Transference-Focused Psychotherapy for Severe Narcissistic Personality Disorder from PGY-1 through Residency Training: A Case Study

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Introduction

Transference-Focused Psychotherapy for Narcissistic Pathology (TFP-N) is a manualized, evidence-based treatment that adapts and extends strategies, tactics and techniques of TFP to address the specific clinical challenges posed by pathological narcissism (Diamond et al., 2021).

However, existing literature suggests that TFP training for assessing and treating personality disorders is often insufficient in most psychiatry residency programs, making it feasible only for advanced, self-selected residents in resource-rich academic centers with established TFP programs (Hersh, 2024; Zerbo et al., 2013).

Whether TFP-N can be initiated and sustained by early-stage residents, outside these specialized settings, remains largely unexplored. This case study addresses that gap.

Presenting symptoms, psychiatric history and pathological personality traits

An 18-year-old male with a history of adverse childhood experiences (neglect, verbal and physical abuse) presented with self-harming and suicidal behaviors, lying to authority figures, and stealing. He showed poor impulse control, chronic interpersonal failures, ego-syntonic aggression, and antisocial features, alongside a pervasive pattern of alternating grandiosity and self-loathing, exploitative behavior, and lack of empathy.

His family had a history of substance use disorders and suicidal behavior. He underwent various psychotherapeutic treatments, including cognitive-behavioral approaches, as well as prescriptions for antidepressants and sedative-hypnotics, without significant progress.

Diagnostic assessment and treatment planning

The patient was admitted to the Personality Disorders Inpatient Unit at the Department of Psychiatry of a university hospital serving as a regional referral center in Mexico. Under weekly supervision from a TFP-trained professor, the presenting author, then a first-year (PGY-1) resident, assessed the patient using Kernberg´s structural interview, the STIPO-R (Structured Interview of Personality Organization-Revised; **Figure 1a**), and the IPO (Inventory of Personality Organizarion; **Figure 1b**).

A diagnosis of Narcissistic Personality Disorder (NPD) functioning at a low-level borderline personality organization (BPO3) was established. The PGY-1 resident shared and discussed the diagnostic impression with the patient and family, and developed a treatment plan aimed at improving self and interpersonal functioning as a primary goal.

TFP-N throughout residency training

Treatment began with a 12-week inpatient TFP program, followed by outpatient TFP-N. Psychotherapy was conducted by the PGY-1 resident under weekly supervision using TFP-N. Over 22 months of follow-up, serial assessments (STIPO-R reported in **Figure 1a;** and IPO reported in **Figure 1b**) showed overall improvement from BPO3 to BPO1, with reductions in identity diffusion, primitive defenses, and reality testing impairment.

