Explaining how psychotherapy for personality disorders works

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LIBERTÉ ET PATRIE

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Unil.

Factors explaining the effectiveness of psychotherapy

World Psychiatry

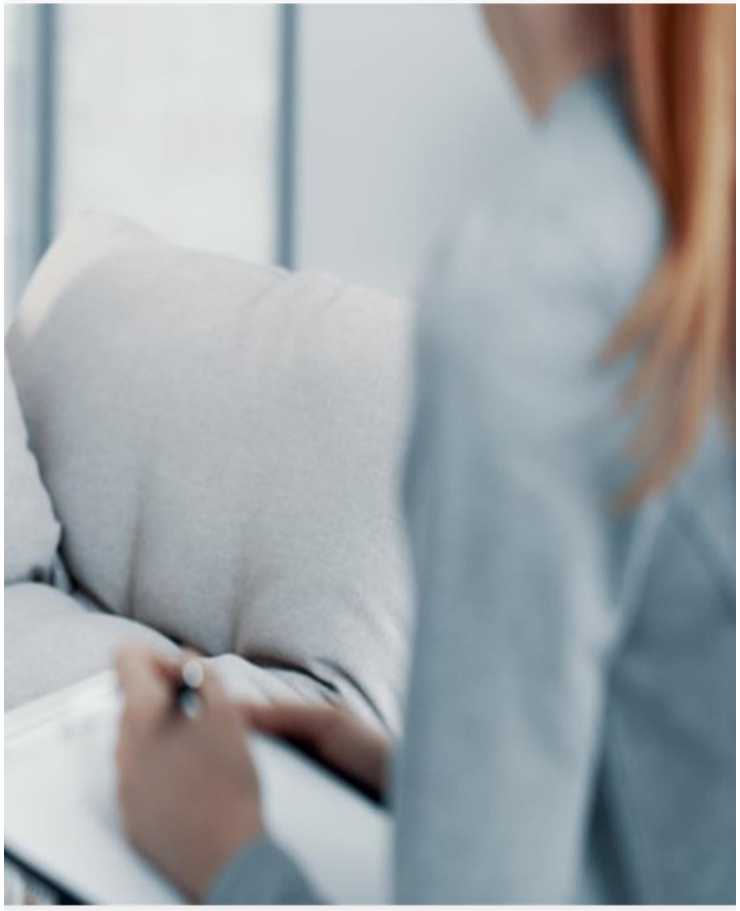
Gomez Penedo & Flückiger, 2026, World Psychiatry

60 meta-analyses, with 1981 effect-sizes and 993 primary studies

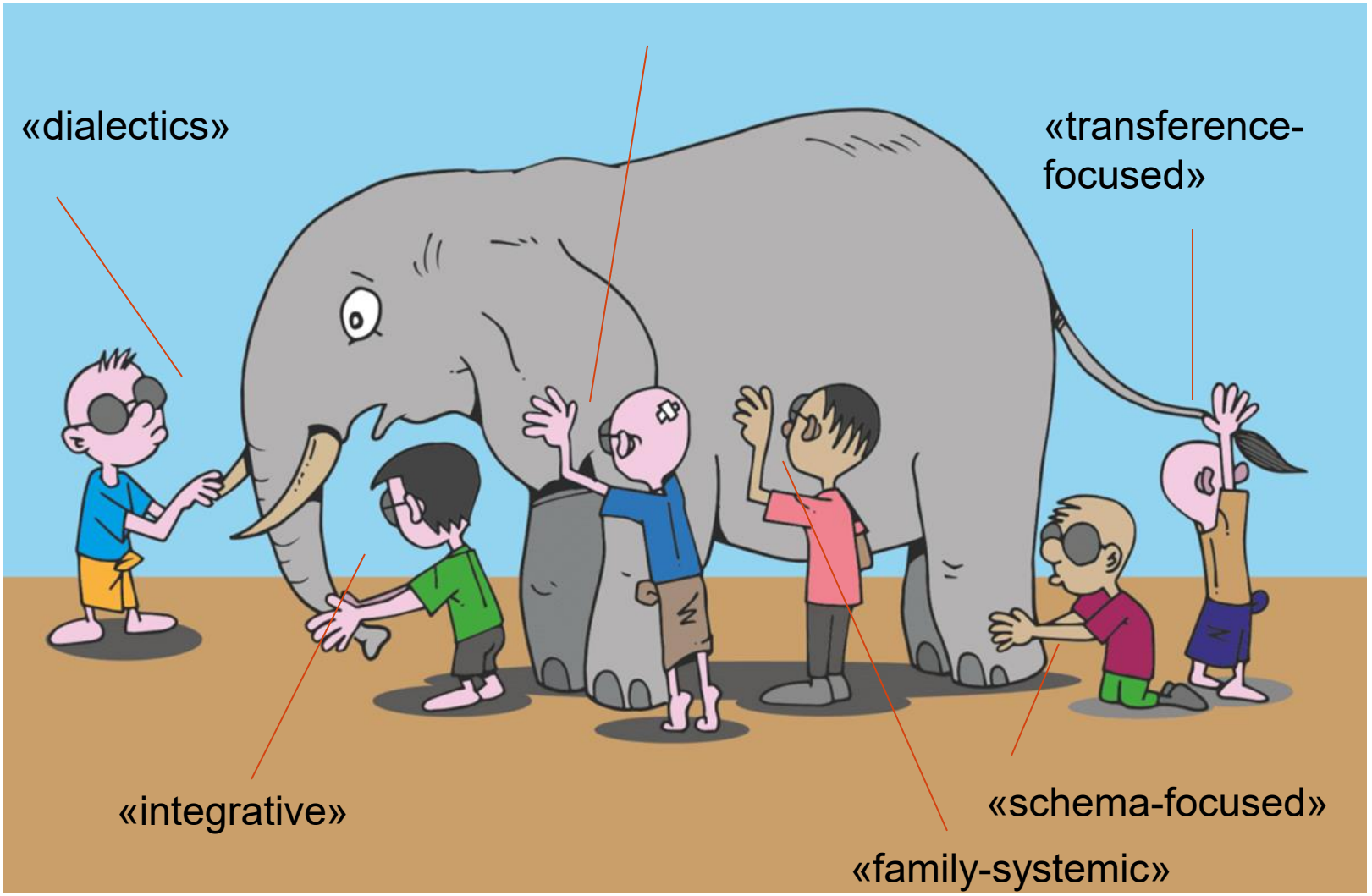
1) **Therapist techniques** (r = 0.10): cognitive, systemic, humanistic, psychodynamic interventions
2) **Patient processes** (r = 0.23): emotional expression, expectations of change
3) **Relationship processes** (r = 0.28): therapeutic alliance, congruence
4) **Therapist processes** (r = 0.29): empathy, emotional expression, cultural humility


1) Therapist methods and skills
2) Patient processes
3) Responsiveness
4) The impact of individualization and the future of training

Therapist methods and skills explaining how psychotherapy for personality disorders works



Which intervention type is most effective for a patient?



Focus on therapist interventions

- … 30-40 % of treated clients do not optimally benefit from psychotherapy
- … specific, yet supposedly central, interventions predict around 5% of the outcome variance
- Hill and Norcross (2023) compiled 16 meta-analyses on 16 threapist methods and skills (not therapy approaches)
- Nine therapy skills and methods predict distal outcome in psychotherapy:
  - Affirmation, validation
  - Paradoxical interventions
  - Homework
  - Routine outcome monitoring
  - Strength-based methods
  - Emotion regulation
  - Meditation/mindfulness/acceptance
  - Behavioral activation
  - Cognitive restructuring

Hill & Norcross, 2023

Focus on therapist interventions facing clients with a personality disorder

Therapist focus on the therapeutic relationship (alliance rupture-repair and empathy)

Strategies of alliance rupture resolution (acknowledgment of rupture, feelings related to the rupture, recognition of pattern, adoption of the position of an external observer, responsibility taking, formulation, restoration), facing the patient's interpersonal pattern (as an event), reciprocity in interventions, therapists renegotiating tasks and goals, interpersonal process, therapist empathy (self-rated, at first session), and (NEGATIVELY) therapist active control of the interaction, predict good outcome of the psychotherapy (Bennett et al., 2006; Cash et al., 2013; Daly et al., 2010; Muran et al., 2023; Muran et al., 2018; Hoffart et al., 2002), Liliengren et al., 2019).

Therapist use of metaphor

Therapist use of metaphor, or evocative imagery associated with good outcome (in a qualitative analysis; Rasmussen & Angus, 1996).

Therapist interpretation

NEGATIVE IMPACT: interpretation of warded off content or processes predicts poor outcome (Lilliengren et al., 2019).

