

Mentalization-Based Family Therapy (MBFT)

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MBFT Assumptions

Difficulties in mentalizing have a pervasive impact on the capacity of a family to function effectively, contributing to feeling misunderstood and creating distortions of relationships

Problems within families will be improved if the ability of the family members to think about each others' states of mind is promoted and freed from obstacles and blockages

MBFT

- The approach is based on the idea that **strengths in mentalizing need to be enhanced** through being identified, validated and developed
- In the course of MBFT we **intervene when we sense mentalization difficulties** in one or more members of the family and anticipate that strengthening mentalization would promote change in interpersonal perception and interaction
- MBFT also aims to **unblock / reduce difficulties in mentalizing** that contribute to or maintain relationship problems

Ingredients of Good Mentalizing

Openness to discovery
Safe uncertainty (tentative stance)
Reflective contemplation
Perspective taking
Forgiveness
Impact awareness
Trusting attitude
Humility
Playfulness and self-mocking humour
Willingness to take turns
Belief in changeability
Assuming responsibility and accepting accountability
Autobiographical continuity

MBFT aims to Enhance each of these Ingredients

Successful mentalizing of people and relationships

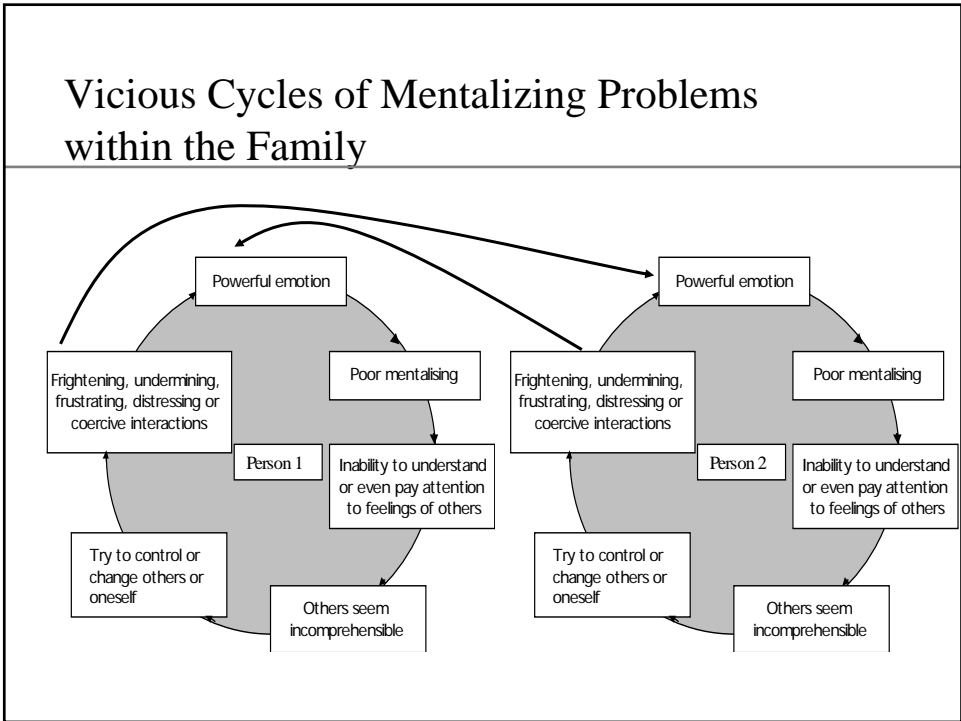
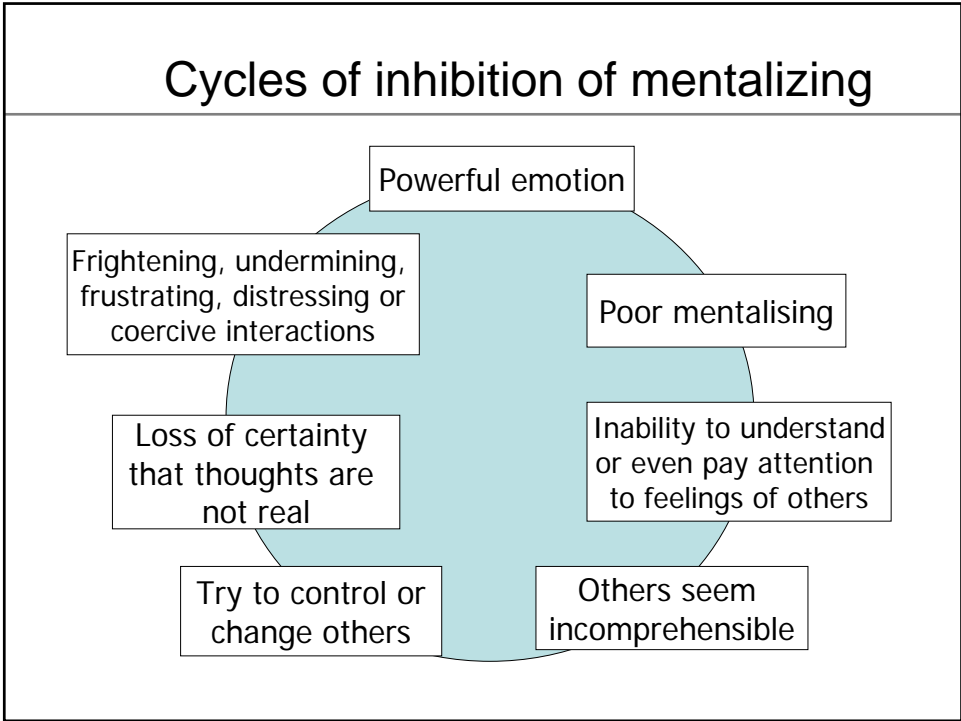
The person....

