Trauma and Mentalization-based Treatment: An update

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Overview

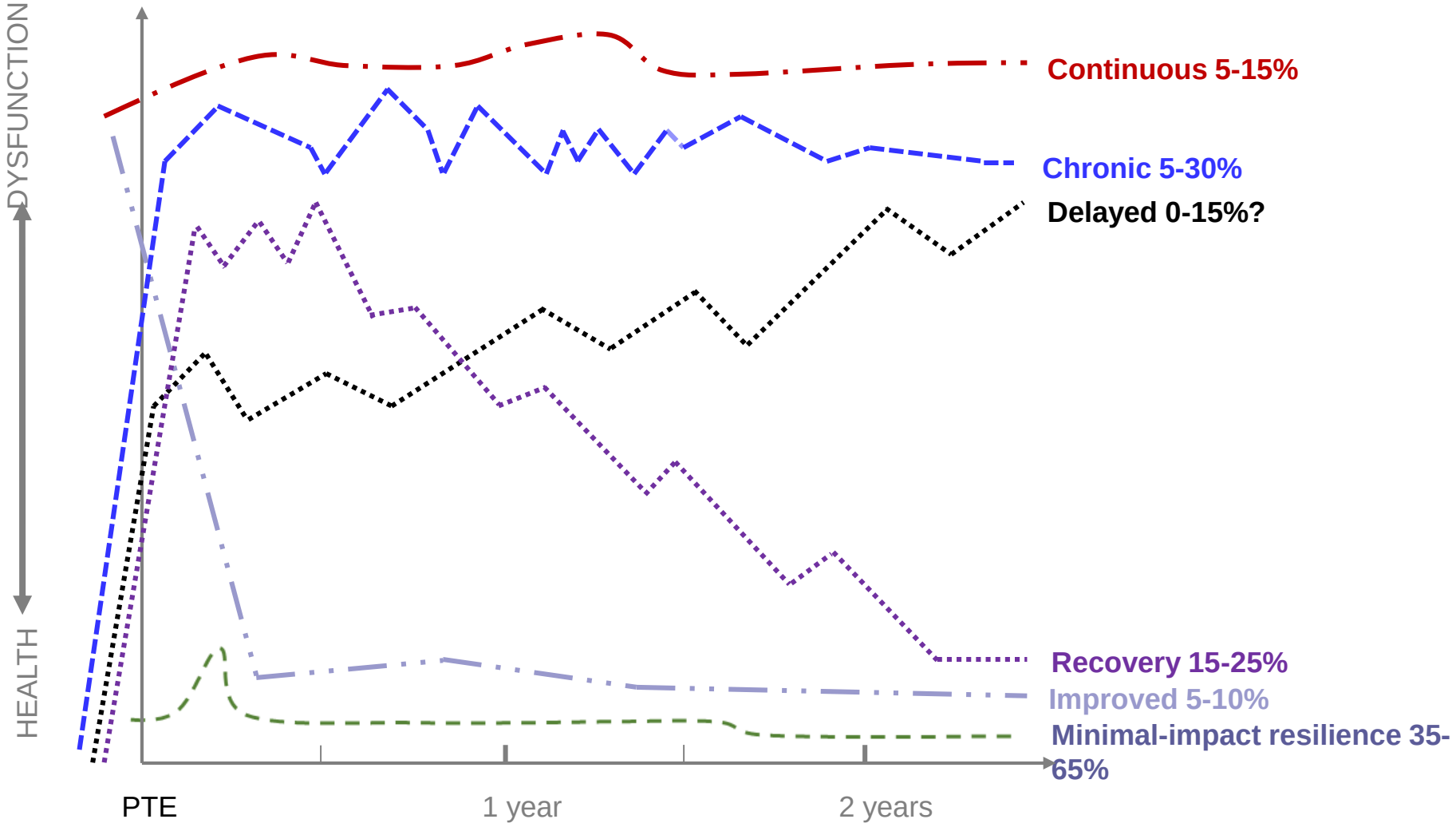
- What is (complex) **trauma/PTSD**
- **Mentalizing approach to trauma**
  - Attachment
  - Mentalizing and emotion regulation
  - Epistemic trust -> epistemic hypervigilance
- **Implications for treatment**

- Luyten, P., Campbell, C., & Fonagy, P. (2019). Borderline personality disorder, complex trauma, and problems with self and identity: A social-communicative approach. *Journal of Personality*. doi: 10.1111/jopy.12483
- Luyten, P., & Fonagy, P. (2019). Mentalizing and trauma. In A. Bateman & P. Fonagy (Eds.), *Handbook of mentalizing in mental health practice* (2nd ed., pp. 79-99). Washington, DC: American Psychiatric Publishing.

What is trauma?

- Experiences that are different from the "**anticipated average expectable environment"** (Cicchetti, 2005)
- Typical **immediate response**
  - Fight/flight
  - Freeze
- Typical response in the **longer run**:
  - ***minimal impact resilience!***

Resilience…


DYSFUNCTION
HEALTH
Continuous 5-15%
Chronic 5-30%
Delayed 0-15%?
Recovery 15-25%
Improved 5-10%
Minimal-impact resilience 35-65%
PTE
1 year
2 years

Reconceptualising understanding not in terms of disease mechanisms… (the presence of vulnerability factors)

..but as an absence of resilience…

Types of Trauma

impersonal trauma

interpersonal trauma

attachment trauma

nonhuman agent

human agent

attachment figure

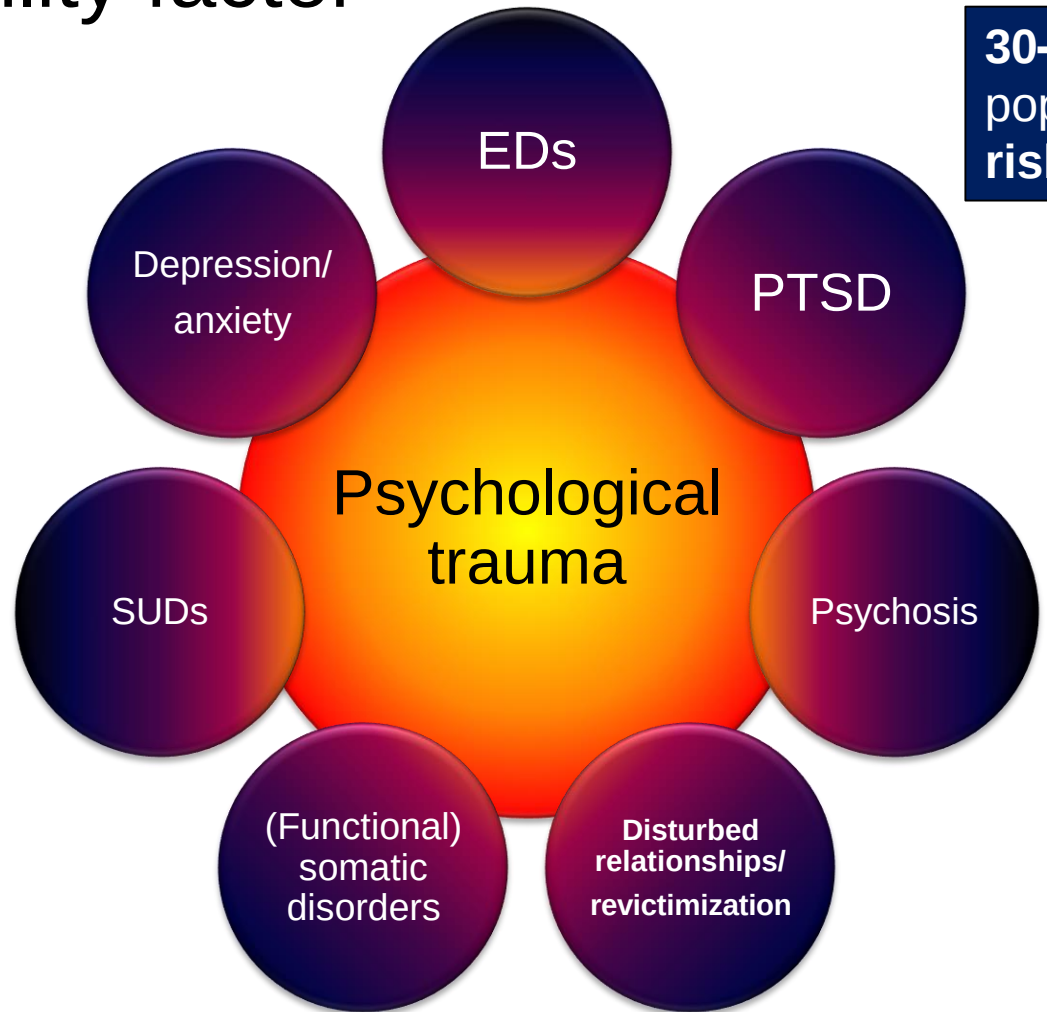
Allen, J.G. (2005). *Coping with trauma: Hope through understanding (2nd Edition). Washington, DC: American Psychiatric Publishing.*

Early adversity: isolated events or part of a risky environment?

