Mentalization-based group therapy in the treatment of university students with borderline personality disorder

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Introduction

• Our clinical experience: severe long-term affective disorders among university students have increased.

• These disorders include patients with unstable personality disorder.

• We need effective treatment methods to help these patients - taking also into account economical costs of the treatment method.
Group therapy
Target group; students with

• Long-term emotional instability
• Repeated unresolved problems in emotionally important relationships
• Long-term functional difficulties in every day life and in studies
• Strong diffusing anxiety
• Difficulty to soothe oneself
The treatment pathway of students’ psychiatric disorders

• Finnish Student Health Service uses a treatment pathway: during the assessment phase patients’ functional and studying capacity is evaluated and the treatment plan is formulated.

• The need-specific treatment plan is individually planned and it may include various treatment methods simultaneously.
Mentalization-based group therapy (MBT) with university students

- MBT is an evidence based multimodal treatment method, in which there are both individual and group therapy components.
- We have developed a mentalization-based short-term group therapy for the treatment of students with unstable personality disorder features.
The aim of the group

- Observe and examine the contents of one’s own and other’s mind:
  - desires, needs, sensations, images, feelings, thoughts, memories etc.
- Sharing these experiences with the others.
- Ability to separate the content of one’s own mind from the content of others’ minds.
- Thus learning to mentalize.
The aim of the group

• Practicing to sooth oneself (*implicit mentalization*) in order to be able to examine the contents of one’s mind and others’ minds.
• Gradually recognizing and understanding the changes of emotions and thoughts.
• Ability to verbalize and reflect emotions and thoughts in emotionally important relationships (*explicit mentalization*).
The size and duration of the group

- Maximum 10 participants
- Two therapists
- 10 weekly 2 hour meetings
- The participants are bound by confidentiality
- The participants are encouraged to commit to every meeting
- The group is free of charge
Working methods

• **Group discussion** especially focusing to moments when group members bring to the fore ruptures of mentalizing

• **Home work** concerning the moments when one loses the capacity to mentalize (explicit mentalizing)

• **Body-oriented exercises:** breathing, body-awareness, body-boundaries, soothing and nurture, being present to oneself and to the other (implicit mentalizing)
The themes of the group

• Getting to know each other
• Expectations and goals
• Ongoing challenges in life
  • Symptoms and problems
  • Typical difficult situations
  • What triggers impulsivity (rupture of mentalizing)
  • What happened before the rupture of mentalizing
• What coping strategies (mentalizing and non-mentalizing) have been used
The themes of the group

• Studying non-mentalizing and mentalizing ways of being with emotionally important others
  • Family members
  • Friends
  • In couple’s relationships
  • Which kind of repeated difficulties have been found?
  • Can we together mentalize these difficulties and thus assist a change?
• Towards the separation of the group, feedback and farewell
Self-rated instrument to assess mentalization: MZQ – mentalization questionnaire (Hausberg et al. 2012)

• 15-item self-rated scale

• MZQ is based on the questions of the reflective function manual; RF, Fonagy et al. 1997

• Dimensions (Factors)
  o Refusing self-reflection (REF)
  o Emotional awareness (EA)
  o Psychic equivalence (EQ)
  o Regulation of affect (RA)

• Good reliability (.81) ja validity
Below you will find several statements concerning your ability to perceive your own feelings and the feelings of others. We would like you to rate your agreement with these statements. Please respond to each statement on the scale from ‘I disagree’ to ‘I agree’.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>I disagree</th>
<th>I partly disagree</th>
<th>undecided</th>
<th>I partly agree</th>
<th>I agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. If I expect to be criticized or offended, my fear increases more and more.</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>2. Explanations of others are of little assistance in understanding my feelings.</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>3. Sometimes feelings are dangerous for me.</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
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<td>4. I can only believe that someone really likes me a lot if I have enough realistic proof for it (e.g., a date, a gift or a hug).</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>5. Most of the time it is better not to feel anything.</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>6. Often I can’t control my feelings.</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>
RESULTS: three dimensions of mentalizing (personality functioning)

IIP; inventory of interpersonal relations

• Relational problems decreased 12 % (8 points)
• Only in one person problems increased

SES; self esteem scale

• Self-esteem increased significantly (>50%) (4 points from the starting point, when the value was 7.1)
• Only in one person self-experienced self-esteem decreased

MZQ; mentalization questionnaire

• Mentalization capacity increased almost significantly (14 %) (p=.09)
• Only in one person self-esteem decreased
The average change in scores (start - end)

Change in scores

Error bars indicate a 95% confidence interval. MZQ scores are multiplied by 10 to make the graph more readable.
Discussion

• Short-term group therapy generated favorable changes in all studied areas of mentalizing in most patients
• After the end of the group IIP-values were significantly decreased illustrating the recovery of interpersonal relationships
• The recovery in self-esteem was most prominent from these three studied parameters of personality functioning
• The major change in MZQ was in the dimension of emotional awareness
• There was not a clear change in RA
Discussion

• The sample was small and so the results are preliminary.
• However, results are consequent in different measures and quite similar with all participants.
• Both quantitative measures and individual follow-up interviews made after therapy showed beneficiary results.
• The implementation area of this method seems to be wider than that of MBT only for unstable personality disorder.
Literature


Thank you for mentalizing!

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