Interaction Structures Between a Child and Two Therapists in the Psychodynamic Treatment of a Child with Borderline Personality Disorder

Abstract

Children diagnosed with borderline personality disorder (BPD) face numerous challenges both at home and at school because of severe affective and behavioral dysregulation. Although one study (Chanen et al., 2008) suggests that psychodynamic therapy (PDT) is effective with this population, treatment outcome research cannot determine which therapeutic processes are associated with symptom or personality change in these children. For example, Allen, Fonagy, and Bateman (2008) proposed that enhancing mentalization, operationalized as reflective functioning (RF), is the common process factor inherent to all treatment models designed to treat patients diagnosed with BPD. The Child Psychotherapy Q-Set (CPQ; Schneider & Jones, 2004) is a 100-item instrument that assesses the processes within a single psychotherapy session. Items reflect a wide range of therapist attitudes and behaviors, patient attitudes and behaviors, and interactions between therapist and patient. The CPQ can delineate interaction structures—repetitive patterns of interactions between patient and therapist over the course of treatment—which can inform therapists of what might be expected from patients with particular symptom or behavior patterns and how interactions change over time. This study examined the constellation of interaction structures that emerged in the psychotherapy of a child diagnosed with BPD and treated by two doctoral-student therapists. The results suggested that four distinct interaction structures could be identified and that the constellation of these interaction structures differed between the two therapists and also differed over time within each treatment. Therapists were more structured and accommodating early on in their treatments and more interpretive later. Prototypical RF process was more positively correlated with prototypical PDT process and prototypical CBT process than prototypical PDT process and CBT process were with each other. PDT for children diagnosed with BPD needs to be augmented by RF process to promote mentalization and CBT intervention strategies to contain affective and behavioral dysregulation.