- Complex trauma does **not occur in isolation**
  - "Risky families and environments"
    (Repetti et al., 2002)
  - "Pathogenic relational environments"
    (Cicchetti & Toth, 2005)
- Broader historical and sociocultural **context** needs to be considered

Psychological trauma is a **transdiagnostic** vulnerability factor

30–70% of the population-**attributable risk**



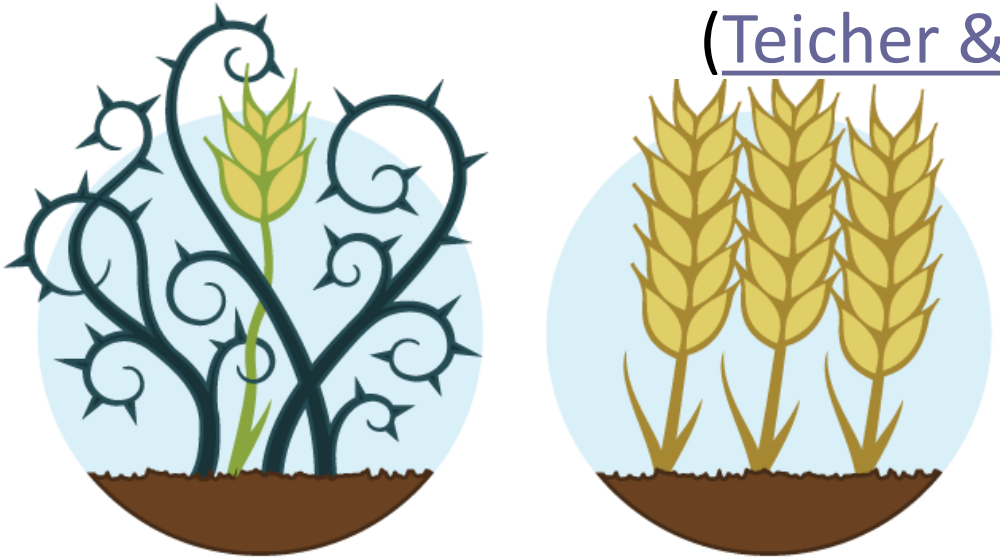
Multifinality: one specific developmental factor may lead to different developmental outcomes, depending on its interaction with other factors

- LAC Study n=349 chronically depressed patients
  - *75.6% reported childhood trauma*
  - *37% reported multiple childhood trauma*

Negele, A., Kaufhold, J., Kallenbach, L., & Leuzinger-Bohleber, M. (2015). Childhood Trauma and Its Relation to Chronic Depression in Adulthood. Depression Research and Treatment, 2015, 11. doi: 10.1155/2015/650804

Early adversity as an *ecophenotype*

(Teicher & Samson, 2013).



- **Earlier** age at **onset** of psychopathology
- Greater symptom **severity**
- Higher levels of **comorbidity** (also with (functional) somatic)
- Greater risk for **self harm** and **suicide**
- High risk of **re-victimisation** and other **interpersonal problems**
- Poorer **response to treatment**

Equifinality: patients with the same diagnostic label differ considerably in the extent to which they experienced early adversity but those with a history show similarities

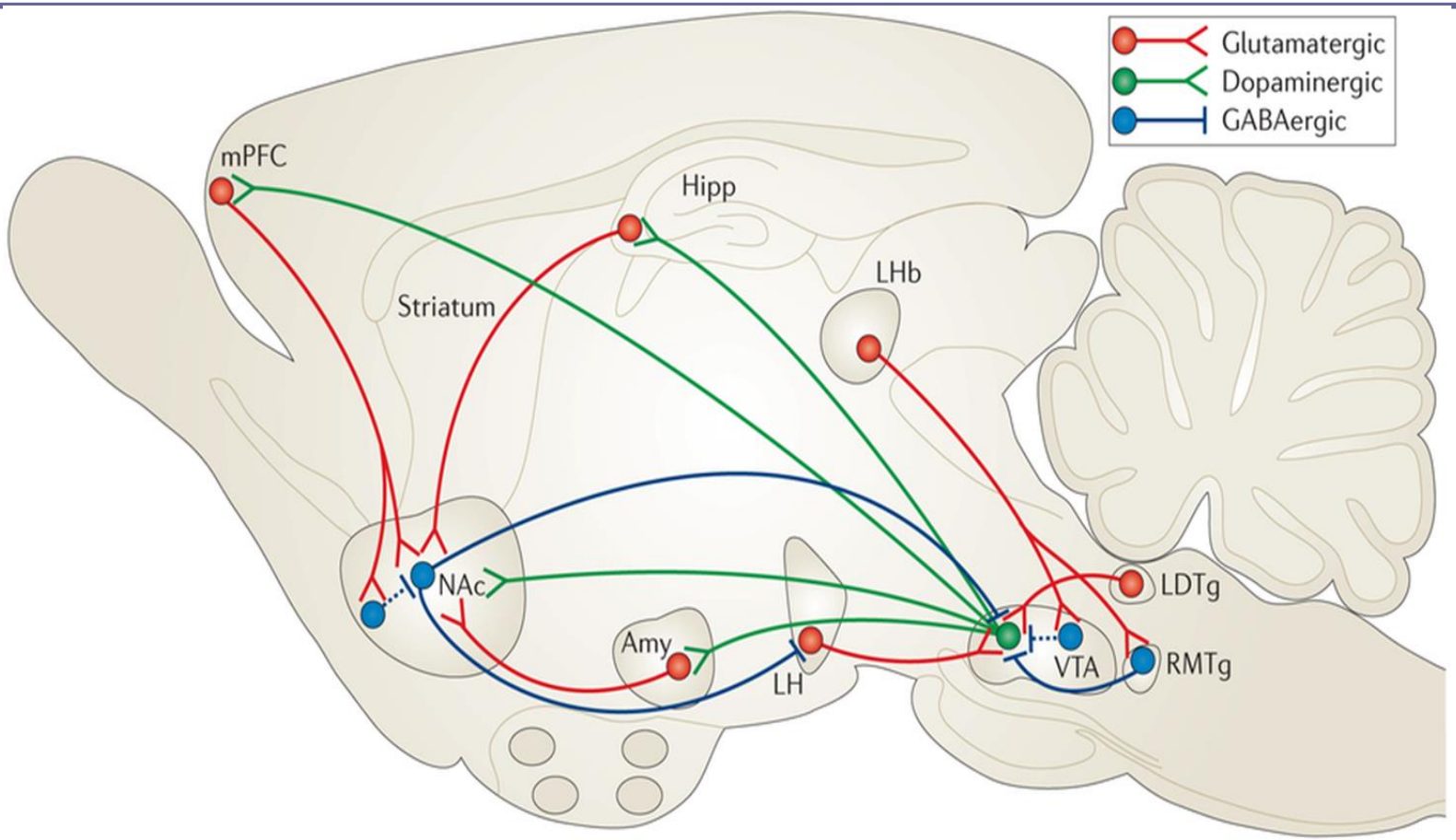
What are the mechanisms involved?

- Early adversity, and (chronic) trauma in particular, **“programs”** the Hypothalamic-Pituitary-Adrenal (HPA) axis
- Leading to **increased vulnerability** for both psychiatric and (functional) somatic problems
- At **multiple levels**:
  - Neuroendocrinological
  - Immune system
  - Neural (pain processing) systems
  - Psychological capacities (attachment, autonomy/self-esteem, mentalizing, epistemic trust)

How Attachment Works Emotionally

The interpersonal regulation of stress and arousal

The mesocorticolimbic dopaminergic reward circuit



Nature Reviews | Neuroscience

But what is trauma really?

- Trauma seems **qualitatively different from other experiences**: associated with

  “disorder of consciousness”

  ⇒***Mentalizing or process focus***

- **Enactments** and **intergenerational transmission**

  => *Attachment focus*

The experience of trauma

- Speaking about trauma typically includes the use of **embodied metaphors**
  - Feeling frozen, being stuck in time
  - Feeling overwhelmed, burried, blown away
  - Drawn into a psychic hole or a black hole
  - Running around in circles
  - Feeling crushed, squeezed
- These seem to be expressions of the (therapist's) **mind that is frozen in the face of trauma**

Fonagy, P., & Target, M. (2008). Attachment, trauma, and psychoanalysis. Where psychoanalysis meets neuroscience. In E. J. Jurist, A. Slade & S. Bergner (Eds.), *Mind to Mind. (pp. 15-49). New York: Other Press.*

The experience of trauma

- This leaves the trauma **unintegrated, dissociated, and prone to acting out** instead of reflected upon, and transmitted to the next generation
- Central importance of **shame** ("toxic shame"):
  - "blank experience" that prevents reflection
  - And is likely to lead to re-traumatisation because of the "too-realness" of thoughts and feelings
- Risk of **re-traumatizing** patients in our attempt to help them:
  - how many clinicians can truly mirror in a marked way the traumatic experiences of their patients?

