

Complexities in Personality Disorder: A Mentalization-Based Treatment (MBT) Approach

Abstracts

Keynote Address Title (Morning): Mentalizing capacity – An instigator for change for people with borderline personality disorder

Presenter: Professor Anthony Bateman, Consultant for Anna Freud Centre, London; Visiting Professor University College, London; Honorary Professor in Psychotherapy University of Copenhagen.

Borderline Personality Disorder (BPD) is characterised by metacognitive disorganisation and instability of self-experience. Metacognitive disorganisation is a characteristic of all the PDs currently categorized in the psychiatric classification systems. However, the classification systems continue with a categorical approach with the DSM-5 providing 10 discrete diagnostic categories of PD despite the evidence that BPD and other named PDs are heterogeneous groups within which there are widely differing levels of severity and symptomatology and that there are no well-defined boundaries between normal and pathological descriptive characteristics. To counter this problem and future-proof research a hybrid dimensional-categorical model was included in DSM-5 Section III. This model calls for evaluation of impairments in personality functioning, specifically defined as ‘how an individual typically experiences himself or herself as well as others’ rather than reliance on a discrete category of diagnosis. This is a move to a more dimensional approach to personality disorder’ but which dimensions are most relevant? In early 1990s mentalizing was proposed as a core dimension of personality function and a central component of personality disorders. Mentalizing integrates the subjective experience of self with an understanding of the mind and motives of others and so is a primary mental mechanism of social interaction. Whilst not proposing mentalizing as the only dimension worthy of assessment, the proposal of the domain of self and other experience as central to personality function suggests an understanding and assessment of an individual’s mentalizing capacity needs to be central to assessment and treatment of personality disorder.

Mentalization Based Treatment (MBT) targets mentalizing which is an integrative mental process that allows a person to make meaning both from their own subjective self-states and also from how they understand the mind of others. Effective mentalizing protects against metacognitive disorganisation integrating a range of mental experience into a coherent processing system allowing effective social communication which is at the heart of personality function. Targeting this process in treatment may therefore provide a route to more stable self-experience and improved social cognitive function, thereby reducing the harmful personal and societal effects of personality disorder.

This keynote address on BPD and MBT, will outline some of the historical and current evidence supporting the mentalizing approach to BPD and outline how an individual’s mentalizing can become the instigator of change.

Keynote Address Title (Afternoon): The Role of Mentalizing for people with Antisocial Personality Disorder or Narcissistic Personality Disorder

Presenter: Professor Anthony Bateman, Consultant for Anna Freud Centre, London; Visiting Professor University College, London; Honorary Professor in Psychotherapy University of Copenhagen.

This keynote address will consider the role of mentalizing in antisocial and violent behaviour. The mentalizing problems of people with antisocial personality disorder (ASPD) will be outlined. This level of formulation of the disorder is fully aligned with a dimensional approach to personality and suggests overlap between the mentalizing vulnerabilities found in ASPD and those found in people with narcissistic functioning. The commonality of mentalizing problems in and antisocial and narcissism will be discussed, particularly those that lead both groups a) to share experiences of isolation, aloneness, and being misunderstood by others and b) to have problems in being compassionate towards others.

MBT for people with ASPD (MBT-ASPD/NPD) is organised to target the mentalizing problems of ASPD and Narcissistic Personality Disorder (NPD) using group mentalizing processes. The primary aims of treatment are to prevent sudden collapses in mentalizing that lead to violence towards others and to help the client move from 'me-mode' mentalizing to 'we-mode' mentalizing. 'Me-mode' mentalizing leaves clients isolated and lonely whilst 'we-mode' mentalizing allows them to learn from others and to develop a sense of belonging.

Title: Moving from complexity to coherence

Presenter: Dr Julian Nesci, Clinical psychologist, Accredited MBT supervisor, Senior MBT clinician, Spectrum

This presentation will discuss the challenges of furthering the development of MBT, and how we can move towards coherence when it comes to the access to training, supervision, and treatment in Australia. The focus will then move to how complexity and coherence intertwine in clinical work. Whilst MBT helps to facilitate a sense of coherently understanding oneself, being understood, and trust, it also allows us to be attuned to the challenges that can arise for therapists and the people seeking help in this process. The complex side-effects of things such as validation and hope, and how they can be used to jointly understand difficulties will be discussed.

