

Mentalization-Based Family Therapy with Adolescents and Families

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GAP Call-In Series Podcast
NEABPD
3 March 2019

Disclosures

- I have no actual or potential conflict of interest in relation to this program/presentation.

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Defining Mentalizing

- attending to mental states in self and others
- holding mind in mind
- mindfulness of mind
- understanding misunderstandings
- seeing oneself from the outside and others from the inside
- “feeling felt”

The Mentalizing Stance

Psychological aspects

- inquisitive, curious, playful, open-minded
- “not knowing”

Ethical aspects

- good will and compassion
- acceptance and forgiveness
- respect for autonomy
- Love

(J. Allen)

Factors that interfere with mentalizing

- Strong emotions
 - fear
 - anger
 - shame
 - infatuation
- Defensiveness
- Indifference

(J. Allen)

The Mentalizing Stance

An attitude to hold in relationships

- A stance, a way of being with, or an attitude to relationships
- Three Functions
 - Models mentalizing
 - New ways of interacting, mentalizing begets mentalizing
 - Gives the client the experience of being mentalizing
 - Trigger to epistemic trust
 - <https://www.youtube.com/watch?v=ZBeEOkwLToM>
 - Encourages the client to mentalize
 - Create conditions where client is better able to mentalize

Curiosity

about self
and others

How must it feel
to be you right
now, boss? Why are
you all red and
shouty?

I keep getting into
trouble over my
rabbit habit... Why
do I do it?

Awareness of the
impact of affect

You're all upset
and noisy; maybe
that's making you
forget how much
you really love
me...

Not-knowing
(opacity of minds)

I know that I don't
KNOW what you
must think, boss,
but I can *wonder*
what that is...

Narrative Continuity

Is there something
about me and rabbits
that stems from my
childhood, I
wonder...?



(D. Bevington)

Mentalizing Families

“no context is more likely to induce a loss of mentalizing than family interactions. Here, relationships tend to be at their most fraught, their most loving, and their most intense emotionally, so the stage is set on a daily basis for interactions that potentially stimulate a loss of mentalizing in one or more of the family.”



Mentalizing Our Families

It takes tremendous courage, trust and and sometimes desperation on the part of families to present for and engage in family therapy.

- Putting oneself under the microscope.
- Parents asking for help parenting and understanding their child.
- Families willing to understand that they may be contributing to the presenting symptoms. Can everyone own their 2%?
- Opening up and being vulnerable is scary, especially with the ones you love and who know you best.
- Changing behaviors, ways of communicating and other patterns is not easy, especially if we have done the same thing for many years.

Ann, Joe, and Mary

Ann is a 13 year old, Caucasian female who just started 7th grade at a local public school. She enjoys theater, especially lead roles in school musicals. She is the oldest of 4 children to Mary and Joe. She has no previous history of psychiatric treatment. Her mother initially presents indicating that since Ann returned from her summer theater camp, she began cutting, talking about suicide/death, and her grades have been slipping. Joe feels certain that Ann “picked this up” (self-injury) at camp and indicated that she will not return next summer despite her love of theater and this experience. Mom believes that her behavior is manipulative and indicates she doesn’t seem to care about what anyone says or thinks. As mom describes Ann, she appears certain about what is Ann’s mind, indicating she has never had any issues like this with her daughter and believes this is all for attention and to get out of work.

From Ann’s perspective, she suddenly begins to feel panic, but is unable to describe exactly what happens prior to her self-injury, as if it “just happens” to her. For instance, she indicates she was recently in English class, began to feel panic, asked to be excused, and went to the bathroom where she cut herself and hit herself repeatedly in her ankle. She went to the computer lab where she emailed her mother with the subject line “emergency.” Mary rushes to the school, where she finds Ann in her next class. Ann appears fine, denies any distress, and let’s her mother know she is OK and that she can leave. Later that evening, Mary notices the cuts on Ann’s arm. Ann really struggles to put into words what she is thinking, feeling leading to the self-injury. There were several other incidents where parents often feel confused by what is actually happening for Ann.

Initial Observations

- Mary regularly does body checks on her daughter as she gets out of the shower.
- Mary sleeps with her daughter in her room at night to keep her from cutting and killing herself.
- Mary tends to speak for Ann and Ann tends to look to mom when she is asked questions about how she feels.
- Joe appears curious and interested, but struggles to know how to connect with Ann.
- Ann appears to have very little feelings related to her mom's intrusive behaviors.
- Joe indicates mom is not sleeping well, quite anxious, and is terrified that Ann will kill herself.
- Ann doesn't feel her parents really understand or care about her. She also feels disconnected from her peers.