Risk of re-victimization and intergenerational transmission

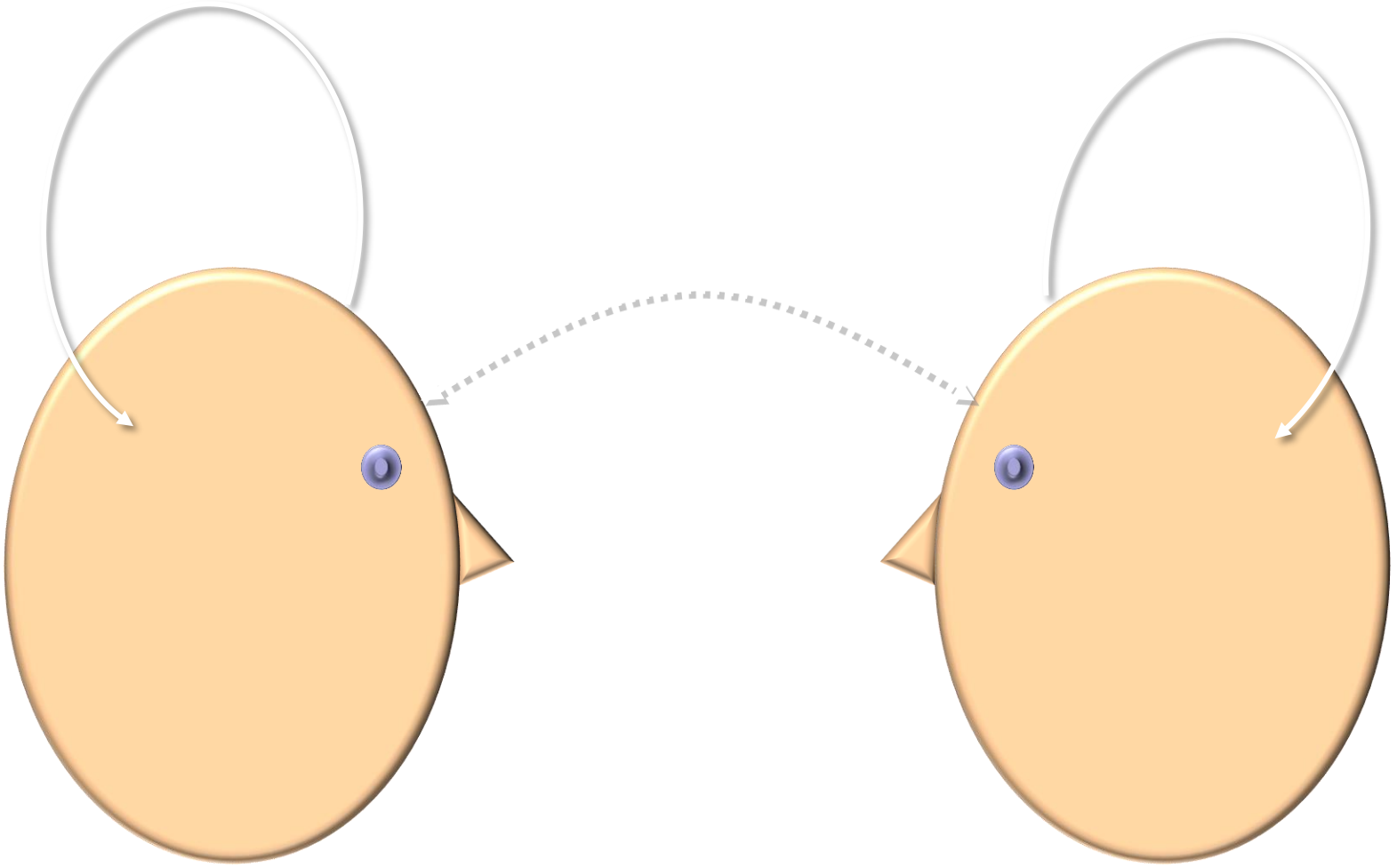
- Associated with **unhealthy behaviors** (smoking, eating disorders, risky sexual behaviors)
- Associated with **self-harm/suicide**
- Associated with **re-victimization** and **intergenerational transmission** of trauma

Mentalizing focus

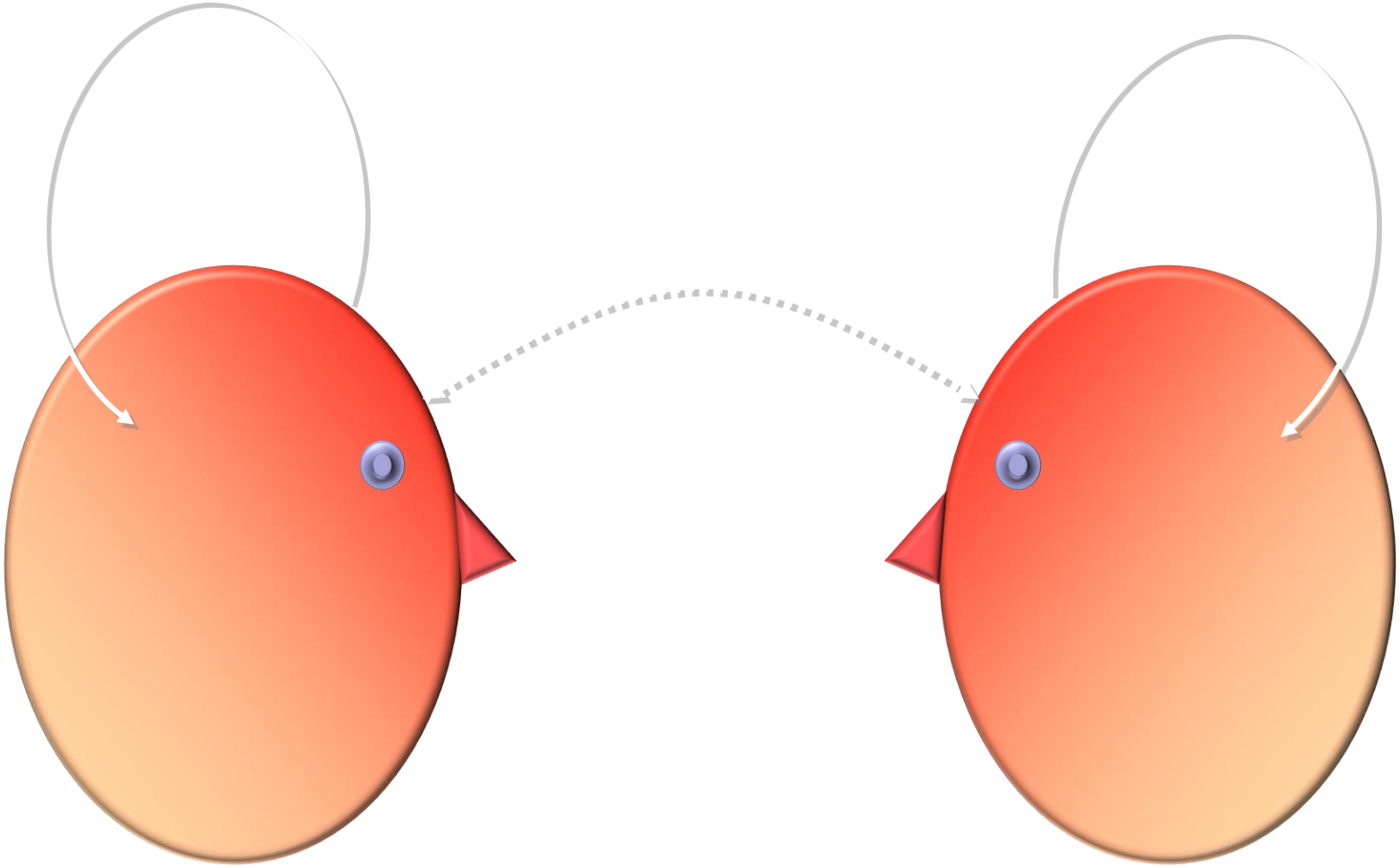
What is mentalizing or reflective functioning (RF)?

Mentalizing is a form of ***imaginative*** mental activity about others or oneself, namely, perceiving and interpreting human behaviour in terms of ***intentional*** mental states (e.g. needs, desires, feelings, beliefs, goals, purposes, and reasons).

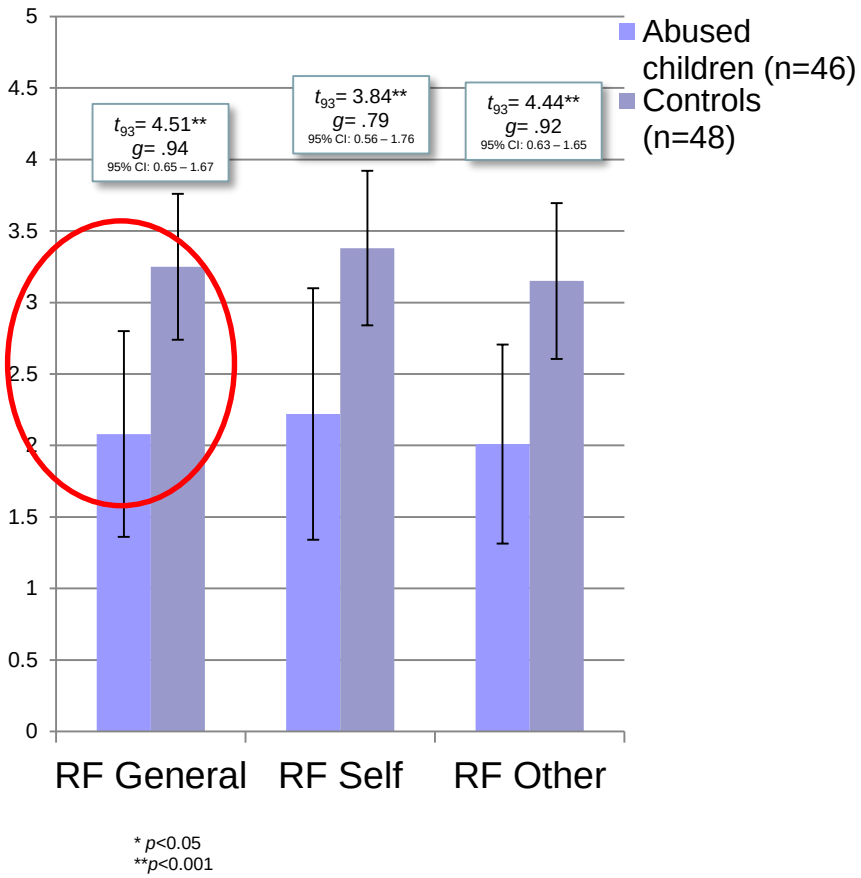
Holding mind in mind



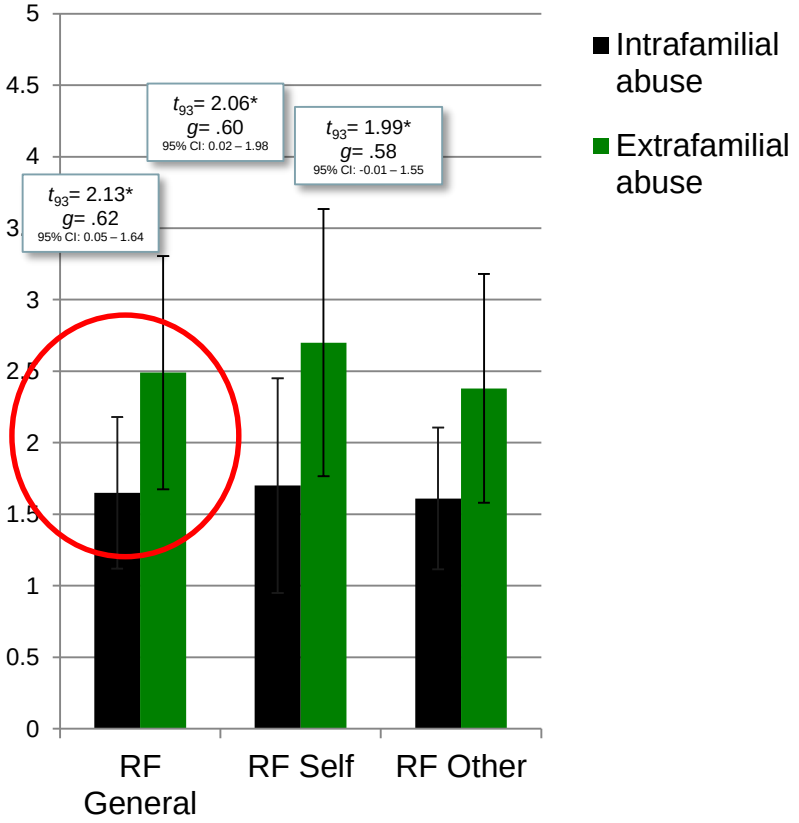
Holding mind in mind in emotional states



