

**BORDERLINE
PERSONALITY
DISORDER
AND
MENTALIZATION
BASED
TREATMENT**

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What is mentalization?

- Borderline Personality Disorder and mentalization
- Mentalization Based Treatment – principles
- Does it work?

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THEORY MENTALIZATION

- Prof. Peter Fonagy and colleagues
- Attachment theory, cognitive neuroscience och psychodynamic theory.
- Supported by empirical research
- A bridge between theories?

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MENTALIZATION - DEFINITION

- To implicitly or explicitly interpret the actions of oneself or others on the basis of internal mental states.
 - "holding mind in mind".
 - "To see yourself from the outside and others from their inside".
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MENTALIZATION CONCERNS...

- Thoughts and feelings.
 - The past, the present and the future.
 - Mentalization can be explicit och implicit.
 - Explicit mentalizing = To ponder what goes on inside oneself or another.
 - Implicit mentalizing = Automatic, fast. Body language etc.
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IMPLICIT MENTALIZING



READING THE MIND IN THE EYES TEST



■ What word best describes the mental state of the person?

- Jealous
- Panicked
- Arrogant
- Hatefull

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WE MENTALIZE....

When we:

- Think about how we feel
- Wonder what another person thinks
- Unconsciously adjust our proximity to another persons personal space
- Empatize with another persons situation
- Clear out an misunderstanding
- Comfort a crying baby

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DEVELOPMENT OF MENTALIZATION

Attachment behaviour

- Early instinctive behaviour
- Very well studied in both animal and human models
- Necessary for survival of animals living in groups

- The attachmentsystem is needed for the babys survival
- To engage in attachment, the ability to guess about others mental states is essential.
- Attachment promotes mentalization, mentalization is necessary for attachment.

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DEVELOPMENT OF MENTALIZATION

- 2 years. Others reality is the same as mine.
- 4 years. Others view reality different from us.

Later on...

What we see of others actions is just an echo of their inner world which can never be fully known to us.

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LOSS OF MENTALIZATION

- **PSYCHIC EQUIVALENCE**
Internal reality is the same as the external reality.
- I feel ugly- Others think I'm ugly
- I know that you all agree with me
- **PRETEND MODE**
No association between internal and external reality.
- Intellectualizing stance, dissociation
- Lack of emotional response to the verbal content
- **TELEOLOGICAL STANCE**
Only what is observed is real. Inner states judged entirely from actions.
- Emotions can only be handled by action.
- He's not crying - He's not sad
- When the therapist goes on holiday...

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MENTALIZATION OCH BORDERLINE PS

- Studies indicate BPD patients have disturbed attachment style (50% desorganized).
- Abuse or neglect is very common.

BPD - vulnerability to loss of mentalization:
A low threshold...

- Dysregulated emotion
- Difficulty reading others - paranoia
- Psychic equivalence - separation anxiety
- Teleological stance - impulsivity, self-harm

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MENTALIZATION OCH BORDERLINE PS

- BPD-patients have negative bias in reading emotional expressions in faces
- Mothers with BPD don't get the expected Oxytocinresponse when interacting with their babies.
- BPD patients have less modulating cortical activity when exposed to unpleasent images.
- In game-theory experiments, BPD patients are more prone to punishing the other players.

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MENTALIZATION BASED TREATMENT

- Prof Anthony Bateman & Prof Peter Fonagy, London
- Dayhospital for BPD patients
- 5 times/week -> 2...



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MENTALIZATION BASED TREATMENT

- Evaluation phase
- Psychopedagogical course (9 times)
- Group therapy once a week
- Individual therapy once a week
- Regular meetings to evaluate and plan treatment
- 18 months
- No bensodiazepines!

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MBT PURPOSE

To increase mentalization capacity!

- Not "insight"
- Not behavioural change
- Not to treat trauma
- Not support

Increased mentalization capacity may lead to:

- reduction in dysfunctional behaviour, impulsivity, aggressivity, suicidal behaviour, disability, substance abuse.
- Better relations and more quality of life.

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THERAPEUTIC STANCE

The MBT therapist is:

- Focused on the conscious, not the unconscious.
- Open and explicit, keep interventions simple .
- Active! Avoids long silences.
- Conscious of the therapeutic relation.
- Careful not to be in an "expert" stance
- Focus on process, not content

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MBT TECHNIQUES

1. Validation – support and empathy
2. Clarification and elaboration
3. Basic mentalization
4. Advanced mentalization
5. Mentalizing the transference

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EVIDENCE OF MBT

- Bateman A, Fonagy P:
The effectiveness of partial hospitalization in the treatment of borderline personality disorder: a randomized controlled trial.
American Journal of Psychiatry 1999
- Suicide attempts, self-harm, hospitalizations, number of medications, depression, anxiety, general psychic health, social functioning
- MBT superior to TAU

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EVIDENCE OF MBT

- 6,5 years follow-up, MBT vs. TAU
- Differences between groups increased over time
- Suicide attempts during follow-up (23% vs 74%)
- Still filling BPD criteria (13% vs 87%)
- MBT less expensive than TAU.

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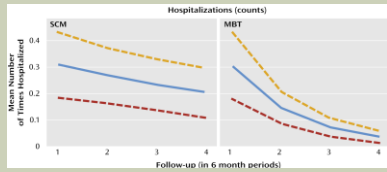
EVIDENCE OF MBT

- **2009:** Randomized Controlled Trial of Outpatient Mentalization-Based Treatment Versus Structured Clinical Management for Borderline Personality Disorder
- **134** patients with BPD - MBT or SCM
Structured Clinical Management (following NICE guidelines)
- Naturalistic sample. Eg some patients with antisocial PS

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EVIDENCE OF MBT

- 73% vs 43% no suicidal attempt or serious self-harm last 6 months of treatment.
- 2 vs 16 patienter admitted for suicide attempt during the last 6 months of treatment.
- Hospitalizations:



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MENTALIZATION BASED TREATMENT

MBT for BPD:

England, Norway, Denmark, Sweden (8 sites), USA (Menninger Clinic), Netherlands

Other applications

- Mentalization Based Family Therapy
- Minding the baby (Mother-infant treatment)
- Mentalization for non-violent schools
- MBT for antisocial patientens on contract care
- MBT for self-harming adolescents

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Thank you!

Thank you!
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