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# Psychodynamic Psychotherapy for Personality Disorders: A Systematic Review

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by

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The Clinical Research Project is a graduation requirement for MSW students at St. Catherine University/University of St. Thomas School of Social Work in St. Paul, Minnesota and is conducted within a nine-month time frame to demonstrate facility with basic social research methods. Students must independently conceptualize a research problem, formulate a research design that is approved by a research committee and the university Institutional Review Board, implement the project, and publicly present the findings of the study. This project is neither a Master's thesis nor a dissertation.

**Abstract**

Personality disorders in general, and borderline personality disorder specifically, are one of the most commonly treated patients in outpatient mental health clinics. As such, this is a population within clinical practice that all mental health professionals will encounter, and will benefit from knowledge of best available treatment options. Over the past 15 years, numerous studies on different types of psychoanalytically informed psychotherapies have been done. Through attachment theory, self psychology, and psychodynamic concepts in general, promising new treatment approaches have been developed and researched. New treatment approaches for personality disorders in particular are important because personality disorders have long been thought to be conditions that are difficult, if not impossible, to treat.

This systematic review examined peer-reviewed journal articles and research studies from the past ten years. Types of studies included were systematic reviews, meta analyses, random controlled trials, and cohort studies. Studies were focused on adult populations with a diagnosed personality disorder, and without other comorbid mental health conditions. The results of this study indicate that psychodynamic psychotherapy is an effective intervention for people with personality disorders. Two specific types of psychodynamic psychotherapy, Mentalization Based Treatment and Transference Focused Treatment, showed positive results for people with personality disorder. Positive results included improvements such as reduction of suicidality, and improved interpersonal and global functioning, as well as reduction of borderline personality disorder symptoms. At the time of follow up, a majority of participants in both Mentalization Based and Transference Focused treatments no longer met the diagnostic criteria for personality disorders.

**Acknowledgements**

**Table of Contents**

**Introduction**

Psychoanalytic psychotherapy, also referred to as psychodynamic psychotherapy, is a type of therapy that incorporates concepts such as the unconscious, the use of defense mechanisms, and the role of an individual's past via their social processes such as attachment and early childhood experience. The approach "provide[s] useful tools for expanding, consolidating, and enriching one's own life and one's relationships with others" (Mitchell and Black, 1995, p. xvi).  Psychodynamic psychotherapy is based on psychoanalytic theory; both will be further explained below.

The purpose of this systematic review is to assess the effectiveness of psychodynamic psychotherapy for people with a personality disorder. Because assumptions and misconceptions about psychodynamic psychotherapy are quite widespread among mental health practitioners and the general public, this paper will first look at psychoanalytic theory, then address the psychodynamic method itself, and finally discuss some of the results of studies which have set out to evaluate the effectiveness of this method in individuals who have been diagnosed with a personality disorder.

Personality disorders are relatively common among those seeking mental health treatment. According to the Personality Disorders Institute at Cornell University, borderline personality disorder is "more prevalent than schizophrenia, bipolar illness, and autism combined". (Personality Disorders Institute). Personality disorders in general, and borderline personality disorder specifically, are quite prevalent compared with other conditions in the field of mental health. In fact, people with personality disorders are one of the most commonly treated patients in outpatient mental health clinics.  (Hadjipavlou & Ogrodniczuk, 2010, p.203) As such,

this is a population within clinical practice that all mental health professionals will encounter, and will benefit from knowledge of best available treatment options.

In the past 15 years, numerous studies on different types of psychoanalytically informed psychotherapies have been done. Through attachment theory, self psychology, and psychodynamic concepts in general, promising new treatment approaches have been developed and researched. New treatment approaches for personality disorders in particular are important because personality disorders have long been thought to be conditions that are difficult, if not impossible, to treat (Hadjipavlou & Ogrodniczuk, 2010, p.203). This once dominant perspective among mental health professionals is aptly summed up in this manner: "once engendering a pervasive therapeutic nihilism, PD's are starting to be viewed as treatable with a much better prognosis than previously thought" (Hadjipavlou & Ogrodniczuk, 2010, p.203). The primary aim of this paper is to compile and disseminate, through a systematic review, information on the effectiveness of some of the newer, psychodynamically oriented treatment approaches to personality disorders.

## Literature Review

### Psychodynamic Psychotherapy

Psychodynamic psychotherapy originated with the work of Sigmund Freud in the late 19th century and has been evolving since. Freud's psychoanalysis was both a way of understanding human behavior as well as an approach to therapy which used specific techniques. As part of psychoanalysis, Freud developed and implemented revolutionary ideas about the human psyche such as the distinction between the conscious and the unconscious mind, the existence of instinctual drives, defenses, transference and resistance, and the importance of dreams in understanding a person's inner world. Central to Freud's conception of therapy was

that it could be a way not only to understand human behavior, but also that it could actually change the structure of a person's character (Corey, 2013) through engaging in the process of talk therapy.

Contemporary psychodynamic therapy involves many Freudian concepts, such as the existence of the unconscious, yet it has also moved away from a purely Freudian focus on drive, ego, and conflict. Contemporary psychodynamic theory includes a rich body of theory, and now incorporates various aspects of many 20$^{th}$ century psychoanalytic theories including object relations, self psychology, interpersonal/relational theory, attachment theory, trauma theory, and intersubjective theory (Berzoff, Flanagan, & Hertz, 2011).

**Contemporary Psychodynamic Theory**

Contemporary psychodynamic therapy draws from a broad body of theory. For the purposes of this study, the following clinical concepts will be examined: (1) a focus on affect and emotion, (2) the influence of past experiences, (3) an examination of possible patterns and themes in relationships, (4) the relationship between the client and the therapist, and (5) an interpretation of "transference" and "resistance" within that relationship (Gabbard, 2010, Shedler, 2010). The following section will provide an explanation of each of these five concepts.

*Affect and Emotion.* Affect can be defined as any emotion, mood, or strong feeling. Psychodynamic psychotherapy focus on affect by encouraging people to describe, explore, and/or re-experience emotions within the therapy (Shedler, 2010; Summers & Barber, 2010). As Shedler (2010) explains, this may involve therapist supporting the client to explore contradictory feelings, troubling feelings, or simply to name the feelings they are experiencing. Through this process of noticing, describing, and experiencing emotions in the context of therapy, clients become more able to regulate their affective states of mind.

*Past Experiences.* The history of the person plays an important role in psychodynamic psychotherapy.  It is a basic principle of psychoanalysis that childhood experiences, along with biological factors, influence our development (Gabbard, 2010). Contemporary psychoanalysis works from the attachment-based premise that there is "a complex interaction between the child's inherent traits, the parents' psychological characteristics, and the 'fit' between parent and child". (Gabbard, 2010, p. 11).  This is one area of contemporary psychoanalysis where the influence of Attachment theory is quite evident; indeed, many concepts in psychodynamic therapy are rooted in attachment theory, as will be discussed at length later in this paper.

Another way of framing the psychoanalytic focus on the past is to look at the person as having developed within a particular context. According to Mitchell and Black (1995) "focusing on the individual without considering past and present relationships" removes the individual "from the context that makes it understandable" (p. 63). As such, it is both the past experiences and the relational, interpersonal context of the person which shape and influence individuals.

*Examination of patterns and themes in relationships.* It is an important tenet of psychoanalytic theory that individuals tend to have recurring themes or patterns within their interpersonal relationships.  As Shedler (2010) explains, it is a central task of psychodynamic therapy to recognize and explore these patterns which can be seen in individuals "thoughts, feelings, self concept, relationships, and life experiences" (p. 99).  One of the primary techniques in psychodynamic therapy is to examine possible themes from within the transference and countertransference within the relationship between client and therapist.

*Relationship between client and therapist.* Therapy is an intense emotional experience where the client, in many cases, is opening up to the therapist and sharing thoughts, feelings, and experiences which can make them feel deeply vulnerable.  Psychoanalytic theorists were the first

to recognize that within this relationship, the past becomes alive. As Shedler (2010) explains, this can emerge in different ways, "for example, a person prone to distrust others may view the therapist with suspicion; a person who fears disapproval, rejection, or abandonment may fear rejection by the therapist, whether knowingly or unknowingly" (p. 99). This phenomenon is known as transference, and will be defined and further explored in the next section.

*Interpretation of transference and resistance in the client-therapist relationship.* The concept of transference has been a part of psychoanalytic theory since its early days. When Freud initially wrote about transference, he viewed it as an obstacle to treatment. Transference was seen as "the client's unconscious shifting to the analyst of feelings and fantasies that are reactions to significant others in the client's past" (Corey, p. 75). These feelings can be positive or negative, conscious or unconscious.