Mentalizing in abused children



* $p<0.05$
** $p<0.001$

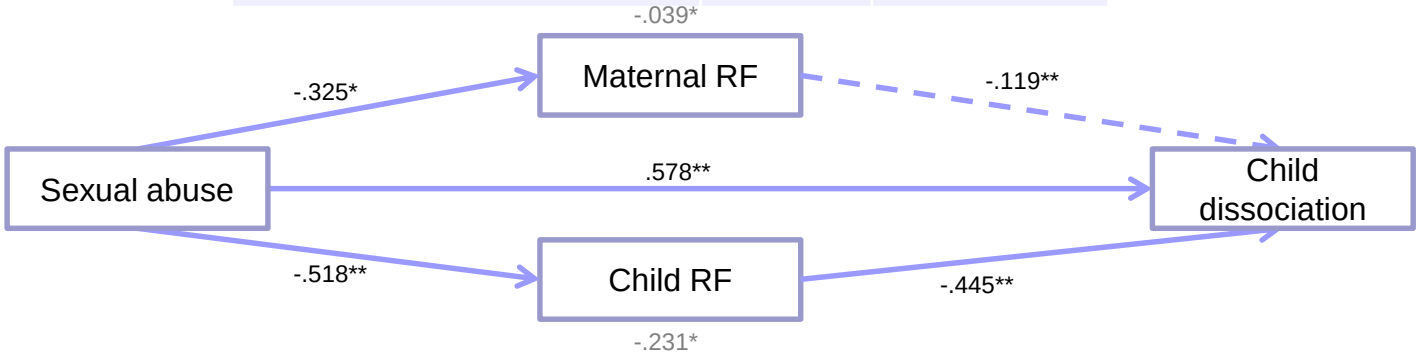


Ensink, Normandin, Target, Fonagy, Sabourin & Berthelot. *British Jounal of Developmental Psychology*. 2014

Sexual abuse associated to various outcomes:

MANOVA comparing **abused (n=174)** vs. **not abused** children **(n=194)**

Outcome	F	Cohen's *d*
Maternal RF	12.88*	.56
Child RF	23.40*	.75
Child dissociation	34.42*	.90
Child depression	22.42*	.71
Child externalising problems	32.85*	.89
Child sexualising behaviour	9.21*	.46



* $p<0.05$
** $p<0.001$

CFI > .95; TLI > .95; RMSEA < .01; SRMR < .01; controlling for child's age and maternal education

Ensink *et al* (manuscript in preparation)

Unresolved childhood trauma in the transition to parenthood

The development of an index of RF-T

To obtain an **index of RF-T**, the Reflective Function Scale for the AAI is **applied to** those questions used to rate unresolved **trauma**.

- e.g. "*Do you feel the experience of having been physically abused by your father affects you now as an adult* ?"

N= 97 **expecting women** with history of CA&N, aged 18 to 41 years (M= 28.46, SD= 5.58)

General Reflective Function (RF-G)
and
Reflective Function of Trauma (RF-T)

- Were **correlated** (r= .61, p<.001)
- **RF-T** was significantly **lower than RF-G** in this sample with history of CA&N $t_{63} = 4.93$, $p < 0.001$
- There was **no association** between number of traumatic events and **RF-T** (β = 0.07, $t_{35} = 0.48$, $p = 0.64$) or **RF-G** (β = −0.04, $t_{55} = -0.43$, $p = 0.67$)

RF-T was the **best single predictor** of

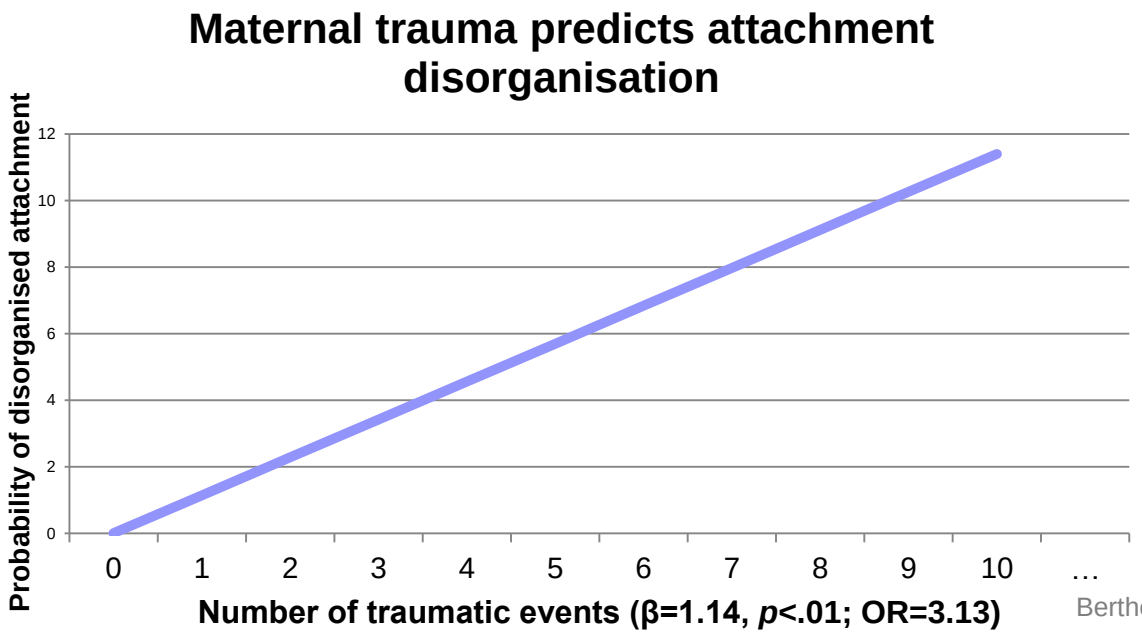
- **engagement** in the **pregnancy** (β = –0.42; $p = 0.01$)
- **positive feelings** regarding the **pregnancy** (β = –0.37; $p = 0.03$)
- sense of **commitment** toward **maternity** (β = –0.35; $p = 0.03$)
- and overall **quality of relationship** with partner (β = –0.57; $p < 0.001$)

Ensink, Berthelot, Bernazzani, Normandin & Fonagy. Frontiers in Psychology. 2014

Mentalizing of parental trauma

Implications for intergenerational transmission of attachment

- 20-month longitudinal design
  - N=157 mother-infant dyads; mothers aged 28.77, SD=5.57
- Administered AAI to expecting mothers who experienced trauma
  - General Reflective Function (RF-G)
  - Reflective Function specific to Trauma (RF-T)
- Babies were evaluated by **SSP at 17** months of age

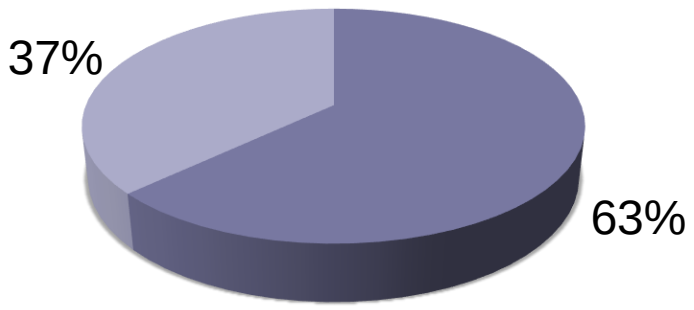


The number of traumatic events suffered by mothers predicts infant **attachment disorganisation**

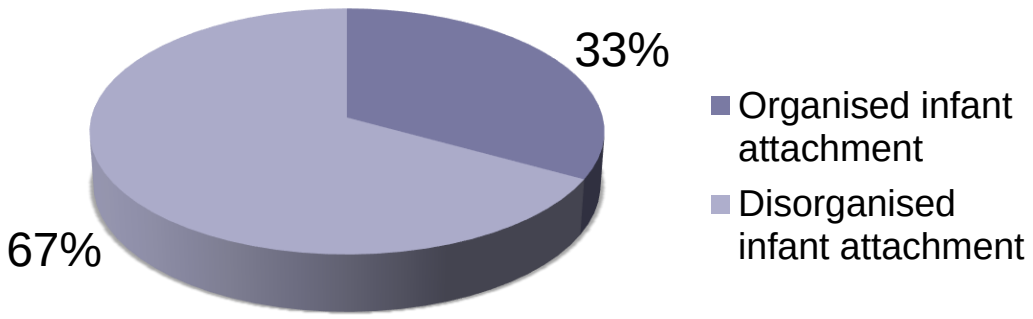
Berthelot, Ensink, Bernazzani, Normandin, Luyten & Fonagy, 2015

