

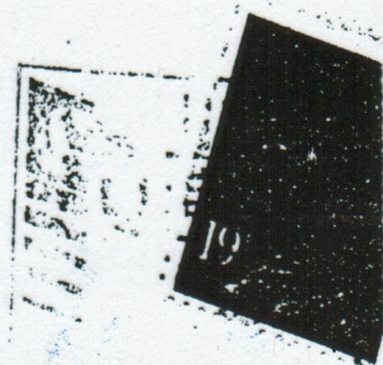
# Mentalization-Based Treatment with Families

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*Anna Freud Centre and University College London*

ACEs SIG seminar on 24.10.2023





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# The development of MBT-F

I met Peter Fonagy and MBT (more than 20 years ago)...



I began to import bits of MBT into my mind  
and clinical practice



and then Peter and I began to co-develop a new approach



which we called MIST  
**M**entalization-**I**nformed **S**ystemic **T**herapy



# **MIST**

**Mentalization-Informed Systemic Therapy**



**Mentalizing**

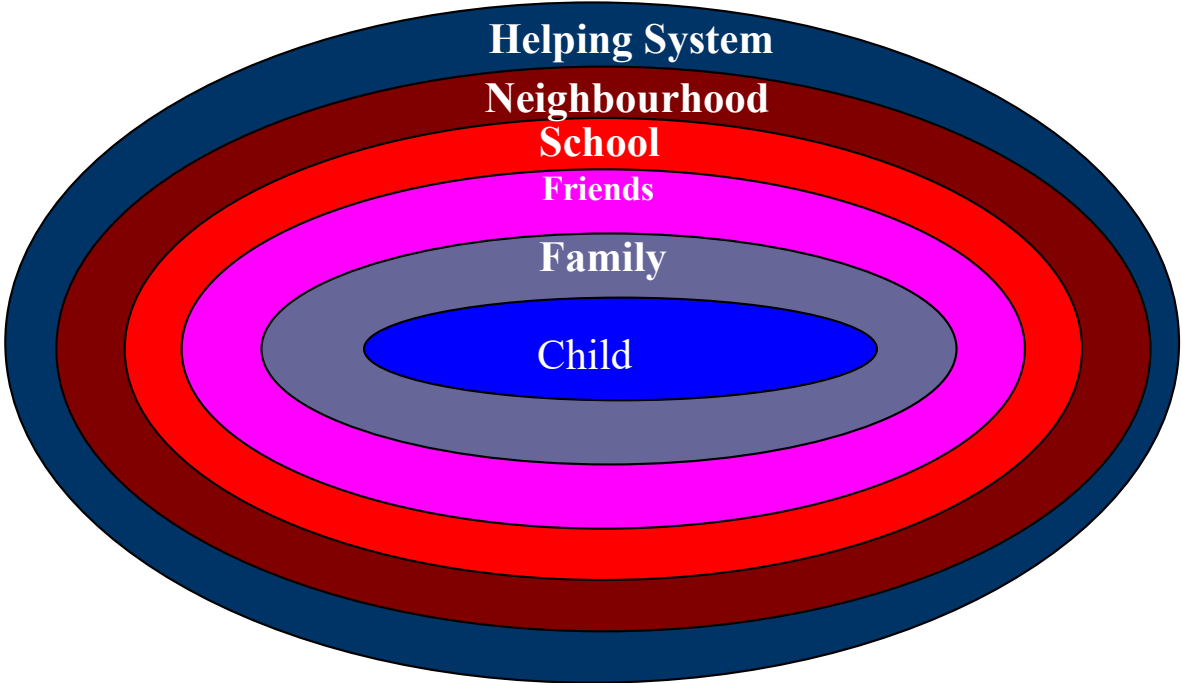
**+**

**Working Systemically**



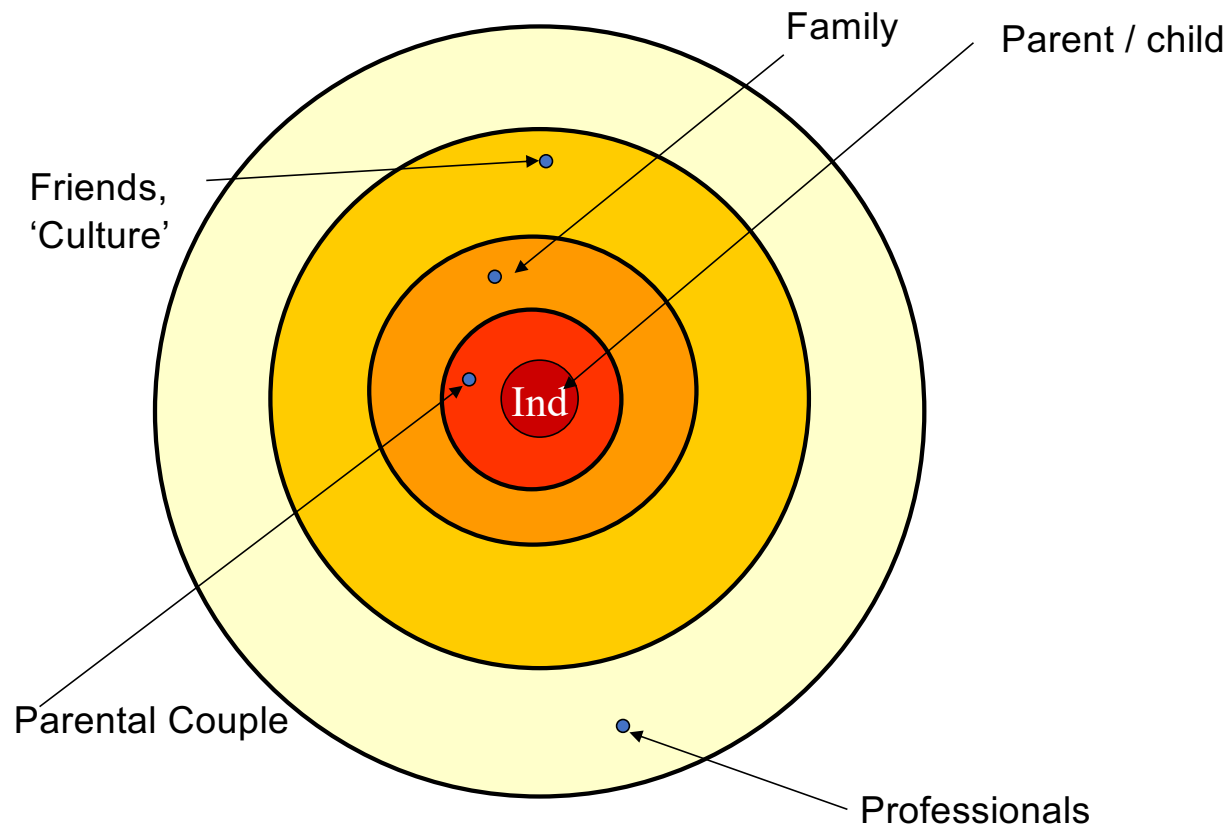
# **SMBT**

**Systemic Mentalization-Based Therapy**





# Levels of context for assessment and therapeutic intervention



## Aims of MBT-F / MIST

to increase effective mentalizing

&

to block ineffective / (non-)mentalizing

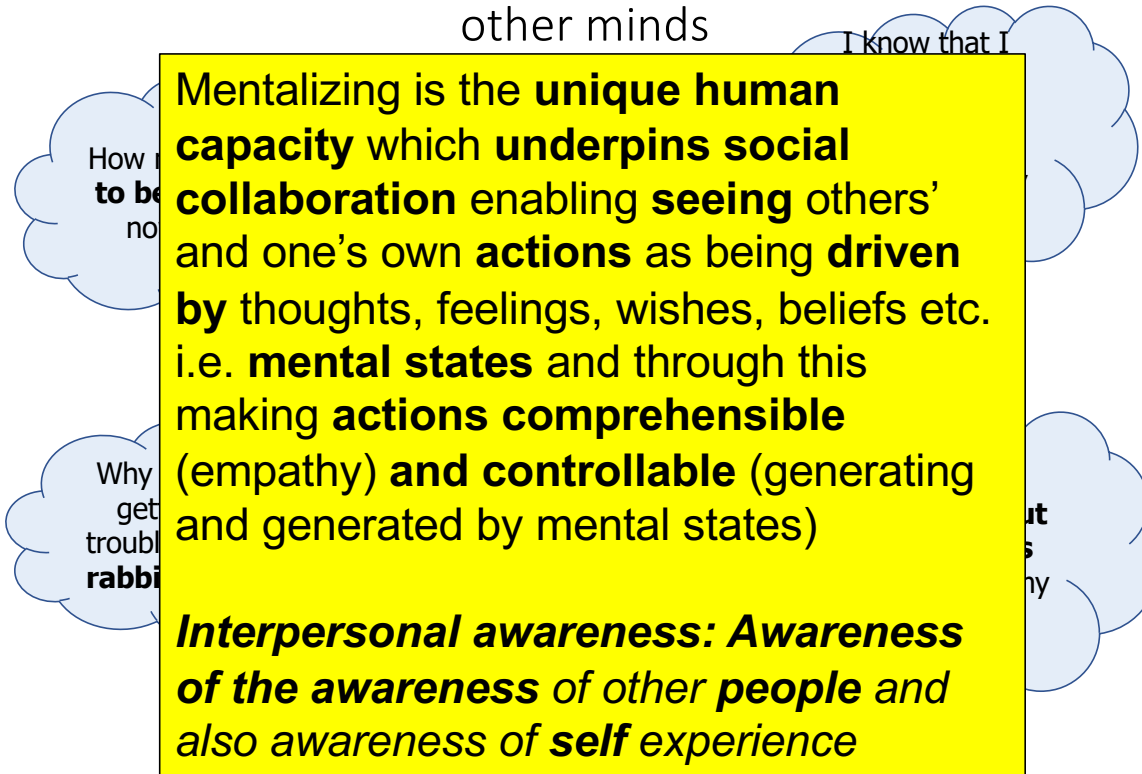
in order to

enhance better mutual communication and  
understanding

so as to

strengthen attachments / bonding and epistemic trust  
*and* improve the capacity to navigate the social world

What is Mentalizing? Curiosity about one's own and other minds



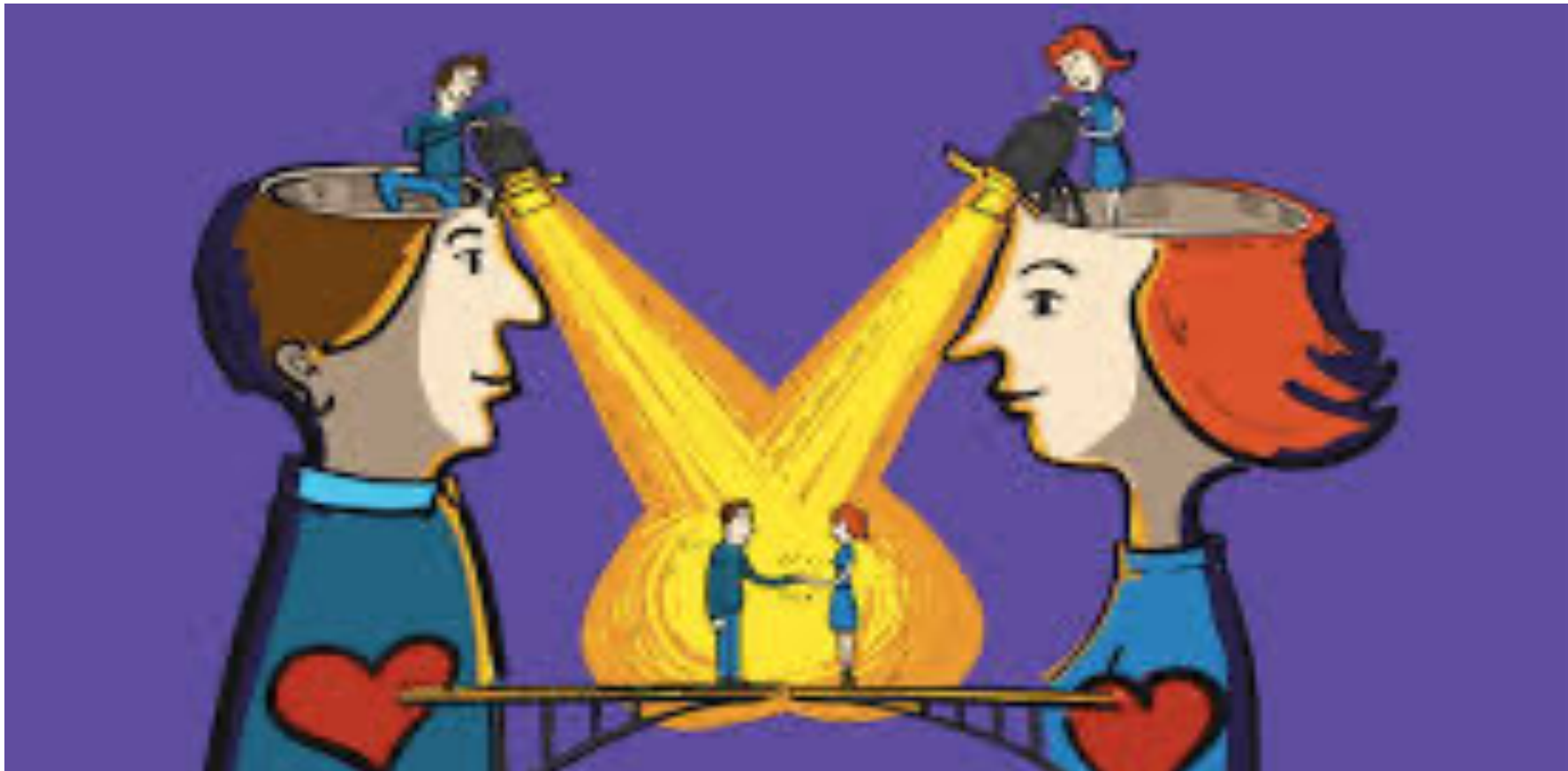
Mentalizing is the **unique human capacity** which **underpins social collaboration** enabling **seeing** others' and one's own **actions** as being **driven** by thoughts, feelings, wishes, beliefs etc. i.e. **mental states** and through this making **actions comprehensible** (empathy) **and controllable** (generating and generated by mental states)

