



**Alberta Health
Services**

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Alberta Health Services

Knowledge Bites Lunch 'n' Learn

September 19, 2019

Mentalizing in Mental Health

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Mentalization Based Therapy (MBT) was developed by Drs. Peter Fonagy and Anthony Bateman (Anna Freud Center in London, UK)

<https://www.annafreud.org/training/training-and-conferences-overview/training-at-the-anna-freud-national-centre-for-children-and-families/>

No conflict of interest

My training: accredited MBT practitioner

Applications <https://www.annafreud.org/training/mentalization-based-treatment-training/other-mbt-trainings/>

MBT was initially developed for the treatment of Borderline Personality Disorder (BPD), but it is now being used on a wide range of disorders.

Listed below are other Mentalization-focused and MBT training programmes offered by the Anna Freud National Centre for Children and Families to professionals who work with other client groups.

Adolescent Mentalization-Based Integrative Therapy (AMBIT)

This course introduces mentalization to teams who work with young people with severe and multiple needs. It equips teams with the necessary skills to use mentalization when working with clients and colleagues. [Find out more](#)

Mentalization-Based Treatment for Children (MBT-C)

This training will provide an introduction to Mentalization Based Treatment for Children (MBT-C), a time-limited approach to working with children aged 5-12, with a range of clinical presentations. [Find out more](#)

Mentalization-Based Treatment for Families (MBT-F)

This course introduces mental health professionals to MBT in the context of family work, and equips them with the necessary skills to apply mentalizing ideas when working with families and children with a range of emotional and behavioral difficulties. [Find out more](#)

Mentalization-Based Treatment for Adolescence (MBT-A)

This course introduces professionals who work in the field of adolescent mental health to mentalization in the context of adolescence, and provides an understanding of MBT and its application in self harm, trauma, and family work. [Find out more](#)

Mentalization-focused Multi-Family Groups in Schools: a practical guide for how to set up and run

This course is for professionals with an interest in helping children who are presenting with emotional, behavioural and mental health difficulties in school settings. It provides professionals with information on how to set up and run multi-family groups in schools. [Find out more](#)

Mentalization-Based Treatment- Fostering

This three-day training covers a new approach to working with children and young people in foster care, to try and support their emotional wellbeing more effectively. [Find out more](#)

Reflective Parenting

This two-day training aims to introduce Reflective Parenting; a model of parenting based on theoretical ideas from mentalization and attachment theory. [Find out more](#)

Mentalizing the Body: Parental Embodied Mentalizing in Research and Clinical Practice

This course teaches professionals in infant mental health to define and evaluate embodied interactions between parents and infants, and to assess parents' mentalizing capacity. [Find out more](#)

CBT and Mentalization in work with children, young people and their families

This course provides a dialogue between Mentalization and CBT approaches to working with young people with mental health problems, and explores the differences and similarities between the theory and practice of the two approaches. [Find out more](#)

Dynamic Interpersonal Therapy (DIT) and Mentalization

This course teaches mental health professionals who have completed DIT training the practical applications of MBT techniques in DIT. [Find out more](#)

Structured Clinical Management

Structured Clinical Management (SCM) is an evidenced based approach that enables generalist mental health practitioners to work effectively with people with borderline personality disorder. [Find out more](#)

What is mentalizing?

Mentalizing is the ability to understand actions by both other people and oneself in terms of thoughts, feelings, wishes, and desires (Fonagy, Gergely, Jurist, & Target, 2002)

Mentalizing becomes possible in the context of interactions

Trust and mentalizing go hand in hand

Mentalizing is impaired in psychopathology

Mentalizing is a developmental achievement

Mentalizing can go offline

Mentalizing requires a degree of imagination

Mental states are opaque and changeable

Mentalizing is prone to error

Mentalizing requires an 'inquisitive stance'