- Is relaxed and flexible, not 'stuck' in one point of view
- Can be playful, with humour that engages rather than hurting or distancing
- Can solve problems by give-and-take between own and others' perspectives
- Describes their own experience, rather than defining other people's experience or intentions
- Conveys 'ownership' of their behaviour rather than a sense that it 'happens' to them
- Is curious about other people's perspectives, and expect to have their own views extended by others'

Difficulties with Mentalizing

Occur...

- during emotionally intense interchanges between family members
- in response to thoughts and feelings that trigger high arousal and non-mentalizing 'concrete' reactions
- when the representation of the minds of others is literally obliterated and replaced by empty and hostile schematic images
- when the child obscures his/her own mental states and thus makes it difficult for the parent to inquire about and understand the child's state of mind
- when long standing and severe mental health problems compromise mentalizing
- with parents with high levels of arousal (e.g. chronic anxiety states) who find themselves excessively engaged with the child's mental world, anxiously loading the child with their own preoccupations
- in the form of pseudo-mentalizing and misusing mentalizing



Mentalization Based Therapy Interventions are...

- Short and simple
- Affect focused (love, hurt, excitement)
- State of Mind focused (*not* behaviour focused) – as it struggles with experiences before 'acting out'
- Focused on current event or activity – 'here and now'
- Enhancing mentalizing and *not* insight

Core features of MBFT

- 1. The Therapist Stance**
2. Basic Good Practice
3. The MBFT Loop

(1) The Therapist Stance – 4 Legs

- a. Being Inquisitive
- b. Holding the Balance
- c. Blocking Non-Mentalizing
- d. Highlighting and Reinforcing Positive Mentalizing

Core features of MBFT

1. The Therapist Stance
- 2. Basic Good Practice**
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2. Basic Good Practice

- To show warmth and respect for each family member
- To be inclusive of all family members
- To identify and highlight strengths, including in the area of mentalizing
- To aim for more 'positives' between family members (as they define it)
- To encourage family interaction in session
- To avoid blame and to (re-)frame current situation as the family's best and most sincere efforts to adapt to their circumstances and experiences
- To positively connote the attempts and role of each family member
- To refocus family members repeatedly if they 'wander'
- To provide clear time boundaries - 60 minutes per session
- To help family members to understand that participation in the therapy, during or between sessions, is entirely their choice