The main characteristic of transference in classical psychoanalytic tradition was that it was "understood in terms of direct references to the analyst" (Joseph, 1985, p. 447). In more contemporary psychoanalytic theory, transference is conceptualized and worked with in the therapy in different ways. For example, Betty Joseph (1985) believes that transference is much broader than Freud's conception. Furthermore, Joseph does not limit transference to content alone; rather, she says it includes the "total situation", and that "by definition it must include everything that the patient brings in to the relationship" (Joseph, 1985, p. 447). Joseph's conception of transference does not limit it to words, but includes felt and acted upon experiences and/or repetitions which play out in the treatment room in the relationship between the patient and the therapist. It is this "alive" quality which makes it an important potential catalyst for change.

Another contemporary psychoanalytic view on transference is that of Fosshage (1994).
He says that transference refers to "the primary organizing patterns or schemas with which the
analysand constructs and assimilates his or her experience of the analytic relationship"
(Fosshage, 1994, p. 265). Rather than something to be avoided, or seen as something negative,
transference is "at the core of therapeutic action" (Fosshage, 1995, p. 265). Transference is seen
as so important that "it effects the entire psychoanalytic endeavor in shaping the goals for
treatment, the analyst's activity, the timing and content of interpretations, and the range of
analytic technique" (Fosshage, 1994, p. 265). Ideally, a psychodynamic therapist will always be
aware of transference-rich feelings or fantasies emerging, and be able to help bring them into the
client's awareness. Through this process, the client will be able to work through their recurring
patterns of feeling and/or behavior, and achieve freedom from these unresolved issues, which
can cause difficulties in interpersonal relationships for the client.

Where the client experiences transference, the therapist may also experience
countertransference. Like transference, countertransference was also originally conceptualized
by Freud as something negative to be either avoided or overcome. However, countertransference
is now widely regarded as something which is not only present in most relationships but also,
something which can actually be useful to the therapy (Gabbard, 2010). Countertransference can
be broadly defined as "all of the therapist's feelings and attitudes toward the client" (Kahn, 1997,
p. 129). These feelings can be therapeutically useful because through countertransference, the
therapist can better understand how the patient is affecting us, and therefore how the patient may
affect others as well (Leahy, 2001).

Binder (2004) describes transference-countertransference as the re-enactment of a
maladaptive interpersonal pattern. This pattern may be either adaptive or maladaptive, and

expresses the individual's organizing principles. The pattern emerges in the relationship between therapist and client.  One of the goals of therapy, then, would likely be to help the client work through this recurring pattern. This goal is achieved through providing a new experience of the self within the relationship with the therapist, and therefore a new understanding of the self in the larger context of interpersonal relationships more generally. The idea that therapy can provide a new experience for the client is derived from the idea that people learn through experience how to behave differently (Levenson, 2010). Therefore, the therapy provides a powerful context for people to experience different ways of being within the context of a safe relationship.

As previously mentioned, contemporary psychodynamic theory is a vast body of work. To explore the full range is outside of the scope of this paper.  For the purposes of examining the research studies of the efficacy of psychodynamic psychotherapy for people with personality disorders, the focus here will be on two areas of contemporary psychodynamic theory: attachment theory and self psychology. The next section will explore these two theories, and set the stage for an examination of the research studies.

**Attachment Theory**

Attachment theory originated in the mid-twentieth century with the work of John Bowlby and Mary Ainsworth. Bowlby used psychoanalytic theory, evolutionary theory, and the work of ethologists who were conducting research on young animals. (Berzoff, Flanagan, and Hertz, 2011, p. 187).  Attachment theory is somewhat unlike other psychoanalytic theories in that attachment theory was not focused on clinical psychotherapy; rather, it is "primarily a theory of development" (p. 186).  Attachment theory has relevance to both children and adults; central to attachment theory is the idea that experiences in our early lives "influence our emotional well being not only in childhood but throughout adulthood as well" (Sable, 2008, p.21).  Although

attachment theory is focused on development, it is still considered part of the dynamically informed therapies for two reasons: 1) it utilizes the concept of the unconscious, or "internal working models" and 2) it supports the idea that early experiences are a powerful influence on human behavior (p. 186).

Siegel explains attachment as the "inborn system in the brain that evolves in ways that influence and organize motivational, emotional, and memory processes with respect to significant caregiving figures" (Siegel, 1999, p. 67).  Attachment serves the evolutionary purpose of "improving the chances of the infant's survival" and "establishes an interpersonal relationship that helps the immature brain use mature functions" of an adult to help "organize its own processes" (Siegel, 1999, p. 67).

According to attachment theory, all children are born with the impulse not only to create but also to perpetuate relationships with a caregiver because their very survival depends upon it. (Slade, 2004) Furthermore, this attachment bond is of crucial importance because healthy brain development also depends on attachment relationships. As Slade (2004) explains, "The child's biologically driven adaptations to the caregiver's actions and to the caregiver's mind lead to the development of regularly occurring and stable patterns of defense and affect regulation in relation to attachment." (p.182) Thus, children's ability to regulate their emotions and make sense of their world is not inborn, but develops through interactions with their primary caregiver. The attachment style of the child will be deeply influenced by that of their parent.

Depending on the relationship with the caregiver, children may develop one of four attachment styles. John Bowlby and Mary Ainsworth identified that attachment strategies can either create security or insecurity.  Attachment style describe the person's attachment strategies, and can be summarized as secure, insecure/avoidant, insecure/ resistant, and insecure

/disorganized. Attachment styles are evident in both children and adults, and can be measured in each group. For children, attachment style can determined by the "strange situation" test. This test is intended to measure attachment in children between the ages of 1 and 2 years old. It measures the style by observing in a laboratory two periods of brief separation from the parent figure, focusing on the interaction between child and parent upon reunion (Fonagy, 2001). The children are then placed in one of the 4 previously mentioned attachment behavior categories.

Adult attachment styles can be measured using the Adult Attachment Interview (AAI). The AAI assesses "an adult's state of mind with regard to attachment" (Siegel,1999). This assessment gets at the narrative of a person's life through the use of questions about the individual's recollections of their parents, their relationship with them, and any loss, threat, or other fear-based situation from childhood (Siegel, 1999). Adults are then similarly placed into one of the attachment behavior categories. According to Fonagy (2001), the AAI has been widely adopted by researchers "because of its unique capacity to predict the infant's attachment classification from the caregiver's AAI narrative, even before the birth of the infant." (p. 24). This finding has massive implications for the role of a parent's attachment style in influencing the child's, because it demonstrates the extent to which the parent "teaches" the child how to interact and attach with others. It also re-enforces the notion that the parent's mental organization influences the formation of the child's. This theme will be further explored in the next section on mentalization, which is an important element of attachment theory, as well as a key to some of the clinical research and practice with people with personality disorders.

**Mentalization**

Mentalization is an important concept which stems from attachment theory. Working from the premise that a parent's mental organization influences the child's, mentalization

specifies the ways in which this learned mental function develops**.**  Bateman and Fonagy (2013) define mentalization as "the process by which we make sense of each other and ourselves, implicitly and explicitly, in terms of subjective states and mental processes." (p. 595). Mentalization is not something inborn, rather it is "a social phenomenon", because through interacting, we surmise ideas about the subjective psychological and emotional states of others. As part of this process, we in turn are influenced by our perception of other people's mental states (Bateman & Fonagy, 2013).  It is, essentially, a kind of "reflective function" that "enables children to conceive of others' beliefs, feelings, attitudes, desires, hopes, knowledge, imagination, pretense, plans, and so on." (Fonagy, 2001, p. 165).

The idea of mentalization gives language for the developmental processes that attachment theorists have been working on since Bowlby's original conception.  As Arietta Slade explains, "the child's biologically based adaptations to the caregiver's actions and to the caregiver's mind lead to the development of regularly occurring and stable patterns of defense and affect regulation" (p.1151). As Bateman & Fonagy have noted in numerous publications, the process of mentalization is "disrupted" in individuals with personality disorders: they "tend to misinterpret others' motives" (Bateman & Fonagy, 2008, p. 181, cite others).   As such, it is an important theoretical concept to understand in the treatment of people with personality disorders.

**Self -Psychology**

Self-psychology was developed by psychoanalyst Heinz Kohut in the 1960's and 1970's. Using Freud's theory as his starting point. Kohut revised traditional Freudian ego psychology by shifting the focus away from the interpsychic conflicts that made up Freudian psychology to a more relational, intra-personal model.  There are several key components to the theory of self

psychology, including an emphasis on the value of empathy, and the importance of the role of self-objects in healthy development (Fosshage,1995).  These concepts will be described below.

Prior to Kohut's development of self-psychology, psychoanalysis had been dominated by the view that in the therapeutic encounter, the therapist was in a privileged position to interpret and observe the client in what Fosshage (1995) calls an "objective" stance. By contrast, Kohut "reframed" this therapeutic stance, moving to a model where "there are essentially two perspectives in the analytic arena, neither of which is objective" (Fosshage, 1995, p. 239).  From this position, Kohut believed that the therapist could better understand the internal world of the client through the use of empathic listening. As Flanagan (2011) puts it, "self psychologists try to understand the experience of the self from the inside out, rather than from the outside in" (p. 158).  A central tool of this understanding is the therapist's use of empathy.