Mentalizing of parental trauma moderates outcome of CA&N on disorganised attachment: Implications for intergenerational transmission of attachment

Abuse and High RF-T



Abuse and Low RF-T



- Prediction of infant attachment disorganisation is twice as powerful (22% vs 41% of variance explained) when **maternal RF-T** is added to a model containing maternal unresolved trauma as only predictor.
  - Unresolved trauma: β=2.54**; RF-T: β=-1.50*
- **Maternal RF-G** is **not** a **significant** predictor of infant's disorganised attachment

Berthelot, Ensink, Bernazzani, Normandin, Luyten & Fonagy, 2015

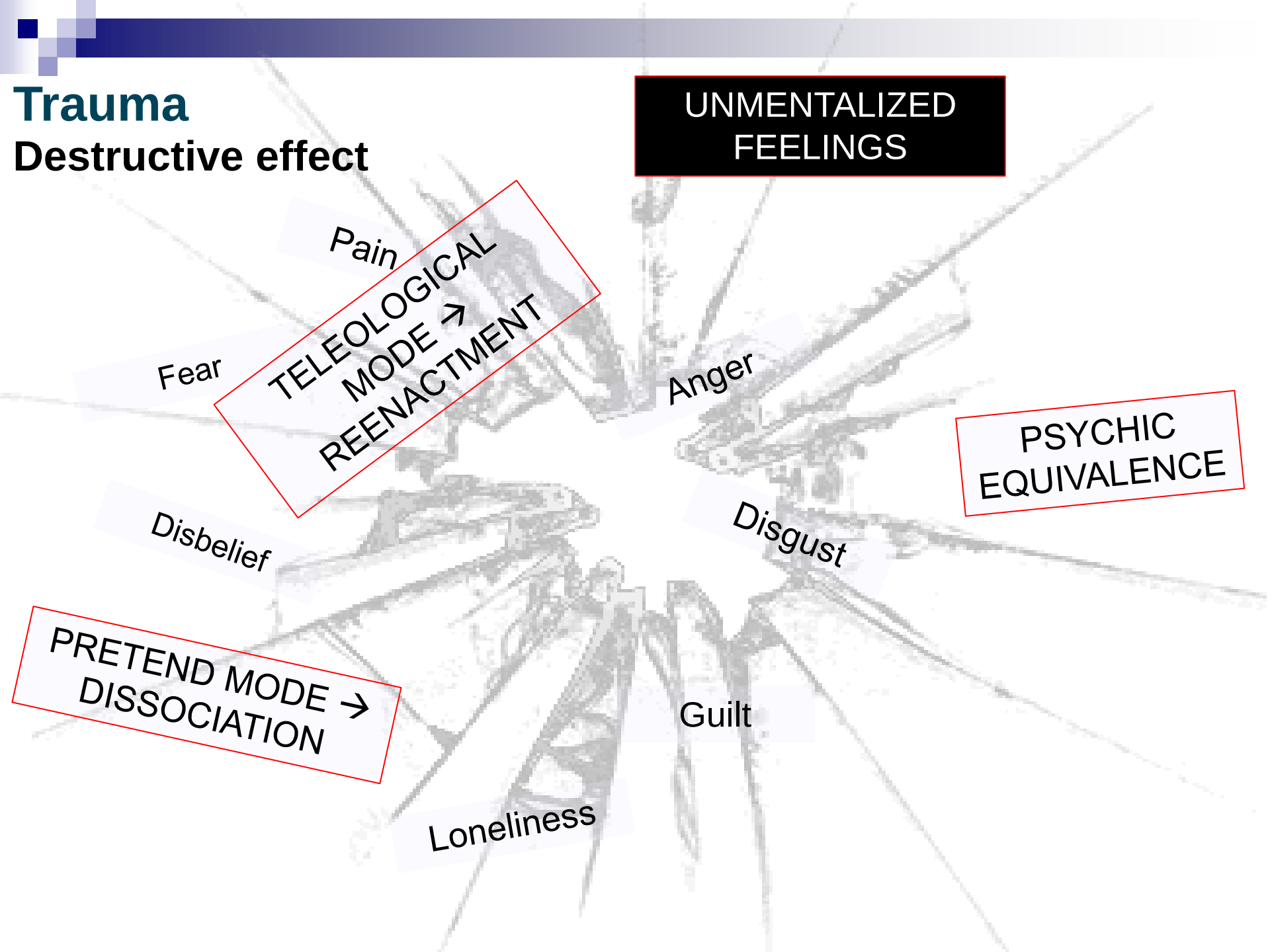
Mentalization based definition of trauma

- Adversity becomes traumatic when it is compounded by a sense that **one's mind is alone**:
- Normally, an accessible **other mind** provides the **social referencing** that enables us to frame a frightening and otherwise overwhelming experience.

Allen & Fonagy (2010)

Trauma

Destructive effect



Psychic equivalence

Mistaking thought for reality

Teleology – Quick Fix thinking

Pretend Modus: “The Elephant in the Room”

Blah blah blah blah blah blah blah blah blah blah….

Blah blah blah…

Gnnnnarrrgh! Gnnaaaaargh!

Naaarrrrrgh!

Trauma and the capacity for imagination

- The capacity for **human imagination** has been enormously **adaptive**
- However: **excessive imagination** hinders the re-calibration of the mind and thus **resilience = hypermentalizing**
- **Why Zebra's don't get ulcers** (Sapolsky)

Trauma and hypermentalizing

Attachment and trauma

How Attachment Works Emotionally

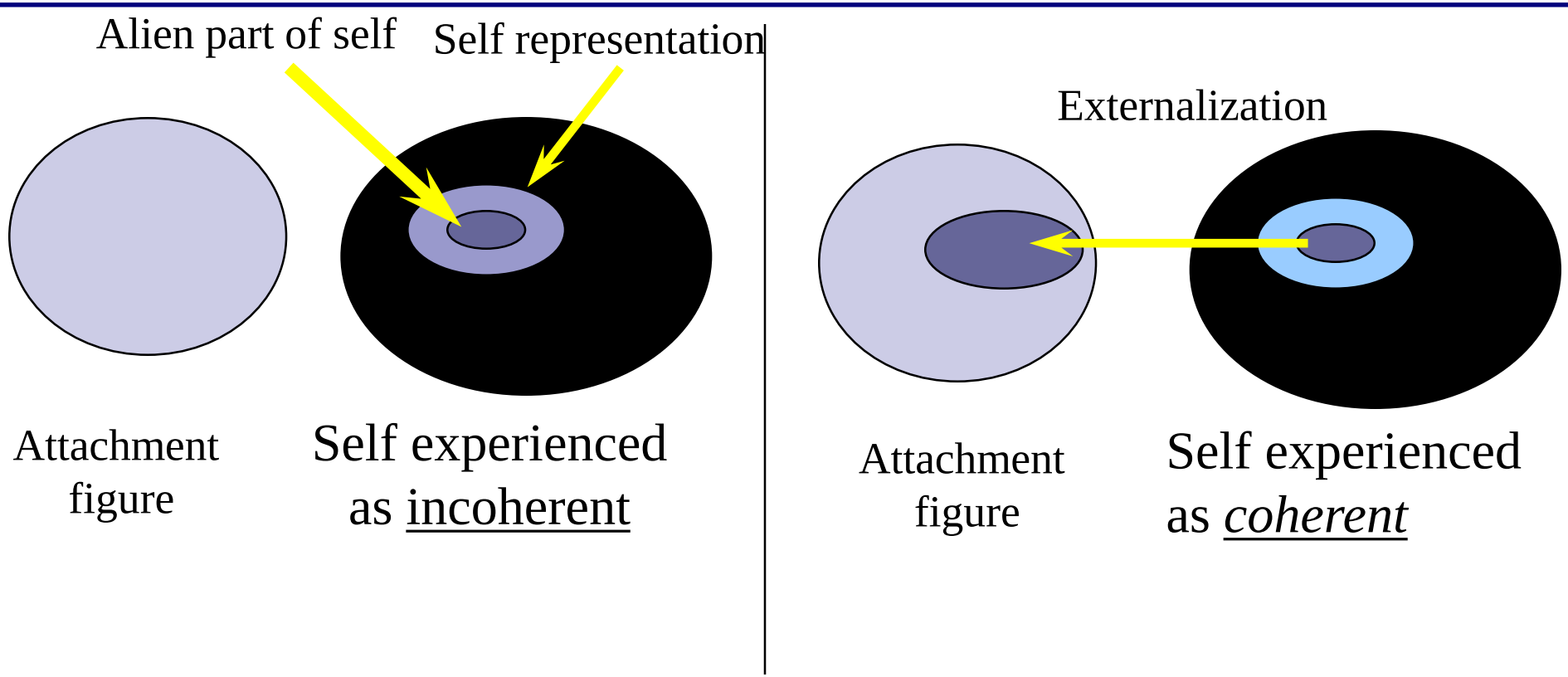
The interpersonal regulation of stress and arousal