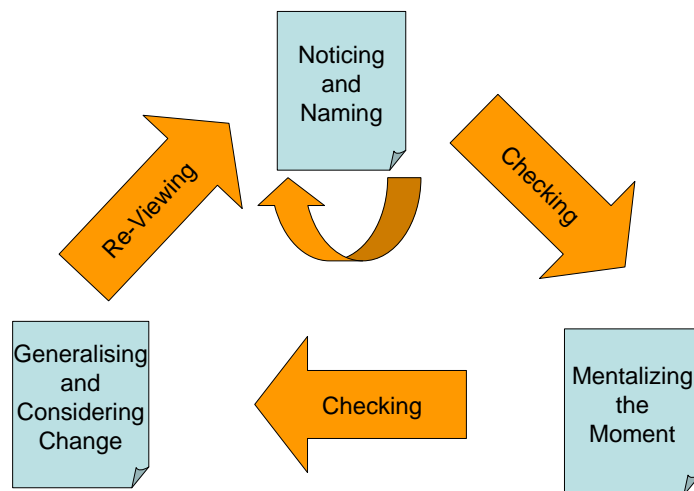
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MBFT Loop

1. I notice that you (**noticing and naming / punctuating**)....
 - you both raise your voices and that Ann turns her head to the wall
 - you are a family where everyone talks at the same time
2. Is that the way you see itis that an issue for you? (**checking for consensus**)
3. What do you think is Pete feeling now? (**mentalizing the moment**)
4. So that's what you all feel now – do you recognise this as something that happens at home? (**generalizing and considering change**)
5. So what happened? (**re-viewing**)

Core Features of the MBFT-Loop



Core Features of the MBFT-Loop



- **Checking is a powerful enactment of the Therapist's Stance**
Respectful curiosity, expressed tentatively, about mental states
- **Checking the Links**
Accurate mentalizing increases the narrative coherence of an event
- **Checking as confirming the limits of our 'mind-reading'**
Checking understandings also powerfully affirms the mentalizing notion that *we do not have privileged access to the contents of each other's minds*
- **Checking as affirming of the value of mentalizing**
Implicit in our checking understandings and feelings is that *we affirm the importance of understanding other peoples' mental states*

Core Features of the MBFT-Loop

Simmering down
Disentangling feeling states
Marking
Individual resonating
'Columbo' style curiosity
Searching for positives
Mini-role plays: experimenting & rehearsing
Enacting problem scenarios
Weighing pros and cons
Sub-titling



The major aim of 'status quo' mentalizing:
To set a context for what could be termed '*emotional brainstorming*'.

Core Features of the MBFT-Loop

Generalising
and
Considering
Change

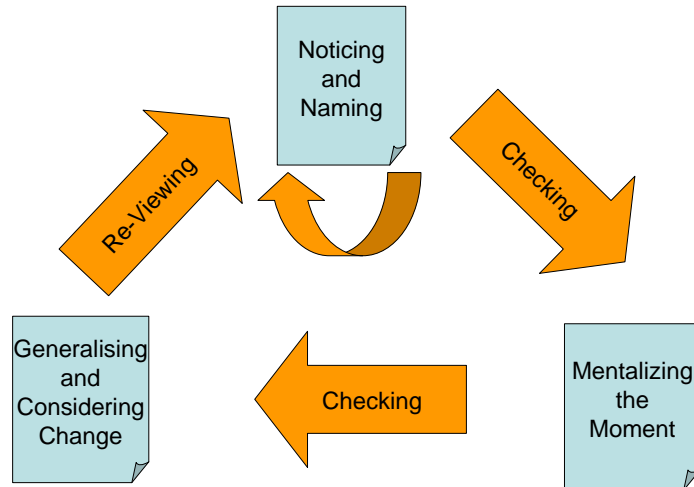
- An attempt to move away from discussing a *specific interaction* that occurred during the session and to '*widen the lens*' towards:
- GENERALISING: Capturing more generalised understandings relating to this specific observation.
- INVITING VISION: Generating possible applications of these understandings, by considering change and using alternative strategies.
- PLANNING: Planning the implementation of these changes