*Interpersonal awareness: Awareness of the awareness of other people and also awareness of self experience*

benign curiosity



**Mentalizing = Speculating** about Self and Others...  
and Self and Others and.....*self... and with others*



# Aspects of Mentalizing

**Implicit**

(automatic)

**vs**

**Explicit**

(controlled)

**Affective**

**vs**

**Cognitive**

**External**

**vs**

**Internal**

**Self**

**vs**

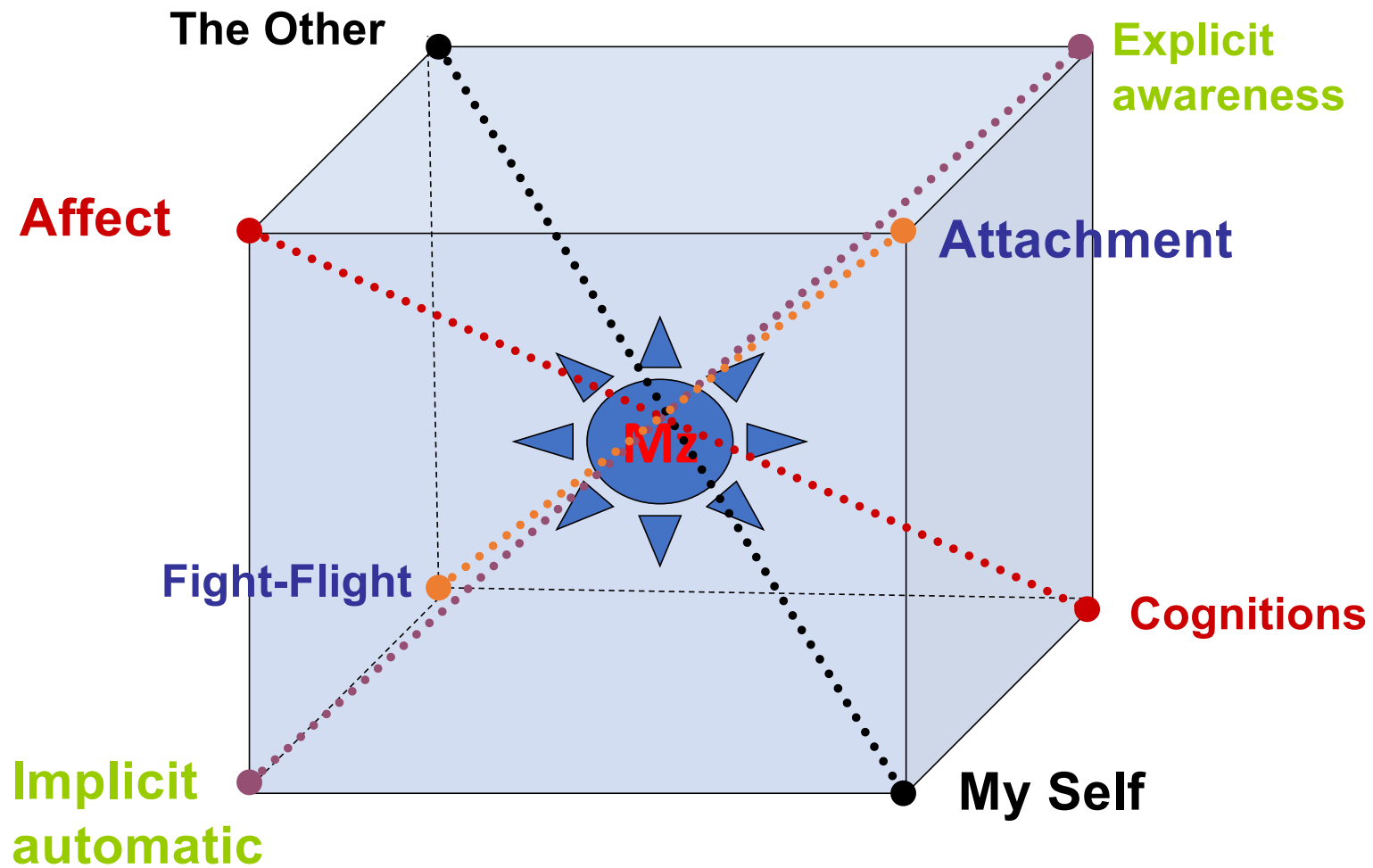
**Other**

## Considering Contrary Therapeutic Moves

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<b>Patient/Therapist</b>	<b>Therapist/Patient</b>
External focus	Internal focus
Self- reflection	Other reflection
Emotional distance	Emotional closeness
Cognitive	Affective
Explicit	Implicit
Certainty	Doubt

Mentalizing: exercising attentional control to steer a social path





## Successful mentalizing of people and relationships

*The person....*

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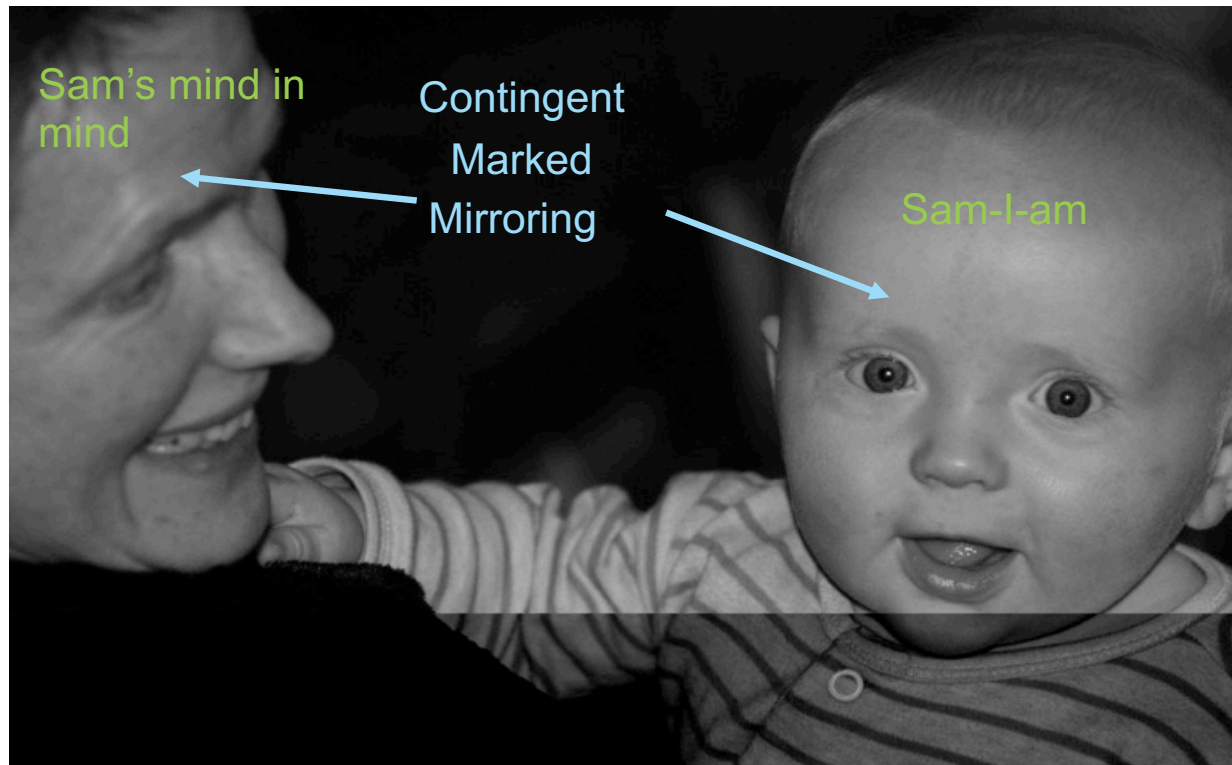
- is relaxed and **flexible**, not 'stuck' in one point of view
- can be **playful**, with humour that engages rather than hurts or is distancing
- can solve problems by **give-and-take** between own and others' perspectives
- is able to describe their **own experience**, rather than only defining other people's experience or intentions
- conveys '**ownership**' of their **behaviour** rather than a sense that it 'happens' to them
- is (benignly) **curious** about other people's perspectives, and expect to have their own views extended by others'

## Childhood Trauma and Mentalizing Capacity

*Childhood trauma: all forms of physical and/or emotional ill-treatment, sexual abuse, neglect or negligent treatment, or commercial or other exploitation resulting in actual or potential harm to the child's health, survival, development, or dignity in the context of a relationship of responsibility, trust, or power*

From a mentalization-based developmental perspective, childhood adversity can negatively affect attachment in children and impair their mentalizing capacity, increasing the lifetime risk for psychopathology

# Learning About My Mind, Your Mind



# Contingent and marked mirroring

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- Contingency of Mirroring

The caregiver offers a response that has a “fit” with the infant’s current intentional mental state, at the time it is expressed

- Markedness of Mirroring

The caregiver mirrors while indicating that she is *not expressing her own feeling (caricaturing)* – she shows the baby ‘pictures’ of what might be going on in the baby’s mind – it isn’t just mirroring but also ‘wondering’ - representing and misrepresenting the baby’s mind – wondering whether the caregiver got it ‘right’

Our sense of **self** & our **capacity for self-regulation** are acquired through **interpersonal interaction**

