Understanding therapists’ response patterns towards Borderline Personality Disorder: A comparative study of Core Conflictual Relationship Themes

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Background

- Theoretical and clinical accounts suggest BPD one of the most challenging psychiatric disorders to treat.
  - Difficult therapeutic relationships with interpersonal hypersensitivity BPD phenotype (Gunderson & Lyons-Ruth, 2008)
  - Polarised positive and negative emotional reactions
  - Therapeutic process from therapist perspective receives minimal empirical research.
Aims

- Do therapists’ perceptions of patient’s transference patterns differ as a function of diagnosis?

- Do therapists’ cognitive and emotional responses differ as a function of patient diagnosis?
Previous Research

Analogue studies

Written vignettes (Brody & Farber, 1996)

- BPD $\rightarrow$ feelings of irritation, frustration and anger
- Depression $\rightarrow$ feelings of nurturing, compassion and empathy

Audio recorded interviews (McIntyre & Schwartz, 1998)

- BPD $\rightarrow$ feeling dominated and defensive
- Depression $\rightarrow$ feeling submissive and friendly
Previous Research

Clinical Settings

- Feeling Word Checklist-58 (FWC-58)
  - Feelings of helpfulness towards patients with BPD (Thylstrup & Hesse, 2008)
  - Rejection, inadequacy and of being on guard (Rossberg, Karterud, Pedersen, & Friis, 2007)

- Longitudinal study
  - Therapists experienced similar intrapersonal reactions to the same patient
  - Variance due to diagnosis was insignificant (Holmqvist, 1998; Holmqvist & Armelius, 1996)
Limitations of Previous Research

- Low ecological validity of analogue studies
- Focus on group milieu
- Diagnosis at a PD cluster level
- Heavy reliance on simple affect checklists
Current Study

- Therapists cognitive and emotional responses to their patients
- Individual psychotherapy
- Semi-structured interview & self-report
- Patients had DSM-IV primary diagnosis BPD & MDD
Therapist & Patient Inclusion Criteria

- 12 months experience treating BPD and MDD
- 2 patients from each diagnostic group
- Treated in individual psychotherapy
- Minimum of 8 sessions
- Current or termination within 12 months
The Current Study

Sample Demographics

20 therapists from community based services

Sex
- 17 female; 3 male

Qualifications
- 17 doctoral-level; 3 masters-level clinical psychologists

Clinical Experience
- $M = 6.5$, $SD = 3.28$ years post-internship experience

Age
- $M = 34$, $SD = 7.52$ years

Theoretical Orientation
- 14 cognitive & behavioral; 6 Interpersonal-dynamic
Relationship Anecdotes Paradigm (RAP)

- Semi-structured face-to-face interview procedure (Luborsky, 1998)

- Modified to a therapist focus:

  Please tell me what seeing this patient was like for you, what you wanted out of therapy and how they responded to you. Please tell me a specific situation involving something that happened between you. What they said and what you said?

- Recorded interviews were transcribed verbatim
Measures

Core Conflictual Relationship Theme-Leipzig/Ulm Method (CCRT-LU; Albani et al., 2002)

- CCRT-LU components object and subject directed: Wish (W), Response of Other (RO), Response of Self (RS)
- Valence dimensions that reflect the extent of therapist wish fulfillment (positive) or wish denial (negative)
Measures

The Psychotherapy Relationship Questionnaire (PRQ; Westen, 2000)

- Operationalising the construct of ‘transference’ as perceived by the therapist

- Items load onto six factors: (1) Hostile (2) Narcissistic, (3) Compliant/Anxious, (4) Positive working alliance, (5) Avoidant/Dismissing (6) Sexualized
Measures

The Impact Message Inventory-Circumplex (IMI-C) octant version (Keisler & Schmidt, 2006)

- 56 item scale
- Designed to measure covert emotional reactions to the patient
- Dominant, Hostile, Submissive, and Friendly
Patient demographic, treatment variable means & (standard deviations) for Borderline Personality Disorder (BPD) and Major Depression (MDD)

<table>
<thead>
<tr>
<th>Variable</th>
<th>BPD</th>
<th>MDD</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n = 40</td>
<td>n = 38</td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td>32.75 (9.00)</td>
<td>42.10 (13.11)</td>
<td>.000</td>
</tr>
<tr>
<td>Treatment duration</td>
<td>11.64 (8.24)</td>
<td>8.93 (11.01)</td>
<td>.222</td>
</tr>
<tr>
<td>(months)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Initial GAF</td>
<td>39.05 (14.19)</td>
<td>49.60 (11.84)</td>
<td>.001</td>
</tr>
</tbody>
</table>

*Note: GAF = Global Assessment of Functioning*
Statistical Analysis

Inter-rater reliability of CCRT-LU method

- Two independent judges
- Coded & scored entire data set
- Approximately 2400 clause comparisons
- Krippendorff’s $\alpha = .78$; Cluster Level (e.g., Cluster C) (Hayes & Krippendorff, 2007)
- Valence $\alpha = .89$
Hierarchical Data Structure