Attachment Disorganisation in Maltreatment

Adverse Emotional Experience

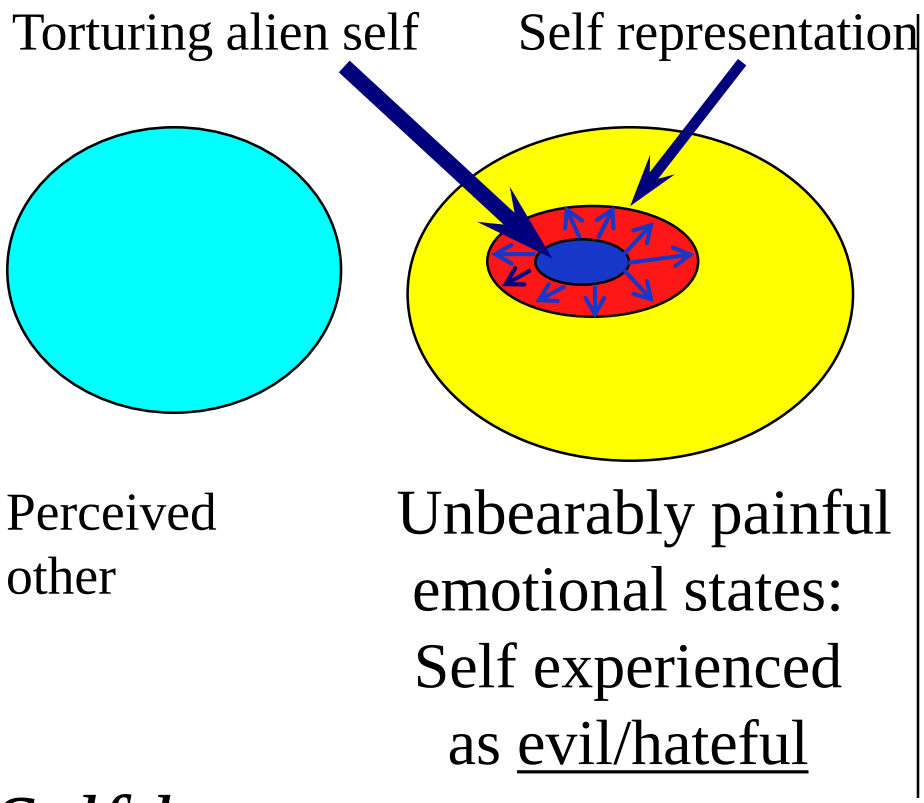
The ‘hyperactivation’ of the attachment system
“Traumatic bonding”

Creating a coherent self-representation by controlling and manipulative behavior

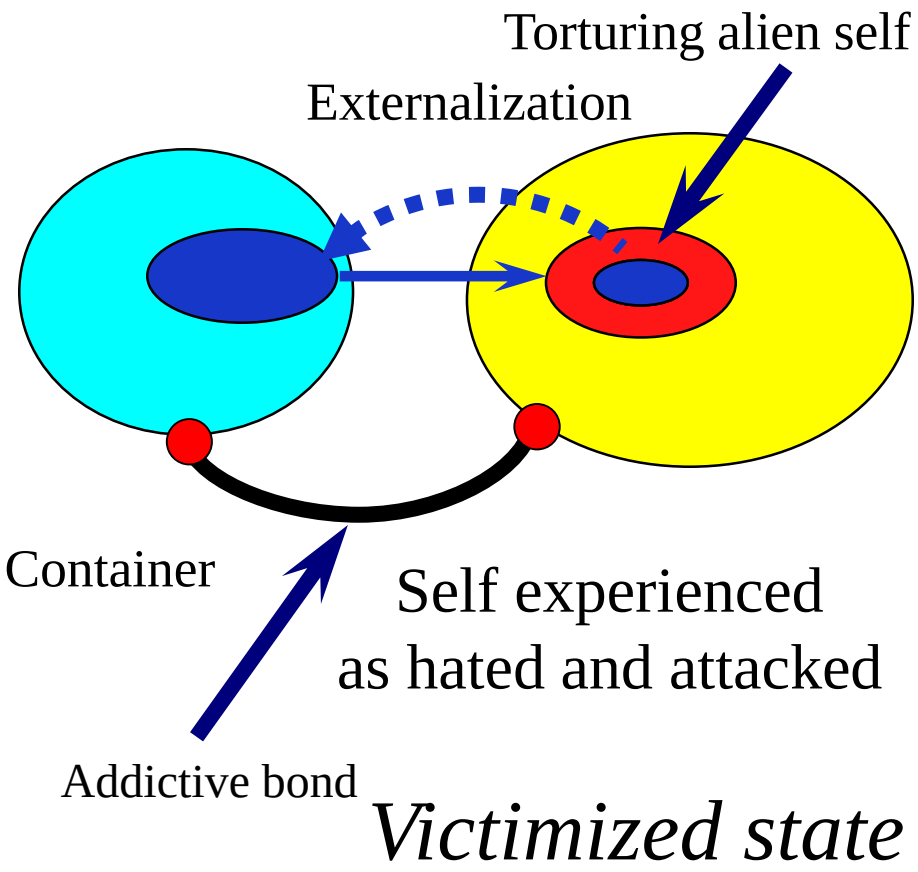


Externalisation of the "alien self"

Self-destructiveness and Self-destructive relationships



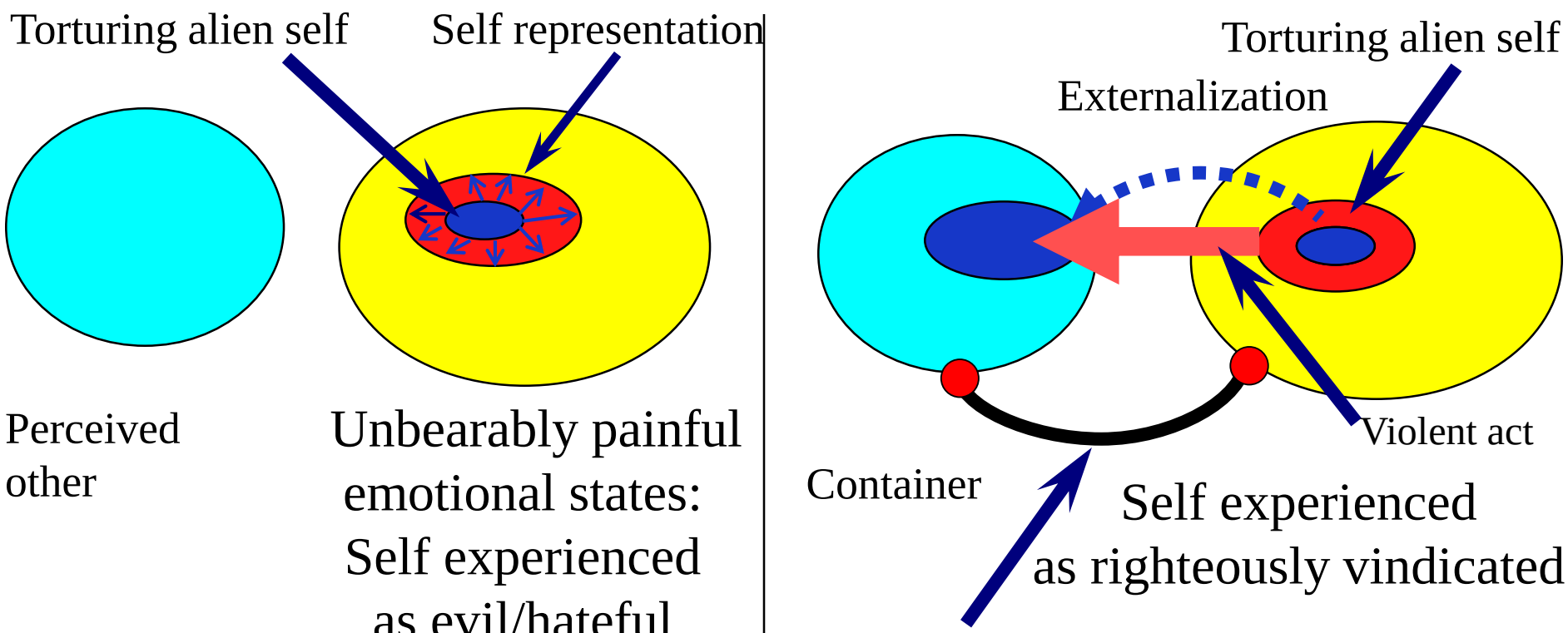
Self-harm state



Victimized state

Projective identification is used to reduce the experience of unbearably painful emotional state of attack from within – externalisation becomes a matter of life and death and addictive bond and terror of loss of (abusing) object develops