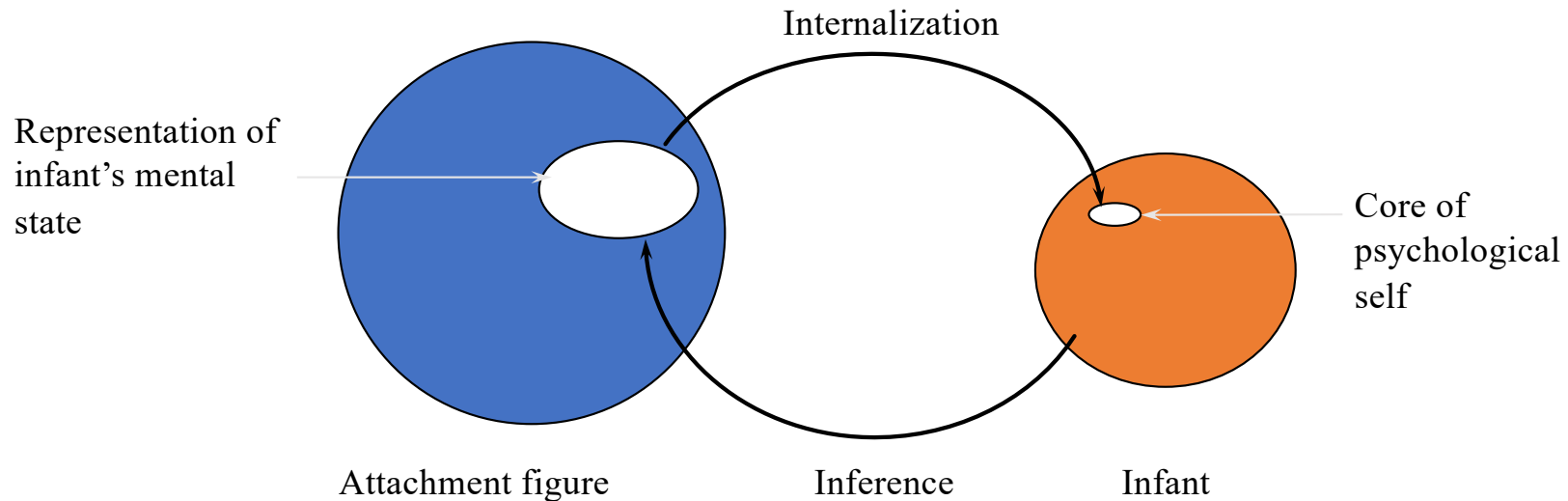


Caregiver's **marked mirroring of infant's constitutional self-states** enables the infant to begin to **form representations of his experience**, laying the foundation for mentalizing

# Theory: Birth of the Agentive Self

*Attachment figure “discovers” infant’s mind (subjectivity)*

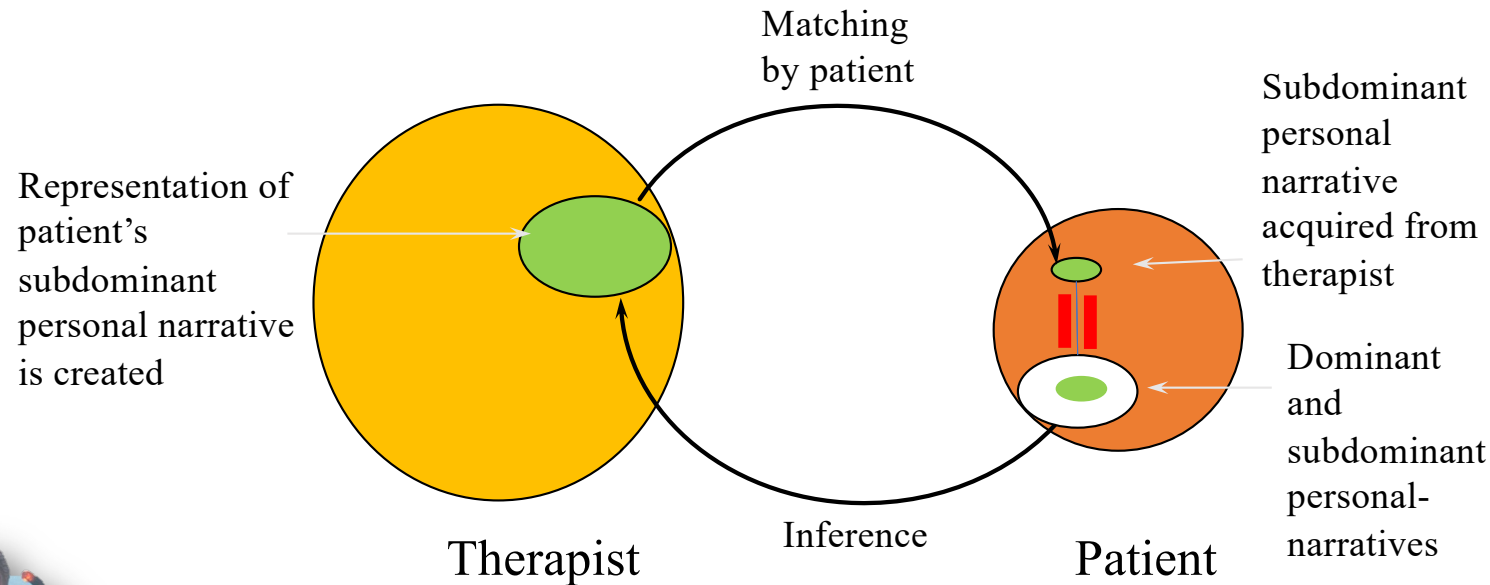
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*Infant internalizes caregiver’s representation to form psychological self  
Safe, playful interaction with the caregiver leads to the integration of primitive  
modes of experiencing internal reality → mentalization*

# Engendering Epistemic Therapeutic Trust in Therapy

*The patient “discovers” their mind in the therapist and if it matches the personal narrative of the moment, then epistemic trust is established*



1. *The therapist creates a representation of the patient's self experience*
2. *The patient acquires this representation and matches it to self-experience*
3. *If the match is good, trust in communication ensures influence*

**Epistemic trust (ET)** describes the willingness to accept new information from another person as trustworthy, generalizable and relevant

**But the parent's capacity to make sense of the baby's state is highly influenced by.....**

How she feels about herself as a mother / parent

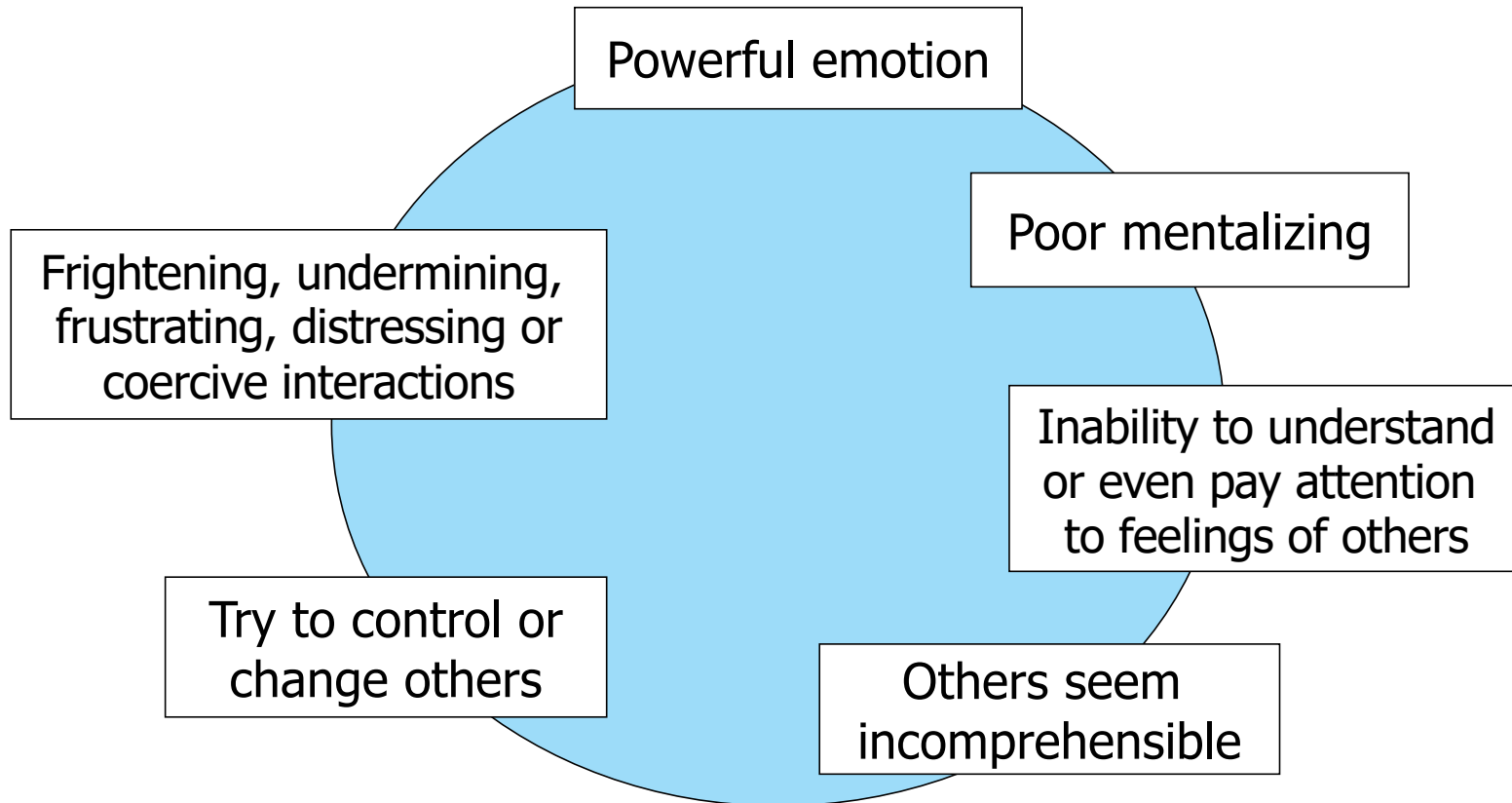
How supported she is in her relationships

How her mother felt about her as an infant...