*Empathy*. Much has been written about the importance of empathy within the therapeutic relationship, but Kohut had something quite specific in mind when he spoke of empathy both as a crucial feature of healthy human development, and an important part of the therapeutic relationship. Mitchell and Black (1995) explain that empathy is when the therapist "tries to put himself in his patient's shoes, to understand the experience from the patient's point of view" (p. 157). Melano-Flanagan (2011) describes it as a deep understanding which she calls "a way of knowing" (p. 165). This type of listening is key to self-psychology for two reasons:  one, it frames the therapeutic relationship as consisting of two people, each having their own meanings and associations, and two, it shifts the therapeutic relationship from one where there is an authority, to one characterized more by collaboration and equality. (Fosshage, 1995, p. 239).

Another important feature of empathy within self psychology is the role Kohut gives to empathic attunement in human development. Self-psychologists believe that "empathic

attunement is the necessary facilitator of development" (Melano-Flanagan, p. 166) and that

children who do not experience consistent empathic attunement will suffer developmentally.

This idea will be explored more in the next sections on self objects.

  *Selfobjects.* A selfobject is someone, usually a parent or caregiver, who is accessible and

responsive to the child in certain ways which facilitate the child's ability to regulate emotions,

soothe the self, and develop the psychic structures which help organize their experiences in a

meaningful way (Cooper & Lesser, 2011). Essentially, the idea is that a healthy self cohesion

comes from having a good relationship with  selfobjects.  These relationships must provide the

child with empathy and idealization in order to support the child's optimal development of a

robust self esteem (Summers, 2005, Mc Lean, 2007).  Furthermore, the quality of these

relationships is linked to the ability of the self-object to provide the child with mirroring,

idealizing, and an alter-ego.  Mirroring is the selfobjects's acknowledgement of the child's

uniqueness, progress, or accomplishments (Banai, Mikulincer & Shaver, 2005). Idealizing is the

link or connection between the child and the selfobject, which provides them with a sense of

association with the selfobject's "highly admirable qualities" (Banai, Mikulincer, & Shaver,

2005, p. 227). The alter ego, or twinship is the provision of "sameness with the self object that is

essential to psychic growth, attainment of skills, and sense of competence" (Cooper & Lesser, p.

99).  These three components of the child's relationship with the self object contribute to healthy

development.

  The various schools of psychodynamic thought help conceptualize how the patterns in

thinking, behaving, and relating to others are challenging for people with personality disorders.

This conceptualization is an important key to developing effective treatments for personality

disorders.  Before looking at the research evidence on effective psychodynamic treatments of

personality disorders, the incidence and prevalence of personality disorders will be briefly addressed.

**Personality Disorders**

*Incidence and prevalence.* According to 2007 survey, the prevalence for any personality disorder among Americans is 9.1 percent. Of this group, thirty-nine percent of them sought mental health services within the previous 12 months. (Lezenweger et al., 2007). This study also found that personality disorders are highly comorbid with other major mental health disorders (Lezenweger et al., 2007). Another study from 2002 found that 9% of a community sample had personality disorders (Samuels, Eaton, Bienvenu III, Brown, Costa, and Nestadt, 2002). Within this sample, the researchers also found a higher prevalence in men than in women, highest in never married people compared with ever married, and higher in people who had dropped out of high school than those who completed it (p. 540).

*Defining personality disorders.* Personality disorders are described in the DSM-5 as "an enduring pattern of inner experience and behavior that deviates markedly from the expectations of the individual's culture, is pervasive and inflexible, has an onset in adolescence or early adulthood, is stable over time, and leads to distress or impairment" (p. 645). In order to be considered diagnosable, an individual must meet a certain number of DSM criteria for the specific personality disorder. As the previous definition describes, the criteria must be met based on pervasive patterns of behavior, generally across settings and over time.

*Psychoanalytic understanding of personality disorders.* From the psychoanalytic perspective, personality is a "stable way of thinking, feeling, behaving, and relating to others" (Psychodynamic Diagnostic Manual, 2006, p. 17) but which also includes "the ways in which we habitually try to accommodate the exigencies of life and to reduce anxiety, grief, and threats to

self-esteem" (p. 18).  As such, personality disorders consist of observable behaviors, including

personality traits, as well as subjective disturbances, such as problems of mental organization,

which together indicate the problematic elements of "underlying psychological structures"

(Kernberg & Caligor, 2005, p. 114).   These underlying structures are the focus of

psychodynamic therapy, which aims to better understand and, over time, to change the

psychological structures and problems in mental organization which are creating difficulty and

distress (Kernberg & Caligor, 2005, p. 114). In fact, some scholars argue that because of

psychodynamic psychotherapy's emphasis on conflicts and personality/character organization

instead of a narrow focus on symptoms alone, that psychodynamic psychotherapy was the first

type of therapy that conceptualized and dealt with personality disorders (Lechsenring, 2010).

Other authors say that psychoanalytic theory has given us "some of the most powerful tools for

understanding borderline and narcissistic personality disorders (Corey, 2013, p. 89).

Otto Kernberg, Heinz Kohut, and Peter Fonagy & Jeffery Bateman are examples of

contemporary psychoanalytically informed researchers and theorists working in the area of

personality disorders. Otto Kernberg is from the American Object Relations school of

psychoanalytic theory. The object relations approach to personality disorders focuses on

"psychological structures".  These "structures" are "stable patterns of psychological functioning

that are repeatedly and predictably activated in particular contexts" (Clarkin, Fonagy & Gabbard,

2010; p. 7). Examples of these structures include motivation, ways of coping, interpersonal

patterns, and affect and impulse regulation (Clarkin, Fonagy, & Gabbard, 2010). Kernberg has

worked extensively on narcissistic personality disorder in particular, viewing it as resulting from

difficulty regulating self esteem and self regard.  (Kernberg, in Clarkin Fonagy & Gabbard,

2010). Kernberg has been key in the development of transference-focused psychotherapy, one of the types of treatment that will be addressed later in this systematic review.

Kohut, a self-psychologist, conceptualizes narcissistic personality disorder as a "disorder of the self" which comes from "parental lack of empathy during development" (McLean, 2007, p. 40). According to Kohut, personality disorders, or "are characterized by an underlying lack of self-cohesion, serious doubts about one's sense of continuity over time, lack of confidence in one's ability to deal with life's hardships, and vulnerable self-esteem" (Banai et al, 2005, p. 226).

Fonagy and Bateman (2013) draw from attachment theory to conceptualize personality disorder. They have worked specifically with Borderline Personality Disorder, which they describe as "a pervasive pattern of difficulties with emotion regulation, impulse control, and instability both in relationships and in self -image" (Bateman & Fonagy, 2013, p.595). It is their belief that difficulty in mentalization "is the underlying pathology that gives rise to these characteristic symptoms" (p. 596).

Psychoanalytically informed ideas have fueled a number of different approaches to working with specific personality disorders. As previously discussed, psychodynamic psychotherapy is characterized by attention to certain aspects of interactions, feelings and affects, responses and relationships. This systematic review will now turn to the data analysis to determine which aspects of psychodynamic psychotherapy are specifically addressed in the treatment of personality disorders. Through an examination of these aspects of psychodynamic therapy, this review will evaluate the effectiveness of this modality of therapy in the treatment of people with personality disorders.

## Methods

The research question for this systematic literature review was: What elements of psychodynamic psychotherapy are most effective in treating people with personality disorders?

*Search strategy.* There were several search strategies used to generate the initial list of possible studies from which to draw; these strategies included selection of relevant electronic databases, choosing appropriate key terms to search for within said databases, and then applying inclusion and exclusion criteria. The key search terms for locating studies include: "psychodynamic", "psychoanalytic", "transference", "*mentalization",* "personality", and "personality disorder". Searches were conducted using the following library databases: Summons, Soc Index, PsycINFO, and Social Work Abstracts. Finally, the last method of locating articles for the study was searching through reference sections of published articles for relevant research studies.  From all of these searches, the following inclusion and exclusion criteria were applied to the articles yielded from each search.

In the SocIndex Full text data base, the search terms "Psychodynamic" and "Personality disorder" in the title, and selection of the filters for Peer Reviews Journal articles in English from 2005 to the present yielded 19 articles. None of these met the inclusion criteria. Searches with the same filters on "Mentalization" and "Personality disorder" and "Transference" and "Personality disorder" turned up 4 and 9 articles, respectively.  None of these met the initial inclusion criteria. In the PsychNet database, the same search terms also did not bring up any articles which met inclusion criteria.

