

Transference-Focused Psychotherapy Introductory Course

1 year course, completed June 2025

Provider: South London and Maudsley NHS Foundation Trust and TFP-UK

Child and Family Psychodynamic Psychotherapist

Mental Health Nurse

Clinical Service Lead for Carelink (Southwark CAMHS for Looked After and adopted children)

This course teaches the theoretical basis for Transference-Focused Psychotherapy (TFP), covering all the taught elements of TFP accreditation. To qualify as a TFP therapist, there is an additional year, comprising of reading TFP papers from academic journals and peer work discussion groups.

TFP was first developed for those with borderline personality disorder and it has an ever-growing evidence base (Choi-Kane, 2016; Clarkin et al. 2007; Doering et al., 2010)¹. In CAMHS, we are reluctant to give our adolescents a personality disorder diagnosis, but we know that, as a specialist service for Looked After and adopted children, most of the adolescents we treat have some level of developmental trauma, affecting their emotion regulation and relationships, similar to EUPD, and that many of our young people will go on to receive the diagnosis as adults. As a result, I found this course and the treatment modality of TFP highly relevant and applicable to the young people on my caseload.

TFP uses psychoanalytic ideas, such as transference and object relations, in a much more structured way to traditional psychoanalytic/psychodynamic approaches. Although I am a Psychodynamic Psychotherapist, I have found that I have to work flexibly with the Looked After and adopted adolescents we see in our specialist service. Some highly manualised and directive treatments, such as CBT, are not suitable for this client group who often don't like to feel they are being 'taught' or 'done to', while completely free flowing psychodynamic therapy can prove too indirect for those adolescents presenting with highly risky behavior. Since starting the course, I have found that TFP bridges the gap in the middle, providing some structure, while allowing space for patient-led discussion.

The course comprised of predominantly weekly online seminars, with a few additional face to face workshops and seminars led by international guest speakers, alongside clinical supervision. Those attending the course came from a wide range of professional backgrounds and countries; my cohort had delegates from Australia, Poland, Hong Kong and the US.

The seminars involved interactive high-quality teaching from two experienced TFP therapists, illustrated with clinical examples from both their NHS and private work, as well as videos of TFP in

References

Choi-Kain, L.W., Albert, E.B. and Gunderson, J.G., 2016. Evidence-based treatments for borderline personality disorder: Implementation, integration, and stepped care. *Harvard Review of Psychiatry*, 24(5), pp.342-356.

Clarkin, J., Levy, K., Lenzenweger, M. & Kernberg, O. (2007) Evaluating three treatments for borderline personality disorder: A multiwave study. *American Journal of Psychiatry* 164: 922–8.

Doering, S., Hörz, S., Rentrop, M., Fischer-Kern, M., Schuster, P., Benecke, C., Buchheim, A., Martius, P. & Buchheim, P. (2010) Transference-focused psychotherapy v. treatment by community psychotherapists for borderline personality disorder: Randomised controlled trial. *British Journal of Psychiatry* 196: 389–95

practice. It really brought to life my understanding of TFP principles and techniques to watch Frank Yeomans and Otto Kernberg, the most prominent figures in the development and dissemination of TFP, wrestle with the same clinical difficulties in therapy sessions that my colleagues and I do.

Most seminars ended with an opportunity to complete a group task or discussion in breakout rooms with a few course mates. It enriched my understanding of TFP to discuss it with others and to hear how they were using it in their clinical setting.

During the course, I was able to begin to integrate TFP techniques into my work with appropriate clients and then to discuss this work within clinical supervision. While the course did not specifically teach TFP for adolescents, I was fortunate enough to receive clinical supervision from Lina Normandin, who developed the adapted model of TFP for adolescents (TFP-A) and the author of the TFP-A manual, *Transference-Focused Psychotherapy for Adolescents with Severe Personality Disorders*. I would highly recommend this book to anyone considering training in TFP for use with adolescents.

I found this course rigorous and highly relevant to the adolescents I work with. When I return from maternity leave, I fully intend to complete the second year of training. I would recommend it to anyone working with adolescents presenting with borderline traits. I am very grateful to FPSA for providing this opportunity for me to improve my clinical skills with this very challenging client group.