

Therapist decision-making in response to transference

An N-of-1 Process-Oriented Proposal

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Background

In psychodynamic psychotherapy, clinical work is organised around moment-to-moment decisions in response to the patient's psychic reality as it emerges in the transference. However, these theoretically guided processes are rarely operationalised for systematic empirical study, as research has traditionally prioritised symptom-based outcomes derived from large-sample designs. Transference-Focused Psychotherapy (TFP), a manualised, contract-based, and phase-structured psychodynamic treatment, addresses this gap by specifying technical priorities over time. Its focus on the progressive integration of split self-other representations within the transference provides a coherent framework for studying therapeutic process session by session.

Objective

To develop an N-of-1, process-oriented framework for studying therapist decision-making and transference organisation in TFP, through session-by-session process indicators.

Method

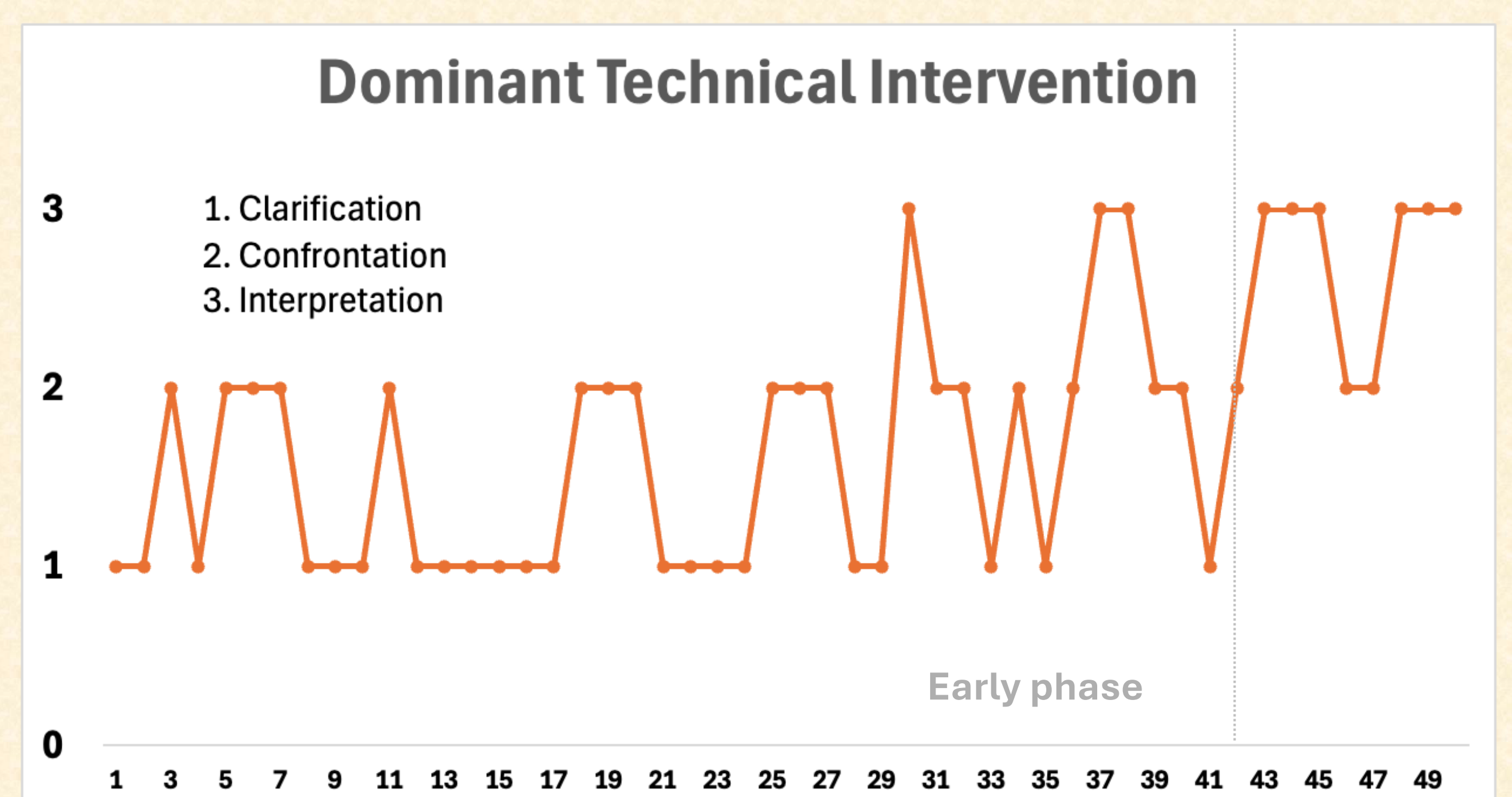
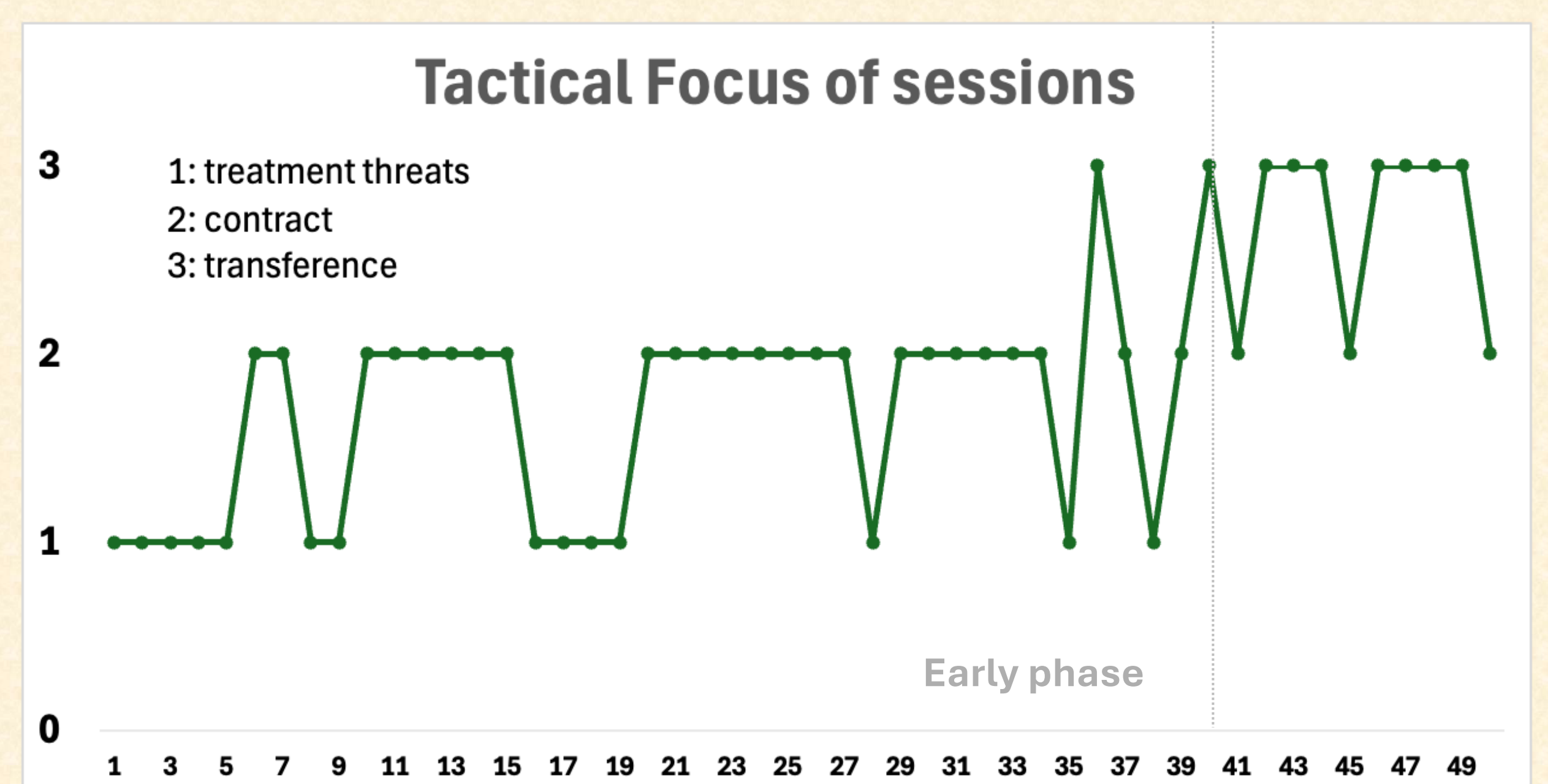
A hypothetical single-case is examined using an N-of-1, process-oriented design with repeated session-by-session ratings. Rather than relying on treatment withdrawal or baseline comparisons, within-case change is examined through longitudinal patterns in therapist decision-making and transference organization. TFP phases provide the theoretical framework for interpreting expected shifts in focus, relational patterns, and integration of split self-other representations over time.

Change is operationalized through brief session-by-session ratings conceptualized as transference-field indicators.

After each session, therapist ratings are obtained, with periodic supervisor ratings for reliability checks:

- Primary tactical focus of the session
- Primary channel of affective communication
- Dominant technical intervention
- Transference organisation
- Deviations from technical neutrality
- Countertransference interference

Repeated ratings are visualised to examine patterns of change across treatment phases. Examples:



Conclusion

This design illustrates how single-case methodology can be adapted to TFP without compromising theoretical coherence or clinical ethics.

References:

- Kazdin AE. Single-Case Research Designs: Methods for Clinical and Applied Settings. 2nd ed. New York: Oxford University Press; 2011.
- Caligor E, Kernberg OF, Clarkin JF, Yeomans FE. Psychodynamic Therapy for Personality Pathology. Treating Self and Interpersonal Functioning. Washington, DC: American Psychiatric Publishing; 2018.