Searches through the UST Summons search database yielded far more articles. The search on "Psychoanalytic" and "Personality disorders" with filters set for Peer-Reviewed Journal articles in English form 2005-present yielded 2,504 articles. "Psychotherapy" was then

added as a filter, which brought the number down to 608. From here, the titles were read and relevant abstracts were skimmed to narrow down the article selection based on the inclusion and exclusion criteria. Additional searches on "Personality disorders" and "Mentalization" using the same filters yielded a further 36 articles, and "Personality disorders" and "transference" yielded 21. Duplicates were removed and the remaining articles were skimmed, looking for eligibility based on the inclusion and exclusion criteria detailed below.

**Selection Criteria**

*Inclusion and exclusion criteria.* This systematic review set out to review studies which met the following initial criteria: are written in English, are published recently, meaning that the articles must have been published during or after 2005. Unpublished studies such as dissertations were not included, and only publications from peer-reviewed journals were included. Studies which specifically aim to compare the effectiveness of psychodynamic therapy with DBT or CBT were also not included. Other inclusion criteria are that the sample population must be adults 18 years or older. Therapy will have been delivered primarily individually and rather than in a group setting. Finally, articles which examined personality disorder comorbid with any other mental health condition were also excluded, as were any studies which looked specifically at personality disorders outside of the diagnostic Cluster B category.

Lastly, the pool of studies was further narrowed by only considering certain types of studies: included types of studies were systematic reviews, meta analyses, random controlled trials, and cohort studies. Therefore, qualitative studies, surveys, narrative studies, mixed methods, interviews, and case studies were all excluded.

*Quality Assessment Measures*. In an effort to focus on studies which provide a reliable and significant contribution to our understanding of the effectiveness of psychodynamic psychotherapy, certain quality assessment measures were applied.

*Selection bias*.  This measure will evaluate whether the results of the study are generalizable and transferable to people who seek counseling and psychotherapy services. Selection bias is defined as occurring when there are any characteristics in the subjects which differ so as to influence the outcome (Chambless & Schutt, 2010).  In an effort to ensure this, articles will be closely examined to determine if the sample participants are of a particular race, class, gender, or other stratification.

*Attrition bias.* This measure will evaluate whether there were a large number of participants who left the study before completion. If so, it will examine how the authors explained the attrition, and whether or not there was a description of the drop-outs in the results.

*Reporting bias*. This measure will evaluate whether the study reports all the outcomes that were stated to be measured. Specifically, it will examine whether there are any outcomes which were not reported, possibly due to undesirable results.

*Clear research question*. This measures will look at whether the study has a clear and concise research question which the results clearly speak to.

After conducting the searches, looking at the titles and abstracts, and applying the inclusion and exclusion criteria, the remaining number of articles to be taken into consideration for the data extraction phase was 15. Following the quality assessment measures and further examination of the content of each article, this number came down to 9. Below is a list of the articles which met all of the aforementioned criteria and will be examined as part of this

systematic review. *See Appendix B. for a detailed summary of the quality assessment phase of the review.*

## Findings

This systematic review set out to answer the question;  what elements of psychodynamic psychotherapy are most effective in treating people with personality disorders? After applying the inclusion and exclusion criteria, and the quality assessment measures, 11 articles remained and were reviewed. Of these 11 articles, 3 focused on mentalization-based treatment, 2 on transference-focused therapy, 1 compared manualized and non manualized supportive-expressive psychodynamic therapy, 2 were systematic reviews, 1 was a narrative review, 1 was a critical review on short-term psychodynamic psychotherapy, and 1 was a long-term follow up from psychodynamic treatment.  *Please see Appendix A. for a list of articles included in the study.* Three broad themes emerged from these articles, each of which will be specifically addressed below. From the 11 articles, the following three themes emerged: 1) Mentalization, 2) Transference,  3) supportive-expressive continuum of therapy.

**Thematic Analysis**

**Mentalization.**  Mentalization was mentioned in 7 articles (63 %) .Two  research studies by Bateman & Fonagy were reviewed for this systematic review. Their 2008 study was an 8-year follow up of a previous randomized controlled trial on mentalization-based treatment in a partial hospitalization program. Their 2009 study was randomized controlled trial of outpatient mentalization based treatment. Two other research studies (Kvarstein et al., 2015; Lowyck et al., 2005) mentioned mentalization, as well as the 2 systematic reviews (Haskayne, Hirschfield, &

Larkin, 2007; Leichsenring & Klein, 2014) and the narrative review (Hadjipavlou &

Ogrodniczuk, 2010). Mentalization was found to be an effective treatment for Borderline

Personality disorder specifically in the two random controlled trials (Bateman & Fonagy, 2008,

Bateman & Fonagy, 2009) as well as more generally across the literature that was reviewed.

To summarize, mentalization is "the capacity to understand behavior, one's own and that of

others, regarding underlying mental states." (Hadjipavlou & Ogrodniczuk, 2010, p. 204). It has

to do with how people interpret behavior based on their own feeling states—a subjective process

which theorists have argued is not innate, but is learned through interaction.

Mentalization based therapy is a psychodynamic treatment which "aims to strengthen the

capacity to understand mental states and in turn improve affect and impulse regulation as well as

interpersonal functioning" (Haskayne et al, p. 116). It is rooted in both attachment theory and

cognitive theory (Bateman & Fonagy, 2009; Hadjipavlou & Ogrodniczuk, 2010).   Bateman &

Fonagy refer to mentalization based-treatment as "a focus for therapy rather than a specific

therapy in itself" (Hadjipavlou & Ogrodniczuk, 2010, p. 204). The goal, or focus, then, of this

treatment is to "strengthen patient's capacity to understand their own and others mental states in

attachment contexts in order to address their difficulties with affect, impulse regulation, and

interpersonal function, which act as triggers for acts of suicide and self harm" in many patients

with Borderline Personality Disorder (Bateman and Fonagy, 2009, p. 1355).

The studies on mentalization based treatment showed very positive effects with this

treatment for borderline personality disorder.  For example, Bateman and Fonagy's (2009)

randomized controlled trial found significant improvements in the participants parasuicidal

behavior, defined as "self harm and suicide attempts" (p. 1356). Bateman & Fonagy (2008) also

did an 8-year follow up of mentalization-based treatment and found that 5 years after the

completion of the course of treatment, patients receiving the mentalization based treatment showed superior results to the control treatment in several areas: suicidality, diagnostic status, and service use, use of medication, global functioning, and vocational status (Bateman & Fonagy, 2008).  Also significant from this study was that at the time of follow up, only 13% of the patients in the mentalization based treatment group still met diagnostic criteria for borderline personality disorder. This stands in sharp contrast to the 87% of the control group who still met the same criteria for borderline personality disorder at the time of follow-up. (Bateman and Fonagy, 2009, p. 635). These positive results are an important part of the research supporting the effectiveness of psychodynamic psychotherapies for personality disorders, and for borderline personality disorder in particular. As the literature review explained, borderline personality has long been seen as difficult to treat.  The positive results of Bateman and Fonagy's studies show great promise for a method which is highly effective with borderline personality disorder, and which also has results that last over time.

**Transference.** Transference was mentioned in 7 studies (63 %) (Clarkin, Levy, & Schiavi, 2005; Doering et al., 2010; Hadjipavlou & Ogrodniczuk, 2010; Haskayne et al., 2014, Leichsenring & Klein, 2014; Town, Abbass, & Hardy, 2011; Vinnars, Barber, Noren, Gallop, & Weinryb, 2005). Clarkin, Levy, & Schiavi's (2005) study suggests that transference focused psychotherapy was effective in helping people with severe personality disorders as indicated by decreased use of emergency services, fewer hospitalizations, an increase in global functioning and reduction in the number of DSM criteria for borderline personality disorder they met after 1 year of treatment. Similarly, Doering et al. (2010) found that transference-focused psychotherapy was more effective than community psychotherapy in reducing borderline

symptoms such as reduced suicidality, as well as showing improved functioning and personality organization.

Transference focused psychotherapy "focuses on the integration of internalized experiences of dysfunctional early relationships and uses the transference relationship to observe any repeating patterns" (Haskayne et al., 2014, p. 116). Using the object relations model developed by Otto Kernberg, the therapy focuses on "the development of mental representations that are derived through the internalization of attachment relationships with caregivers" (Clarkin, Levy & Schiavi, 2005, p. 379). The belief behind this is that people with borderline personality disorder "are identity diffused" as a result of "a stable lack of integrating the concepts of self and of the concept of significant others" (Kernberg, Yeomans, Clarkin & Levy, 2008, p.88). This lack of integration leads to "difficulty structuring her own impulses and goals" (Clarkin, Levy, and Schiavi, 2005, p. 380).

The goals of transference-focused psychotherapy are "better behavioral control, increased affect regulation, more intimate and gratifying relationships, and the ability to pursue life goals" (Clarkin, Levy, and Schiavi, 2005, p. 380). To accomplish these goals, the therapist needs to develop an understanding of the patient's internal representations and how they "become activated in the here-and-now relationship with the therapist" (Hadjipavlou & Ogrodniczuk, 2010, p. 204). In this model, the interactions between therapist and patient are center focus. Through the therapist's careful attention to the transference, "negative affect states, particularly aggression, are gradually controlled by understanding them as they unfold" within the relationship. (Hadjipavlou & Ogrodniczuk, 2010, p. 204).