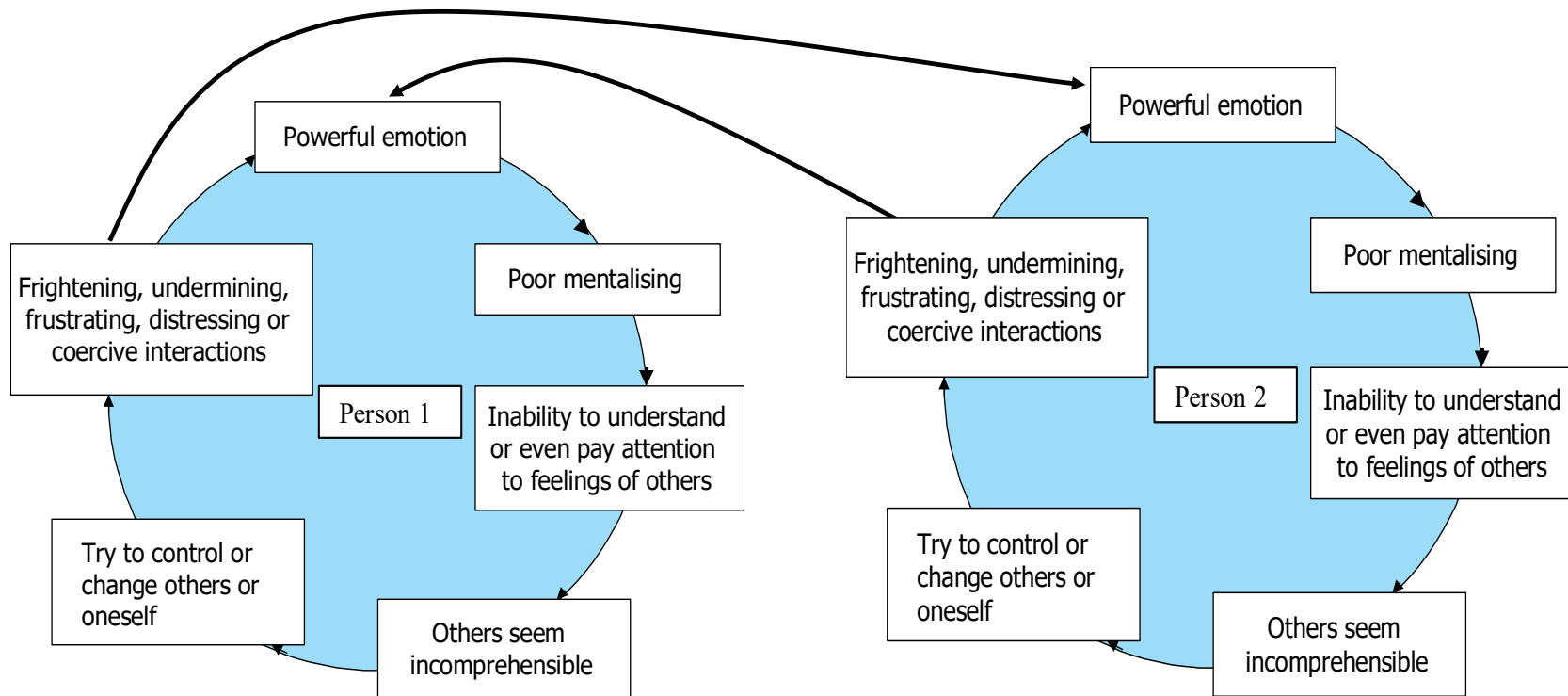


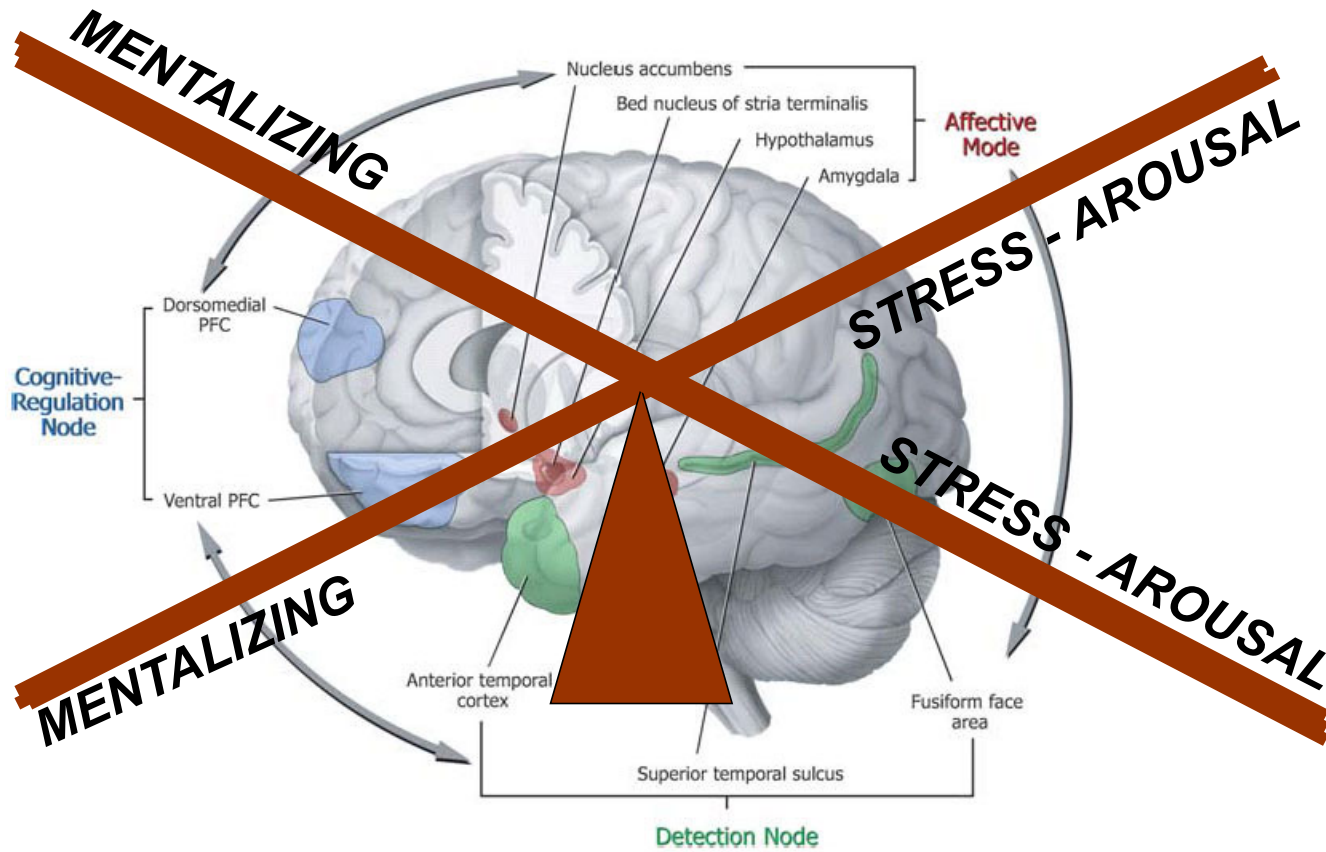


## Cycles of inhibition of mentalizing in a family member

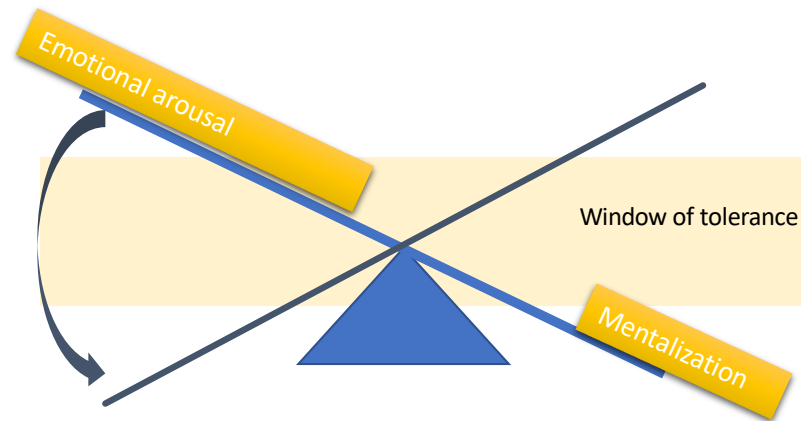


# Vicious Cycles of Mentalizing Problems within the Family





## MBT / MIST: Working in the window of tolerance



# Trauma and arousal in family work

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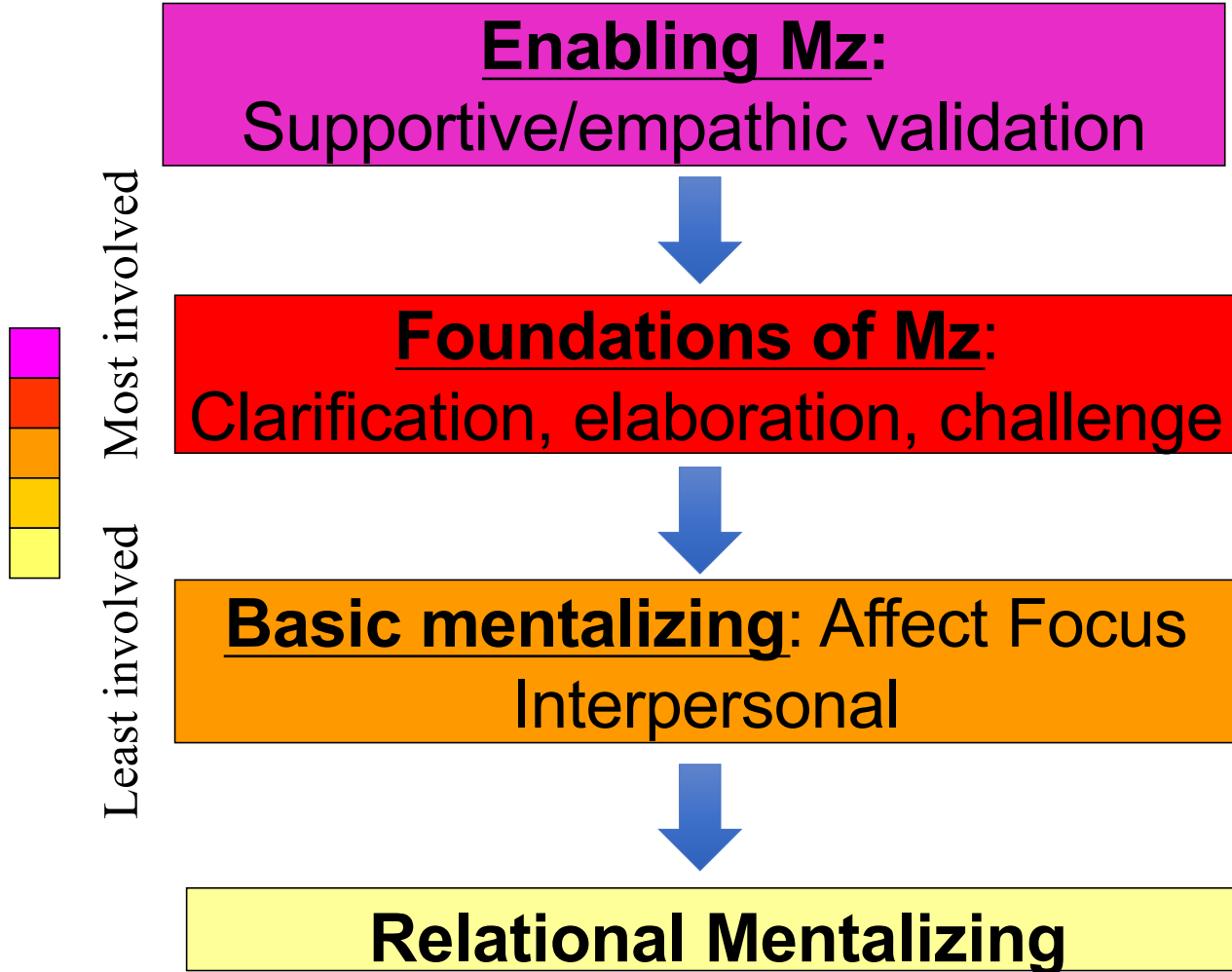
- The importance of trauma work is **rarely insight**. It is the **management of arousal** in the presence of trauma.
  - **Remaining able to think** and feel, notwithstanding the activation of past memories, can be a **challenge for families** who have had **difficult experiences** (e.g., a past involving a child being taken into care).
- In order to help families rebuild after such different histories, one needs to **build the capacity** for effective mentalizing strong enough in **each** protagonist to be **able to bring thoughts and feelings** interwoven with the **traumatic experience** into the family discourse.
- **Emotion regulation** is key part of working with families with trauma histories

## The key priorities for the MBT therapist

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- *Primary aim is to **increase capacity to mentalize** self and others and the relationship*
- *one can flexibly experiment with a range of interventions as long as the therapist
  - **monitors** the family's (and its individual members') **mentalizing** capacity
  - **manages the arousal levels***
- *the focus is on **process**, rather than on content → **not** to foster **insight**, but to improve mentalizing*
- *the therapist's mentalizing capacity needs to be **maintained** and/or **regained***
- *There is a **step-wise intervention** process starting with empathic validation → clarification → basic mentalizing → relational mentalizing*

# Spectrum of Interventions



MBT-F /MIST Working with a **High Arousal Parental Couple**....

*Man to woman:*  
“You are Borderline!”



*Woman to man:*  
“You are a Narcissist!”

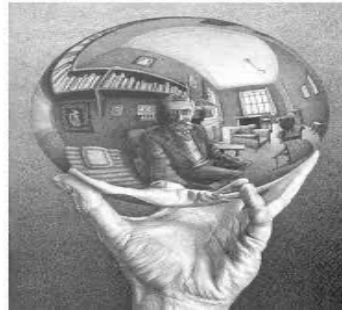




What can therapists do?  
From **hyper-reactivity**....