Panic or Pause?



<https://www.youtube.com/watch?v=0h2gPiKWitY>

Family Therapy

- Family therapy provides a unique opportunity to foster mentalizing in relationships with family members—an arena where mentalizing may be especially challenging, but also especially crucial.
- Family therapists universally emphasize the importance of open communication. Ideally, each family member is able to express what is on his or her mind, and other family members are open to listening.
- Often, we mentalize in relation to our own mind by expressing ourselves; we know what we think only after we've said it. And we mentalize others by listening. We achieve mutual understanding through dialogue.

As treatment progressed with Ann and Family...

- Ann disclosed an incident where she was in a crowd and “grabbed” by someone in the crowd inappropriately.
- Ann discusses the pressures of her school, how unpopular it is to not make straight A’s.
- Ann discussed (with much emotion) that she began dating the ex-boyfriend of a “ex-friend” that she cannot stand, who makes up allegations of past abuse, cuts herself for attention, and how all the guys at school believes her “made up stories”.
- Ann begins to talk more about her experience of dad, and feels deeply that she will disappoint her father.

Mentalizing Families

- “Anxiety, which is a common impediment to mentalizing, is often at its peak in interactions with family members. Intense feelings can escalate rapidly in all family members, resulting in more heat than light.”
- The family therapist can serve as a mediator, fostering the process of mentalizing in all family members and can also serve as a model of mentalizing in the face of intense emotions.
- Learning to mentalize emotionally in the context of family interactions provides the most direct opportunity to generalize what is learned in sessions to home life.

What are our goals?

- To enhance mentalizing and the capacity to make choices
- To consider each person's involvement in/ contribution to the problem behavior of the symptomatic family member(s) --- own 2%
- To use mentalizing to strengthen self-control and the capacity to regulate one's feelings
- To promote awareness of one's own and other persons' mental states

What do we do to achieve goals?

- Promote family's sense of competence in helping their loved one develop the skill of mentalizing.
- Practice the skills of mentalizing, communication and problem solving in the specific areas in which mentalizing has been inhibited.
- Initiate activities and contexts within the family, with peers, in school, work, and in the community which reinforce mentalizing, communication skills and mutually supportive solutions to problems.
- Help families shift from coercive, non-mentalizing cycles of interaction to mentalization-based discussions and interactions, serving to build a basis of trust and attachment between family members.