In Clarkin, Levy, and Schiavi's (2005) comparison study, results showed considerable reduction in hospitalizations for patients with borderline personality disorder. Before treatment,

76.9% of participants had been to the ER for severe mental distress, while only 26.9% did during treatment (Clarkin, Levy, & Schiavi, 2005, p. 383). In Doering et al.'s (2010) randomized controlled trial, participants undergoing transference-focused therapy improved in the areas of reduction of borderline symptoms as per reducing the number of DSM criteria met, as well as lowering rate of psychiatric in-patient admissions. The participants receiving transference-focused therapy also had a low drop out rate as compared to the control group, as well as a reduction in suicide attempts (p. 393). In sum, the research examined in this systematic review indicates that transference-focused psychotherapy is an effective treatment for borderline personality disorder.

**Supportive-Expressive continuum**. The supportive-expressive continuum refers to the range of interventions within psychodynamic psychotherapy. On one end of the continuum are the supportive interventions, such as "fostering a therapeutic alliance, setting goals, or strengthening ego functions such as reality testing or impulse control" (Leichsenring & Klein, 2014, p. 6). More supportive interventions are also characterized by "a greater degree of therapist praise, guidance, and self-disclosure" (Town, Abbass, & Hardy, 2011, p. 731). Supportive interventions tend to be useful in the early stages of therapy, when building the alliance is especially important. Supportive techniques are also very important for use with patients who are experiencing crisis and who therefore need interventions which are more focused on stabilization or "providing a safe a supportive environment" (Leichsenring, 2014, p. 6). Supportive interventions are also often used as a strong component of outpatient case management or clinical management of patients with personality disorders. For example, in the Bateman and Fonagy (2009) randomized controlled trial, the supportive approach was used as a control. In this instance, "supportive therapy" included "case management, advocacy support, and problem-

oriented psychotherapeutic interventions" (p. 1357).  By contrast, the mentalization based treatment group received psychotherapy where interventions focused on the ways the patient thinks, reflects, and responds to others (Bateman & Fonagy, 2009). Mentalization based treatment consisted of techniques across the supportive-expressive continuum, rather than limited to supportive, as was the control group in the study. Mentalization-based treatment includes more expressive interventions than supportive psychotherapy provides.

Expressive, or interpretative, interventions "enhance the patient's insight about repetitive conflicts sustaining his or her problems" (Leichsenring & Klein, 2014, p. 6). These interventions include "clarification, confrontation, and interpretation in the here-and-now interaction" (Clarkin Levy, & Schiavi, 2005, p. 380) with the goal of promoting insight. Interventions sch as these encourage the patient to "experience these intense emotional interactions, begin to accept unwanted affects, and integrate them into a more coherent sense of self an identity that is acceptable and does not necessitate self-destruction" (Clarkin, Levy, & Schiavi,  2014 p. 380). According to the results, the participants who received psychotherapy which utilized these types of interventions showed the following improvements: significant decrease in the risk of parasuicidal acts, significant reduction in number of hospitalizations, and reduction in number of emergency room visits (Calrkin, Levy, & Schiavi, 2014). Additonally, following one year of outpatient therapy at the rate of two sessions per week, 52.9 % of the participants did not meet the diagnostic criteria for borderline personality disorder (Clarkin, Levy, & Schiavi, 2014).

Finally, another element of the supportive-expressive theme that was mentioned in several of the articles is the specific model of supportive-expressive therapy developed by Luborsky.  This method of therapy is a specific manualized treatment that is distinct from a discussion of therapy across the supportive-expressive continuum more generally.  Luborsky's

therapy aims to shift the therapeutic focus away from symptoms and toward "the rigid belief systems and maladaptive interpersonal patterns that characterize personality disorders" (Vinnars et al, 2005, p. 1933).  The interventions are designed to focus "less on the transference and applying pressure to exploring painful emotions about past figures" and more on the supportive aspects of therapy. (Town, Abbass, & Hardy 2011, p. 731).

The supportive-expressive theme is important because it highlights and expands on the ways in which psychodynamic psychotherapy can be adapted to work with different patients. In their systematic review, Haskayne et al. (2014) identify the importance of not assuming that "one size fits all" with therapy for people with personality disorders. This point will be further expanded upon in the subsequent sections of this paper.

**Other themes**. There were two other issues which arose in the research, but were not pervasive enough to merit inclusion as a major theme. The first was the effectiveness of long term verses short term psychotherapy.  The second was the question of dropout rates in treatment. They will each be briefly addressed in this subsection.

*Long-term versus short-term therapy*. The question of long term verses short term therapy is an important one, especially in our current healthcare system which tends to favor short term treatments. Town, Abbass, & Hardy's (2011) study specifically focused on Short Term Psychodynamic Psychotherapy (STPP) for personality disorders. Although there are different models of STPP, key features include "A limited number of sessions, the use of selection criteria to establish suitability for treatment, maintenance of a therapeutic focus, active therapist involvement, and use of transference (therapeutic) relationship" (Town, Abbass, & Hardy, 2011, p. 724). This study drew a "preliminary" conclusion that "STPP may be considered an efficacious empirically-supported treatment option for a range of PD's" (Town, Abbass, &

Hardy, 2011, p. 723). This study was also unique compared to the others in this review in that it focused on a range of personality disorders, including Cluster C.   Like the longer term psychodynamic approaches, Town, Abbass, & Hardy's (2011) STPP study showed significant participants' improvements in symptomatology and interpersonal functioning (735).

*Dropout rates.* Another important topic is dropout rates. Dropout, or attrition, rates were taken into consideration during the quality assessment stage of this systematic review, where the articles reporting on attrition rate needed to retain a minimum of 70% completion.  Although not all of the studies explicitly reported on attrition rate, the ones which did report on it varied in the range from 2% dropout rate to 27.6%.  (Bateman & Fonagy, 2008, Bateman & Fonagy 2009; Clarkin, Levy, & Schiavi, 2005; Doering et al., 2010; Kvarstein et al., 2015; Lowyck et al., 2015; Town, Abbass, & Hardy, 2011; Vinnars et al., 2005).

Kvarstein et al., (2014) reported a lower dropout rate for traditional psychodynamic treatment than for the mentalization based treatment group, particularly during the early stages of treatment. Doering et al. (2010) found higher than average dropout rates in one modality, transference focused psychotherapy, (38.5 %) but factored in the fact that patients in the system were able to switch therapists easily as a possible explanation for this somewhat higher rate. Clarkin, Levy, & Schiavi's (2005) study of transference focused therapy reported a lower dropout rate of 23.1% in conditions where switching therapists was not an option. Ultimately, more research will be needed to determine trends in dropout rates both within and across the various psychotherapy models.

## Discussion

## Summary of Findings

This systematic review set out to explore the current research to look for themes that indicate psychodynamic psychotherapy is effective for people with personality disorders. The main themes that emerged were the effectiveness of two specific psychodynamic therapies for personality disorders-- mentalization based therapy and transference based therapy-- as well as the importance of looking at different interventions along the supportive-expressive continuum. These finding suggest three important and interconnected things:  1) that psychodynamic psychotherapy is an effective therapy for personality disorders, 2) that two specific methods of psychodynamic psychotherapy, mentalization based psychotherapy and transference focused psychotherapy, both have a growing body of evidence-based trials, and 3) that through the flexibility of interventions along the supportive-expressive continuum, psychodynamic psychotherapy can be modified to meet the various individual needs of patients.

*Effectiveness.* All of the studies showed improvements in patients with personality disorder who received psychotherapy.  As such, we can conclude that psychoanalytic psychotherapy is an effective treatment for personality disorders.  There are two caveats here: 1) even though the searches conducted for this project sought to find studies on all personality disorders, the majority of studies being conducted are for borderline personality disorder.  This trend was reflected within this systematic review: Of the 7 trials reviewed, 5 of them were specifically done with patients with borderline personality disorder.  The prevalence of studies

with patients who have borderline personality disorder was also reflected in the reviews that were selected for this study.

*Mentalization based therapies.* Mentalization based treatments focused on the patient's interpersonal difficulties in understanding their own and others' behavior as well as the mental states accompanying that behavior. As previously mentioned, this is not an innate skill, rather, it something that has to be taught or learned through experience with others who themselves have this ability. Because people with personality disorders tend to have a pattern of interpersonal difficulty across numerous setting in their lives, the process of learning how to better and more accurately understand themselves and others appears to be part of what is curative. As they become more able to self reflect on their own behavior, and that of others, their functioning and general life satisfaction seems to improve. They also benefit greatly from the improved emotional regulation that can come from better understanding the mental states of themselves and others.