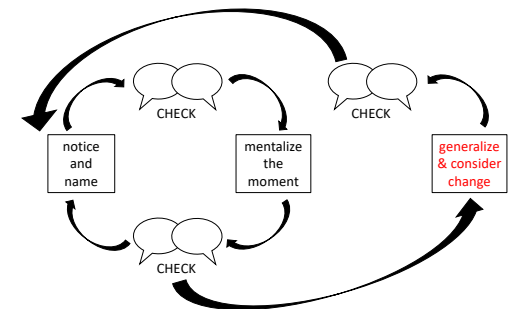
to **reflexivity**

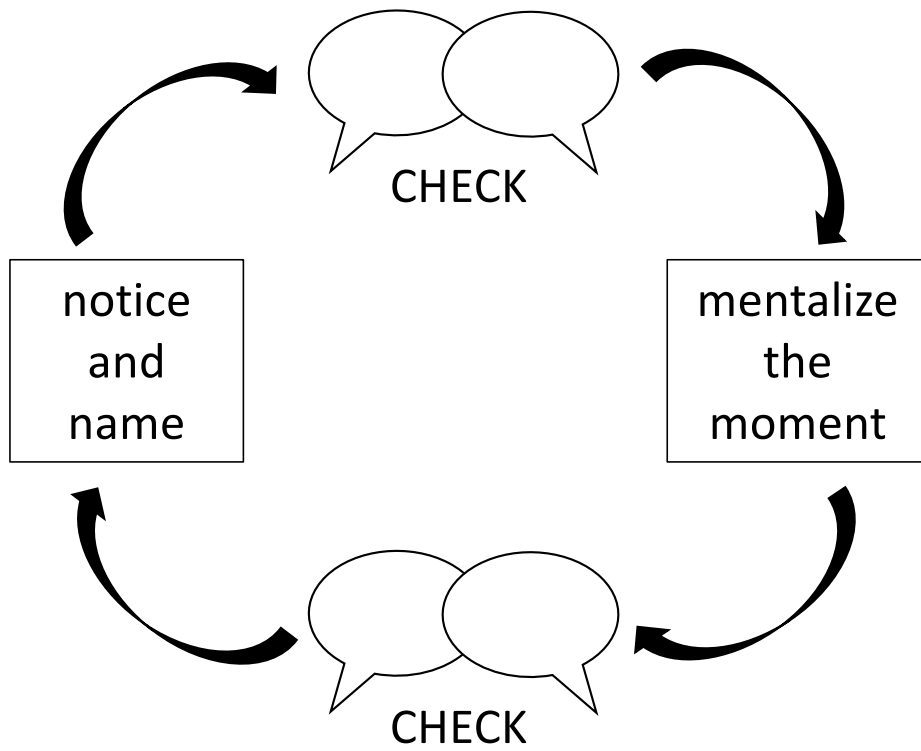


**Pausing the couple before letting them continue to act or act-out**  
**Freeze-framing** one of the couple's hyper-reactive moments/sequences  
**Inviting each partner to look at their interaction** with some distance  
and/or in slow motion (if recorded on video)

## The key priorities for the MBT therapist

- Primary aim is to **increase capacity to mentalize** self and others and the relationship
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  - **manages the arousal levels**
- the focus is on **process**, rather than on content → **not** to foster **insight**, but to improve mentalizing
- the therapist's mentalizing capacity needs to be **maintained** and/or **regained**
- There is a **step-wise intervention** process starting with empathic validation → clarification → basic mentalizing → relational mentalizing
- the therapist seeks out moments of **mentalizing vulnerability** and addresses **current events** and **immediate states of mind** – by using the **Mentalizing Loop**



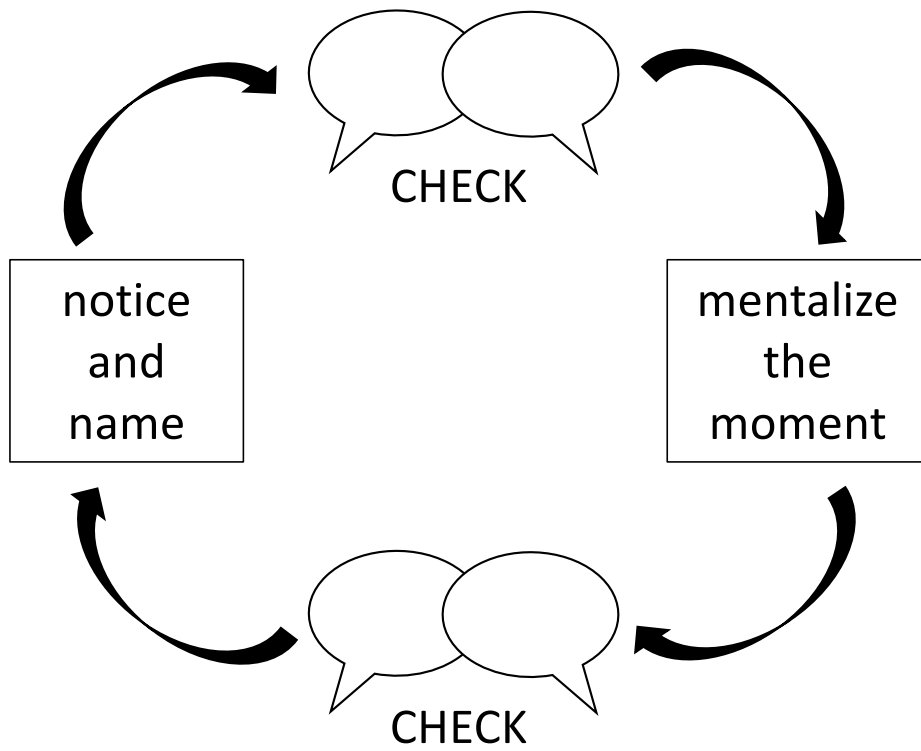


Pause....  
Mentalize partner



and self....





**Therapist:**

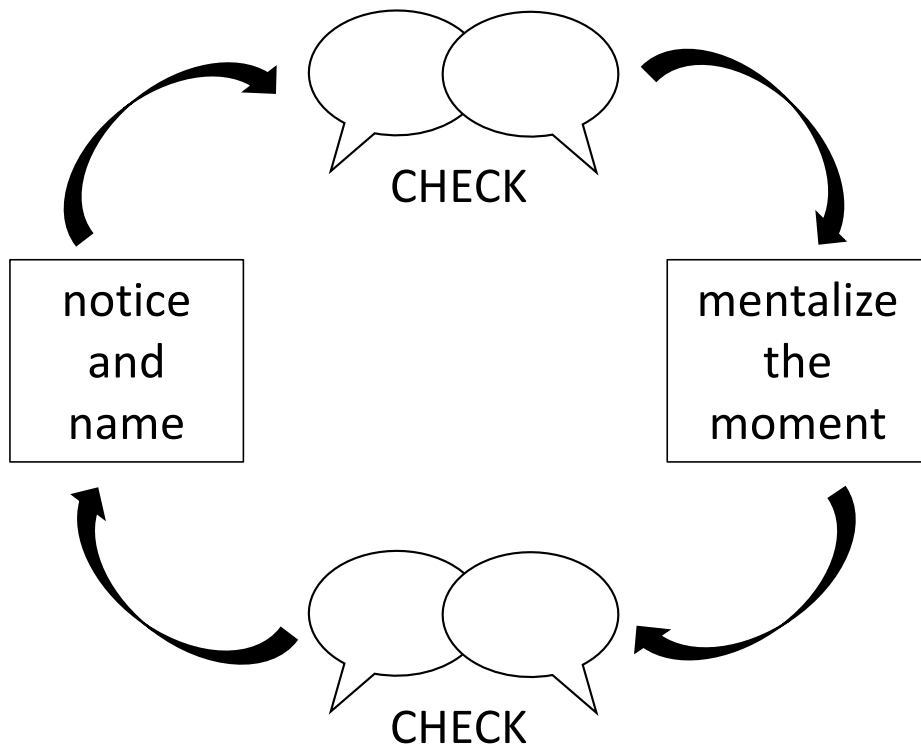
*"I notice that...*

*... the more loudly Andrew talks, the more Jane becomes quiet, maybe even switches off...*

*....have I got that right or am I just imagining it?*

*.... What might be going on in Jane's mind? If you saw thought bubbles coming out of her head, what might you read there about what she feels and needs right now?"*





**Therapist:**

*"I notice that...*

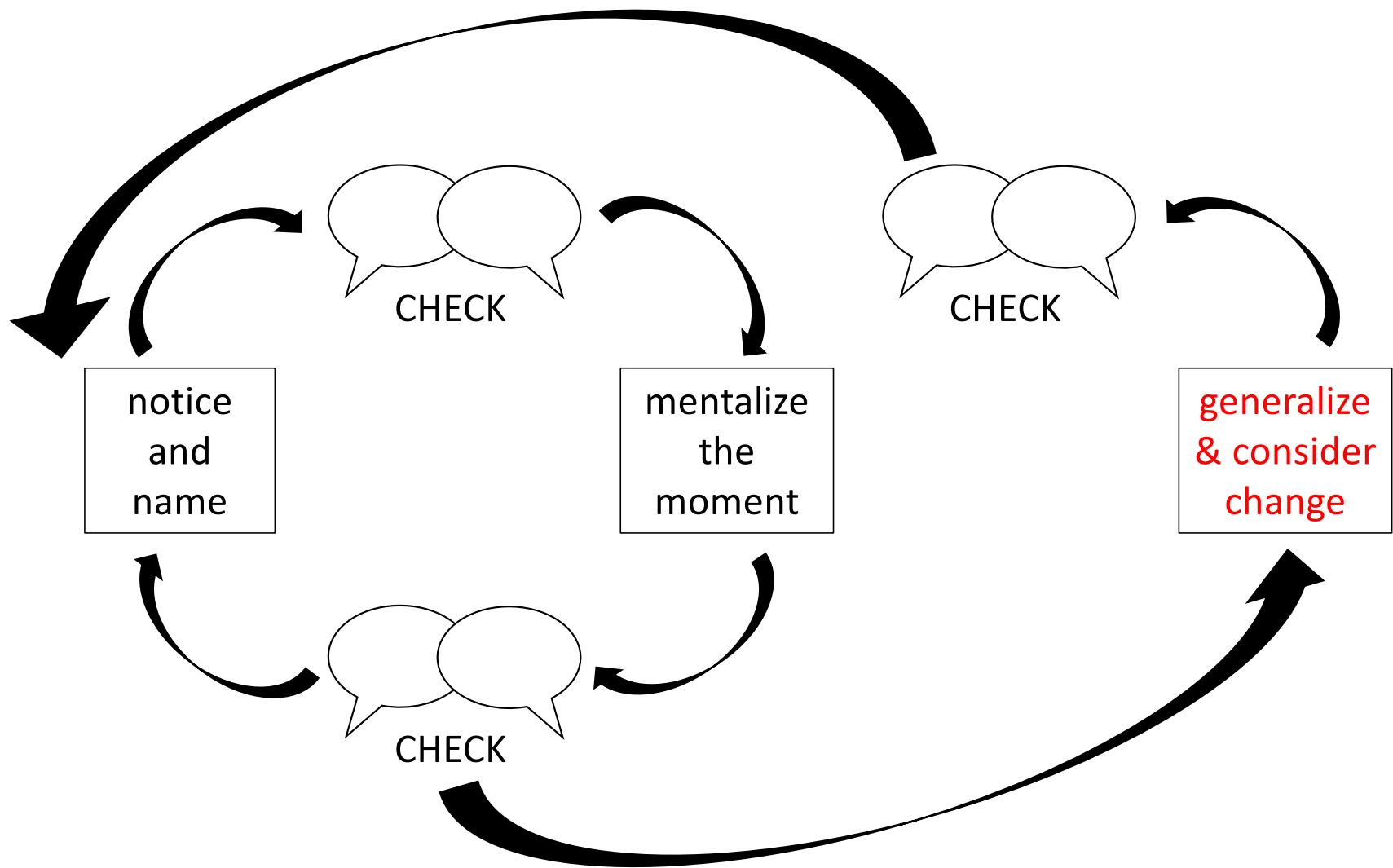
*... you said that Jane is 'always angry'... and when you said 'always', she seemed to take offence to that... and then turned away from you... and then your voice got louder again...*

*....have I got that right or am I just imagining it?*

*.... Jane, what do you think Andrew might be feeling right now, this very moment?"*