Therapist assigning homework

Therapist competent assignment of homework predicts good outcome (over and above the therapeutic alliance; Rum et al., 2010; Ryum et al., 2022).

Therapist using outcome monitoring

NEGATIVE IMPACT: therapist outcome monitoring in the first six months of the treatment predicts poor outcome (de Jong et al., 2018).

Therapist focusing on the patient's affect

Therapist affect focus predicts the increase of the patient's affective activation/engagement in-session (Ulvenes et al., 2014).

Rosenbach, Kramer et al., in prep.

Which intervention type predicts outcome, and the alliance, in brief GPM?

N = 57 (*n* (standard GPM) = 27; *n* (individualized GPM) = 30).

Data from Kramer et al., 2014

Treatment: Four-month GPM (RCT comparing between standard and individualized)

Rating Scale: use of the MULTI (McCarthy & Barber, 2009).

- Results:
  - Psychodynamic ns
  - Cognitive ns
  - Behavioral ns
  - Process-Experiential ns
  - Interpersonal ns
  - Dialectical-Behavioral ns
  - Mentalization ns
  - Common factors and person-centered *r* = .29 (*p* = .04)
  - **Early outcome and the therapist-rated alliance in GPM is only predicted by common factors interventions**

Kramer et al., 2026

„It depends on the patient“

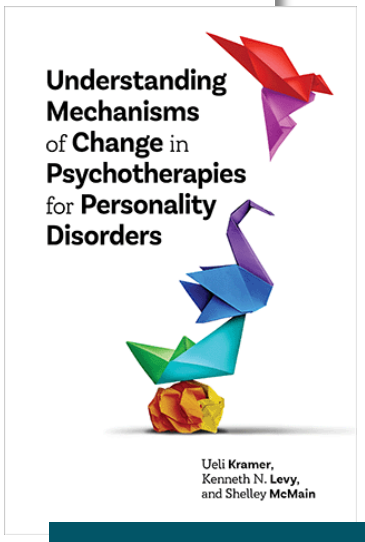
Patient processes explaining how psychotherapy for personality disorders works

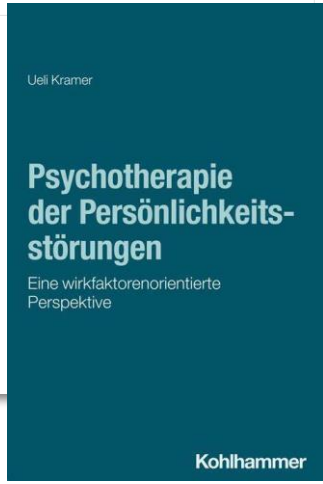
Mechanisms of change in psychotherapies for personality disorders

- Model of five pathways of change, anchored in functional domains of personality functioning, to be addressed based on case formulation
  - from emotion dysregulation to emotion balance 
  - from problems in social interaction to interpersonal effectiveness 
  - from identity diffusion to an integrated sense of Self 
  - from impulsive behaviors to self-awareness 
  - from cognitive disturbance to a coherent and reality-based narrative 

plus

- using relationship challenges to stimulate a corrective emotional experience to update the negative memory





Kramer, Levy, & McMain (2024); Kramer (2025)

Review of studies on effective processes in DBT and CBT for Borderline Personality Disorder: «emotion regulation»

Table 2. Checklist appraisal of DBT studies according to the DBC (Downs & Black, 1998).

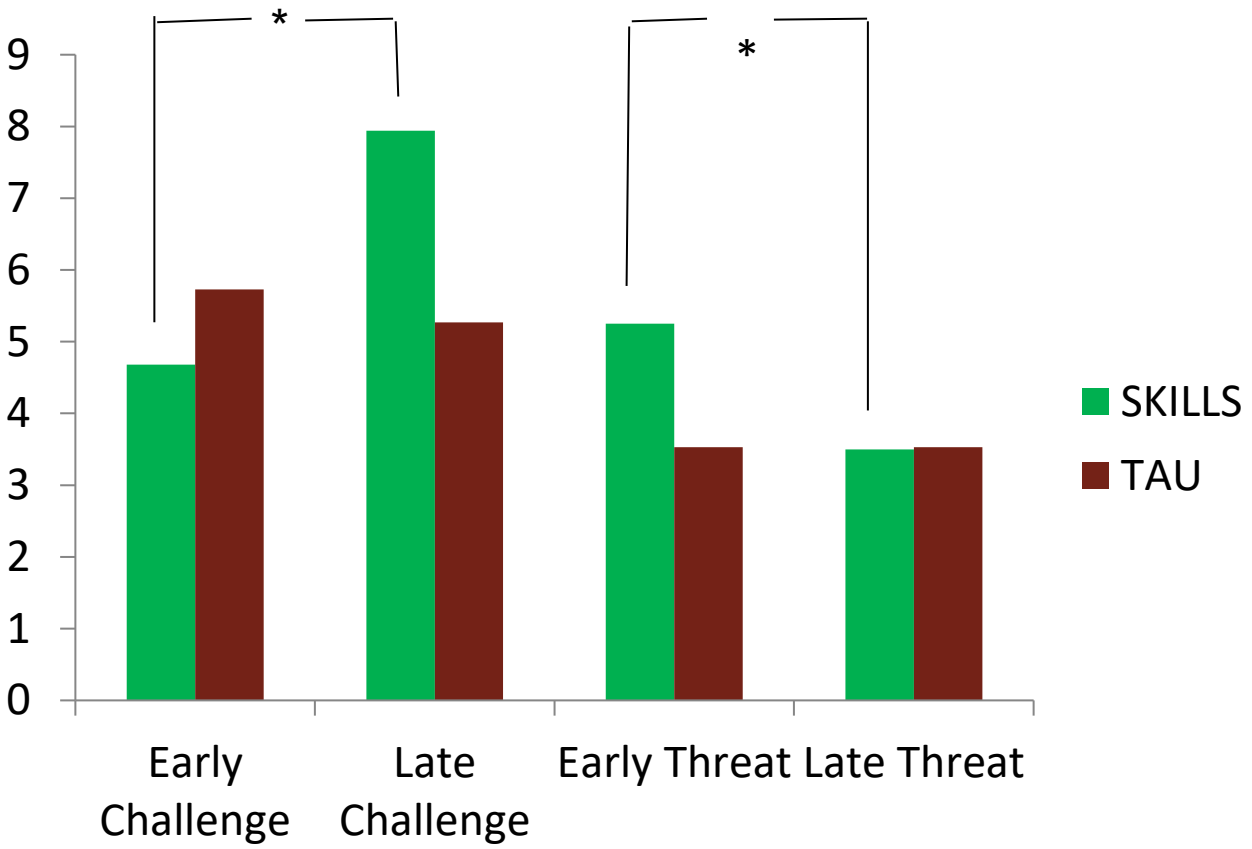
Paper	Strengths according to DBC	Limitations according to DBC	Total DBC score (/28)
Axelrod et al. (2011)	Reporting, sampling	Attrition (44.4% did not complete treatment), small sample, lack of control group	16
Barnicot et al. (2015)	Reporting, outcome measure, statistical techniques	Attrition (46% did not complete treatment), lack of control group	21
Bedics et al. (2015)	Randomisation, control group, large sample	Reliance on self-report and lack of control of confounding variables	21
Bedics et al. (2012)	Randomisation, control group, large sample	Reliance on self-report, unable to determine treatment compliance	21
Kramer et al. (2016)	Randomisation, blinding of observers, control group	Non-blinding of participants	25
Linehan et al. (2015)	Randomisation, comparison groups, blind assessors, participant matching	Non-blinding of participants	24
McMain et al. (2013)	Randomisation, statistical control of data, control of confounds, control group	Non-blinding of participants and researchers	25
Neacsiu et al. (2010)	Randomisation, control group, blind assessors	Non-blinding of participants	26
O'Toole et al. (2012)	Reporting, sampling, large sample size, analyses	Lack of control group, presence of confounding variables	18
Perroud et al. (2012)	Outcome measures, sampling	Lack of control group	19
Turner (2000)	Randomisation, blind, independent assessors	Lack of information about non-completers	21
Stepp et al. (2008)	Reporting, statistical analyses	Non-randomisation, lack of control group, small sample size	15

Rudge et al., 2020

Increase in emotion regulation skills

- A core hypothesis in DBT (Dialectical-Behavior Therapy) for BPD
- Full mediation of main treatment effects (reduction of self-harming behaviors following DBT) by the increased (self-reported) use of emotion regulation skills (Neacsiu et al., 2010), but time-line issue not solved.
- The use of emotion regulation skills did not mediate the secondary treatment effects (*i.e.*, anger suppression and expression).