*Transference based therapies*. Transference-focused psychotherapy is influenced by the object relations school of psychoanalytic thought. It aims to more thoroughly understand and incorporate mental representations of oneself and of others that originate in the person's early attachment relationship (Hadjipavlou & Ogrodniczuk, 2010). Through this process, the client will be able to work through their recurring patterns of feeling and/or behavior, and achieve freedom from these unresolved issues, which can cause difficulties in interpersonal relationships for the client. In at least one RCT, transference-focused therapy resulted in a shift in attachment style, moving "from an insecure classification to a secure one" (Leichsenring & Klien, 2014, p. 21). This impressive result strongly supports the effectiveness of transference-focused therapy

with people with personality disorders, as well as in therapy for people with other mental

disorders.

*Individual needs.* The emergence of the supportive-expressive continuum as a major

theme indicates the importance in clinical practice of modifying approaches based on a number

of features.  As Haskayne et al. (2014) have noted, people with personality disorders "may

benefit from different therapies depending on their interpersonal style and preferences" (p. 133).

As with all psychotherapy, it is important not to take a "one size fits all" approach. Different

patients may need different interventions along the supportive-expressive continuum.  They also

may need to move at different paces, depending on their individual characteristics, and also on

whether or not they have a history a trauma, a factor which could necessitate moving at a slower

pace so as to establish safety and security within the therapeutic relationship.  As Clarkin, Levy,

& Schiavi  (2005) have explained, Transference-focused therapy emphasizes the "present

interaction between therapist and patient" (p. 380). It may take longer for some patients to build

the foundation for this type of deep interaction.  Individual needs should therefore be taken into

account for the therapy to be as effective as possible.

## Limitations

Although this review included a large amount of the contemporary research within the

previously mentioned parameters, there are nevertheless some limitations to this study. First,

many of the reviews (45.45 %) focused exclusively on borderline personality disorder. This

restricts the degree of generalizability to other personality disorders.  Second, one of the trials

(Clarkin, Levy, & Schiavi, 2014) was completed exclusively with women, something which will

also potentially limit the generalizability to all people with personality disorders, borderline or

otherwise.  Third, although the findings indicate that psychodynamic psychotherapies are indeed

effective interventions for people with personality disorders, what is less clear is exactly what elements of the therapy are the most effective. More research will be needed to further substantiate, and to expand, upon these findings.

Finally, most of the studies focused more on the outcome measures in areas of symptomatology and interpersonal and global functioning. General trends, such as psychodynamic psychotherapy's use of interventions toward the expressive end of the supportive-continuum, were discerned. But there is more to learn about what specific elements and techniques are most helpful for people with personality disorders. As such, there are several areas of further research which will be recommended in the following section of this review.

## Further Research

There are several areas for future research on the subject of psychodynamic psychotherapy for people with personality disorders. First of all, the majority of these studies focus on borderline personality disorder. Further research is needed on the other personality disorders in order to determine what methods of therapy would be most effective. Because people with personality disorders make up a large percentage of patients seeking mental health treatment, it is and will continue to be an important are of research to inform clinical practice.

Another area of future research is in long-term follow up. One study in the review which included a long-term follow up (Lowyck et al, 2015) showed improvements from psychodynamic psychotherapy in the areas of interpersonal functioning and personality organization, and furthermore "provides further evidence for the assumption that psychodynamic therapy is associated with continuing improvement" long after the treatment ends (Lowyck et al., 2015, p. 381-382). Bateman and Fonagy's (2009) study provides results of an 8-year follow up from one of their previous studies of mentalization based therapy. This study does suggest that

improvements from the treatment were maintained over time, but more studies will be needed to further substantiate this finding. Positive results in further studies could help promote the usage of longer-term psychotherapies if better long term results were proven for this type of therapy. For this reason, comparative studies in particular are needed in the long term effectiveness of various types of psychotherapy for personality disorders, and other disorders as well.

Another area for future research is in the area of Short Term Psychodynamic Psychotherapy (STPP). STPP showed some preliminary results which were positive (Town, Abbass, & Hardy, 2011) but more research will be needed using this particular method of psychodynamic psychotherapy. Potential benefits of this modality are that it incorporates some of the deeper, psychodynamic techniques such as focusing on the transference, without requiring the long term commitment of more traditional psychodynamic approaches. This could make the approach more appealing to insurance companies and thus potentially more accessible to a wider range of people in need of treatment.

Finally, future research should strive to integrate the findings of a variety of practice elements: research based trials, for one, but also from clinical judgment of therapists who have worked with individuals with personality disorders. As Zayas, Drake, and Jonson-Reid (2010) have noted, the evidence-based practice model (EBP) privileges empirical research studies, and tends to focus far less on the wisdom of the judgment of practitioners with specialized training and vast experience in working with certain specific populations. As clinical practitioners, we can learn more about the specific elements, and the specific interactions, which appear to be most curative from experienced clinicians. This could be a very valuable means to honing existing interventions, or developing new ones.

**Implications for Clinical Practice**

Given the findings of this review, the main implication for clinical practice is that psychodynamic is indeed an effective and empirically supported treatment approach for personality disorders. This review has shown the clinical trials and other studies which have been done on this modality of treatment. As Shedler's (2010) article has shown, "the perception that psychodynamic approaches lack empirical support does not accord with available scientific evidence (p. 98). Clinical practitioners need to be aware of this in order to provide patients with the most current and effective treatments.

The concept of evidence based practice, though an important one, is also a wavering one: it is an area in which clinicians feel pressure to stay "current" and prove their reliance on the evidence based practices of the moment, lest they run afoul of guidelines coming down from insurance companies as well as federal and state policies (Boyd-Franklin, 2013). Furthermore, if we trace the history of psychology and psychotherapy, we can see how the broader ideas of what constitutes "good practice" are always evolving. In this shifting landscape of evidence based practice, it is important to continue to evaluate research and practice as more scholarship is done.

According to Leichsenring & Klein (2011) both Mentalization based treatment and Transference focused treatment "are efficacious and specific treatments of borderline personality disorder, according to the criteria of empirically supported treatments proposed by Chambless and Hollon" (p. 22). Chambless and Hollon (1998) set out a widely accepted criteria for what makes a treatment "empirically supported", including three major criteria: 1) a comparison group in the study, 2) sound research methodology, including sampling and outcome measurement processes, and 3) that findings be replicated. (Chambless and Hollon, 1998).

The findings that mentalization and transference focused psychotherapies were effective was based on several Random Controlled Trials (RCTs). RCTs are widely considered to be "the gold standard for the demonstration that a treatment is effective" (Leichsenring & Klein, 2014, p. 5). As such, it can be said that psychodynamic psychotherapy is developing a stronger evidence base. This is important in the current context of mental health practice, where evidence based practices are privileged by insurance companies and treatment facilities who must adhere to certain guidelines which dictate the possible treatment modalities on offer.

As discussed, the results of this study indicate that psychodynamic psychotherapy is an effective intervention for people with personality disorders. More studies will be needed to further refine what elements of dynamic therapy are the most effective. In the meantime, it does stand to reason that, based on the results in this review, psychodynamic psychotherapy provides improvements in interpersonal functioning, global functioning, and in some cases, minimizes or eliminates the number of diagnostic criteria met for personality disorder, and shifting patients to a more secure attachment style. Through improving these individuals' self knowledge and understanding, as well as their interpersonal skills, many social problems which clinical mental health professionals work with can be improved. For example, job retention, family relationships, drug and alcohol abuse, and overall physical and emotional health are all likely to show improvement as a result of effective therapy which not only addresses the core problems of people with personality disorders, but also which provides good long-term improvements in function. The research and the background on psychodynamic psychotherapy utilized in this review suggest that this approach, in its various modalities such as transference focused therapy, mentalization based therapy, and short term psychodynamic psychotherapy all show promise to provide both short and long term improvements for people with personality disorders.

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Town, J., Abbass, A., & Hardy, G. (2011). Short term psychodynamic psychotherapy for

    personality disorders: a critical review of randomized controlled trials. *Journal of*

    *Personality Disorders,* 25: 6, 723-740.

Vinnars, B., Barber, J., Noren, K., Gallop, R., & Weinryb, R. (2005). Manualized supportive-

    expressive psychotherapy versus nonmanualized community delivered

    psychodynamic therapy for patients with personality disorders: bridging efficacy  and

    effectiveness.  *American Journal of Psychiatry* 162:10, 1933-1940.

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    during psychodynamic supportive-expressive psychotherapy? Secondary outcome

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**Appendix A:  Studies Included in the Systematic Review**

Bateman, A. W.  & Fonagy, P. (2008). 8-Year Follow up of patients treated for borderline personality disorder: mentalization-based treatment verses treatment as usual. *American Journal of Psychiatry 165:5,* 631-638.

Bateman, A. W.  & Fonagy, P. (2008). Randomized controlled trial of outpatient mentalization based treatment verses structured clinical management for borderline personality disorder. *American Journal of Psychiatry, 166:12,* 1355-1364.