Core Features The MBFT-Loop



- Each family member views what happened from a meta-perspective.
- Evaluating what may have been a new and emotionally charged experience, giving them the opportunity to reflect together about what happened and the possible consequences.
- *"What did you make of what happened? Can you talk together about what this was like for each and all of you? Are there any conclusions you can draw from this?"*

The MBFT-Loop



Trajectory of MBFT Interventions

- Check for understanding (“am I understanding this correctly?”)
- Identify affect (“what were you feeling at that point?” – instead of “what happened next?”)
- Explore emotional context (“what other situations come to mind when you feel / experience this?”)
- Define interpersonal context (moment to moment exploration of problematic episode, identify affect)
- Spot and explore positive mentalizing
- Provoke curiosity about psychological motives for actions

Pause, Replay, Explore & Reflect

MBFT: What's different from 'ordinary' Systemic Practice?

Emphasis on enhancing 'good' mentalizing

Emphasis on tackling blocks to, and impairment of, mentalizing, or on challenging non-mentalizing

Focus on emotion as a cue to what goes on inside people, with focus on emotional regulation and how to affect it, aiming to strengthen self-control and the capacity to regulate one's feelings in the family context

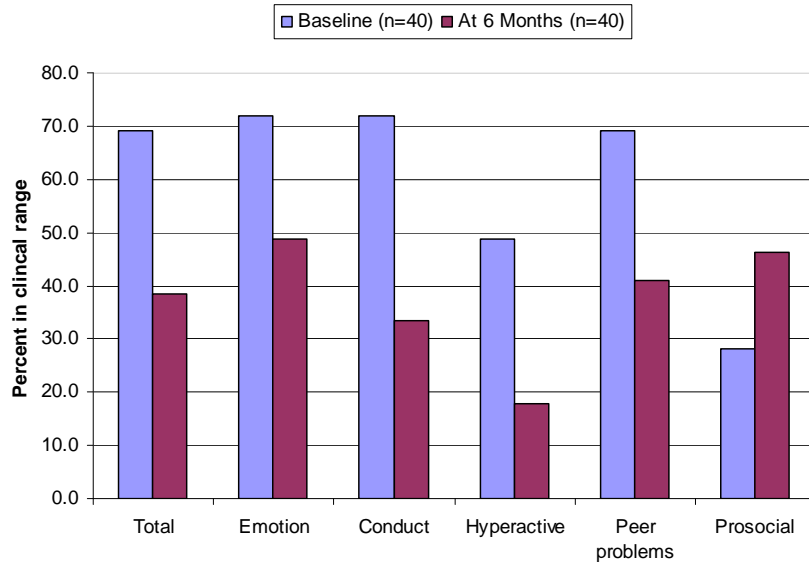
Focus on encouraging people to tentatively speculate about, or label, hidden feeling states in oneself and others

Promotion of awareness of one's own and other persons' mental states, in order to increase mutual understanding

Strength and Difficulties (SDQ): Value added score on 39 of 85 cases for whom T2 data available

- Based on longitudinal community surveys Goodman et al. have a measure of added value for use by specialist services. The formula is:
 - Value added = $2.3 + 0.8 * T1Total + 0.2 * T1Impact - 0.3 * T1Emotion - T2Total$
- The average value-added score for a sample of 39 children treated was 4.26 (SD=4.8)
 - 4 point reduction relative to what was likely to be observed in an untreated sample
- Comparing to the CORC Collaboration we observe a significant superiority of MBFT compared to routine CAMHS.
 - MBFT treatment significantly better than the average CAMHS service ($t=14.2$, $df= 2,261$, $p<.0003$, $ES=.60$, 95% CI: 0.28, 0.91).
 - Effect size of CORC treatment is 0.20
 - Effect size associated with the value added score in MBFT is .85.

Percentage of MBFT cases in the clinical range at initial assessment and at 6 months (SDQ)



Mean subscale score changes on parent SDQs associated with MBFT