Externalisation & Violence Following Trauma



Self-harm state

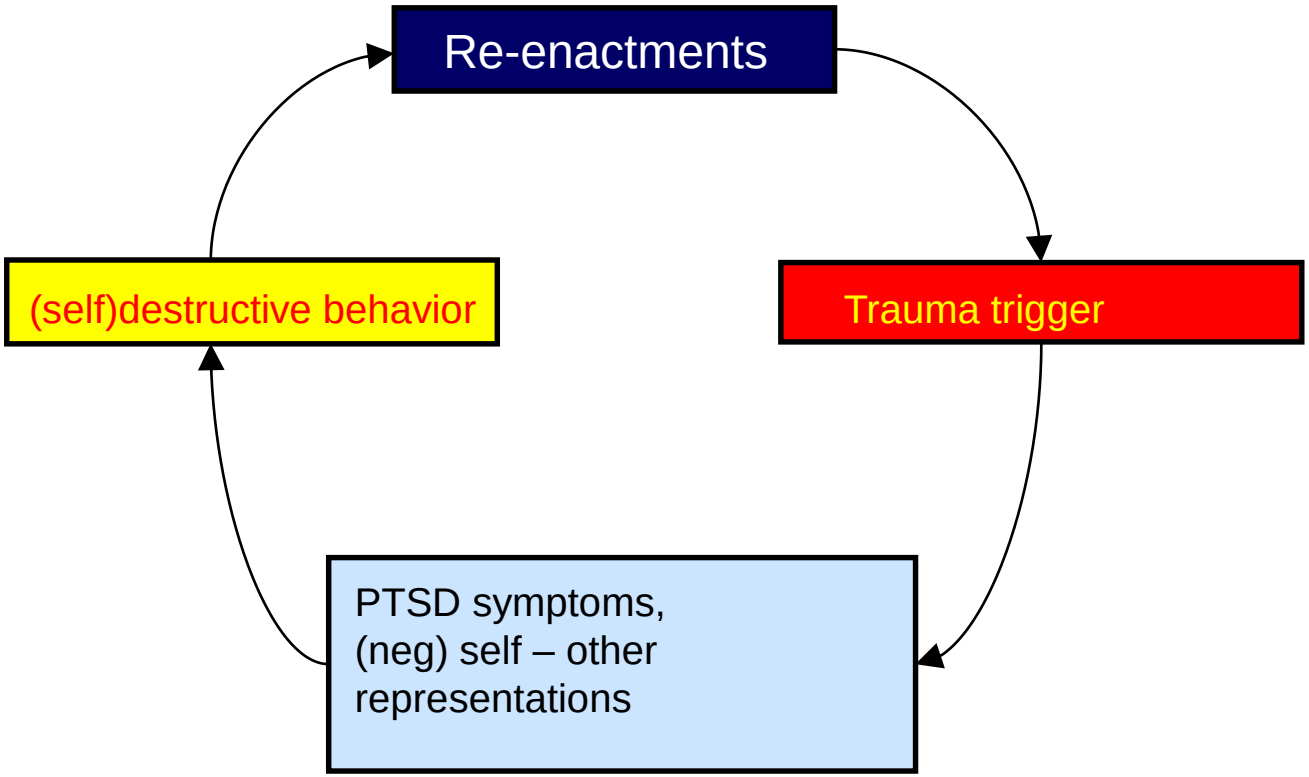
Violent state

Projective identification is used to reduce the experience of unbearably painful emotional state of attack from within – externalisation becomes a matter of life and death, the violent act protects against experience of intrusion and addictive bond and terror of loss of abused object can develop

Trauma can become the blueprint around which psychic experience is organised....

Normal, ordinary interpersonal disappointment, with its normal feelings, trigger the encapsulated traumatic feelings and is subjectively experienced **AS** the trauma

Re-enactment cycles



Trauma, unmentalized self-experiences and externalization

- There is robust evidence that mentalizing moderates the association between trauma and socio-emotional functioning
- There is less evidence that trauma is associated with externalization of unmentalized experiences
  - Borelli et al. (2018): Higher RF is related to less stress reactivity and faster stress recovery in school-aged children
  - Stagaki et al. (2020): Insecure attachment and hypomentalizing mediate the relations between childhood trauma and self-harm/suicidality
  - Badoud et al. (2015): Hypomentalizing is related to recent episodes of NSSI

Beyond attachment and mentalizing: epistemic trust and salutogenesis

Building a social network begins early

When the capacity to form bonds of trust is shaky and tends to break down…

…we lose our safety net

There is no ‘we-mode’: social isolation and loneliness

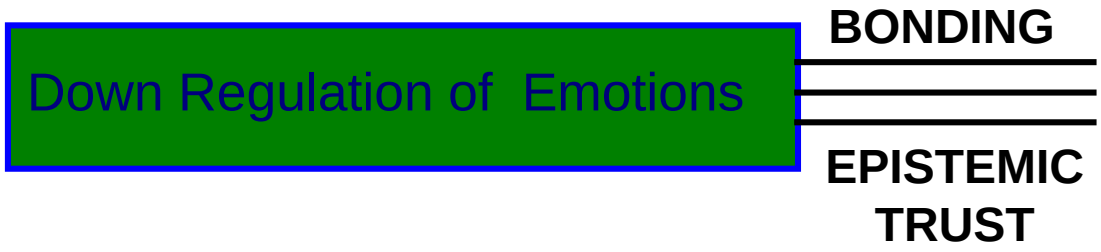
Reconceptualising understanding not in terms of disease mechanisms…

…but as an absence of epistemic trust…

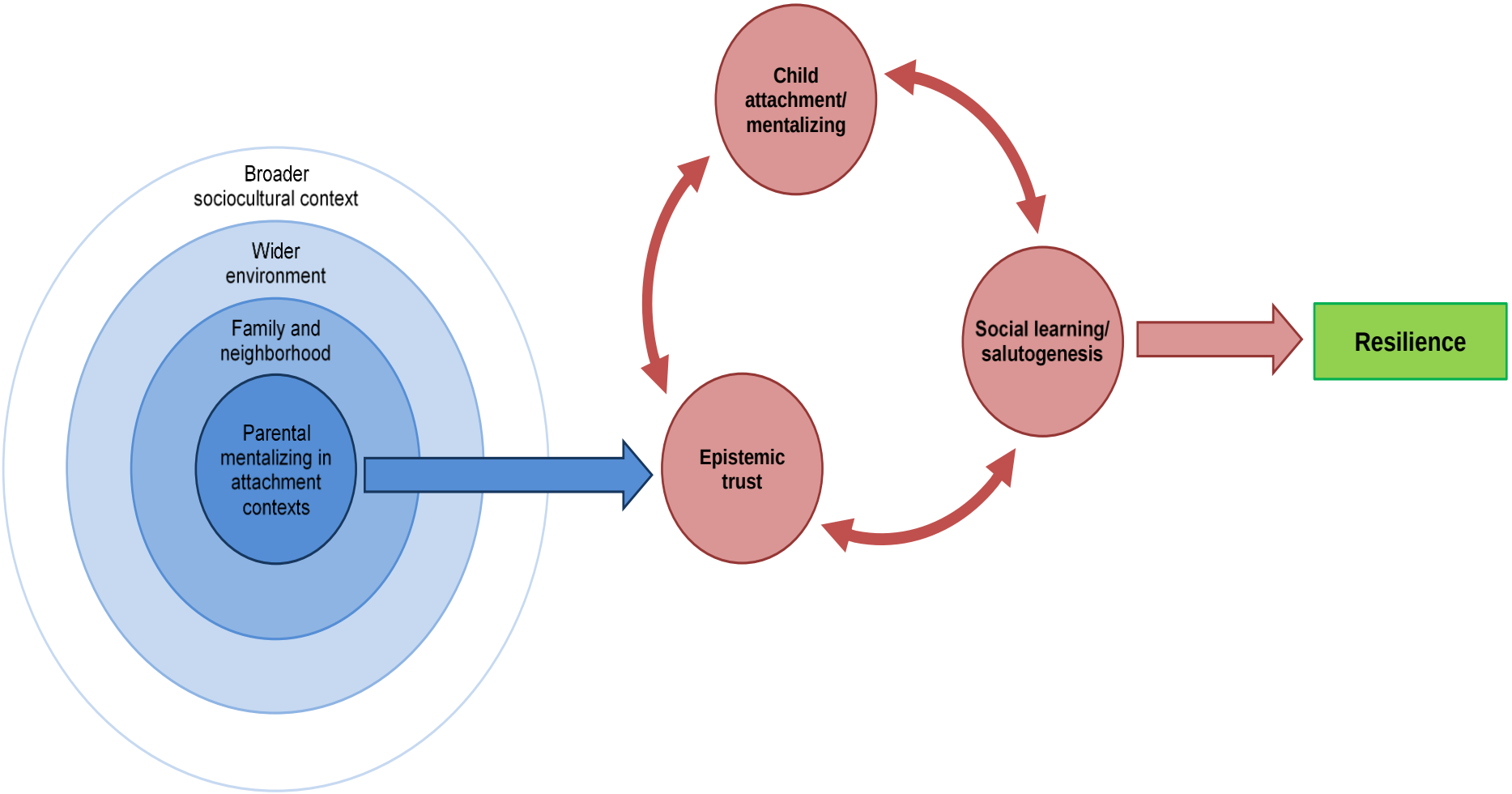
…which may once have been adaptive

How Attachment Links to Learning

The forming of an attachment bond



Do I trust others as a source of knowledge?



Luyten, P., Campbell, C., Allison, E., & Fonagy P. (2020). The mentalizing approach to psychopathology: State of the art and future directions. *Annual Review of Clinical Psychology*

Treatment

Focus on three communication systems

- System 1: Restoring agency and autonomy to lower epistemic mistrust/hypervigilance
- System 2: re-emergence of mentalizing and mentalizing trauma
- System 3: social learning/salutogenesis

=> basis for **MBT-TF**

Aims of Treatment

- Develop a trusting relationship
- Formulate aims collaboratively
- Provide psychoeducation about trauma and mentalizing
- Validate and normalize feelings in relation to trauma
- Manage anxiety and dissociation/self-harm
- Improve emotion regulation
- Mentalize traumatic experiences (“micro-slice” events) and their personal impact
- Address impact on interpersonal relationships: help patients bring about change in their (interpersonal) environment

Interventions: principles

- **Simple**
- **Affect focused**
- Focus on patients **mind** (not on behaviour)
- Relate to **current event or activity** (evidence based or in working memory)
- De-emphasise unconscious concerns in favour of **near-conscious** or **conscious** content

- **Process above content based on inquisitive, not-knowing stance**

How to address re-enacments? Relational mentalizing

Interventions	How?
1. Validate the patient's experience	The experience of the patient is not strange, but real
2. Explore the experiences leading up to the re-enactment	Micro-slicing of experiences (affect-focus, brief interventions, stop-and-rewind, stop-and-stand, stop-stand-and-explore).
3. Accept the "enactment"	The therapist models humility and is open to his/her contribution to the enactment and takes responsibility for (sometimes non-conscious) actions.
4. Work collaboratively to understand	Work together to arrive at an understanding; if you do not succeed in understanding, this becomes the focus - conversational partners (CPs)
5. Offer alternative views	Ask the patient whether he/she sees other possible explanations; the therapist may also offer other perspectives/explanations.
6. Explore the reactions of the patient	Monitor and explore reactions of the patient to these alternative perspectives. ➢ Insight is not the aim, so the 'new' perspective is not the endpoint ➢ Continue with relational mentalizing: the patient's response to this new perspective is the start of a new cycle (step 1, validation).