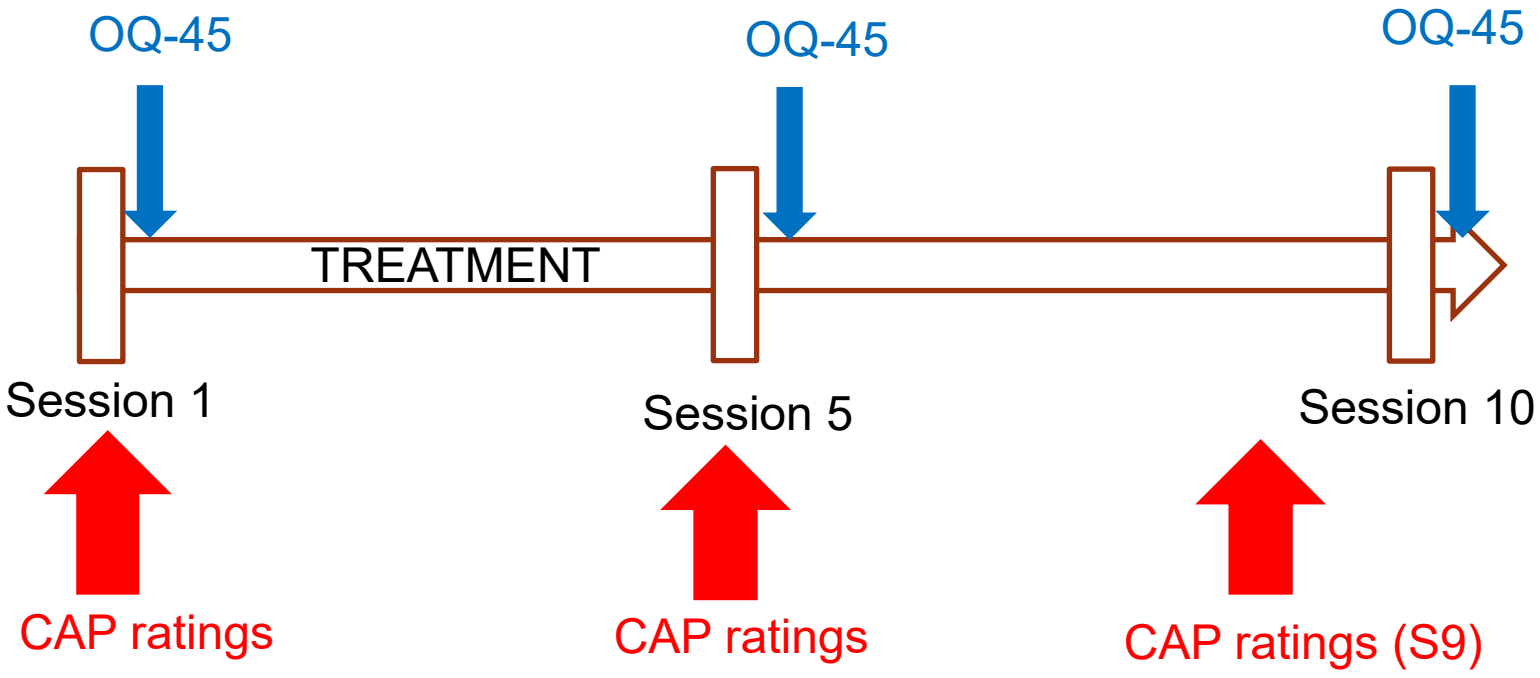
Coping change in DBT skills training (*N* = 31)



Kramer, 2017

Coping change in 10-session psychiatric treatment: assessment plan (*N* = 57)

Outcome assessment



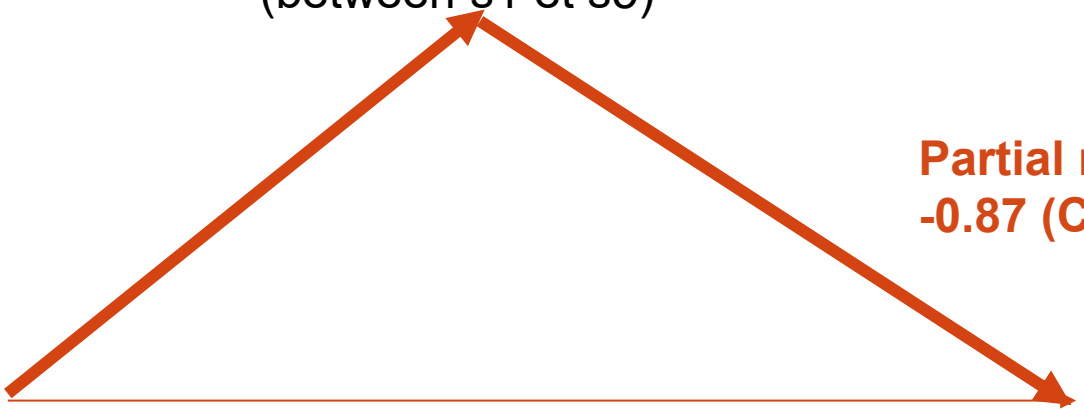
Process assessment

Kramer, Keller et al., 2017; JCCP

Decrease in behavioral coping mediates the effects of therapist responsiveness for borderline personality disorder (*N* = 57)

1. Condition — Direct effect → Outcome: OQ change between sessions 5 and 10

2. Process: **initial change** in behavioral coping (between s1 et s5)



Partial mediation: -0.87 (CI: -1-58; -0.53)

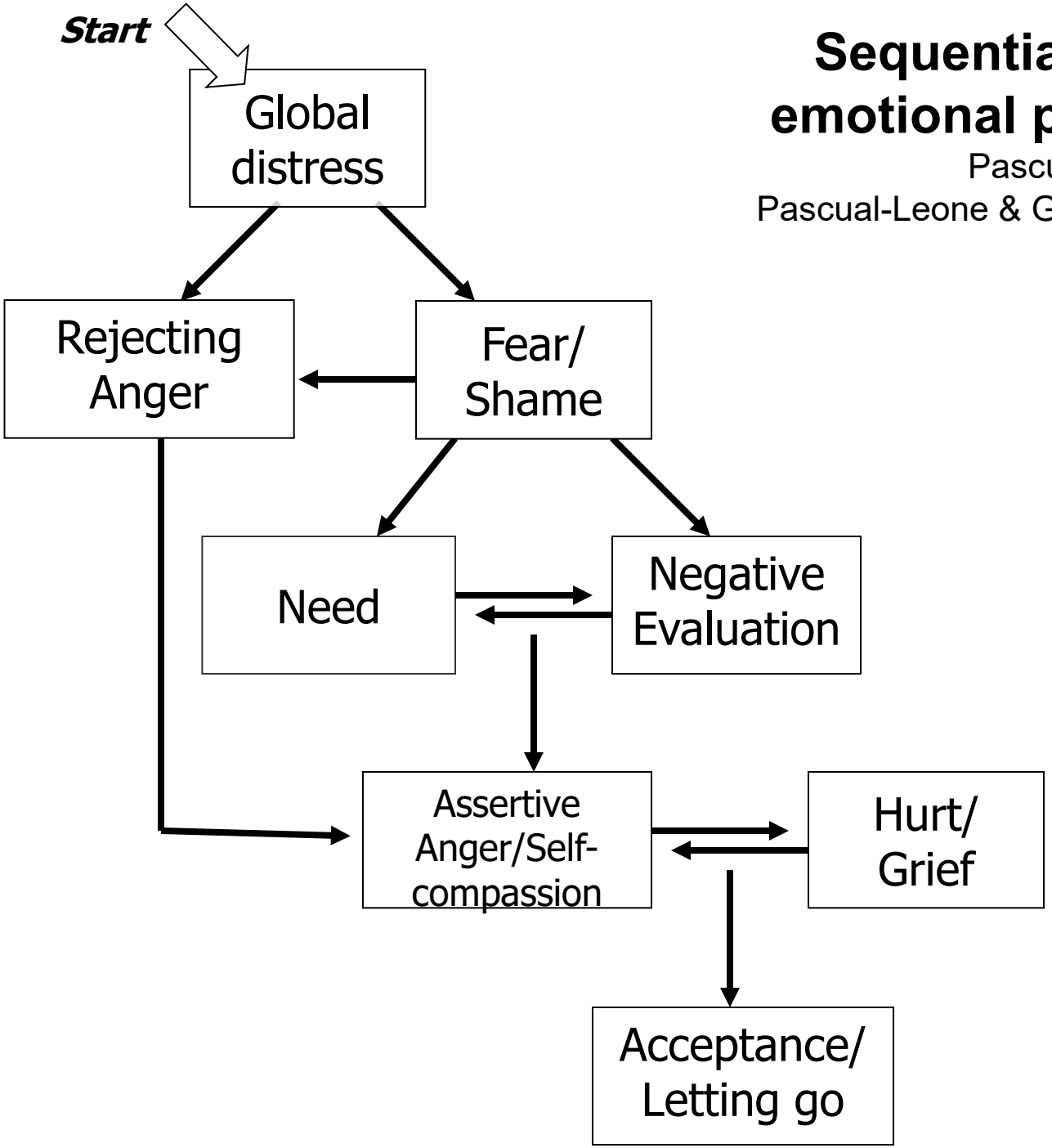
Condition — Mediated effect → Outcome: OQ change between sessions 5 and 10