Mentalizing emerges in the context of early interpersonal experiences

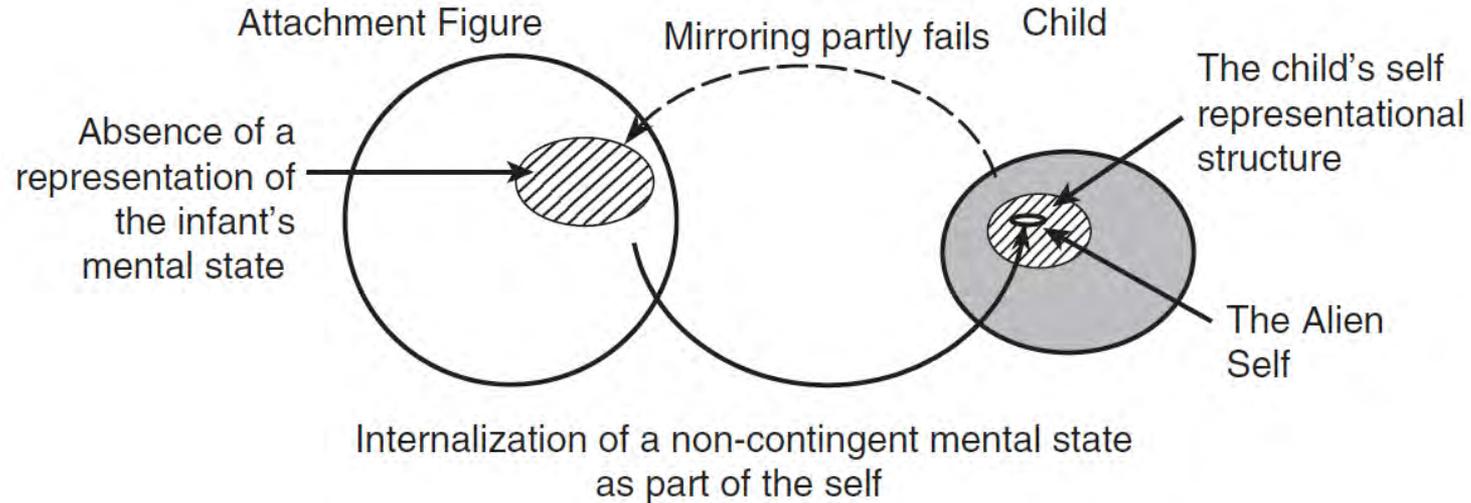
Winnicott: we 'find' our sense of self in the context of our first interactions

If maternal responses are appropriate -contingent- (in terms of intensity, timing, etc) the child experiences *continuity of self*

But if responses are inappropriate (fail to interpret the child appropriately), the '*other*' is *internalized*

This may bring about a deficit in self-cohesion: a sense of discontinuity felt as an 'alien' presence in the self

The alien self



The child, unable to 'find' himself as an intentional being, internalizes a representation of the other into the self

Mentalizing

Pre-mentalizing modes of functioning:

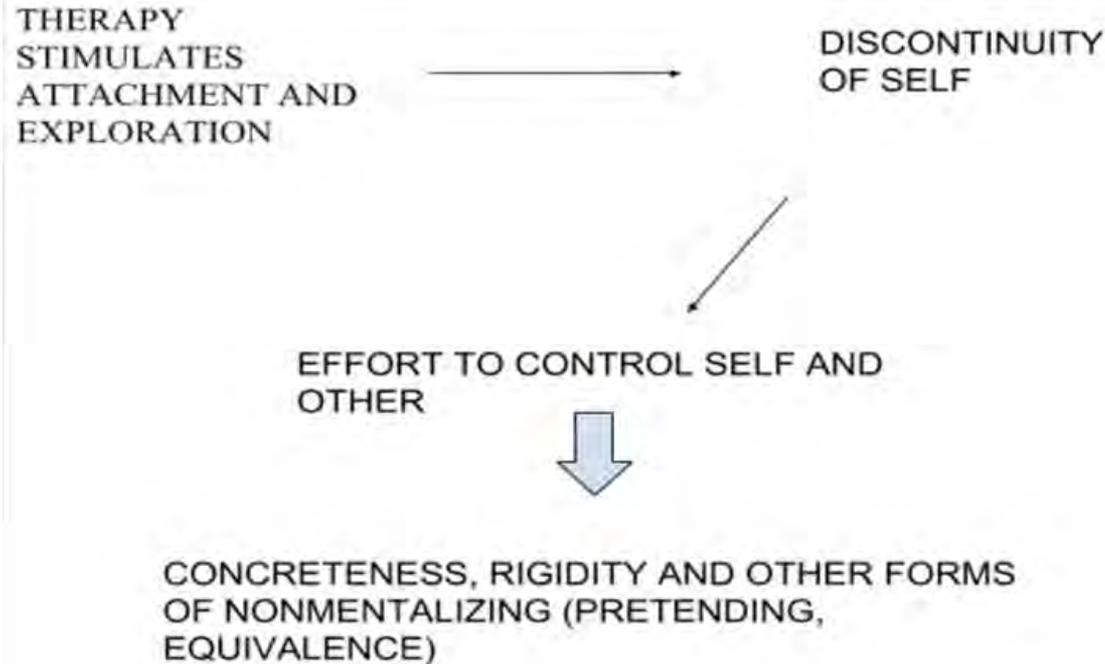
Psychic equivalence: thoughts and feelings become 'too real'. Clinicians *avoid* mentalizing when the pt is in this mode

Pretend: thoughts and feelings are detached from reality (inconsequential talk)

Teleological: states of mind are recognized and believed to be true *only* if their outcomes are physically observable. E.g., acting out to generate concrete behaviour in others. Only behaviour is 'proof' of a mental state

The therapist constantly evaluates the patient's state of mind to decide how to 'be', and what type of intervention to use. (What works for whom? When?)