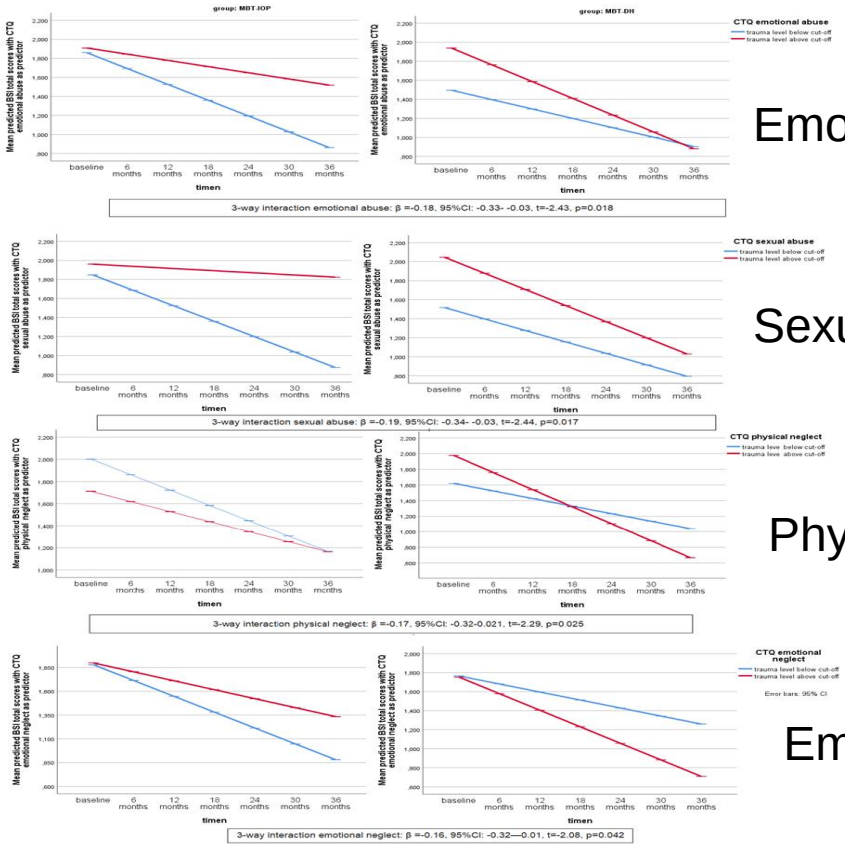
Prevalence of trauma in recent MBT trial

	Total Group (*n*=83)		MBT-IOP (*n*=34)		MBT-DH (*n*=49)		χ^2 *
At least 1 trauma category above cut-off	71	85.5	29	85.3	42	85.7	.957
Number of trauma categories above cut-off							.581
0	12	14.5	5	14.7	7	14.3	
1	19	22.9	8	23.5	11	22.4	
2	18	21.7	8	23.5	10	20.4	
3	14	16.9	8	23.5	6	12.2	
4	13	15.7	3	8.8	10	20.4	
5	7	8.4	2	5.9	5	10.2	

Smits, M. L., Luyten, P., Feenstra, D. J., Bales, D. L., Kamphuis, J. H., Dekker, J. J. M., . . . Van Busschbach, J. J. (in press). Trauma and outcomes of mentalization-based therapy for individuals with borderline personality disorder. *American Journal of Psychotherapy.*

Almost no effects of trauma on outcome

MBT-IOP MBT-DH



Emotional abuse

Sexual abuse

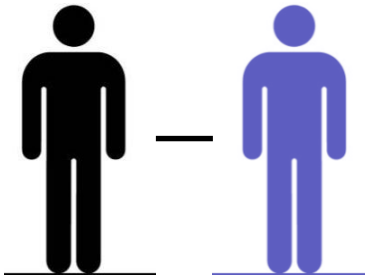
Physical neglect

Emotional neglect

Figure 1. Slopes of improvement in general distress of patients in MBT-DH versus patients in MBT-IOP with either substantial history or no history of emotional neglect, physical neglect, sexual abuse, and emotional abuse.

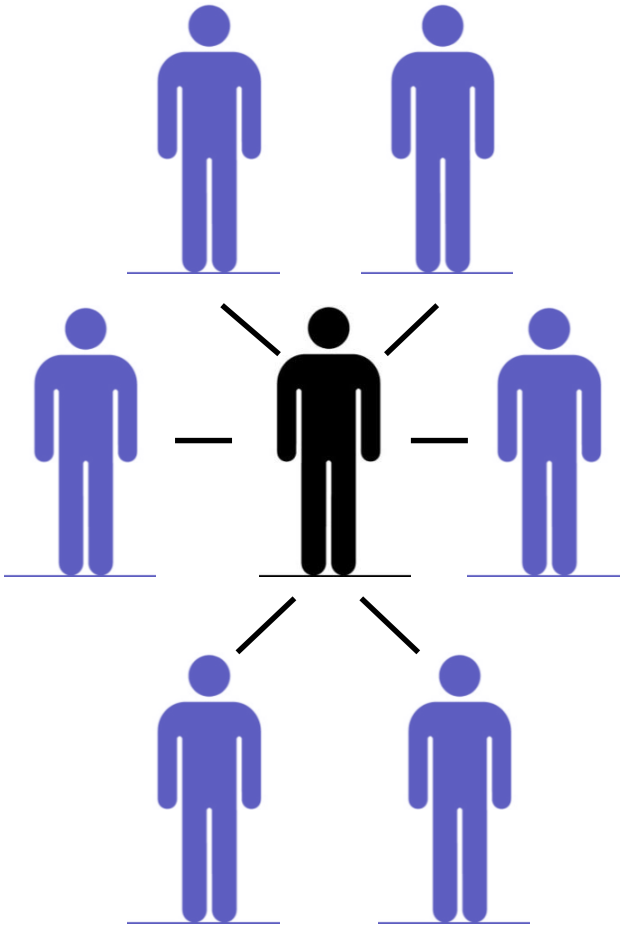
Smits, M. L., Luyten, P., Feenstra, D. J., Bales, D. L., Kamphuis, J. H., Dekker, J. J. M., . . . Van Busschbach, J. J. (in press). Trauma and outcomes of mentalization-based therapy for individuals with borderline personality disorder. *American Journal of Psychotherapy.*

Traditional therapeutic model



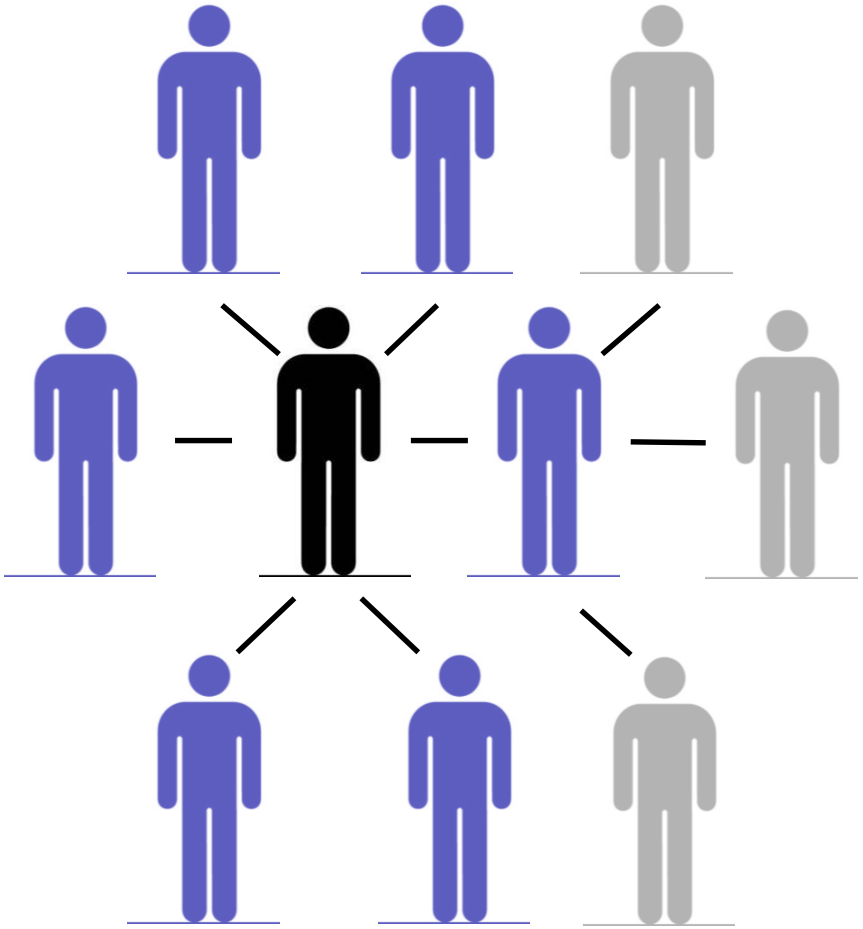
Patient and therapist are isolated in a room

Traditional therapeutic model



But the reality is that the therapist becomes part of the patient's (dysfunctional) social system, and systemic intervention may be required to address this

Systemic intervention: AMBIT



The therapist requires their own system of support relationships with other clinicians in order to scaffold their capacity to mentalize and facilitate epistemic trust

Conclusions

- MBT provides a **comprehensive approach** to the conceptualization and treatment of (complex) trauma
- **Evidence base** is relatively robust
- **MBT-TF** under development
- **Recent extensions to children and adolescents**

➢Reflective Fostering Programme (RFP)

- Redfern, S; Wood, S; Lassri, D; Cirasola, A; West, G; Austerberry, C; Luyten, P; ... Midgley, N. (2018) The Reflective Fostering Programme: background and development of a new approach. Adoption & Fostering , 42 (3) pp. 234-248.

➢Lighthouse Parenting Programme

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Thanks….

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