Note. Preacher & Hayes' model; Bootstrapping: 5000 replications, 95% CI

Kramer, Keller et al., 2017, JCCP

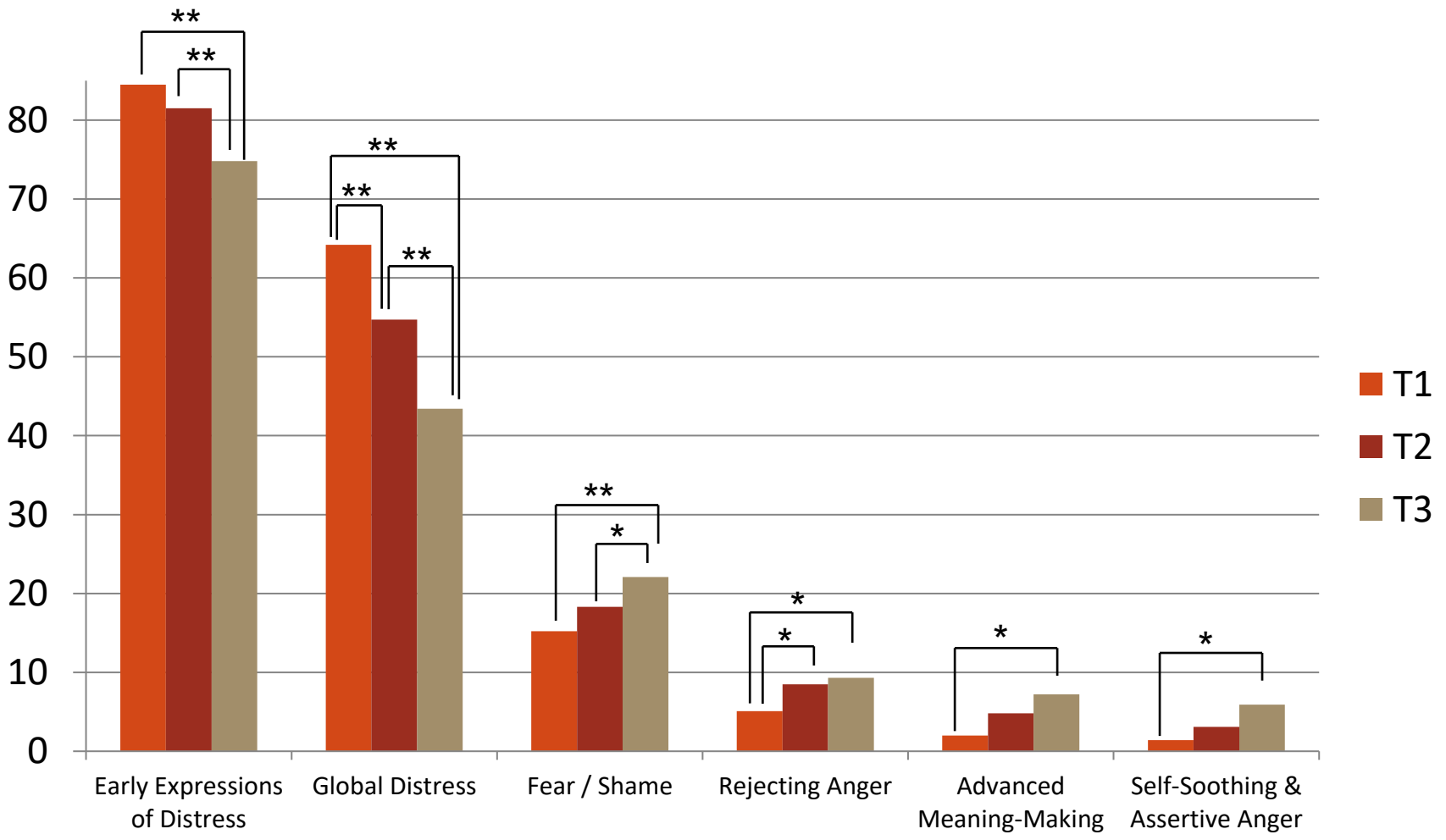
Sequential model of emotional processing

Pascual-Leone (2009)
Pascual-Leone & Greenberg (2007)



Global distress decreases across 10 sessions

(*N* = 37; *: p=.05; **: p=.01)



Berthoud et al., 2017, *Psychiatry*

Emotion transformation

Prediction of symptomatic change is greater in the responsive condition, compared with the standard condition

	GPM only (n=18)						MOTR (n=19)					
Variables	B	SE	β	t	p	R^2	B	SE	β	t	p	R^2
Model 1 – Outcome change					.34	.19					.04	.45
Global Distress[a]	-.80	1.01	-.21	-.79	.44		2.37	1.12	.45	2.12	.05	
MOTR score	.04	10.62	.01	.01	.99		15.14	11.46	.28	1.32	.21	
OQ-45 Total at intake	-.28	.24	-.30	-1.18	.26		-.85	.27	-.67	-3.12	.01	
Model 2 – Interpersonal change					.31	.20					.01	.59
Global Distress[a]	-.21	.28	-.20	-.76	.46		.56	.24	.42	2.33	.03	
MOTR score	.93	2.94	.08	.32	.76		4.42	2.48	.31	1.78	.09	
OQ-45 IR at intake	-.26	.23	-.29	-1.12	.28		-.65	.16	-.70	-3.97	.01	

Berthoud et al., 2017, *Psychiatry*

Event-based assessment of emotion transformation

- Identification of an «event» that is clinically relevant (Rice & Greenberg, 1984)
- Study the event itself as marker, and the processes related to it
- Relate these processes to psychopathology
- Develop a study design that enable to have a multicomponent multimethod assessment of emotional processing
- Develop a study aiming at the demonstration of a mechanism of change