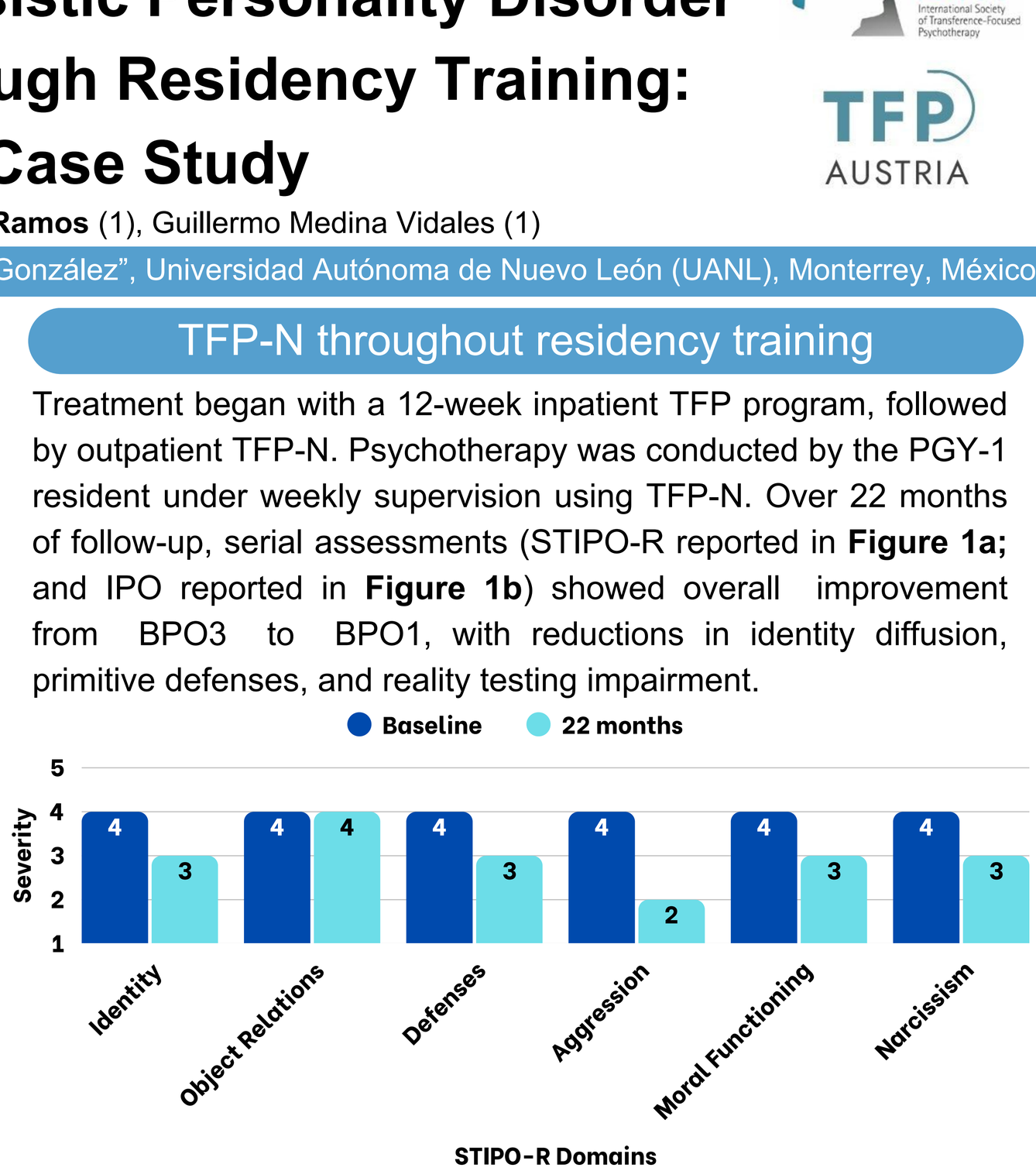

Figure 1a. STIPO-R serial assessments (baseline vs 22 months). Lower scores indicate less severe pathology.

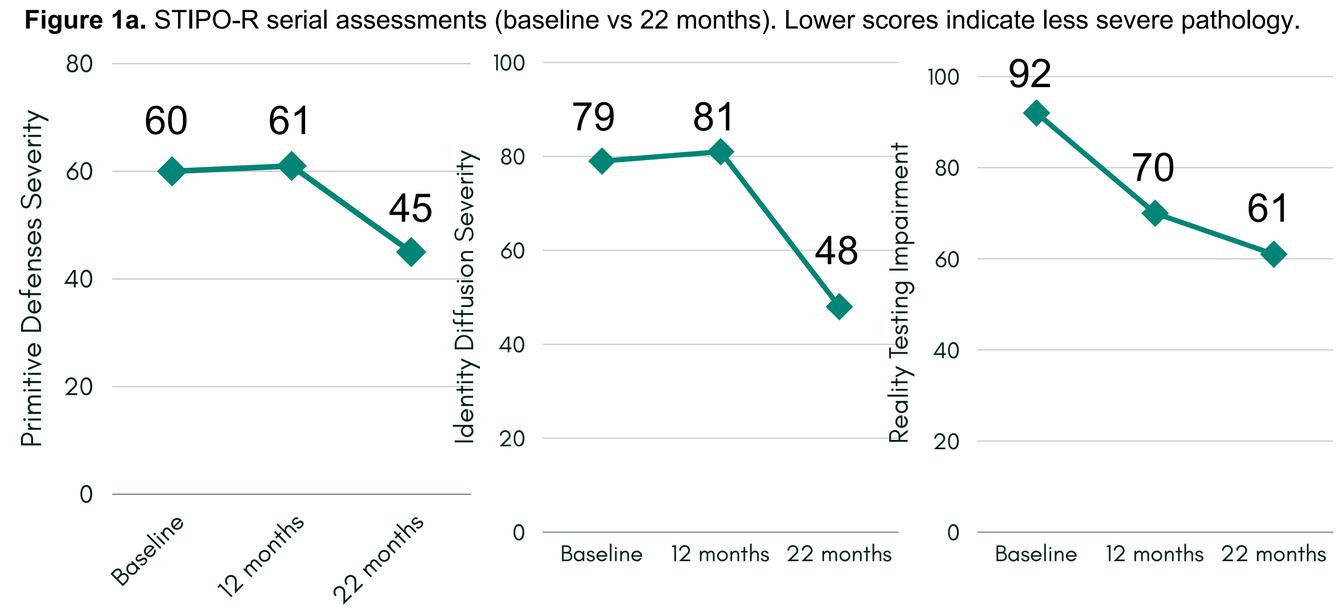

Figure 1b. IPO serial assessments (baseline, 12 and 22 months). Lower scores indicate less severe pathology.

Conclusion

Although the literature argues that specialized TFP training is feasible only for advanced, self-selected residents in resource-rich academic centers (Hersh, 2024; Zerbo et al., 2013), this case shows that TFP for severe narcissistic pathology at a low level of personality organization, with antisocial features and traumatic background, can be successfully initiated during the first year of a psychiatry residency and sustained throughout training, under regular supervision from a TFP-trained clinician, even outside the centers where TFP training has traditionally taken place.

References

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