactics Guiding the Interpretive Process		
2	Intervening III: Integrating Supportive and Exploratory Interventions			

Section VI

Phases of Treatment and Trajectories of Change

13	Early, Middle, and Advanced Phases of Treatment	499
	Afterword	547
	Appendix: Helpful Resources	551
	Index	563



Introduction

A Model of Treatment Targeting Self and Interpersonal Functioning

IN THIS BOOK, WE PRESENT A PARTICULAR

model of treatment for personality disorders that we call transference-focused psychotherapy—extended (TFP-E). Rather than focusing on a particular type of personality disorder or constellation of symptoms or behaviors, our approach is organized in relation to modification of self and interpersonal functioning. We present general clinical principles applicable to the treatment of all personality pathology, coupled with an organized approach to their adaptation and modification for patients who represent different levels of severity of pathology and who have different clinical presentations.

Our understanding of self and interpersonal functioning is embedded in contemporary psychodynamic object relations theory and is organized in relation to the construct of identity (Kernberg 2006). This model is intimately linked with a coherent approach to classification of personality disorders, in which severity of self and interpersonal pathology is described based on characterization of identity, object relations, defenses, moral functioning, and aggression. Classification, in turn, dovetails with our approach to assessment, which incorporates both a clinical interview, the Structural Interview (Kernberg 1984), and a more formal, semistructured interview, the Structured Interview of Personality Organization—Revised (STIPO-R; Clarkin et al. 2016).

It has been our long-term goal to expand the accessibility of psychodynamic models of pathology and treatment to the wider community of psychotherapists. Clinicians are routinely faced with a wide array of patients presenting with various difficulties in self and interpersonal functioning, yet many clinicians may lack a coherent model for conceptualizing and treating these disorders. Without a coherent model of personality pathology and treatment, there is a risk of treatments devolving into repetitive cycles of chasing symptoms, or unfocused pursuit of psychological exploration. It is our aim to provide clinicians of all orientations with a clinically near framework within which to conceptualize problems in self and interpersonal functioning, as well as an understanding of how this framework can be used to organize a systematic approach to assessment, treatment formulation, and clinical work.

This effort is timely; there have been major developments in the conceptualization and treatment of personality pathology that are consistent with our orientation. The conceptualization of personality pathology has advanced from a list of criteria (DSM-III; American Psychiatric Association 1980) to focus on self and other functioning (DSM-5 Section III; American Psychiatric Association 2013); the field is shifting its focus from identifying and studying discrete categories of pathology to dimensional assessment and investigation of domains of personality functioning (Clarkin et al. 2015c). Dissatisfaction with the typology of personality pathology in the DSM system has led to alternative typologies based on dimensional traits (Kotov et al. 2017) and psychodynamic conceptualizations of functioning (Lingiardi and McWilliams 2017). Different treatment approaches have much in common, especially those that focus on the patient's self and interpersonal functioning. Psychodynamic treatments of personality disorders, including our own approach, have been found to be as effective as alternative approaches (Fonagy 2015; Leichsenring et al. 2015).

Current Status of Personality Disorders

The decades since 1980, when the current DSM classification of personality disorders was introduced in DSM-III (American Psychiatric Association 1980), have seen rapid advancement of our knowledge of personality disorders and evolution of our systems of classification. The DSM system

Introduction 3

adopted a categorical, polythetic approach to diagnosis, emphasizing symptoms and maladaptive behaviors to define discrete disorders. In this system, personality disorders are conceptualized as stable across time and situations. The limitations of this system have been extensively documented (Kotov et al. 2017; Livesley and Clarkin 2015), and in some sense, out of these ashes has emerged consensus on a new, more ecologically valid and clinically useful approach to understanding personality disorders.

Relevant limitations of the traditional approach include extensive comorbidity among disorders, failure to account for the dimensional nature of pathology, discontinuity with normal personality functioning, and poor coverage of the spectrum of presentations of personality disorders. Perhaps most central is the failure of the DSM system to define what is essential to and shared by all personality disorders, and the resulting failure to provide a framework that could organize coherent approaches to treatment.

While much remains controversial, there is convergence across the field on a number of central issues, reflecting developing knowledge and study of personality disorders. There is now general acceptance of the following:

- Personality disorders are best described dimensionally rather than categorically.
- The dimension of severity (however it may be defined) is perhaps the most powerful predictor of prognosis and clinical outcome (Crawford et al. 2011; Hopwood et al. 2011).
- The natural course of personality disorders is more variable than initially assumed (Lenzenweger 2010), involving both stability and change across time (Morey and Hopwood 2013) and variability across individuals (Hallquist and Lenzenweger 2013).
- Personality disorder symptoms—and to a lesser degree, functional impairment—fluctuate over a lifetime, presumably in relation to positive and challenging life events, as well as to biology.
- Personality disorders are far more responsive to treatment than initially assumed (e.g., Cristea et al. 2017).

Self and Interpersonal Functioning

At this point in time, there is an emerging consensus that core and defining features of personality and personality disorders lie in the domains of self and interpersonal functioning—that is, that different forms of personality