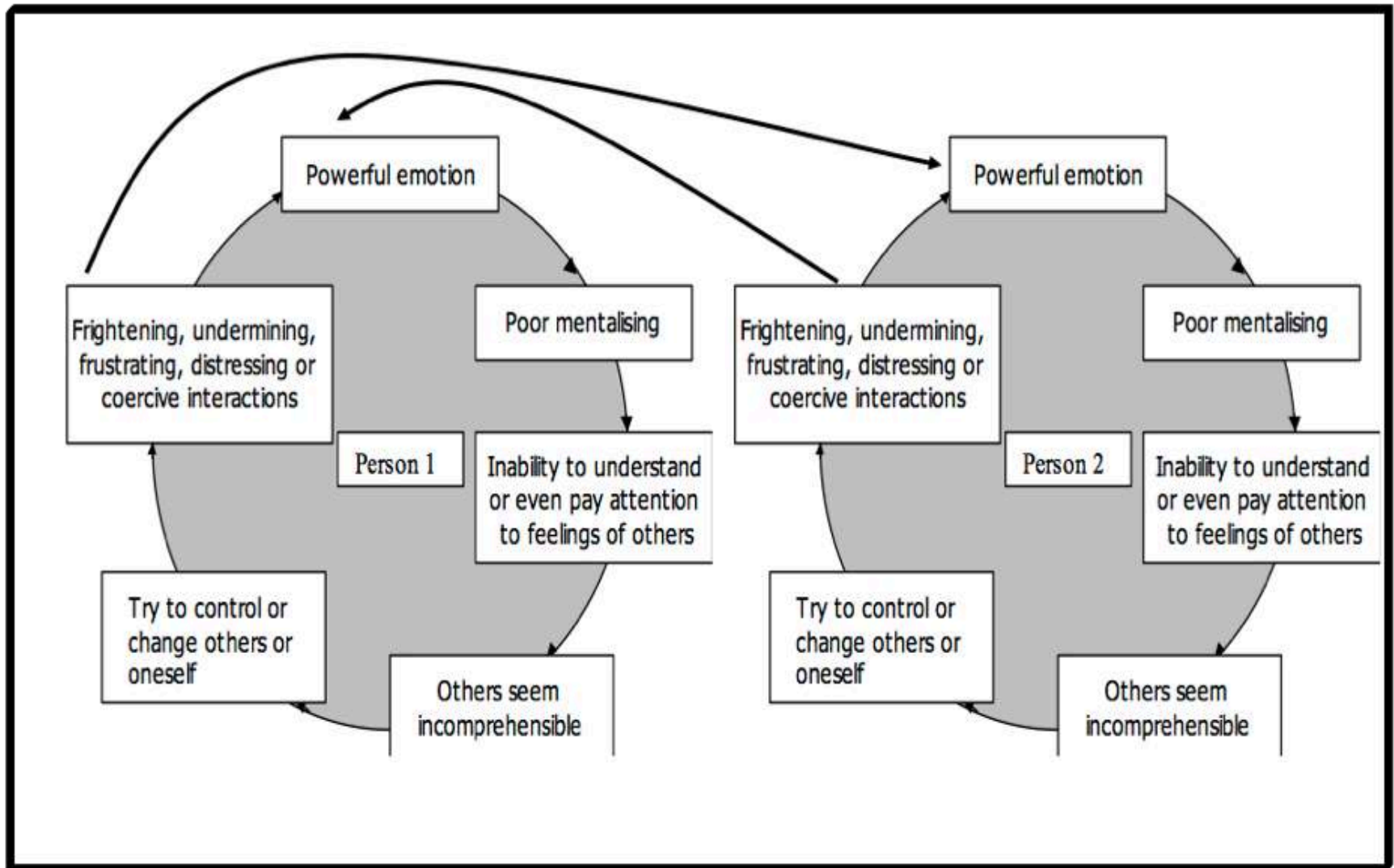
Promoting Mentalizing

- Invite multiple perspectives
- Acknowledge what you do not know and enlist patient for help
- The “here and now” shows mind in action
- Validate before offering alternatives
- Judicious self-disclosure
- Acknowledge own mentalizing failures and mistakes
- Playful, humor, humble attitude

Avoid Undermining Mentalizing

- Try to be clever
- Complicated, long interventions
- Psychobabble
- Theory-based assumptions
- Certainty
- Attribute patient's experience to general pattern rather than specific detail
- Long silence

Coercive Cycles In Families



Difficulties in Mentalizing within the Family Context

- **Interpersonal stress (lose ability to think about the thoughts and feelings of others)**

examples: parental conflict, divorce, parents worried about self-injury or drugs, death within family, family member physically ill

- **Caregiver(s) preoccupied with other important concrete issues in life**

examples: crisis at work, worried about finances, focused on grades multiple kids in the home, parent going back to school

- **Member withholding own mental states**

examples: worried about parents/spouse falling apart or worrying, shame related trauma (bullying, sexual trauma), alcoholism

Difficulties in Mentalizing within the Family Context

- **Long-standing mental health problems**

examples: Family member with PTSD, MDD, EDO, Personality Disorders

- **Poor boundaries within family (leads to intrusive mentalizing)**

examples: enmeshed mother and son---“I wish my mom were here because she knows how to answer that.”

- **Misuse of mentalizing**

examples: “Whenever you visit your father, you feel so sad afterwards. Shouldn’t you stop seeing him?”