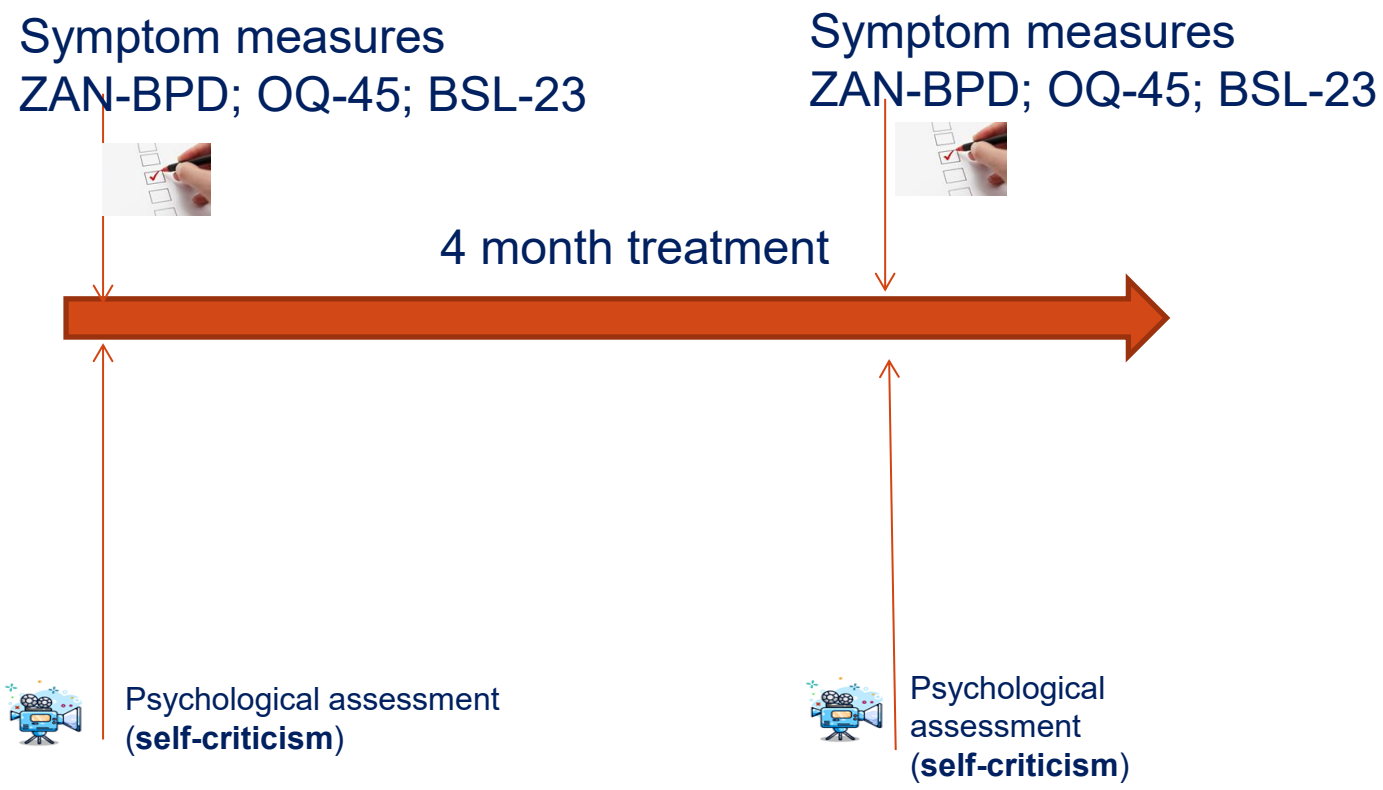
Kramer et al., 2020

Event-based assessment of emotional processing: focus on self-criticism

- Self-criticism is a central cognitive-affective marker in psychopathology
- A marker that has been discussed from several theoretical perspectives (psychodynamic, cognitive, emotion-focused)
- Content vs process of self-criticism
- The affective process of self-criticism is related with psychopathology, less so the actual contents (Whelton et al., 2005) in a two-chair dialogue protocol
- Expressed self-contempt as predictor of non-access to needs and goals (Kramer et al., 2016; Nardone et al., 2022) in a two-chair dialogue protocol
- Expressed self-contempt is related to the intensity of borderline symptomatology (Sallin et al., 2020) and predictive of the development of the therapeutic alliance across psychotherapy

Kramer et al., 2020

Assessment of emotional processing from a neurobehavioral perspective



Kramer, et al., 2020

Event-based assessment procedure

Assessment A
SAM; SSES

Imagination task

Assessment B
SAM; SSES; vividness

Two-chair dialogue
Task «self-criticism»

Hetero-observer rating of expressed self-contempt

Assessment C
SAM; SSES; relevance

Kramer, et al., 2020

Results self-critical words

- T2P1
  - Disgusting
  - Frustrated
  - Not success
  - Failure
  - Not beautiful
  - Stupid
  - Incapacity
  - Mistrust
  - Uneducated
  - Incapable
  - Fat
  - Dirty
  - ....

T2P5

- Zero
- Stupid
- Despair
- Not intelligent
- Lost
- No aim
- No direction
- Nothing
- Non-performant
- ....

Change in peak emotional arousal over treatment

Pre-post decrease in emotional arousal (SAM after step 1 of two-chair dialogue): $t(7) = 1.43$, $p = .19$, $d = 0.80$

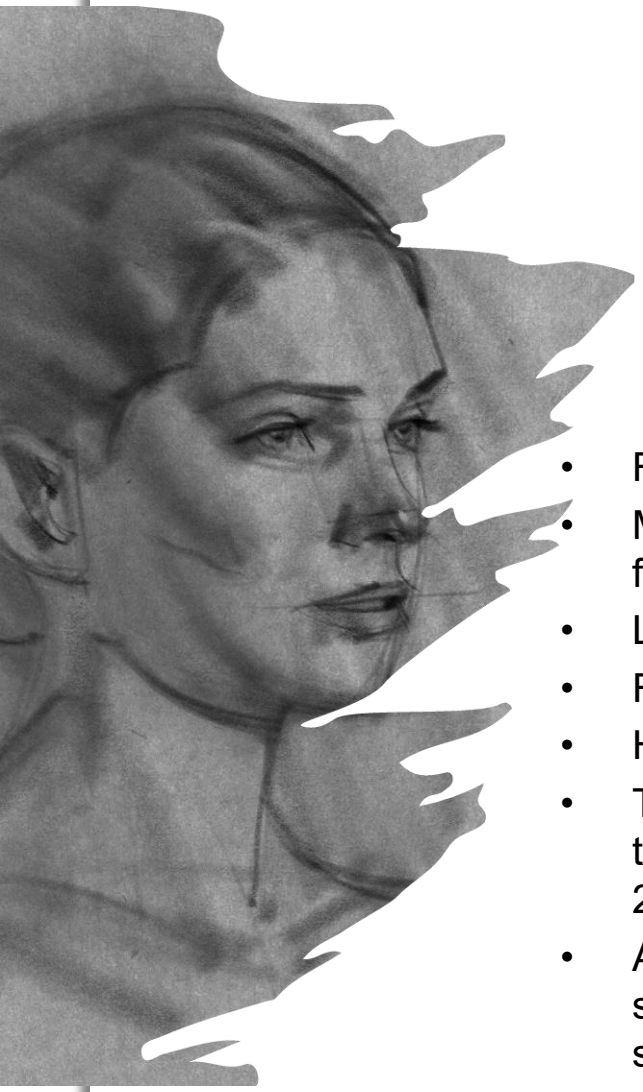
This decrease correlates with symptom change (rho = .20/rho = .37)

Kramer, et al., 2018

Maya: a case illustration

- A case drawn from a Randomized Controlled Trial (Kramer et al., 2024)
- Patient met six criteria for Borderline Personality Disorder
- Patient underwent 10 sessions of Good Psychiatric Management (Gunderson & Links, 2014)
- Patient underwent the assessment procedure as outlined above

Blanco-Machinea et al., 2025



Maya: a case illustration

- Relationship break-up
- Maya's boyfriend cheated on her which left her feeling rejected and fundamentally unlovable
- Loss of direction in life, «emotional rollercoaster»
- Feeling fundamentally «unworthy», feeling of being «abandoned»
- Hostility, impulsive drinking, reckless driving
- Treatment consisted of working through the problem areas by using the model of the interpersonal hypersensitivity (Gunderson et al., 2008)
- At the last session, Maya described therapy as «extremely helpful», she changes jobs with led to momentary increase in stress (and symptoms in the end of treatment). She describes that her sense of abandonment was resolved

Blanco-Machinea et al., 2025

Maya: a case illustration

ZAN-BPD score from 15 to 8 to 13 to 7

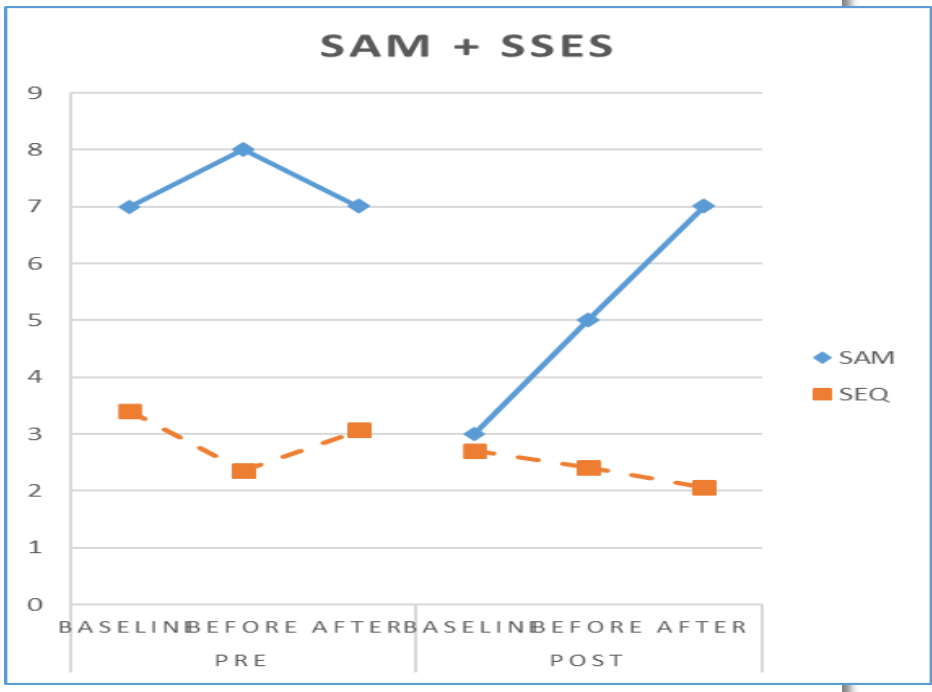
Vividness of imagery high at pre and post

