

MBT in Denmark

Avoidant PD
Anxiety Disorders

London, 07.september 2015

Henning Jordet

Chief of Psychology, leader of Clinic of personalitypsychiatry,
Brønderslev, Denmark

Specialist in psychotherapy



Institut for Mentalisering

MBT in Denmark

- MBT is widely used in Denmark
- Mostly in more or less traditional form with BPD
- Also with Avoidant PD, Depression, addiction and PTSD
- One center also use it for anxiety disorders

The Danish pickle

- After the financial crisis, the government set much focus on reducing/effecting the use of public service
- To void of the private market for treatment of psychiatric disorders, a national set of "treatment-package" for most "non-psychotic" disorders was established
- Each "package" includes a very detailed amount of hours a clinical is supposed to spend on a clinical intervention with the patient



Example of a “package” Avoidant PD

Clinical action	Amount of time
Introductory, somatic examination	1 hour
Psychotherapy	27 hrs Group: fx 40 sessions á 90 minutes And/or individual: fx 16 sessions á 45 minutes
Psychofarmacological interventions	2 hrs
Psycho education	1 hr
Securing follow up	1 hr
Relapse prevention and closeure	1 hr

Some of the clinical implications for the MBT environment in Denmark

- Need to reduce the amount of time used
- Urge to use groups as primary treatment
- Strictly focus on specific mentalizing problems, related to the core pathology

ANXIETY DISORDERS

Why the need for MBT in treatment of anxiety disorders?

- Most of the patient referred to a specialist unit in psychiatry have already tried (several) CBT treatments, but are still suffering
- Most patient referred to a specialist unit in psychiatry suffers from several psychological problems; addiction, relational problems, depression etc.
- The idea is, that improving their mentalizing ability targets all these problems and helps them deal with their lives more sufficient

The continuum of anxiety

normal feeling

pathological condition

Reason
Function
Meaning

Meaningless
Wrong
Get rid of

Reflective Functioning (RF): assesses capacity to conceptualize mental states in oneself and others.

Panic/Symptom-Specific Reflective Functioning (PSRF): assesses capacity to conceptualize mental states connected with panic attacks/anxiety events.

Marie Rudden M.D., Barbara Milrod M.D. Mary Target, Ph.D, Steven Ackerman Ph.D. (2006)

Why mentalizing anxiety?

Patients with anxiety disorders have an impaired mentalizing capacity when their attachment system is activated, and when in anxiety.

Therefore, their panic attacks and phobia is not understood, as they lack the capability to "see themselves from the outside".

Mentalizing promotes autonomy and meaning, while it prevents inner chaos and unpredictability

Mentalization reduces anxiety

It helps us understand our needs, fears and feelings rather than act on them



Modification of MBT from BPD to anxiety disorders

Patients with anxiety disorders are in general not as direct as patients with BPD.

There is more often a conflict of separation and aggression. This makes it harder to experience threats to the alliance. So you may want to be more focused on transference and countertransference, than with “traditional MBT”.

MBT as anxiety treatment

A caricatured presentation.

6. generation ISTDP (Davenloo, Dela Selva)

Maximum exposure of affect

Focus on affect in the
therapeutically relationship.
Exposure in situ.

Presenting interpretation.
Attacks defense

MBT

Graduated affect

Focus on affect in the
therapeutically relationship.
Exposure in situ

"Not-knowing", supportive,
exploring

2. Generation CBT

Graduated affect

Exposure and
responseprevention
Homework

Presenting strategies,
solutions, homework



Clinic for anxiety disorders, Brønderslev

- All patients are offered MBT
- Combined individual and group
- Group is fixed, starts highly structured, i.e. psychoeducational, later turns into MBT-group
- Ongoing study where we measure effect on
 - TAS-20 (emotional contact)
 - SCL-90R (symptoms)
 - BDI (Depression)
 - STAI (Anxiety)
 - SAS (Level of function)
 - IIP (Relational competencies)



AVOIDANT PERSONALITY DISORDER

Avoidant PD in Denmark

- Are now given a status of "need-to-treat"
- No evident treatment programme
- Three clinic where we study the effect of modyfied MBT; Stolpegaarden, Roskilde and Brønderslev
- Slightly different approaches and focus