Theoretical Orientations
- CBT (n = 13)
- Dynamic (n = 7)

Diagnostic Groups
- BPD (n = 40)
- MDD (n = 38)

THERAPIST
N = 20

PATIENT
N = 78
Parameter estimates (and standard error) for multilevel modelling of therapist’s Psychotherapy Relationship Questionnaire factor scores

<table>
<thead>
<tr>
<th>Variable</th>
<th>Diagnostic Group</th>
<th>Theoretical Orientation</th>
<th>Model Fit</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Coef.</td>
<td>SE</td>
<td>Coef.</td>
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<tr>
<td>PRQ Factors</td>
<td></td>
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<tr>
<td>Hostility</td>
<td>0.75</td>
<td>(0.17)*</td>
<td>-.03</td>
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<tr>
<td>Narcissistic</td>
<td>1.07</td>
<td>(0.16)*</td>
<td>-.2</td>
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<tr>
<td>Compliance/Anxious</td>
<td>0.74</td>
<td>(0.16)*</td>
<td>.01</td>
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<td>Positive working alliance</td>
<td>-0.34</td>
<td>(0.14)*</td>
<td>.14</td>
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<tr>
<td>Avoidant/Dismissive</td>
<td>0.50</td>
<td>(0.15)*</td>
<td>-.02</td>
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<tr>
<td>Sexualised</td>
<td>0.33</td>
<td>(0.17)*</td>
<td>-.16</td>
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</tbody>
</table>

Note. * p < .05; PRQ = Psychotherapy Relationship Questionnaire; Negative parameter estimates associated with MDD group; Positive parameter estimates associated with BPD group
Parameter estimates (and standard error) for multilevel modelling of therapist’s Core Conflictual Relationship Themes and Impact Message Inventory

<table>
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<th>Theoretical Orientation</th>
<th>Model Fit</th>
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</thead>
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<tr>
<td></td>
<td>Coef.</td>
<td>SE</td>
<td>Coef.</td>
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<tr>
<td>IMI</td>
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<td></td>
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<tr>
<td>Dominant</td>
<td>0.53</td>
<td>(0.14)*</td>
<td>-.10</td>
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<tr>
<td>Hostile</td>
<td>0.24</td>
<td>(0.13)</td>
<td>.18</td>
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<tr>
<td>Submissive</td>
<td>0.15</td>
<td>(0.15)</td>
<td>-.11</td>
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<tr>
<td>Friendly</td>
<td>-.42</td>
<td>(0.15)*</td>
<td>-.17</td>
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<tr>
<td>CCRT component</td>
<td></td>
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<tr>
<td>ROS</td>
<td>1.13</td>
<td>(0.20)*</td>
<td>-.27</td>
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<tr>
<td>RSS</td>
<td>0.90</td>
<td>(0.19)*</td>
<td>-.15</td>
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</tbody>
</table>

Note. * p < .05; CCRT = Core Conflictual Relationship Theme; ROS = Response of Other to Self; RSS = Response of Self to Self; Negative parameter estimates associated with MDD group; Positive parameter estimates associated with BPD group.
Therapists’ wish

WSO

“I want to help and support patient”

Response of patient to therapist

ROS

PATIENT WITH MDD

“Patient listens to me”
“Patient is open and responds to me”
“Patient sees me as someone who can help”

PATIENT WITH BPD

“Patient withdraws from me”
“Patient bombards me with criticism”
“Patient rejects me”

Therapists’ response to themselves

RSS

PATIENT WITH MDD

“I feel comfortable”
“This was a rewarding experience. I felt like I could made a difference”

PATIENT WITH BPD

“I felt incompetent”
“I feel I make no difference in the session”
“I was constantly trying to remain in control of my emotions”

34.5% Disharmonious

74% Disharmonious
Limitations

- Snowball methodology to recruit sample
- Therapists’ stereotype beliefs
- Therapists’ recall bias & socially appropriate responses
Further Research

- Attachment organisation influences countertransference (Martin, Buchheim, & Strass, 2007)

- Observer ratings to understanding in-session patient-therapist transactional patterns

- Empirical investigation with a focus on what therapist need to survive and thrive when working with this diagnostic group
Conclusion

- Therapists identified both resistant and compliant BPD transference patterns

- Patients with BPD; Wish = be supported & withdraw; Response of other = reject & support; Response of Self = dissatisfied/ scared (Drapeau & Perry, 2004)

- Defense functioning & ‘Push pull’ emotional demands elicit negative responses in the therapist
Conclusion

- The concept of relationship diagnosis
- Axis II in the Operationalized Psychodynamic Diagnosis (OPD-2)
  - *How others experience the patient*
  - *How others experience themselves with the patient*
- Support for the use of CCRT in investigating therapist-patient relational patterns
- Normalise challenging experience
- Guidance in supervision, training, case formulation