Clarkin, J. F., Levy, K.N., & Schiavi, J.M. (2005). Transference focused psychotherapy: Development of a psychodynamic treatment for severe personality disorders. *Clinical Neuroscience Research* 4, 379-386.

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Haskayne, D., Hirschfield, R. & Larkin, M. (2014). The outcome of psychodynamic psychotherapies with individuals diagnosed with personality disorders: a systematic review. *Psychoanalytic Psychotherapy* 28:2, 115-138.

Kvarstein E., Pedersen, G., Urnes, O., Hummelen, B., Wilberg, T., & Karterud, S. (2015). Changing from a traditional psychodynamic treatment programme to mentalization-based treatment for patients with borderline personality disorder-does it make a difference? *Psychology and Psychotherapy: Theory, Research and Practice, 88,* 71-86.

Leichsenring, F. & Klein, S. (2014). Evidence for psychodynamic psychotherapy in specific mental disorders: a systematic review. *Psychoanalytic Psychotherapy* 28:1, 4-32.

Lowyck, B., Vermontes, R., Verhaest, Y., Vandeneede, B., Wampers, M. & Luyten, P. (2015). Hospitalization based psychodynamic treatment for personality disorders: a five year follow up. *Psychoanalytic Psychology* 32:3, 381-402.

Town, J., Abbass, A., & Hardy, G. (2011). Short term psychodynamic psychotherapy for personality disorders: a critical review of randomized controlled trials. *Journal of Personality Disorders,* 25: 6, 723-740.

Vinnars, B., Barber, J., Noren, K., Gallop, R., & Weinryb, R. (2005). Manualized supportive-expressive psychotherapy versus nonmanualized community delivered psychodynamic therapy for patients with personality disorders: bridging efficacy and effectiveness. *American Journal of Psychiatry* 162:10, 1933-1940.

**Appendix B: Quality Assessment of Studies for the Systematic Review**

**Bateman, A. W. & Fonagy, P. (2008). 8-Year Follow up of patients treated for borderline personality disorder: mentalization-based treatment verses treatment as usual.** *American Journal of Psychiatry 165:5, 631-638.*

**Selection bias:** None. Participants were selected from a clinic setting in which they were screened for personality disorder via the then-used DSM-III structured clinical interview and the diagnostic interview, along with a cutoff scale used to determine formal diagnostic criteria had been met. Authors rigorously detail the number of patients who were referred, met inclusion criteria, agreed to take part in the study, and were then randomly assigned to either the treatment group or the control group.

**Attrition bias**. None. Authors explain the dropouts, 10 of whom refused to participate at the treatment group assignment stage, six who did not wish to complete the requisite self-reporting procedures, and none of which occurred in the control group, and 3 of whom (12%) dropout occurred in the treatment group within 6 months. A total of 44 patients began the study with 38, 19 in each group, completing the study.

**Reporting bias.** None seen-all measures were discussed and extensively illustrated with charts and graphs.

**Clear research question:** Yes. Study examines the question Is psychoanalytically oriented "Mentalization" partial hospitalization treatment more effective than standard psychiatric care for patients with borderline personality disorder? The authors express an interest in promoting partial hospitalization treatment as an alternative to repetitive and prolonged inpatient hospital stays. Their method emphasizes relational difficulties in BPD and has set up the treatment to address this particular difficulty, along with self harm and depressive symptoms related to the disorder. They also are interested in longevity of positive response to the mentalization based tx.

**Results:** Five years after completing the original treatment, the psychoanalytically oriented treatment group continued to improve more than the control group in terms of suicidal behavior, decrease in hospitalization service use, diagnostic status, , medication reliance, global functioning, and vocational status. However, in spite of these improvements in the group with the mentalization based treatment and follow up, "their general social function remains impaired." Nevertheless, the authors suggest that the ongoing improvement of these patients is "attributed to the rehabilitative processes stimulated by the initial mentalization-based treatment phase" (p. 631).

**Bateman, A. W. & Fonagy, P. (2008). Randomized controlled trial of outpatient mentalization based treatment verses structured clinical management for borderline personality disorder. *American Journal of Psychiatry, 166:12,* 1355-1364.**

**Selection bias:** None-randomized controlled trial. Participants drawn from a specialist personality disorder service were randomly assigned to the two tx groups. They had to have a personality disorder diagnosis, a suicide attempt or other serious self harm episode within the last 6 months, and be between the ages of 18 and 65. Exclusion criteria were outlined which served to eliminate possible effects of other treatments, other DSM diagnoses, and/or opiate drug dependence (though not alcohol dependence). Also notable in this study was that the authors addressed the issue of therapist experience and training by selecting therapists "equal in years of experience and training" (p. 1355).

**Attrition bias.** 75% of participants completed across both groups.

**Reporting bias.** No. Positive and complete results showed for both groups.

**Clear research question.** Yes. Do patients receiving outpatient mentalization based therapy require less hospitalization for from parasuicidal behavior than patients offered a therapy of similar intensity but without the MBT elements?

**Results.** Participants showed improvements in both treatment groups. Those in the MBT tx group had a "steeper decline" in suicide attempts, self harm, and hospitalization than in the other group. Also, MBT was found to produce a more rapid improvement in mood, interpersonal relations, and social adjustment (p. 1362). Self harm improved more slowly but " with an ultimately more impressive reduction" with MBT. Overall, this study found that structured, integrated treatments are very beneficial for px with borderline personality disorder. However, the study also "indicates that a sustained emphasis on a patient's way of thinking or behaving in a consistent manner is more helpful than generic psychotherapy" (p. 1362).

**Clarkin, J. F., Levy, K.N., & Schiavi, J.M. (2005). Transference focused psychotherapy: Development of a psychodynamic treatment for severe personality disorders. *Clinical Neuroscience Research* 4, 379-386.**

**Selection bias**. Participants were recruited from the various treatment setting across the New York Presbyterian Hospital system. Participants in this study were all women. Linked to another transference-focused study of borderline personality disorder (Doering et al, 2010) which also used all female outpatients (and perhaps the same sample….not clear.) Determine if the 2 studies are actually the same group, and make a decision about whether or not to throw out the study because it is all women participants. It also might be an interesting opportunity to discuss gender and the diagnosis of BPD.

**Attrition bias.** Of 32 patients who began the treatment, 6 did not complete the one year program (23.1 % )

**Reporting bias.** None.

**Clear research question.** This study aimed to determine whether BPD patients treated with Transference-Focused psychotherapy made more improvement than a "TAU" (treatment as usual group in their setting. Results would "greatly increase the confidence in the benefits of TFP and support the undertaking of a randomized clinical trial of the tx" (p. 382).

**Results.** Results were positive, showing decrease in utilization of emergency services and hospitalization, increases in global functioning and reduction in the number of diagnostic criteria met after 1 year, as compared with the control group. Favorable on all these counts, and a randomized clinical trial was subsequently undertaken by this research group.

**Fonagy, P. & Bateman, A. W. (2007). Mentalizing and borderline personality disorder.** *Journal of Mental Health 16:1***, 83-101. Doi: 10.1080/09638230601182045.**

-No. This is neither a systematic review, meta analyses, or research study. It's a review essay about mentalization plus some discussion of the results of one of their older trials. Thrown out.

**Haskayne,D., Hirschfield, R. & Larkin, M. (2014). The outcome of psychodynamic psychotherapies with individuals diagnosed with personality disorders: a systematic review.** *Psychoanalytic Psychotherapy* **28:2, 115-138.**

**Selection bias.** Inclusion criteria focused on long term psychodynamic psychotherapy for adults diagnosed with PD of any type. Search strategy was detailed and comprehensive. Quality assessment measures utilized the Critical Appraisal Skills Programme criteria and then ranked, eliminating studies which did not meet a 70% score on these criteria.

Attrition bias. N/A

Reporting bias. None.

**Clear research question.** Yes-purpose stated was to explore the evidence base of psychodynamic psychotherapy (long and short term) for personality disorders.

**Results**. Of the 14 RCT's reviewed, 11 of them had positive results for Psychodynamic psychotherapy. Of the 5 non-RCT, the results for psychodynamic compared to other were mixed. Mentalization and Transference focused therapies were both positive for borderline personality disorder. Psychodynamic therapies were found to be more effective for Cluster B personality disorders, with 2 of 3 studies comparing psychodynamic therapies with cognitive found cognitive therapies more effective for Cluster C personality disorders. The authors found that one major issue emerging from their study was the question of "matching" PD patients to therapies based on interpersonal style and preferences (p. 133). The authors of this review draw from the work of Blatt (2004) who conceptualized individuals with PD as either more "anaclitic" or "introjective"; anaclitic types are "focused more on support in interpersonal relationships", while

introjective types are more focused on insight ( p.130). As such, the authors conclude with a useful observation with implications for clinical practice: namely, that "It may be more appropriate to match the individual to the type of therapy depending on their leaning toward self-definition or relatedness to others" (p. 130).