The alien self - Implications for therapy



The mentalizing stance

- Neither you nor the pt have exclusive rights over the 'truth'. Say things in a tentative way. Mentalizing is a joint effort
- Humility. Differentiate your representations of the pt from who they 'really are'
- Not-knowing stance: foster curiosity about mental states
- Mental states are opaque: you don't know about your pt more than they know about themselves
- First try to understand things from your pt's perspective (and what self-state generated that perspective)

The mentalizing stance

- Share your mind: are you secretly disapproving?
- go into the details of experience and link thoughts and behaviours to intentions
- ask 'what' rather than 'why' questions. E.g., 'what about this or that affected you in that way?'
- Don't try to understand what doesn't make sense. It is better to acknowledge you don't understand

The mentalizing stance

-Mentalizing is a joint effort

- Examples:

Do you think we have been mentalizing over the last few minutes?

Do you think I am thinking about this the right way?

Do you understand how I am looking at this and what makes me curious?

I don't understand what made you think that I didn't want to see you today... I am not aware of having that feeling. It makes me think I might have missed something last session

Faculty of Extension (U of A)

Training opportunity in Mentalizing

Treating relational trauma, borderline personality, substance abuse and eating disorders

A three-session workshop

Saturdays Oct 19, 26 & Nov 2, 2019, from 9.30 am to 12.45 pm

U of A, Faculty of Extension, 10230 Jasper Av., Edmonton

Follow this link to register:

<https://www.ualberta.ca/extension/continuing-education/courses/EXGEN-4565>

For more information about mentalizing visit:

<https://www.annafreud.org/training/mentalization-based-treatment-training/about-mbt/>

Mentalizing

The four dimensions of mentalizing

- Automatic vs controlled
- Self vs others
- Internal vs external features
- Cognitive vs affective

Good mentalizers maintain a balance across these dimensions, and apply adjustments according to the context (in a flexible way)

Patients with PD show an imbalance in at least one of these dimensions

Research in MBT

Review

Vogt, K. S. & Norman, P. (2018) Is mentalization-based therapy effective in treating the symptoms of borderline personality disorder? A systematic review. *Psychology and Psychotherapy: Theory, Research and Practice (Open Access, 2018)*

Bateman, A. & Fonagy, P. (2008). 8-year follow-up of patients treated for borderline personality disorder: mentalization-based treatment versus treatment as usual. *Am J Psychiatry*, 165(5):631-8

Edel, M.A, Raaff, V, Dimaggio, G, Buchheim, A & Brune, M. (2017). Exploring the effectiveness of combined mentalization-based group therapy and dialectical behaviour therapy for inpatients with borderline personality disorder - A pilot study. *British J of Clin Psych*, 56 (1): 1-15

Rossouw T. I. & Fonagy, P. (2012). Mentalization-Based Treatment for Self-Harm in Adolescents: A Randomized Controlled Trial. *Child and Adolesc Psych*, 51 (12): 1304–1313

Effect sizes (meta-analyses)

DBT for BPD

.58

Psychodynamic Th.

General symptom improvement

.91

MBT for BPD

Reduction of symptom distress

ranging between .59 to 1.79

Global functioning

ranging between .44 and 3.00

Edel et.al (2017) showed MBT + DBT treatment to be more effective than just DBT.

Sources:

Edel, M.-A., Raaff, V., Dimaggio, G., Buchheim, A., & Brune, M. (2017). Exploring the effectiveness of combined mentalization-based group therapy and dialectical behaviour therapy for in patients with borderline personality disorder – A pilot study. *British Journal of Clinical Psychology*, 56(1), 1–15

Shedler, J. (2010). The efficacy of psychodynamic psychotherapy. *American Psychologist*, 65, 98

Vogt, S. K. & Norman, P. (2018) Is mentalization-based therapy effective in treating the symptoms of borderline personality disorder? A systematic review. *Psychology and Psychotherapy: Theory, Research and Practice* (online)

Resources

Videos

<https://www.youtube.com/watch?v=OHw2QumRPrQ>

<https://www.youtube.com/watch?v=oeboLKNV3PQ>

<https://www.youtube.com/watch?v=BZI4OtQvDDg>

Bibliography

<https://www.annafreud.org/training/mentalization-based-treatment-training/related-publications/>

Questions?



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