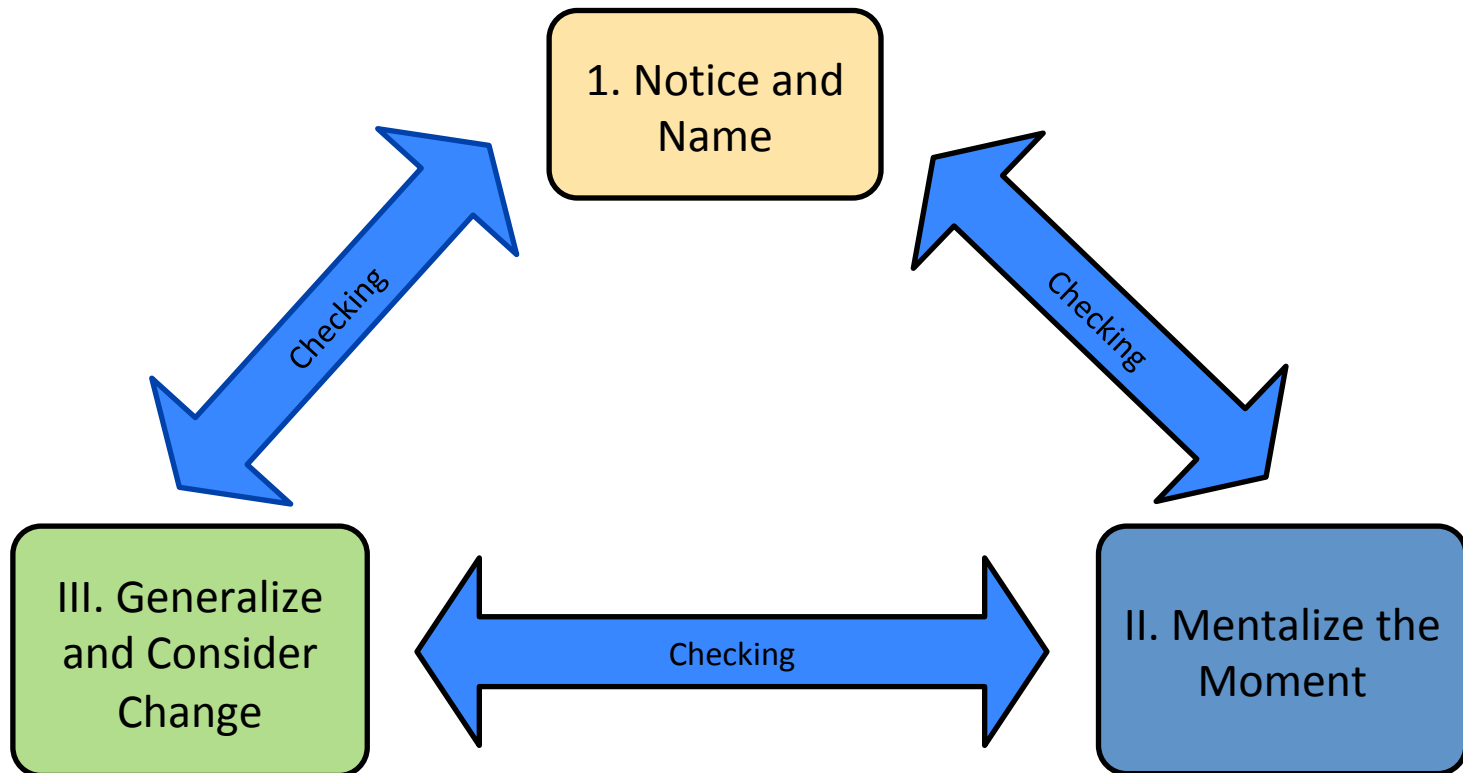
Mentalizing Techniques

- Pause button
- Heating up and Monitoring Arousal
- Role Plays
- Challenging Use of Pronoun “we”
- Colombo Curiosity
- Model Mentalizing
- Psychoeducation
- Simmering Down
- Therapist Use of Self
- Mentalizing Hand

Mentalizing Loop

- Major tool for devising MBT interventions
- Provides a framework for connecting the therapist's observations of family interactional patterns with underlying feeling states and related thoughts
- Helps family members experiment with new behaviors and actions
- Allows therapists to structure sessions, focus on specific patterns, and encourage the family to consider change
- Provides a “road map” to identify non-mentalizing patterns when feeling are feeling stuck or misunderstood
- Marks for the family how non-mentalizing feels and what it looks like in the family context

Mentalizing Loop



Loop Reviewed

1. Observing interaction: “I notice that...”
2. Checking for consensus: “Is that the way you see it? Is that an issue for you?”
 - When you start raising your voice, she lowers her head and is tearful
 - In your family, everyone talks at the same time.
 - I wonder if your mom is really understanding you right now?
3. Mentalizing the moment: What’s it feel like right now? What are people thinking and feeling?
4. Generalizing (and inviting vision): “Dad feels this, mom feels that – do you recognize this as something that happens at home? Is this something you all want to change?”
5. Reviewing: “So what happened?”

Notice

- A statement about an interaction (preferably in the 'here and now', but it can also be a reported event or sequence) between two or more family members, is the starting point.
- Here the therapist focuses on **an emerging pattern of how family members relate to each other**. Keeping in mind that it is possible to make many different observations of what might seem just one event and that therefore any observational statement is highly selective, the therapist voices this and immediately follows it up by **checking for CONSENSUS** between family members...