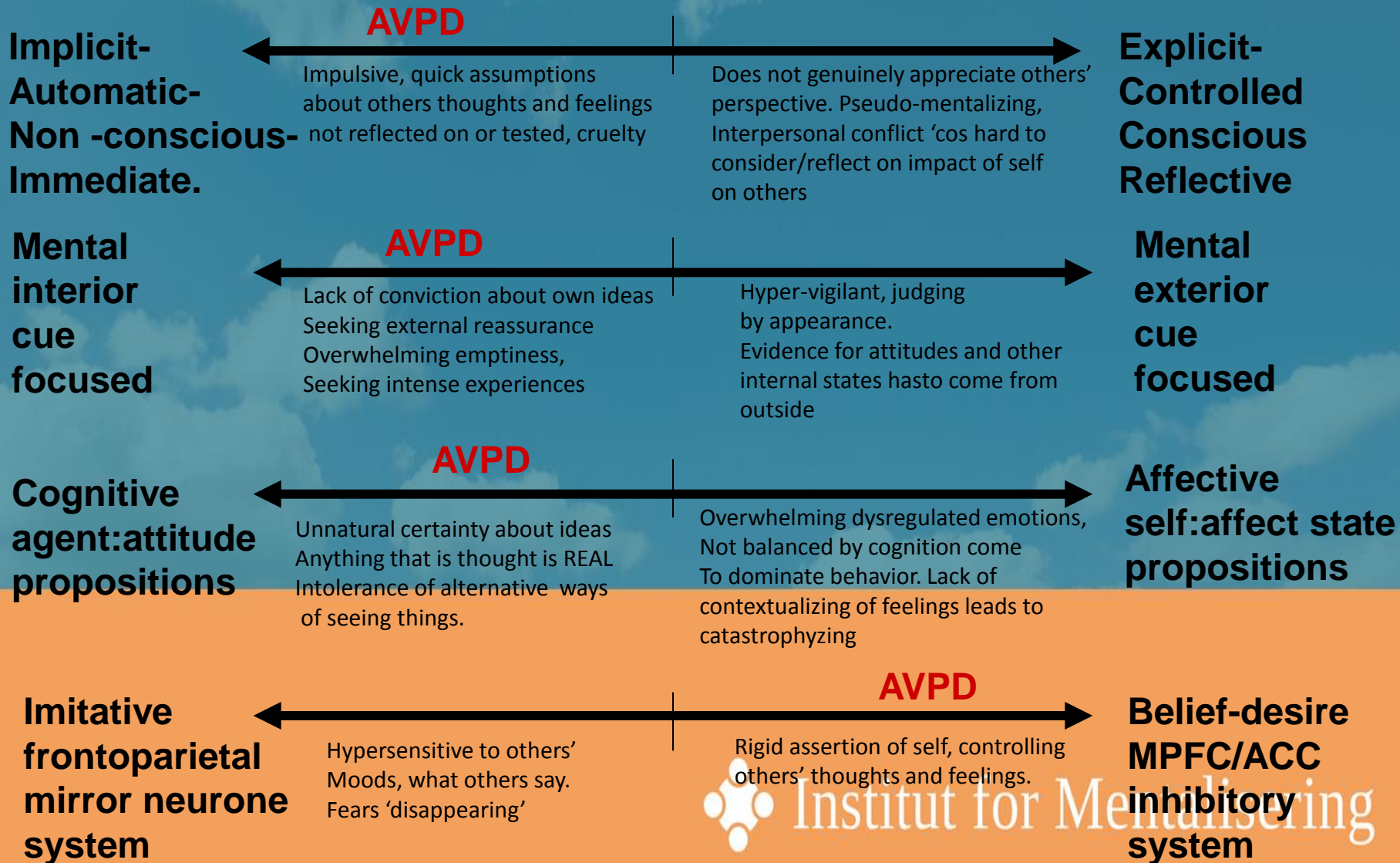


MBT and Avoidant Personality disorder

- Constantly impaired mentalization, not only episodic? NB! Need to separate from autism!
- Poor ability to mentalize own and others affects
 - Poor awareness of own intentions, motives, wishes
- Hypermentalization
 - Detached from feelings, tendency towards generalizations, abstractions, rationalizations, poor episodic memory. Creates distance
- Hypomentalization
 - Particularly regarding the self

