

Preface

Transference-focused psychotherapy (TFP) had its clinical origins on the campus of New York-Presbyterian Hospital, Westchester Division, in 1980. Under the leadership of John Oldham and John Clarkin, Otto Kernberg and senior psychiatrists in the department met on a regular basis to view and discuss videotaped sessions of their individual treatment with borderline patients. It was a bottom-up approach: we viewed the sessions with an eye to what the clinician was doing in the treatment in order to generalize to principles of intervention with these intriguing, quite disturbed, and difficult to treat patients. The goal was to generate a description at the level of principles to inform a psychodynamic treatment based on object relations theory of borderline personality disorder (BPD) patients.

In order to empirically investigate the impact of TFP, a written manual describing the treatment was a necessary tool to enable replication of any results. An eminent psychiatrist in the department, Dr. Gerald Klerman, had “manualized” interpersonal therapy (IPT) and was consulted about how to devise a TFP treatment manual. He suggested that strategies and techniques of the treatment be carefully explained and illustrated with clinical vignettes. His advice was to continue articulating treatment techniques illustrated with clinical vignettes until the treatment was fully described.

This preparation enabled us to apply and receive an NIMH treatment development grant to generate initial effect sizes of TFP. With encouraging results, two randomized clinical trials

of TFP have contributed to our knowledge of its impact on borderline patients. Throughout this process, we continued to observe actual treatment sessions, and modify and improve the treatment. A succession of treatment manuals (Clarkin, Yeomans, & Kernberg, 1999; Clarkin, Yeomans and Kernberg, 2006; Yeomans, Clarkin & Kernberg, 2015) documents the modifications in the treatment as our experience grew. Observation of clinical cases, articulation of difficulties and solutions, and re-articulation of the treatment are an iterative and enriching approach.

Now with this volume, Richard Hersh, Eve Caligor, and Frank Yeomans have taken us to the next level by demonstrating how the principles of TFP can be adapted to different patient groups and different treatment settings. This is a rich, clinically-based approach utilizing the principles of TFP flexibly and creatively with patients across a spectrum of personality difficulties and symptomatic pictures. This next step in establishing an approach of “applied TFP” should bring the critical concepts and clinical techniques of this treatment to a wider audience. There are simply not enough clinicians trained in the evidence-based therapies for borderline personality disorder and the other severe personality disorder presentations. While we continue to refine our approach as an extended individual psychotherapy, “applied TFP” allows us to bring our experience and insights into a broader sphere, fulfilling a crucial public health role informed, as noted, by our bottom-up approach.

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