Relevance of the contents high at pre and post

AROUSAL (SAM):
- pre-therapy: very high arousal, peak after imagination
- post-therapy: building up of intensity with peak in the end

STATE SELF-ESTEEM (SSES):
- remains rather stable within-tasks and between-tasks

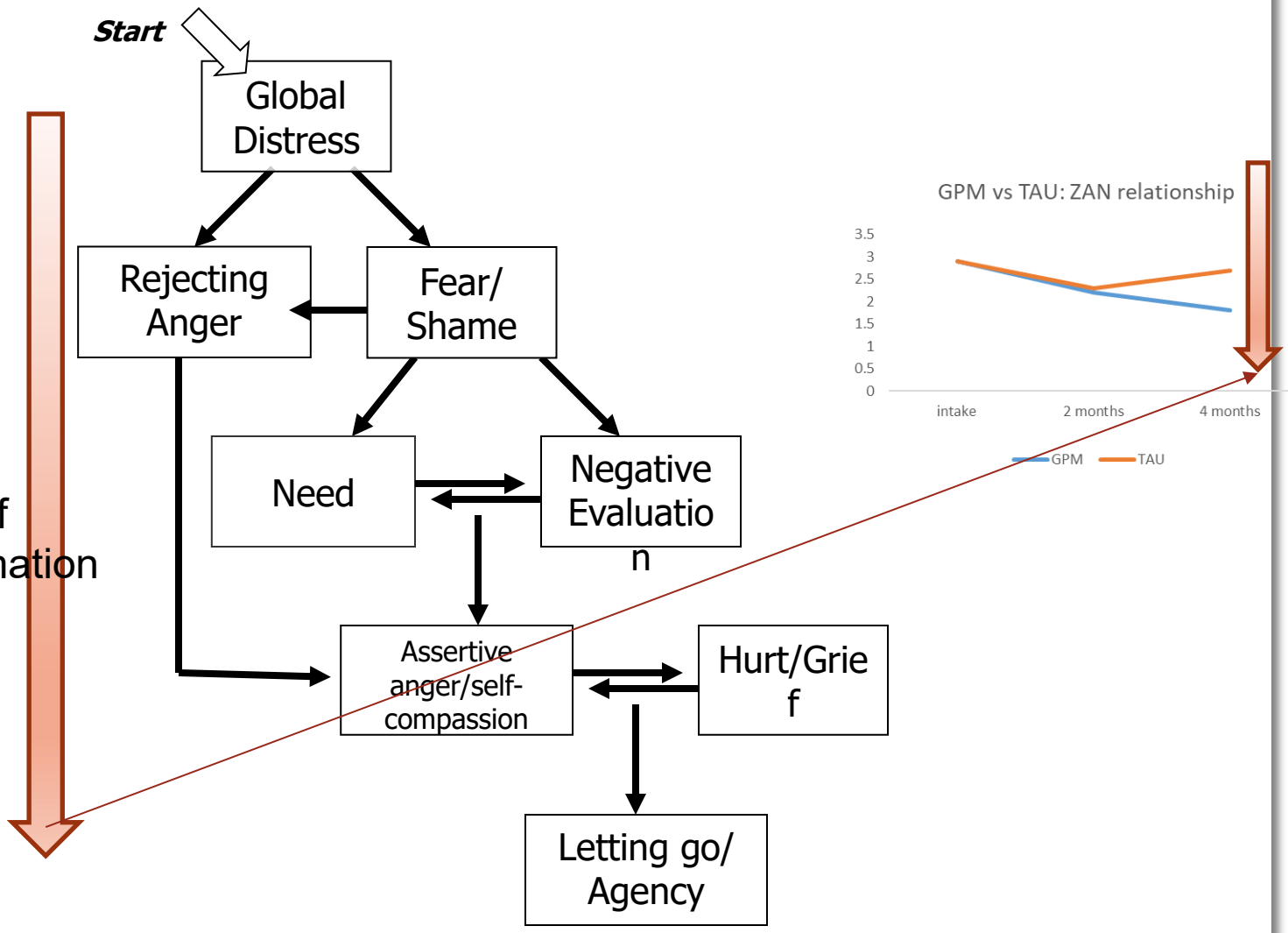
EXPRESSED SELF-CONTEMPT (ESC):
- From high intensity at pre-therapy to low intensity at post



Grandjean et al., 2024; Blanco Machinea et al., 2024

Emotion processing as mechanism of change

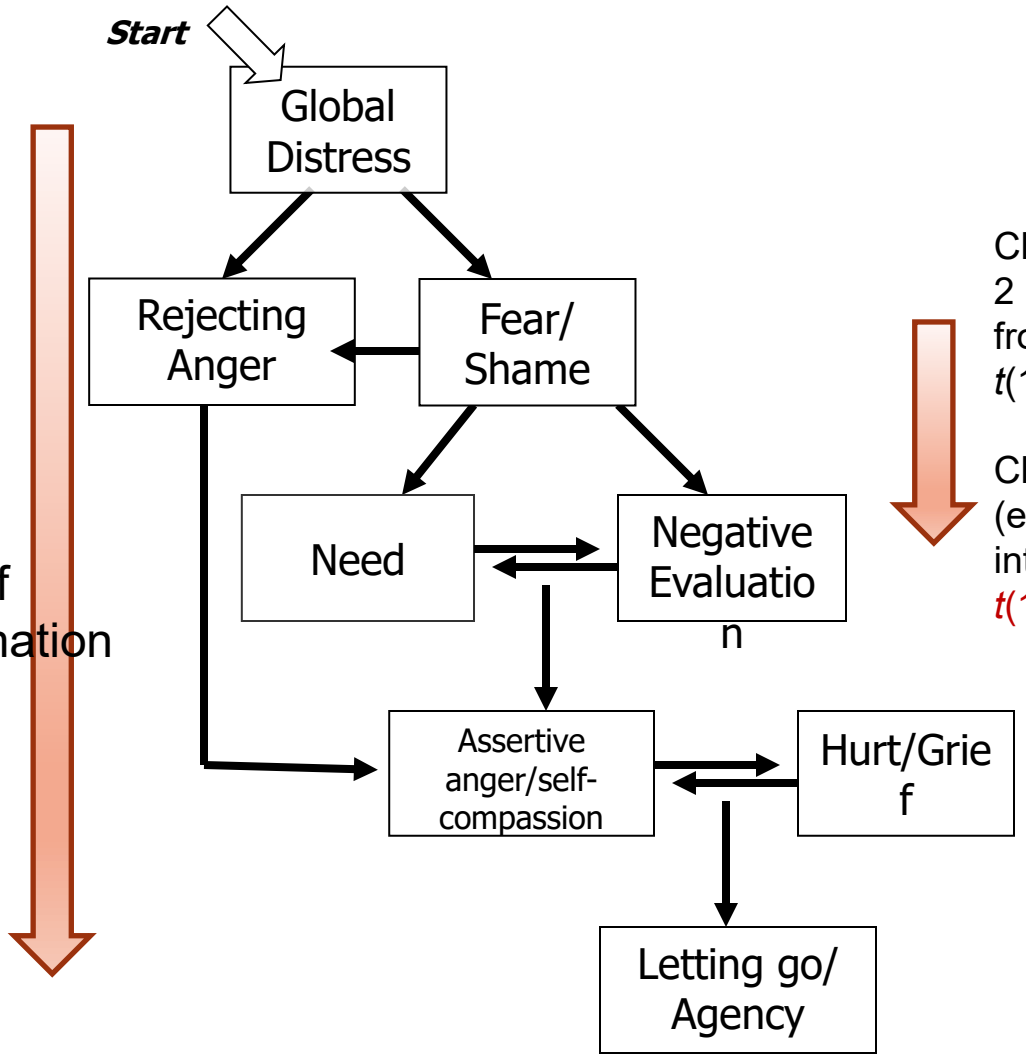
Pascual-Leone (2009, 2018)



Kramer et al., 2024, BMC Psychiatry

Emotion processing as mechanism of change

Pascual-Leone (2009, 2018)



Change between intake and 2 months:
from 3.3 to 4.0
$t(1, 50) = 1.99$, $p = 0.06$, $d = .26$

Change in transformation score (effect of condition) between intake and two months:
$t(1, 48) = 3.06$, $p = .004$, $d = .89$

Kramer et al., 2024, BMC Psychiatry

Emotion transformation mediates the reduction in relationship problems in GPM for BPD

1. Condition — Direct effect β = .14 → Outcome: ZAN relationship between months 2 and 4

2. Process: **initial emotion transformation** (between months 0 and 2)

Condition — β = .49 → Process: initial emotion transformation (between months 0 and 2) — β = .39 → Outcome: ZAN relationship between months 2 and 4