**Therapist:**

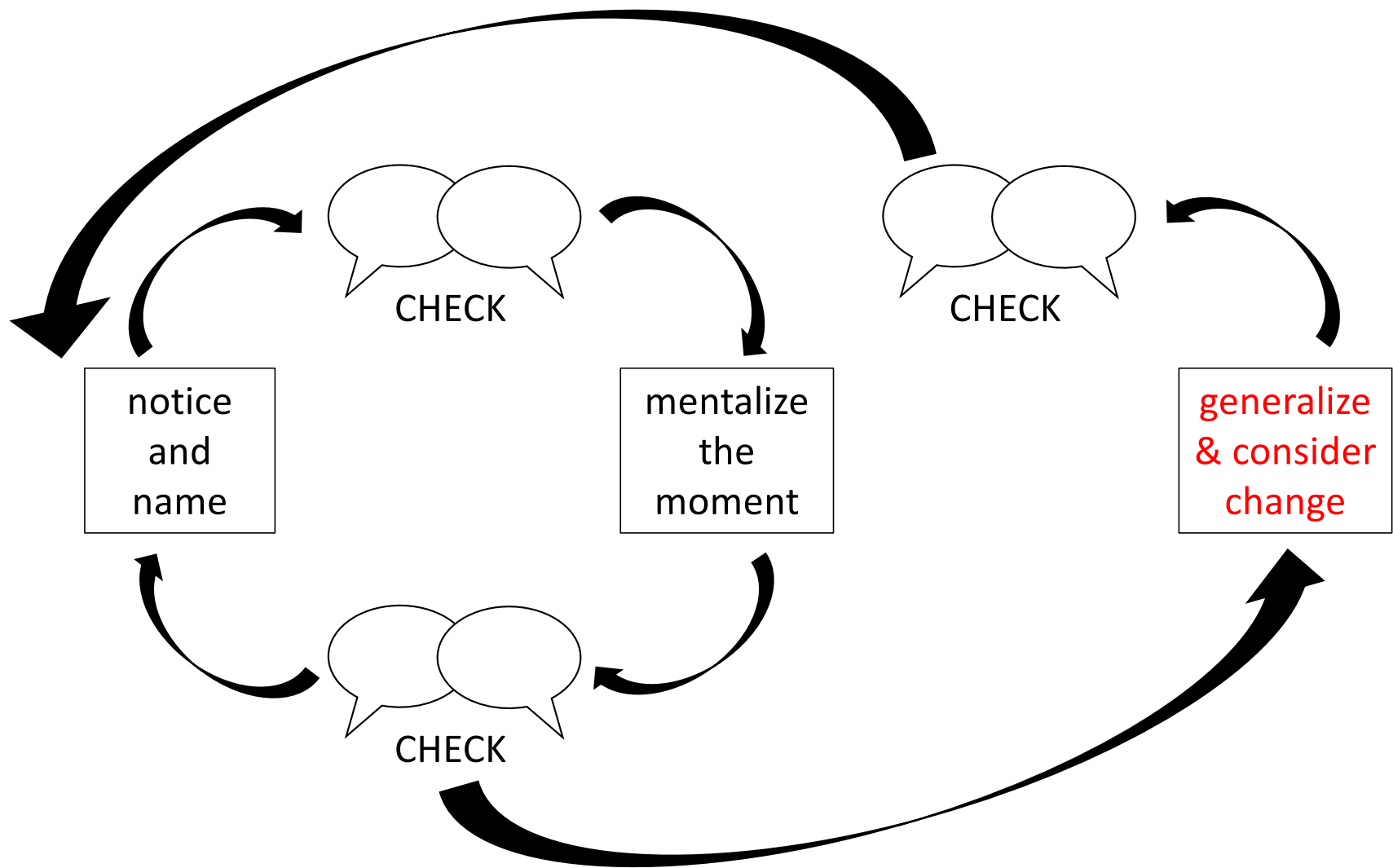
*“I guess that this may be quite a pattern and it looks as if you’ve got rather stuck... does this happen at other times as well – or is it just here?”*

*I see, so you say it is often like that... like that Andrew feels vulnerable and then he becomes controlling and loud and maybe even angry and then Jane withdraws and that makes Andrew feel abandoned....*

*But I could be wrong.. What do you think?*

*So, you agree that’s a pattern? If so – is that the way you like it? How would you like it to be? What do you think might Jane want? And how would that land with you? And Jane, what do you think Andrew needs right now? Try to take my job and be a shrink and read what’s in his mind or, better still, guess what’s going on in his heart...”*





## **Mentalization-stimulating questions to assess and elicit family members' capacity to mentalize**

- What do you make of what has just happened / is happening right now ?
- What might have been going on in the child's head when you were arguing?
- What were you yourself thinking during this situation / interchange? How and what did you feel?
- Why do you think your child's reaction is different or similar to yours?
- What happened the last time when your partner made you so angry? And how did your response affect him?
- Why do you think that he behaved towards you as he did?
- What might your partner have been thinking or wishing for when she became scared/upset/angry/argumentative?
- How might this have left your child/mother/father feeling?
- What would he have wanted or needed from you?
- What do you think he needs now? And how does that make you feel?
- What might have been the reason that he said this?

## Stimulating Diachronic Mentalizing – Mentalizing in three different time dimensions

### **Past – Mentalizing Retrospectively**

*“What might Jane have been thinking or wishing for when she became scared/upset/angry/argumentative? When you felt that Andrew was behaving in this controlling way last week – what do you think were the feelings that made him act in this way? How do you think she perceived you at that point?”*

### **Present – Mentalizing the Moment**

*“Look at Jane’s face right now – what is she thinking and feeling this very moment.... And Andrew, what does that do to you, or make you feel, right now? Look into your mind – or into your heart, if that’s easier”*

### **Future – Mentalizing Hypothetical Scenarios**

*“Supposing it is next weekend and something very similar happens, how might Jane/Andrew feel? Similar or different? And what might account for her / him feeling differently? And what effect would this have on you? And is there anything you might want to do to have a different outcome from the usual ones?”*

# The Ten Markers of MBT Interventions

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- **Maintain** and, when it is lost, regain **mentalizing** (in both parties!)
- Be active, **curious, inquisitive**; don't feign understanding
- Direct **joint** (patient's and therapist's) **attention** to **mental states**
- Be ordinary/**non-expert**: avoid guise of privileged knowledge about patients' mind
- Emphasize **perspective-taking** and **mark discrepancies** between perspectives (& explore their sources)
- Adopt the "**not-knowing**" **stance**: eschew certainty, note what isn't obvious but is presented that way, **mark** when you do suspect you "know"
- Model **active**, intentional **effort** to find out about **opaque mental life**
- Model **humility** – acknowledge one's **own non-Mz** errors, model **interest in being corrected** and having mind changed
- Adopt **doggedness** around **exploring misunderstandings**
- Engage in **self-disclosure**/transparency re: **confusion**, puzzlement and self-reflection/**authenticity**, acknowledge **getting 'it' wrong**

## MIST: Working with 'live' issues and in the 'here and now'

- Watch 'process' between family members
- Look for 'live' example(s) of problem / generate 'live' example
- Pause and Highlight interaction
- Be curious about what's happening 'right now' and how each person views it
- Encourage alternatives
- Feel 'family pulse' repeatedly



## Descriptors / facets of effective mentalizing and potential interventions to enhance these

e.g. impact awareness, turn-taking, self-inquisitive stance, perspective taking etc

Present? Under-developed? Absent?

The therapist observes individual members and the family in action, in order to identify problems in mentalizing and to assess whether effective mentalizing seems underdeveloped or absent

*For each under-developed / absent facet – and the same facet may be present in more than one type of mentalizing - specific interventions / strategies can be considered to stimulate effective mentalizing*

e.g. facet ‘difficulties with perspective taking’ - intervention: ‘putting yourself into someone else’s shoes’

e.g. facet ‘capacity to trust’ – intervention: ‘blindfold’



# Facets of Effective Mentalizing and Possible Interventions

## Self-Mentalizing

*(a) meta-cognition / self-reflection (b) personal second-order mentalizing*

### Facet

### Interventions

Focus on mental states

Not-knowing stance

Feelings body map

Adoption of the not-knowing stance; inverted role plays

Self-inquisitive contemplation and reflection

Perspective taking

Inner conflict awareness

Managing emotion

Life circles; Letter to the problem

Scopes; Putting yourself into someone else's shoes

Conflict maps; arguments with self cartoons

Affect snapshots; listening to hearts and minds; mood barometer; secret

Life of volcanoes

Taking responsibility for words and actions

Ability to distinguish between feelings and thoughts

Responsibility and irresponsibility boxes

Feelings body map

Self-deprecating humor

Autobiographical/narrative continuity

Identifying with a movie character

Life river; memory lane; identity puzzle

Mentalizing exercise:  
*Putting yourself in someone else's shoes*



# Stepping into someone else's shoes

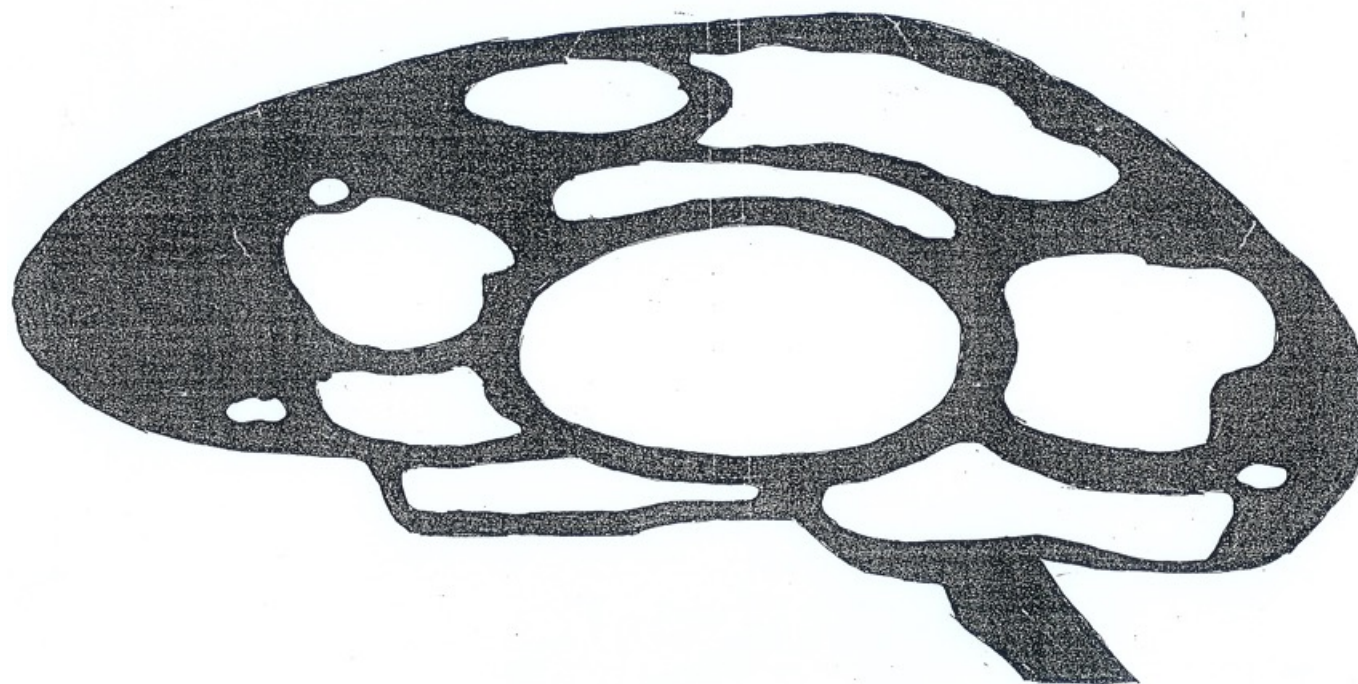
- **Scenario:** Family members are asked to put themselves into the shoes of another person and look at the world from their point of view.
- **Instruction:** *“Can you all sit in a circle. Put a piece of paper under your feet and draw the contours of your shoes. Now get up and move to the left and stand in the shoes of your neighbour. Imagine you are that person now and continue the discussion you just had”.*
- **Focus for reflection:** What does an issue look like from another perspective? Can one better understand where other people are coming from? What are the needs, wishes and desires of a mother?