I was wondering if I could point something out? What do you think just happened with Ann right now? Dad, it seemed that when you started talking about Ann's grades, she may have shut down a bit? Ann, did I get that right? Dad did you notice that? Dad, I wonder what Ann was feeling just now? Does this happen often? Does this feel like a pattern? What do you all think...does this feel right?

Name

- Once a problematic interaction has been noticed and focused upon, the family are invited to find ways to **NAME** it.
- Family members are encouraged to form a 'working party' to think about interactions, from a meta-level, as it were. They are also encouraged **to find some buzz words to mark the interaction sequence and the associated feeling states.**
- The aim is to find a word or phrase that becomes some form of 'mantra' which family members can recall after sessions, when similar stuck interactions evolve. Examples are 'tango', 'top-dog', 'door mat', 'playing first fiddle', 'the knight in shining armor', 'playing the fool', 'hot potato', 'car crash', 'beating a dead horse'

“So what just happened here. Let’s rewind and think about this. Dad, why do you think Ann is feeling upset? Ann, can you help him? So what word or phrase comes to mind when you think about this? Kind of like dad missed the boat a bit? You were feeling disappointed about your grades, but it seems dad didn’t realize you felt this way? What do you think? In fact, he said he thought you were thinking you “could care less.” When he starts asking you, you feel defensive and you thought he was angry with you? You then shut down, and dad feels confused. Do I have that right? “Missed the boat, sounds like it fits with how each of you experience this interaction.” “Let’s remember that.”

Mentalize the Moment

This second step is deployed in order to share and provoke curiosity amongst and between the family members.

- encourages family members to voice feelings and thoughts about what is happening in the moment
- once mutual exploration unfolds and gains its own momentum the therapist can
- decentralize himself and see his role as being that of a facilitator, to enable discussions between family members (and not merely between the therapists and individual members of the family)
 - Therapist has the task of keeping a focus on mentalizing interactions, including actively blocking non-mentalizing interactions
- **the therapist models mentalizing stance**, by enquiring about how others are feeling or what they might be thinking and by not making assumptions about either of these

Ann and dad, can we think about this interaction? What is it like Ann for you to feel your father is disappointed in you? What do you think this means? How do we end up feeling this way? So dad, you have actually been worried about her you are not sure how to approach her. You also assumed because Ann scores were lower, that she didn't care. Ann, what is this like to hear? Ann, can you help dad make sense of why school has been more difficult this semester?"

Generalize and Considering Change

Generalizing

Family members are encouraged to come up with some more general observations and reflections on:

1. How similar interactional patterns tend to evolve spontaneously at home?
2. What feeling states these elicit?

The effect of this intervention is that what was observed in the 'here and now' of the session is 'looped out' into life outside the session, in an attempt to identify recurring patterns which are experienced as being 'dysfunctional' by family members.

“Where else does dad miss the boat, Ann?” Dad what are some times Ann misses the boat with you? How does it feel when this happens in these situations?”

Generalize and Consider Change

Inviting Vision

The therapist requests each family member to identify different ways of overcoming stuck interactions and to think about alternative ways dealing with recurring problematic interactions.

In an attempt to elicit solutions from within the family, each person is encouraged to talk about their specific alternative 'vision'. Once this is achieved, the therapist may ask family members to discuss each other's ideas.

"I wonder if it is possible for us to do something different? Ann, do you have thoughts? How can we work on this "missing the boat?" How do you want things to be different dad? Any ideas how to get there?"

3 Steps and 3 Checks

Step 1: Notice and Name

- Checking – *“Is what I noticed, and the way it may link to what happens at home, what you guys see, too?”*

Step 2: Mentalize the Moment

- Checking again – *“So do we think we have got an accurate enough understanding of this pattern?”*

Step 3: Generalize (and Consider Change)

- Checking again – *“So where are things now?”*

Checking

Checking is a powerful enactment of the therapist stance.

- *Respectful curiosity, expressed tentatively, about mental states*
- Checking as confirming the limits of our mind reading...
 - *Dad, can we check that out with Ann to make sure you are getting it? You seem to really understand what was going on with Ann. Can you check that out with her?*
- Checking as affirming the value of mentalizing...
 - *I want us to think for a moment about what we just did here. Ann, how do you explain that you feel more understood by your father? What happened seemed to be very important in you all understanding one another. This seems important for your relationship. I want to check it out though...*
- Checking at the end of the loop...
 - *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 Loop and Relational Strengths of Mentalizing