**Hoglend, P., Dahl, H.S., Hersoug, A.G., Lorentzen,S., & Perry, J.C. (2011). Long term effects of transference interpretation in dynamic psychotherapy of personality disorders. *European Psychiatry* 26: 419-424.**

-This study is primarily on patients with Cluster C personality disorders, so I threw it out as per my exclusion criteria.


**Kvarstein E., Pedersen, G., Urnes, O., Hummelen, B., Wilberg, T., & Karterud, S. (2015). Changing from a traditional psychodynamic treatment programme to mentalization-based treatment for patients with borderline personality disorder- does it make a difference?  *Psychology and Psychotherapy: Theory, Research and Practice, 88,* 71-86.**

**Selection bias:** Some weaknesses here, as acknowledged by the authors, because it is not a randomized sample and it is not clear exactly what the selection criteria were.  However, the study does offer a compelling comparison between two groups within the same setting who were drawn from the same region. Authors claim that they "document that they represented comparable cohorts with respect to sociodemography and personality pathology"(p. 83).  As such, I concluded that the authors made an effort to make their selection comparable in the two groups in the absence of a random selection process.

**Attrition bias.** Authors outline dropout rates and also note that drop out rates were in fact lower in one of the tx groups.

**Reporting bias.** None detected.  Results were evenly explained and relevant to the stated outcome goals.

**Clear research question.** Yes.  1) Is Mentalization based treatment as implemented in a Norwegian treatment unit effective for borderline personality disorder patients?  2) Is MBT associated with greater clinical benefits for BPD patients compared to a psychodynamic treatment programme?  (p. 73).

**Results.**  BPD patients in the Mentalization based programme had only a 2% drop out rate which was significantly lower than the other treatment. Symptoms such as self harm, hospital admissions, and use of meds occurred in both treatment groups.  In the MBT group, improvement was much greater in the areas of symptom distress, interpersonal, global and occupational functioning.

**Laurenssen et al. (2014). Day hospital Mentalization-based treatment versus intensive outpatient Mentalization-based treatment for patients with severe borderline personality disorder: protocol of a multicenter randomized clinical trial. *BMS Psychiatry 14:301.***

-No.  This is a description of a study yet to be done. Thrown out.

**Leichsenring, F. & Klein, S. (2014). Evidence for psychodynamic psychotherapy in specific mental disorders: a systematic review. *Psychoanalytic Psychotherapy* 28:1, 4-32.**

**Selection bias.** This review examines the evidence from Randomized Controlled trials (RCT's) of psychodynamic psychotherapy in specific mental disorders, including personality disorders.

**Attrition bias.** N/A

**Reporting bias.**  Reported the results of all studies and noted weaknesses in some of the studies.

**Clear research question.** Yes-the article aims to review the current available empirical evidence for psychodynamic psychotherapy for specific mental disorders.  The authors are clear that they wish to address "assertions repeatedly made by representatives of other psychotherapeutic approaches claiming that psychodynamic psychotherapy is not empirically supported" (p. 4). To do this, they look specifically at RCT's which are considered "the gold standard for the demonstration that a treatment is effective" (p. 5).

**Results:** For the purposes of this review, the results of psychodynamic psychotherapy for personality disorders will be the only ones considered, as the other results are outside the scope of this project. The results on different types of PDT for PD are that PDT was superior to standard psychiatric care, that mentalization based PDT was especially useful in regards to primary (suicidal behavior, self harm, and hospitalization) and secondary outcome measures (depression, interpersonal functioning, and other distressing symptoms) (p. 20-21. ) They also concluded that TFP was effective in improving impulsivity, irritability, verbal and physical assault in patients with borderline personality disorder.

**Levy, K.N., Clarkin, J.F., Yeomans, F.E., Scott, L.N., Wasserman, R.H., & Kernberg, O. (2006). The mechanisms of change in the treatment of borderline personality disorder with transference focused psychotherapy. *Journal of Clinical Psychology, 62:4*, 481-501.**

-Neither a clinical study or a systematic review, narrative review, or meta-analyses.  Thrown out.

**Lowyck, B., Vermontes, R., Verhaest, Y., Vandeneede, B., Wampers, M. & Luyten, P. (2015). Hospitalization based psychodynamic treatment for personality disorders: a five year follow up.** *Psychoanalytic Psychology* **32:3, 381-402.**

**Selection bias**: All patients in a specified tx setting were invited to participate.  Notably, 3 times more women than men agreed to participate. It is unclear why this was the case.

**Attrition bias:** Of those who agreed to participate, met criteria, AND completed the initial hospital based tx, 80% were assessed at the 5-year marker.

**Reporting bias**. None apparent.

**Clear research question.** Yes. Study aims to examine whether psychodynamic tx for patients with personality disorders has long term beneficial effects in different domains, including symptoms, interpersonal functioning, and personality organization.

**Results:** Study looked at symptoms, interpersonal functioning, and personality organization. Participants showed that during the 5 year follow up period, improvement in the areas of symptoms and general functioning were maintained.  Further improvement was seen in the areas of interpersonal functioning and personality organization during the follow up period.

**Smit, Y., Huibers, M., Joannidis, J., van dyck, R., van Tilburg, W., and Arntz, A. (2012). The effectiveness of long-term psychoanalytic psychotherapy: a meta analyses of randomized   controlled trials.** *Clinical Psychology Review* **32, 81-92.**

This meta analyses looks at the effectiveness of long term psychoanalytic psychotherapy (LTPP) in various mental disorders including eating disorders, personality disorders, and anxiety and depression, and includes CBT and DBT as control interventions. It was therefore eliminated because it did not meet the previously established inclusion criteria.

**Town, J., Abbass, A., & Hardy, G. (2011). Short term psychodynamic psychotherapy for personality disorders: a critical review of randomized controlled trials.** *Journal of Personality Disorders,* **25: 6, 723-740.**

**Selection bias**. Only reviewed trials with an RCT design and which focused on STPP.

**Attrition bias.** The mean dropout rate in the included studies was 12.1 %. The authors compare this dropout rate with a "mean psychotherapy dropout rate" as calculated by Wierzbicki & Pekarik's (1993) model, which estimates a 46.86% dropout rate. The authors of this critical review address the fact that patients with PD are often seen as "difficult to engage"and therefore, perhaps, more likely to dropout.  However, that has not been the case, according to the studies reviewed.  Furthermore, the authors suggest that the STPP strategy of carefully defining a tx focus and directly looking at "defensive barriers to the achievement of these shared objectives" (p. 733) in fact contribute to the low dropout rate because addressing the "longstanding,

maladaptive interpersonal patterns seen in PD" helps promote both the therapeutic relationship and the likelihood of dropout.

**Reporting bias.   N/a**

**Clear research question.** What does the research literature on STPP say about it's effectiveness for patients with PD?  Specific look at short term PP is the focus.

**Results.** Overall results indicate "significant and medium to long term improvements for a large percentage of px" (p. 723). These improvements included reduction in symptoms and improvement in interpersonal problems.

**Vinnars, B., Barber, J., Noren, K., Gallop, R., & Weinryb, R. (2005). Manualized supportive-expressive psychotherapy versus nonmanualized community delivered psychodynamic therapy for patients with personality disorders: bridging efficacy and effectiveness.** *American Journal of Psychiatry* **162:10, 1933-1940.**

**Selection bias**.  None seen.  Participants were drawn from 2 community mental health centers in Stockholm. All patients were invited to participate. Participants had to have a diagnosis of personality disorder as per the DSM-iV criteria. Participants who were eligible were then randomly assigned into 2 treatments groups, supportive-expressive or community delivered psychodynamic therapy.

**Attrition bias.**  Data was received from 72.4 % of the patients at the 1-year assessment, and from 79.5% at the 2 year assessment. All statistics were accounted for.

**Reporting bias.** None apparent.

**Clear research question**. Yes: Are manualized supportive expressive psychodynamic psychotherapy and nonmanualized community delivered psychodynamic therapy for patients with personality disorders both efficacious and effective?

**Results:**  Both groups saw improved functioning as measured by the SCL-90, a test of patient's subjective experiences of symptoms, as well as the DSM-IV Global Assessment of Functioning Scale (GAF). At the end of tx, 33.6% of patients no longer met criteria for personality disorder. At the follow up, 46.8% no longer met criteria for personality disorder, with "no significant difference between tx at either assessment" (p. 1937).

**Vinnars, B., Noren, K., Gallop, R., & Barder, J. (2009). Do personality problems improve during psychodynamic supportive-expressive psychotherapy? Secondary outcome results from a randomized controlled trial for psychiatric outpatients with personality disorders.** *Psychotherapy Research, Practice, Training* **46:3, 362-375.**

-Thrown out because it is reporting on the same study as their other publication, which is already being used in this study.