# Facets of Effective Mentalizing and Possible Interventions

## Mentalizing Others

Facet	Interventions
Viewing mental states as motivating action	Mind scanning
Not-knowing stance	Affect snapshots; describing postcards
Humility	Mind scanning
Perspective taking	scopes; clay family sculptures; stepping into someone else's shoes
Empathy	School award; new arrival
Curiosity	Frozen problems; missed rendezvous
Reflective contemplation	Thought bubbles; forgotten birthday
Developmental perspective	Memory market; photo stories
Forgiveness	Missed rendezvous; letter to the problem

# Mind Scanning



*Listening to hearts and minds...*



# Facets of Effective Mentalizing and Possible Interventions

## Relational Mentalizing

*(a) vicarious mentalizing (b) co-mentalizing*

### Facet

### Interventions

Joint intentions  
Acceptance of joint perspective

Family rucksack; describing postcards  
Conflict maps; memory lane; relationship maps

Not-knowing stance  
Nonparanoid or overreactive responsiveness  
Ability to take turns

How others see you; listening to hearts and minds  
Bully/bullied/bystander; escalation clock; focus on misunderstandings  
family picture; playing a board game

Impact awareness

Relationship map; school award; mirror babies

Playfulness

Masked ball

Belief in changeability

Family rucksack; magic kingdom

Capacity to trust

Blindfold; lie detector

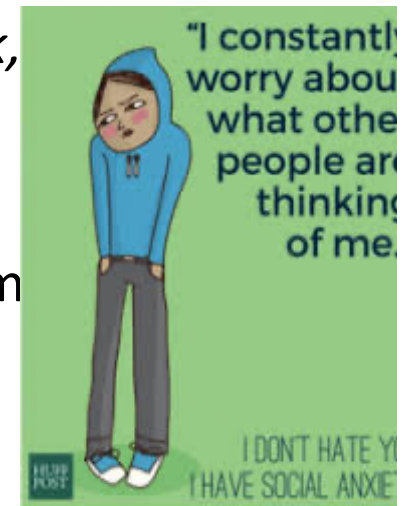
## Mentalizing Work with Selfies and Mirrors





## Sergio, age 14

- only child, single parent, not seen father for 10 years
- very depressive, self-harm, fragile self-esteem, loner with 'no friends'
- poor school attendance
- hates his looks – convinced this is the root of all his problems
- massive desire to have plastic surgery of his face
- diagnosis: **Body Dysmorphic Disorder (BDD)** (Dysmorphophobia) - excessive preoccupation with an imagined or exaggerated defect in physical appearance "*nose too long, cheeks too big, eyes too dark, ugly teeth*"
- Compulsive mirror gazing, checking and comparing
- marked ideas of reference, i.e., believing others are looking at him



## Session 1 Sergio and mother

Sergio presented as a monosyllabic, sullen-looking teenager with no abnormal facial features. He told me that he knew (!) that his face was deformed, so much so that he was saving money to have plastic surgery: *“I would have friends if I had a different face . . . my life would be good if I looked better.”*

His mother reassured him repeatedly that he looked ‘normal’ and that other doctors had said the same – *“there is nothing wrong with your face”*. She then spoke about Sergio’s difficult childhood, being exposed to domestic violence and a ‘horrible father’. There is no contact and Sergio has not seen him for 8 years.

I requested to see Sergio on his own asked him whether it would be all right to examine his face, together with him. I produced a large mirror, and, sitting next to Sergio, asked him to look at himself and imagine what his friends or other people thought of the face they saw in front of him and *“rate that face as a whole on a scale from 1–10.”* Sergio obliged and scored it as “2” and explained why this was: *“Look at my cheeks; they are crap . . . and the shadows under my eyes. . . .”* When Sergio was asked how he thought the therapist might rate his face, I replied *“maybe a 3 or a 4”* and when requested to explain why there might be this difference, Sergio replied that he thought I wanted to be *“nice to me, but you don’t think that really.”*

## Session 1 Sergio (*without mother*)

I acknowledged what Sergio had said and then asked him whether I could take a series of photographs of Sergio while we were talking, “*so that we can examine that face further.*” I placed myself in front of Sergio, engaging him in a wide-ranging discussion about various topics, such as school, football, lost friends, his mother, and some questions about his father. During this 10-minute conversation discussion, I took some 20 photographs on a smartphone. I then got up and sat next to Sergio, studying with him each picture in turn and asking him to rate his face on each of them. The scores now ranged between 1 and 4. Being asked why on some photos his face got a higher or lower score, he attributed the higher scores to being “*happy*” moments (watching football and see his team win).

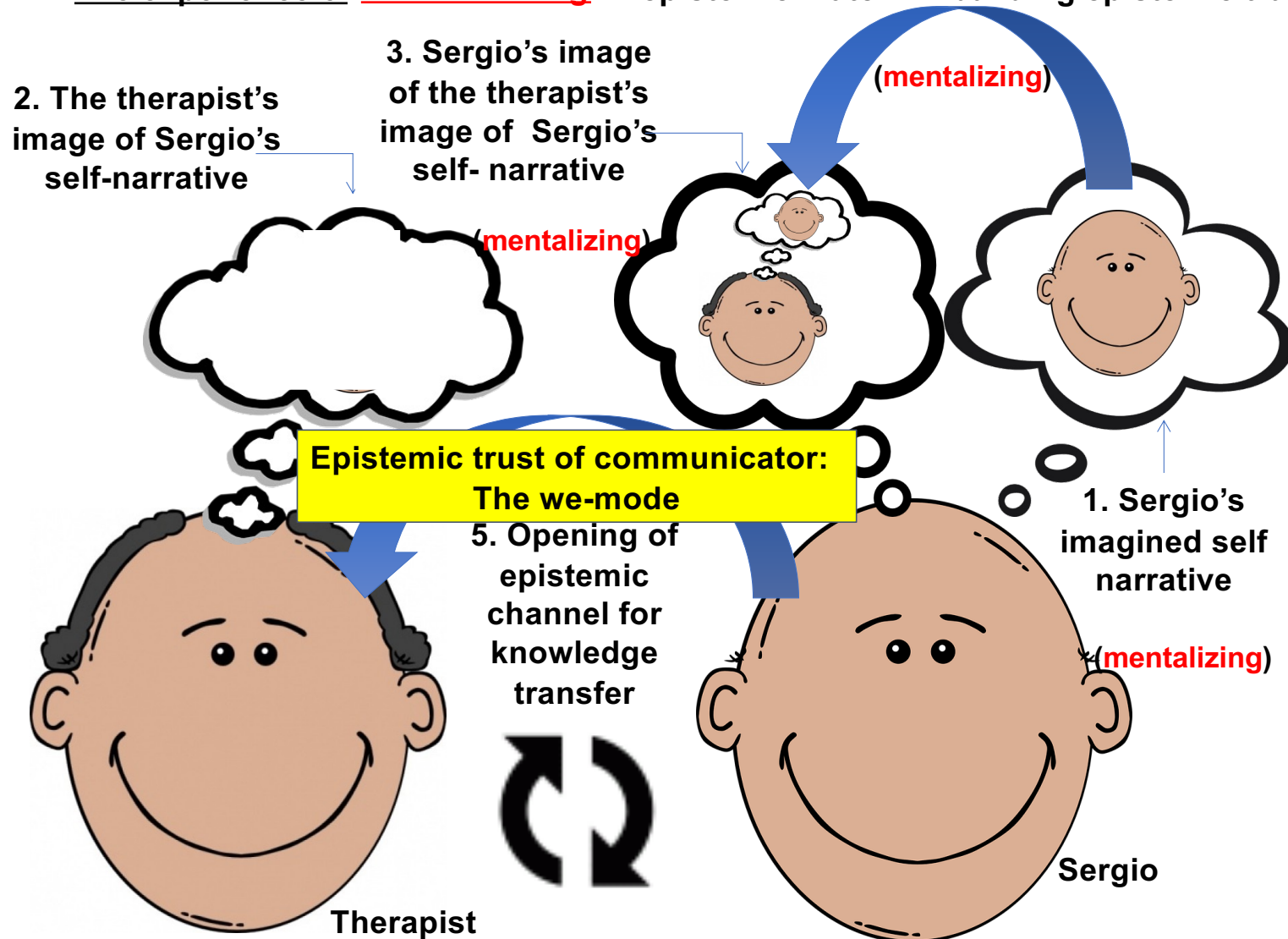
*I: “So, your face can change a bit. It looks a bit better when you are happy about something . . . have I got that right?” Sergio shrugged his shoulders. I: “Do you think you could become your own plastic surgeon—at least for the next 2 years until you are 16 years old when you can give consent to have a face operation? Maybe I can help you to change your face a bit, just a little bit. I’d like to make a suggestion and see whether it works. I suggest you take about 50 selfies between now and the next time we meet, selfies of you being in different situations, and then we can look at them together and we can work out what makes some of your faces look worse and some a bit better. Maybe you need to put on your favourite music when you take the selfies, or when you watch TV, or when you feel really down, or when your mum has a go at you...”*

## Therapeutic steps and rationale

- 1) I join Sergio's self-description and look at the world together with him, from the same standpoint, thereby validating Sergio
- 2) The use of a mirror and of selfies assist in looking at the same images and developing conversations about the potential states of mind informing Sergio's facial features and expressions
- 3) Presenting a perspective consonant with Sergio's, reduces the emotional tension generated by his mother's and others' well-meaning but dissonant perspectives
- 4) The arousal is reduced, it becomes more possible to start mentalizing and taking this stance jointly achieves affect regulation
- 5) The non-mentalizing concrete rating of the face in each photo establishes a rudimentary language of how to talk about the relationship between (internal) mental states and their manifestations in the physical world

**In summary:** I joined Sergio by getting alongside him in his psychically equivalent world. I built on this joining together of our minds by gently expanding their perceptions rather than challenging them to facilitate the recovery of mentalizing. Validating his views, in a sense colluding with his preoccupation, reduced Sergio's anxiety and assured him that his concerns were being taken seriously. Examining a series of selfies with a person overly preoccupied with his facial appearance seemed an obvious platform for enlarging perspectives, taking alternative views, and generating the self-reflection and flexibility that motivates mentalization.

4. The experience of **co-mentalizing** → epistemic match → building epistemic trust



## Session 2. Sergio

Sergio returned for his next session a week later, on his own. He had done his ‘homework’ and had taken more than 50 selfies on his mobile phone. I sat down next to Sergio, and we looked together at the photos, one by one. He was asked to rate each selfie, and, from time to time, he turned towards me and asked whether I agreed. Sergio’s rating of his face fluctuated between 1 and 7, the latter for a series of selfies taken when he did online chats with a group of what he called “*football-mad mates*” When asked what a girl who saw this photo might think or feel about him, Sergio replied: “*She’d say ‘wow.’*” I “*If you want one or more girls to say ‘wow’ when they look at you, what might you need to think and feel at the time, so that you’d get that sort of reaction?*” Sergio thought for a long time before he replied: “*I need to have happy thoughts . . . maybe I need to think about good football results. . . .*” While Sergio talked, I continued taking photos of Sergio (in the ‘here and now’), and Sergio then examined and scored these as well. He found two photos where he said: “*Look at that, that’s a 5 . . . maybe a 6.*”

## Session 3 – Sergio und Freund

Zwei Wochen später kehrte Sergio zurück, dieses Mal mit einem Freund. Er platzte heraus: „Ich habe 263 Followers“ und bezog sich dabei auf eine Social-Media-Plattform. Er sagte, die Reaktion auf seine Online-Bilder sei „erstaunlich; sie sagen alle, ich sei ‚cool‘.“

Sein Freund bestätigte dies und fügte hinzu: „Sergio ist einfach anders. . . Er war wirklich deprimiert und lacht jetzt viel.“ Anschließend zeigte mir Sergio seine neuesten Selfies und dabei waren drei, die er mit „10“ bewertete. . . Na ja, oder vielleicht 9.“ Sein Freund sagte, er habe Sergio immer gesagt, dass „an seinem Gesicht nichts falsch oder schlecht sei“, Sergio es aber einfach nicht geglaubt habe.

Als der Freund gefragt wurde, warum er denke, Sergio hätte „diese Sache“ mit seinem Gesicht, antwortete er: „Ich denke, es hat etwas damit zu tun, dass er keinen Vater hat. . . er redet nie darüber, aber ich weiß, dass es ihn betrübt.“ Ich wandte mich an Sergio und fragte: „Ist da etwas dran, was dein Freund gesagt hat?“ Sergio antwortete: „Ich kenne meinen Vater nicht; er lebt in Argentinien und meine Mutter sagte, er sei schrecklich.“

Im anschließenden Gespräch, an dem beide Jungen teilnahmen, ging es um ‚Väter‘ – ob man sie brauchte oder nicht, ob sich Väter um ihre Kinder kümmerten, wie ähnlich und unterschiedlich Eltern sein können – etc. Sergio sagte, er wisse praktisch nichts über seinen Vater, und das veranlasste mich zu der Frage, ob seine Mutter vielleicht zur nächsten Sitzung kommen und mit Sergio über seinen Vater sprechen könnte.

