From Theory to the Field: Implementing Transference-Focused Psychotherapy in Community Mental Health Settings

Mardoche Sidor, M.D.
Karen Dubin, Ph.D., LCSW
The SWEET Institute

Abstract

Transference-Focused Psychotherapy (TFP) is an evidence-based, manualized psychodynamic treatment for individuals with identity diffusion and personality pathology, particularly borderline personality disorder. While its effectiveness is well-documented, its implementation in community mental health settings remains limited. This article examines the challenges and strategies for adapting and applying TFP in public sector and high-acuity environments. We explore common barriers—including high caseloads, limited supervision, and system-level constraints—and propose solutions through modular adaptation, tool-based supervision, and organizational alignment. Clinical vignettes, training models, and supervision strategies are provided. This work aims to make TFP more accessible to frontline clinicians working in underserved communities. (Clarkin et al., 2006)

Keywords

Transference-Focused Psychotherapy, community mental health, identity diffusion, high-acuity care, public psychiatry, psychotherapy implementation, borderline personality disorder

Introduction

Community mental health programs serve individuals with complex clinical presentations, often including histories of trauma, poverty, systemic oppression, and serious mental illness. These clients frequently exhibit identity diffusion, interpersonal instability, and intense affective dysregulation—making them prime candidates for Transference-Focused Psychotherapy (TFP).

Why TFP Matters in Community Mental Health

TFP directly targets the root structural issues underlying many severe psychiatric symptoms: identity diffusion, object-relational dysfunction, and affective instability. (Kernberg et al., 2008)

Common Barriers to Implementation
Through years of clinical leadership, we have identified key barriers including session frequency, supervision gaps, burnout, and system-level constraints.

Adaptations for High-Acuity Settings
Strategies include modular implementation, structured tools, team-based support, scalable training, and anchor-based engagement.

Case Example: Community-Based Adaptation
Kiana, a 33-year-old woman, exhibited relational aggression and mistrust. A TFP-trained clinician used transference interpretations to build trust and decrease acting out. (Doering et al., 2010)

Training and Supervision Models for Sustainability
We recommend embedded training tracks, tool-based group supervision, reflective rounds, and leadership alignment to foster sustainable TFP use.

Conclusion
TFP principles are applicable beyond private practice. With thoughtful adaptation, TFP can bring identity healing to the clients who need it most—even in under-resourced systems.

References

- Clarkin, J. F., Yeomans, F. E., & Kernberg, O. F. (2006). Psychotherapy for Borderline Personality: Focusing on Object Relations. American Psychiatric Publishing.
- Doering, S., Hörz, S., Rentrop, M., et al. (2010). Transference-focused psychotherapy v. treatment by community psychotherapists for borderline personality disorder: Randomised controlled trial. British Journal of Psychiatry, 196(5), 389–395.
- Kernberg, O. F., Yeomans, F. E., Clarkin, J. F., & Levy, K. N. (2008). Transference focused psychotherapy: Overview and update. International Journal of Psychoanalysis, 89(3), 601–620.
- Levy, K. N., Meehan, K. B., Kelly, K. M., et al. (2011). Change in attachment patterns and reflective function in the treatment of borderline personality disorder with Transference-Focused Psychotherapy. Journal of Consulting and Clinical Psychology, 74(6), 1027–1040.