Affect Focus then Encourage the Family to Rehearse Checking

- *So when dad talks with you, about your grades, you begin to feel as though you are a disappointment in his eyes? Can you describe what that feeling feels like? I would imagine that this feels overwhelming at times? So how do you handle that emotion? Dad, I wonder what you are feeling right now? Can you imagine what it Ann is feeling? I can imagine it might feel painful to feel what it is like to have missed the boat. Can you? You all like to boat, I wonder if one of you have ever missed the boat and it took off without you? Maybe Ann, when dad begin to focus more on your grades, rather than your own feelings about this, if he misses the boat...or misses you?"*

Model Curiosity

- *Dad and Ann, I am really curious about this interaction and how you both end up feeling when the boat is missed? Ann, do you happen to be interested in how your dad feels when he "misses the boat" with you? I wonder what it is like for you to hear your dad say he loves you? Are you interested in understanding her better? Can you help me with this? Do you have any idea why she might feel this way?*

Encourage Perspective-Taking and Impact Awareness

- *Dad, if you were Annie why might she be feeling as though she is a disappointment when you start to ask about school? Have you ever experienced this emotion? What would it be like to talk about that experience with Ann/Dad right now? I'm trying to imagine what it feels like for dad right now? What is his perspective in all this? Annie do you know what it is like for dad right now? Dad, what does it feel like when Ann says that to you?*

Recognizing Successful Mentalizing

- *Ann, that was really nice to see you check that out with your dad. You did a nice job to let him know what you needed. Dad, when you let her know what you were feeling she seemed to understand exactly what you were saying. How does that feel for you Annie?*

The Loop and the Relational Strengths of Mentalizing

Promoting Agency

- *Can we think about how we end up missing the boat? Ann, can you let him know when he is starting to get what it feels like? Do you remember how you ended up in this situation with one another? Let's go back. It seems that you struggle to sit with these emotions right now. Do I have that right? I certainly could be way off, but it is OK to stop me and let me know if I am missing something, especially if you are feeling overwhelmed. In fact, it would really help me make sure I am on track.*

Trusting Attitude

- *So it seems you are really getting each other right now? Do I have that right? How does it feel? Can I say that it feels more relaxed and trusting right now, but I'm not sure what you all think? What he says really seems important to you, is that right? You both seem to have come a long way in understanding each other. Does that feel right to you?*

Humility, Compassion, Humor and Playfulness

- *Now listen, I sometimes miss the boat, especially when it comes to how other people might be feeling or what they are thinking. In fact, I do it rather often. That's why I check things out. I wonder if you can consider giving yourself a break here? It sounds like both of you have felt misunderstood, which is painful. If you were Annie's inner voice, what would you say that would promote self-compassion? Annie, what if you were dad's inner voice, what would it sound like? Give it a try. "Let's try to help him actually catch the boat."*

Reflective Contemplation

- *Do you remember what she/he said last session? Can we think about that for a minute? What do you remember? Have you all talked about this since our last session? I really think I am beginning to understand how alone you have felt. When ya'll talk about these emotions openly, it helps me really understand what it has been like for you both .*

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MBT-F Manual

<http://mbtf.tiddlyspace.com>

Anna Freud Centre

MBT-F Core

Mentalization-Based Treatment for Families

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Introducing MBT-F

+ show references & info

What is **MBT-F**?

The term **Mentalization** refers to the attitude and skills involved in understanding mental states, in oneself as well as in others, and their connections with feelings and behaviour. The therapeutic approach described in this manual is a brief intervention for children and families, aimed at promoting the understanding of mental states and their connections with feelings and behaviour.

There are **Criteria for applying MBT-F**.

Stand-alone treatment Vs. Add-on?

MBT-F can be used as a stand-alone intervention, or its ideas and techniques can be 'added-on' for those practitioners already practicing some form of systemic family / couple therapy approaches. *It is not a new therapy* and many of the techniques have their base in well known systemic practices. Whereas it could be said that all psychological therapies probably increase mentalizing indirectly, the one specific aspect of **MBT-F** is that it makes the enhancement of mentalizing itself the focus of treatment. In fact, mentalization for those who have learned it 'naturally' – and one would assume that all psychotherapists have done so - is as natural as riding a bicycle for someone who once learned this when a child. Exposure to the disorienting effects of high affect is not unlike the effect of alcohol on a bicyclists ability, either! Furthermore, if an experienced bicyclist tries to consciously think about and reproduce all the different actions and sequences required to ride the bike, then it can become suddenly a difficult task. The same is the case for clinicians who make a conscious and deliberate attempt to use mentalization based interventions and this is one of the major reasons for providing a treatment manual.