Imbalance of mentalization generates problems

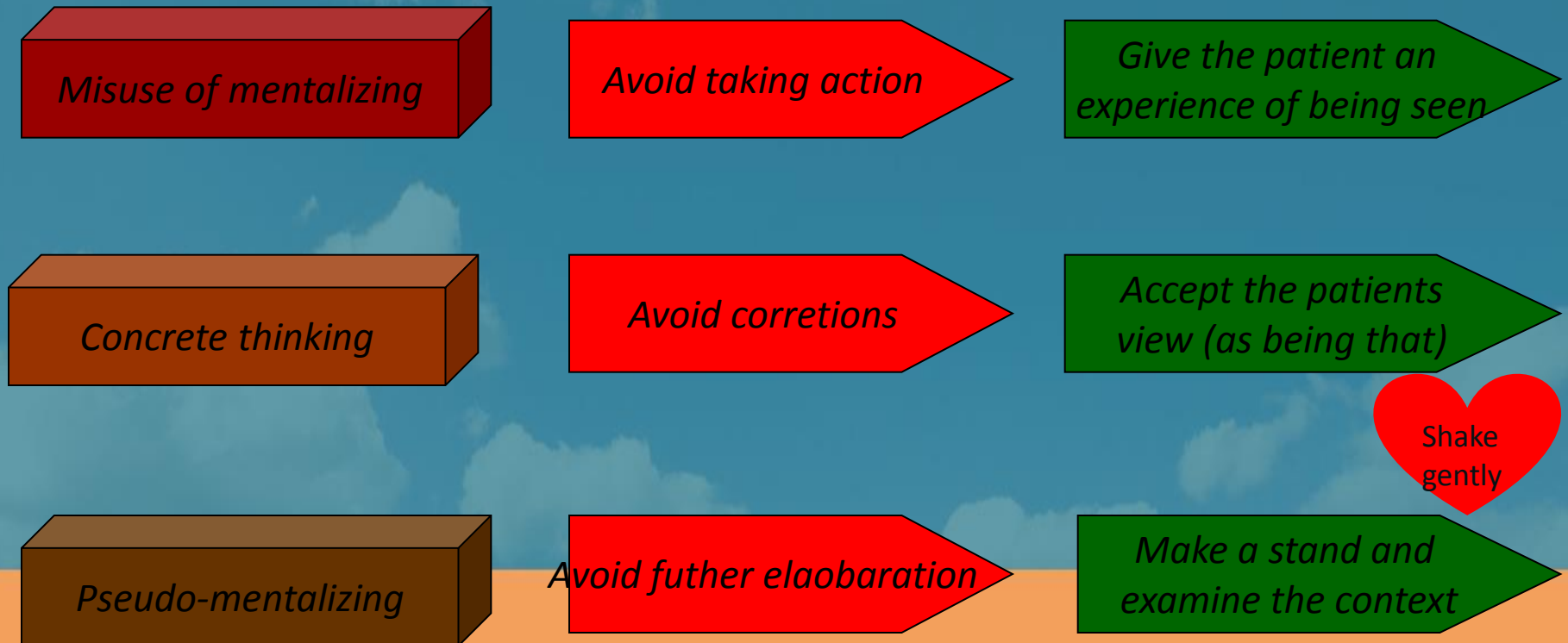
Fonagy, P., & Luyten, P. (2009). *Development and Psychopathology*, 21, 1355-1381.



What do we do?

- In BPS we make affect **consciousness** profiles, targeting the affects least mentalized
- We create a practice arena where the patients are encouraged to engage in each other. Well knowing that they are not able to do so!
- A bit *less* active, than the BPD-therapist
- Individual treatment is a support to ensure they are active in group
- Learning new me-other models of being in the world
- Encourage any mentalizing when it occurs
- Listing for non-mentalization and intervening accordingly

Summary of general interventions when patient is in non-mentalizing



Interventioner Spektrum