Mediated effect β = .02

Kramer et al., 2024, BMC Psychiatry

Self-contempt for the three groups

Comparison between clients and healthy controls (*N* = 79)

C

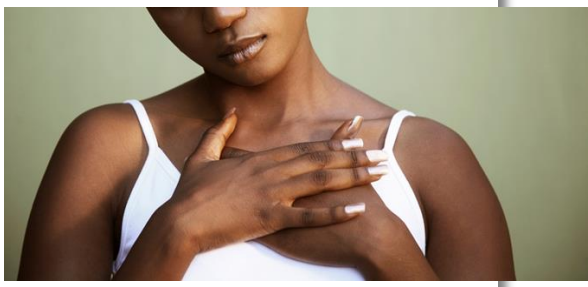
	Patients (*N* = 50)	Controls (*N* = 29)	*t*	*p*
Time 1	4.52 (0.67)	4.00 (0.83)	5.26	.00
Time 2	3.62 (0.82)	3.31 (0.60)	3.90	.00

	GPM (*N* = 27)	TAU (*N* = 23)	*t*	*p*
Time 1	4.67 (0.55)	4.35 (0.78)	-1.65	.054
Time 2	3.81 (0.92)	4.22 (0.67)	1.74	.04

Test of H1:
Difference between patients and controls: $t(1, 77) = 1.09$, $p = .14$;
Difference between GPM and TAU: $t(1, 48) = 3.33$, $p = .00$.

Kramer et al., 2026

Self-compassion for the three groups



Comparison between clients and healthy controls (*N* = 79)

	Patients (*N* = 50)	Controls (*N* = 29)	*Chi-Square*	*p*
Time 1	5	4	0.26	.43
Time 2	14	13	2.31	.10

	GPM (*N* = 27)	TAU (*N* = 23)	*Chi-Square*	*p*
Time 1	2	3	0.51	.42
Time 2	14	0	16.56	.00

Kramer et al., 2026

Assertive anger for the three groups

Comparison between clients and healthy controls (*N* = 79)

	Patients (*N* = 50)	Controls (*N* = 29)	*Chi-Square*	*p*
Time 1	7	7	0.26	.20
Time 2	21	7	2.56	.09

	GPM (*N* = 27)	TAU (*N* = 23)	*Chi-Square*	*p*
Time 1	3	4	0.52	.41
Time 2	19	2	19.39	.00

Kramer et al., 2026

Which affective meaning states are related with good outcome in clarification-oriented psychotherapy working phase?

In-session frequencies of affective-meaning states (*N* = 39)

Variables	Good (*n* = 18) M (SD)	Poor (*n* = 21) M(SD)	*t* (1, 37)	*p*	*d*
Early expressions of distress					
Global Distress	6.00 (5.93)	9.80 (7.93)	1.76	.08	0.54
Fear / Shame	5.32 (5.93)	4.35 (5.71)	-0.52	.61	0.17
Rejecting Anger	1.26 (2.42)	0.15 (0.67)	-1.98	.05*	0.63
Intermediate level					
Negative evaluation	0.84 (1.26)	0.60 (1.10)	-0.64	.53	0.20
Existential Need	0.95 (1.39)	0.40 (0.82)	-1.50	.14	0.49
Advanced Meaning Making					
Relief	0.26 (0.56)	0.15 (0.37)	-0.75	.46	0.23
Hurt / Grief	1.84 (2.65)	1.00 (2.29)	-1.06	.30	0.34
Assertive Anger	0.79 (2.07)	0.10 (0.30)	-1.47	.15	0.47
Self-Compassion	1.42 (2.14)	0.30 (0.47)	-2.28	.03*	0.73
Acceptance	0.47 (1.61)	0.05 (0.22)	-1.17	.25	0.37

Note. p < .05; Bonferroni's correction applied p < .10/10

Kramer et al., 2016

Which types of interaction immediately precede typical affective-meaning states of fear/shame?

Predicting affective-meaning states using the quality of interaction

Model	R^2	*B*	*t*	*p*-value
Predicting fear/shame	.31			.01
-pat content		.19	1.47	
-pat relationship		.39	1.46	
-pat manoeuvers		.37	1.79	
-th process-guidance		.02	0.29	
Predicting negative evaluation	.17			.04
-th understanding		.01	0.25	
-th process-guidance		.01	0.85	

Which affective meaning states are associated with good outcome in therapies for narcissistic personality disorder?

In-session frequencies of affective-meaning states (*N* = 17)

	Session 25	Session 36			
Variables	M (SD)	M(SD)	*t* (1, 36)	*p*	*d*
Early expressions of distress					
Shame	5.47 (6.17)	3.94 (3.77)	0.92	.37	0.30
Advanced Meaning Making					
Self-Compassion	0.35 (0.61)	0.53 (1.12)	-0.51	.62	0.20

Note. Link between change in shame and level of problems at intake: $F(1, 16) = 4.52$, $p = .049$, 23% of variance of shame change explained (18% corrected)
Link between change in shame and outcome: $F(1, 16) = 1.56$, $p = .048$, 14% of variance of outcome explained (9% corrected)

Kramer et al., 2018

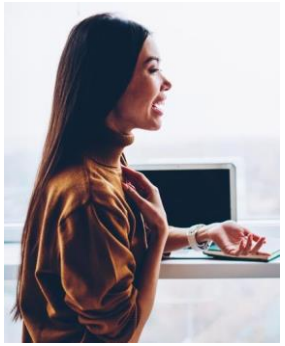
Which types of interaction immediately precede self-compassion late in therapy?

Predicting (late-in-session) self-compassion using the (early-in-session) quality of interaction (S36)

Model	R^2	*B*	*t*	*p*-value
Patient contributions	.45			.04
-Content		.64	2.83	
-Process		.00	0.00	
-Interactional Manoeuvers		-.15	-0.52	
Therapist contributions	.78			
-Process-Guidance		.24	1.56	.00+
-Treatment of Manoeuvers		.09	0.32	
-Treatment of Schemes		.64	1.85	

Therapist responsiveness

Facing interpersonally challeging situations, focus on the therapist processes



Facilitative Interpersonal Skills; Anderson et al., 2016, 2021; Starrs et al., 2026

Focus on therapist responsiveness: what is the problem?

- Psychotherapy takes place in an interactional context
- Interactional behaviors are affected by emerging context
- Interaction partners influence each other, potentially on all levels and on all time scales (immediacy, in the short and long run)
- Contrary to the „implacable experimenter“ (Wachtel, 1973)
- Mutual adjustment of the interaction partners in session

Kramer & Stiles, 2015; Kramer, Boehnke, & Esposito, 2024

Some research: granularity of what the therapist is responsive to…

- Generic responsiveness

The degree to which the therapist is attentive to the client, is responding to the client's expression (content and process)

- Disorder-specific responsiveness

The competence in delivering interventions thought to focus on disorder-specific, underlying psychological processes

- Individualized responsiveness

The appropriateness of therapist reactions, behaviors and interventions with regard to the client's individual profile, based on case formulations

Kramer, 2021

Appropriate responsiveness and the therapeutic alliance

- *generic :* correlates with therapeutic alliance (therapist rating)
- *disorder-specific:* does NOT correlate with therapeutic alliance
- *individualized:* correlates with therapeutic alliance (therapist rating)
- No link with client rating of the therapeutic alliance

Kramer, 2021, In Watson & Wiseman, APA

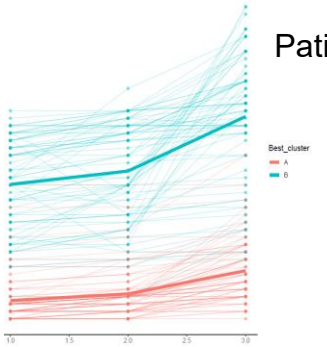
Responsiveness in psychotherapy for Narcissistic Personality Disorder

Naturalistic trial of *N* = 161 patients diagnosed
with NPD
Clarification-oriented psychotherapy (Sachse, 2020)
Pre- and post-therapy, plus observer-rated assessments
(of videos and audios) at sessions 15, 20 and 25.
Quality of process, relationship and content differentiated.