## Further sessions – Sergio and mother

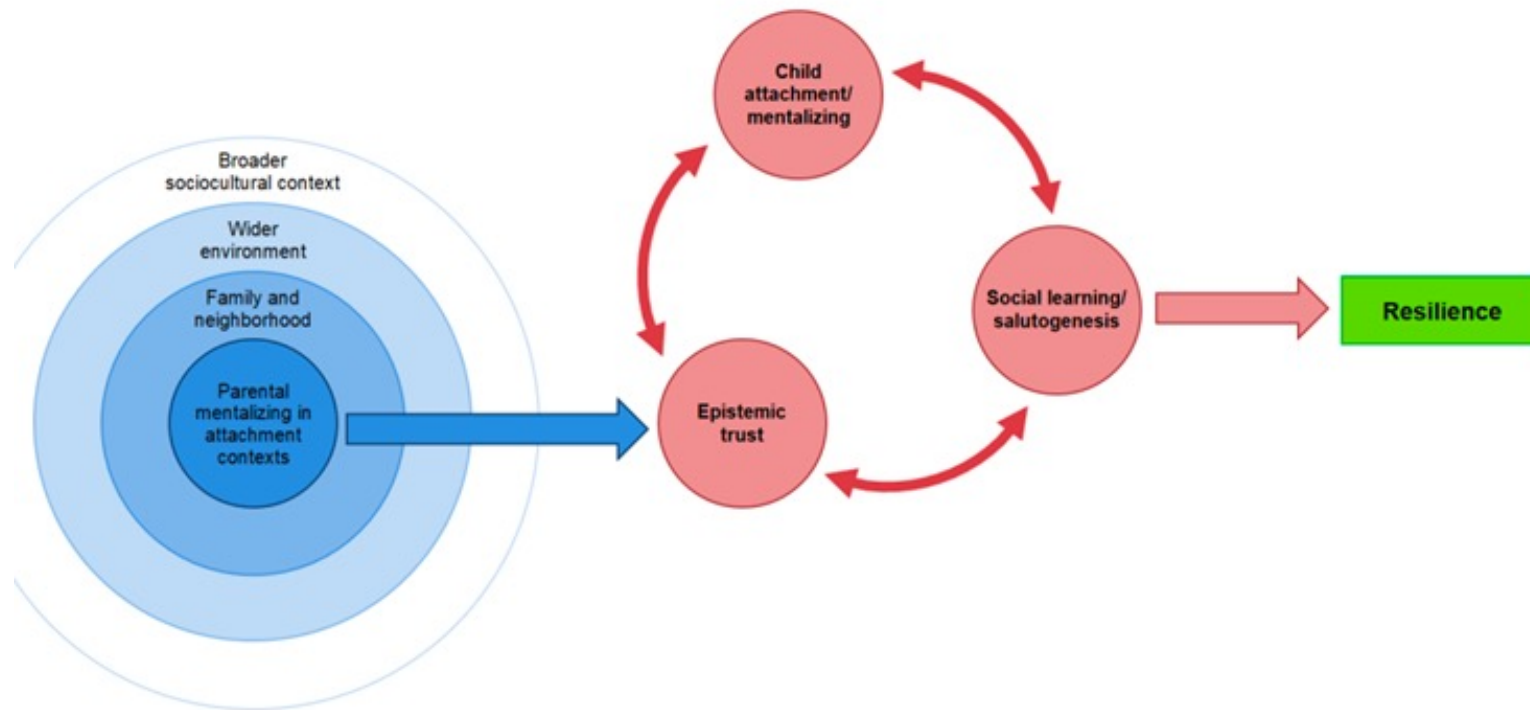
Session 4 – mother reported a remarkable lifting of Sergio's mood, including him attending school again. She then complained about his incessant use of social media. I asked Sergio to explain the work we had been doing – his mother shrugs her shoulders first, but agreed to look at the selfies. She then exclaimed: “*you look just like your dad on this one!*”. This was followed by her talking about Sergio's father, first about his negative sides and then, with some encouragement from me (!), about the more positive aspects.

Session 5 and 6: both mother and son talk more about the father, about the parents' relationship prior to the emerging conflicts and this led to a gradual creation of a coherent narrative of Sergio's life to date and the parents' relationship before and after his birth.

3 months later I received a postcard from Argentina: Sergio had met his father....



## Social-evolutionary communicative model of the role of mentalizing in development



***'FamilyTies' –  
Therapeutic Assessments of High-Conflict Families Post-Separation  
A mentalization-informed approach***

Network meeting (if there are other professionals centrally involved)

1. Individual assessment of, and parallel work with, each parent
2. Assessment of (and other work with) child(ren)
3. Formulating Child Triangulation Processes and Interventions to De-triangulate Child(ren)
4. Parental couple assessment and therapeutic work
5. Preparation of distanced ('alienated') parent for contact(s)
6. Preparation of child (and the closer / resident parent) for contact(s)
7. Managing contact
8. Family work (constructing a coherent narrative)



## *'Family Ties'*

### *1. Individual parallel sessions with each parent*

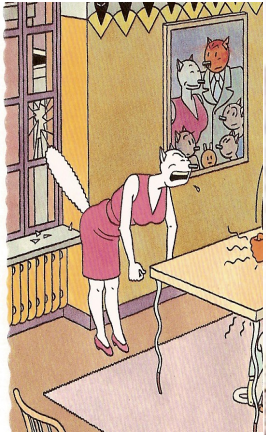
- Parent tells his/her **'story'** ( *'get it off your chest'* )
- Identifying each parent's support network
- Psychiatric/ psychological assessment and 'diagnosis'
- Examining family scripts
- Re-focusing on the present and future – blocking regression to the past and the blaming of the other parent
- Re-focusing on: what changes can **you** make?
- Mentalizing self and others, with specific focus on the predicament of the child(ren) – and the child's position in the triangle



## Mentalizing the Child and their Predicament

*Images to trigger parental mentalizing....*







Mentalizing self and others on family photographs / video clips





Presentation or section title here



## *'FamilyTies'*

### *Individual parallel sessions with each parent (3)*

- Parent tells his/her 'story' ( 'get it off your chest ' )
- Identifying each parent's support network
- Psychiatric/ psychological 'diagnosis'
- Re-focusing on the present and future – blocking regression to the past and the blaming of the other parent
- Re-focusing on: what changes can **you** make?
- Mentalizing self and others, with specific focus on the predicament of the child and the child's position in the triangle
- Considering a video message for the child
- Rehearsing possible joint parental couple session – imagining and managing possible questions and hypothetical scenarios



## **Preparing the Video Message (1)**

- 1) Distanced parent is asked to prepare a 2 minutes video message addressing the child directly (talking to camera)
- 2) Distanced parent is told that the message will be viewed by the closer parent first and will only be shown to child if approved by closer parent
- 3) Closer parent can be asked to make suggestions as to which recent positive information can be included in the video message
- 4) Distanced parent to speculate about what the child might want to hear
- 5) Distanced parent meets with clinician one week later and discusses ideas and props
- 6) Different recordings ('takes') are made of message in session by clinician
- 7) Each 'take' is examined through
  - a) child's eyes
  - b) closer parent's eyes

## Preparing the Video Message (2)

- 8) Distanced parent is invited to mentalize the child when first told about the message (*“your child has not seen you for a long time. You have heard what she says about you. Your child is told that you have prepared a video message for her – what do you think might she think and feel? What might be her fears and hopes”*)
- 9) First segment of video shown: distanced parent views it from child’s perspective
- 10) Distanced parent is invited to mentalize the closer parent viewing the same segment
- 11) Next segment shown – same process
- 12) Practitioner gets distanced parent to speculate about own state of mind if the closer parent does not approve of the message
- 13) Distanced parent is invited to speculate about how the child may mentalize the closer parent viewing the video and also the states of mind the child attributes to the distanced parent

# The emerging evidence-base for MBT-F

MBT models have been shown to be particularly effective interventions for the treatment of adults with a diagnosis of BPD, adolescents who self-harm and mothers enrolled in substance abuse treatments. Many of the components of Mentalization Based Treatments for children, young people and families are underpinned by the above research.

## Systematic Review of MBT-F

Nick Midgley, Eva A. Sprecher & Michelle Sled (2021): Mentalization-Based Interventions for Children Aged 6-12 and Their Carers: A Narrative Systematic Review, *Journal of Infant, Child, and Adolescent Psychotherapy*, DOI: 10.1080/15289168.2021.1915654 **To link to this article:** <https://doi.org/10.1080/15289168.2021.1915654>

## Conclusions

There is a broad array of mentalization-based interventions for children aged 6–12, targeting a wide range of children, and being very diverse in format, with some focused more on whole systems, and others describing models of direct therapy for individuals, groups or families.

It is of interest that several interventions targeted children in schools, as well as children in the social care system.

Only a third of the papers identified in the review reported outcome data, and in most cases these were small-scale, pre-post evaluations.

Although there are a small number of well-designed studies, the evidence base for mentalization-based interventions for those in middle childhood is still undeveloped, especially when compared to the evidence-base for mentalization-based interventions for infants or adults.

# Current randomised MBT clinical trials

## Denmark: MBT for children in foster care and their families (a follow-up to *Herts and Minds feasibility study*)

Nina Thorup, Anne Marie Anker, Kresta Munkholt S., Nick Midgley, Mette Skovgaard, Mathilde Almlund and Maiken Pontoppidan (2021) ***Holding a foster child's mind in mind: study protocol for a cluster-randomized controlled trial of mentalization-based therapy (MBT) for foster families.*** Dalgaard et al. BMC Psychology (2023) 11:62 <https://doi.org/10.1186/s40359-023-01103-8>

## UK: ERiC (*Emotion Regulation in Children*) trial for children Age 6 - 12 with mixed emotional/behavioural problems 320 children from 2 large mental health trusts (CAMHS)

Midgley N, Mortimer R, Carter M, Casey P, Coffman L, Edbrooke-Childs J, et al. (2023) Emotion regulation in children (ERiC): ***A protocol for a randomised clinical trial to evaluate the clinical and cost effectiveness of Mentalization Based Treatment (MBT) vs Treatment as Usual for school-age children with mixed emotional and behavioural difficulties.*** PLoS ONE 18(8):e0289503. <https://doi.org/10.1371/journal.pone.0289503>

# Selected Research Papers relevant to MBT-F

- [Mentalization-based treatment and its evidence-base status: A systematic literature review](#) Javier Malda-Castillo <sup>1</sup>, Claire Browne <sup>2</sup>, Guillermo Perez-Algorta <sup>1</sup> Affiliations PMID: 30091506 DOI: 10.1111/papt.12195
- Byrne G, Murphy S, Connon G. [Mentalization-based treatments with children and families: A systematic review of the literature](#). *Clin Child Psychol Psychiatry*. 2020 Oct;25(4):1022-1048. doi: 10.1177/1359104520920689. Epub 2020 Jun 3. PMID: 32493055.
- Nick Midgley, Eva A. Sprecher & Michelle Sled (2021) [Mentalization-Based Interventions for Children Aged 6-12 and Their Carers: A Narrative Systematic Review](#), *Journal of Infant, Child, and Adolescent Psychotherapy*, 20:2, 169-189, DOI: 10.1080/15289168.2021.1915654
- Camoirano, A. (2017). [Mentalizing Makes Parenting Work: A Review about Parental Reflective Functioning and Clinical Interventions to Improve It](#).
- Barlow J, Sled M, Midgley N. [Enhancing parental reflective functioning through early dyadic interventions: A systematic review and meta-analysis](#). *Infant Ment Health J*. 2021 Jan;42(1):21-34. doi: 10.1002/imhj.21896. Epub 2020 Nov 18. PMID: 33210359.
- Nicola-Hans Schwarzer, Tobias Nolte, Peter Fonagy & Stephan Gingelmaier (2021) [Mentalizing and emotion regulation: Evidence from a nonclinical sample](#), *International Forum of Psychoanalysis*, 30:1, 34-45, DOI: [10.1080/0803706X.2021.1873418](#)
- Rossouw TI, Fonagy P. [Mentalization-based treatment for self-harm in adolescents: a randomized controlled trial](#). *J Am Acad Child Adolesc Psychiatry*. 2012 Dec;51(12):1304-1313.e3. doi: 10.1016/j.jaac.2012.09.018. PMID: 23200287.
- Midgley, N. et al. (2017) [The Herts and minds study: evaluating the effectiveness of mentalization-based treatment \(MBT\) as an intervention for children in foster care with emotional and/or behavioural problems: a phase II, feasibility, randomised controlled trial](#). *Pilot and Feasibility Studies*. 3(12)
- Dana Shai, Adi Laor Black, Rose Spencer, Michelle Sled, Tessa Baradon, Tobias Nolte and Peter Fonagy (2022) [Trust me! Parental embodied mentalizing predicts infant cognitive and language development in longitudinal follow-up](#). *Front. Psychol.*, 04 August 2022
- **Hunger: Mentalization-based Treatments for Eating Disorders** by [Paul Robinson](#), [Finn Skårderud](#) (Author), [Bente Sommerfeldt](#)
- Springer

Thank you for your interest!