Title: Mentalizing Systems - The best therapy is what your case manager can offer

Presenter: Dr Siddhartha Dutta, Director Adult Mental Health, Psychiatry, GV Health, Shepparton, VIC

Mentalizing systems around clinicians and their patients are paramount in promoting epistemic trust that facilitates recovery in Personality Disorders & other Mental illnesses. Current thinking in this area will be highlighted, with a focus on ways to promote such system in mental health care delivery in a rural & regional mental health service discussed.

Title: Imperfect implementation - A tale of hope for the ordinary, well-intentioned service

Presenter: Dr Matthew Ruggiero, Counselling Psychologist, Lifespan Psychology Centre, Leederville, WA

Clinical implementation and behaviour change in patient care is notoriously complex and difficult to accomplish. This brief presentation aims to inspire hope in those contemplating an MBT implementation within a service, system, or private consulting room. I will describe the complexities navigated across a five-year MBT implementation within the WA Child and Adolescent Mental Health Service. Attendees will learn of the key challenges and successes experienced in WA and take away a series of considerations to reflect upon as part of their own personal or service-level MBT development.

Title: Adapting to the needs of youth living in rural Victoria using an MBT approach

Presenters: Kalina Clarke, Personality Disorder Clinician, Bridie Carlisle, Senior Clinician, Melissa Bradshaw, Senior Clinician, GV Area Mental Health Service, Shepparton, VIC

Goulburn valley health is based in rural Victoria and its catchment spreads along the Lower Hume region. The Child and adolescent team are based in 2 areas Shepparton and Seymour; the youth MBT group is conducted in Shepparton. Providing treatment to youth with personality disorder in rural Victoria can present with many challenges, these include logistics (travel time), access to specialized treatments in a timely manner, and access to clinicians who have significant training with personality disorders.

At GV Health we have endeavored to provide Mentalization based treatment to our youth population in an adapted way that can be maintained and sustained by clinicians. Our session will discuss our group's structure and model of care, and address areas we would like to see improved in the future. It will also focus on the cohort itself aged 16-18 and touch on difficulties we have had ranging from group conflict, clinician counter transference and complexities around co morbidities.

Title: Reflections on the implementation of the MBT-FACTS Program at Alfred Child and Youth Mental Health Service and Qualitative outcomes from the perspective of young people.

Presenter: Dr Celeste Benetti, Senior Clinical Psychologist, Accredited MBT Supervisor, Alfred Child and Youth Mental Health Service, Melbourne, VIC

Supporting families and carers of adolescents and young adults with Borderline Personality Disorder can be challenging within public mental health systems where resources are limited and necessarily tend to be most focused on the young person themselves. The implementation of the MBT-FACTS program at the Alfred Child and Youth Mental Health service aimed to provide carers with new skills and ways of interacting with their young person, in a way that was efficient and effective but also made real changes from the young people's perspective too. This presentation describes the implementation and uptake of MBT-FACTS as a delayed treatment Randomized Control Trial at the Alfred, including overcoming practical barriers such as staffing and adapting to the Covid-19 Pandemic. Preliminary qualitative data from the perspective of young people with BPD whose carers have completed the program is promising and suggests the program adds significantly to treatment as usual with CYMHS services.

Title: MBT for high risk adolescents and their parents/carers and networks

Presenter: Dr Michael Daubney, Medical Director of Adolescent Extended Treatment Community CHQ HHS; Consultant psychiatrist to Fraser Coast Assertive Mobile Youth Outreach Service

This presentation will focus on two areas which are central to my clinical and supervisory roles with the Queensland Health Assertive Mobile Youth Outreach Teams (AMYOS) for high risk adolescents and their parents/carers and networks. One of the central frameworks used by AMYOS teams is AMBIT, which supports mentalization in clients, carers/parents, workers, teams and networks. The AMYOS patient cohort has young people experiencing severe and complex mental health difficulties as well as a high rate of multigenerational trauma.

The first part of the presentation will discuss relevant research, as well as adaptations needed to use the MBT model when treating adolescents. Relevant issues include the impact of language and other developmental vulnerabilities, and the context treatment is occurring in. The clinical application of the concept of Epistemic Trust and using MBT informed interventions in multi-generational trauma will also be discussed. How we apply the concepts and techniques of MBT in an assertive outreach model is another adaptation discussed.

The second part of the presentation will discuss training and supervision of clinicians. Relevant research that informs our training and supervision will be summarised. Issues in training and supervising clinicians in mentalizing informed models and clinical work, including lessons learnt from our experience, will be discussed.

This presentation will be of interest to clinicians, team leaders and service managers as we have been able to embed mentalization informed practice in AMYOS in 14 sites state wide as well as in other clinical teams in several Health Services.