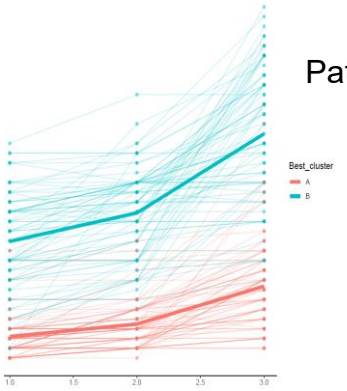
All processes increase in their quality.
All patient-related processes predict outcome;
Therapist relationship («responsiveness» here) the only therapist variable that predicts outcome

Maillard et al., 2020, JPD

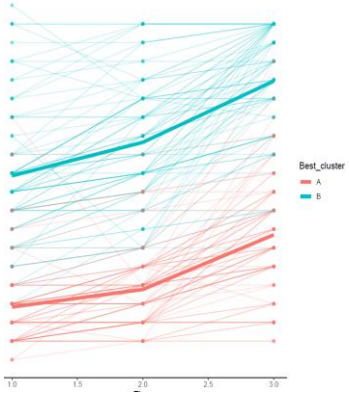
Problem: are all patients alike?



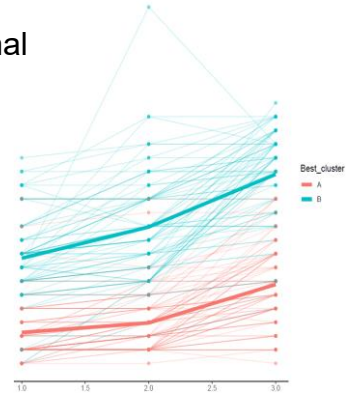
Patient content



Patient process



Patient functional relationship

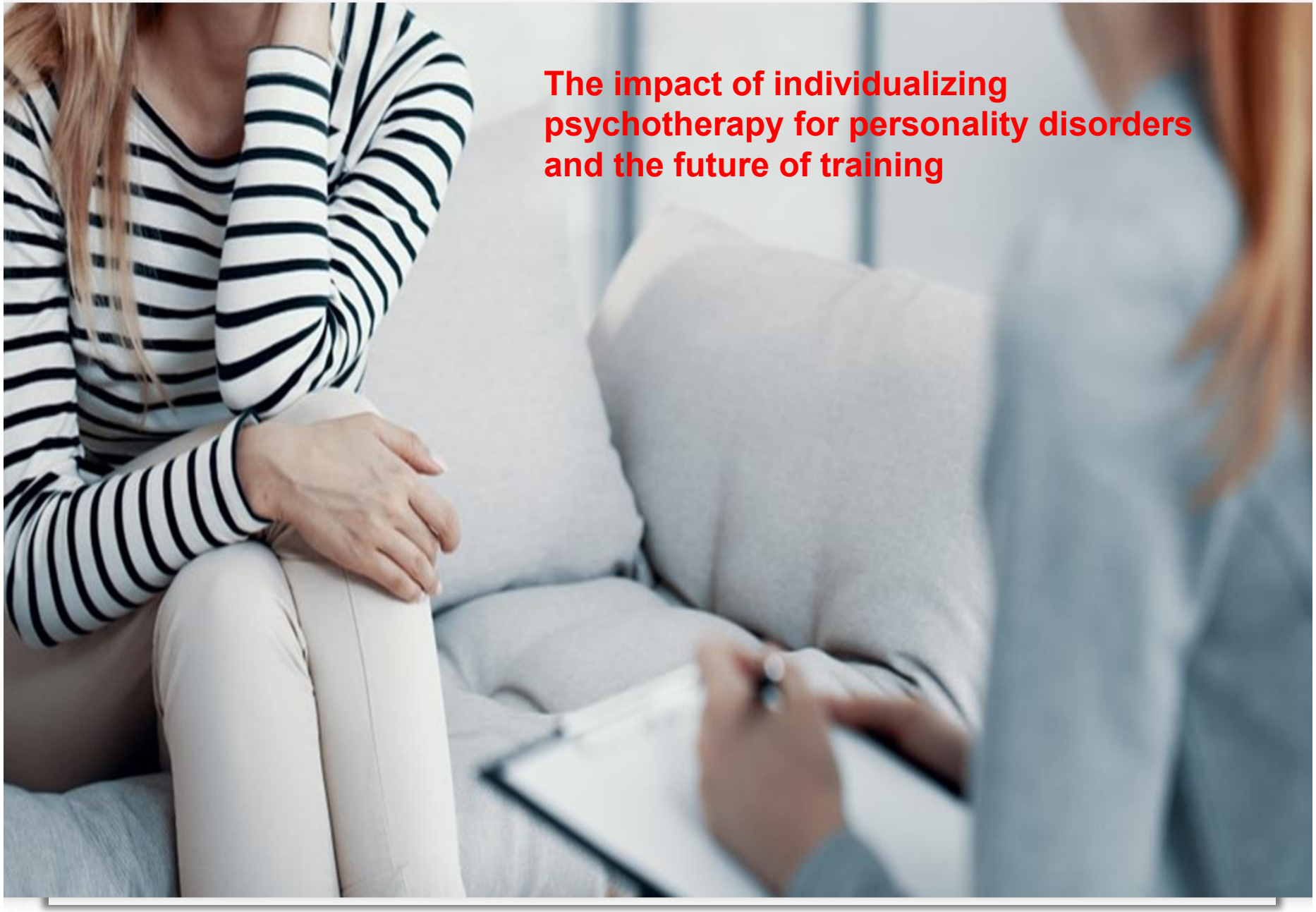


Patient dysfunctional relationship

N = 161

Kramer et al., 2021, PD

Different strokes for different folks?



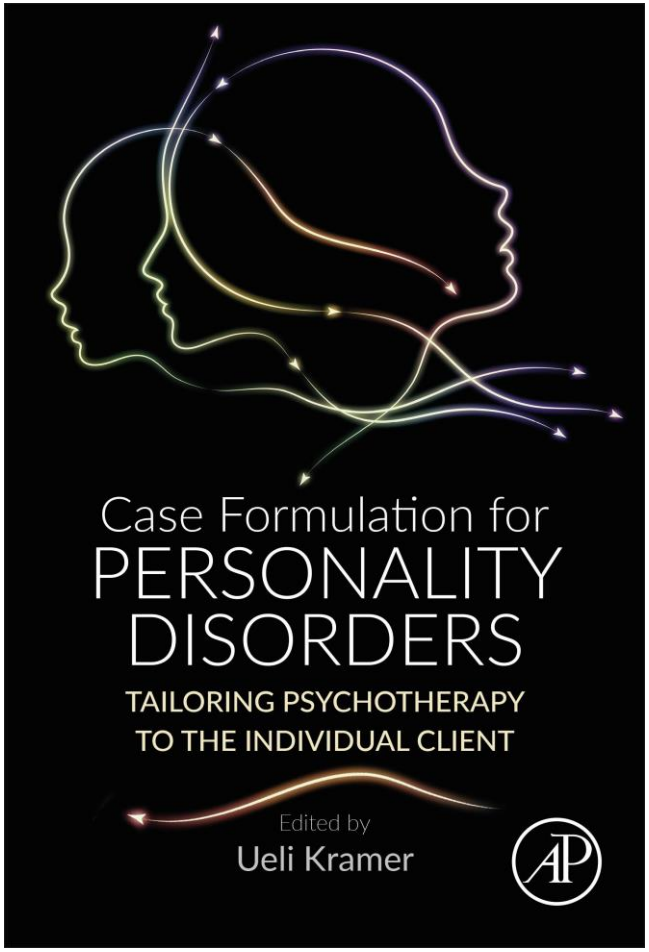
The impact of individualizing psychotherapy for personality disorders and the future of training

Impact of individualizing psychotherapy for personality disorders

- Impact of therapist mental processes – case formulation - on process and outcome
- Individualization:
  - Improves symptoms (Kramer, Kolly et al., 2014)
  - Improves alliance, self-esteem and their links with outcome (Kramer, Flückiger et al., 2014; Kivity et al., 2019)
  - Strengthens the link between emotional processing and outcome (Berthoud et al., 2017)
  - Washes out link between intake variables (symptoms, social interaction, cognitive errors, interpersonal agreeableness; Keller et al., 2018; Kramer et al., 2017; Signer et al., 2020; Zufferey et al., 2019)
  - Washes out the link between alliance session-by-session prediction and outcome (Kramer et al., 2022)

«Not only will this volume be of immediate practice use for clinicians, but it will also stimulate important cross-talk between different theoretical orientations thereby stimulating research.»
Carla Sharp, University of Houston (USA)

“A must-read for clinicians and scientists working with this population!“
Martin Bohus, University of Heidelberg (Germany)



The future of training in psychotherapy for personality disorders: focus on therapist facilitative skills

- Videoprompts of clinically relevant situations of a client with PD
- Role play using the principles of deliberate practice
- What is your case formulation of this case?
- «What do you do now?»: creativity, feed-back by experts and overlearning of helpful therapist responses (FIS-responses)
- Multiple versions, use of AI in the creation of prompt material

Later this year ….

Lausanne, Switzerland

September. 7-9, 2026
8th ESSPD Congress

Thank you for your attention!

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