

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

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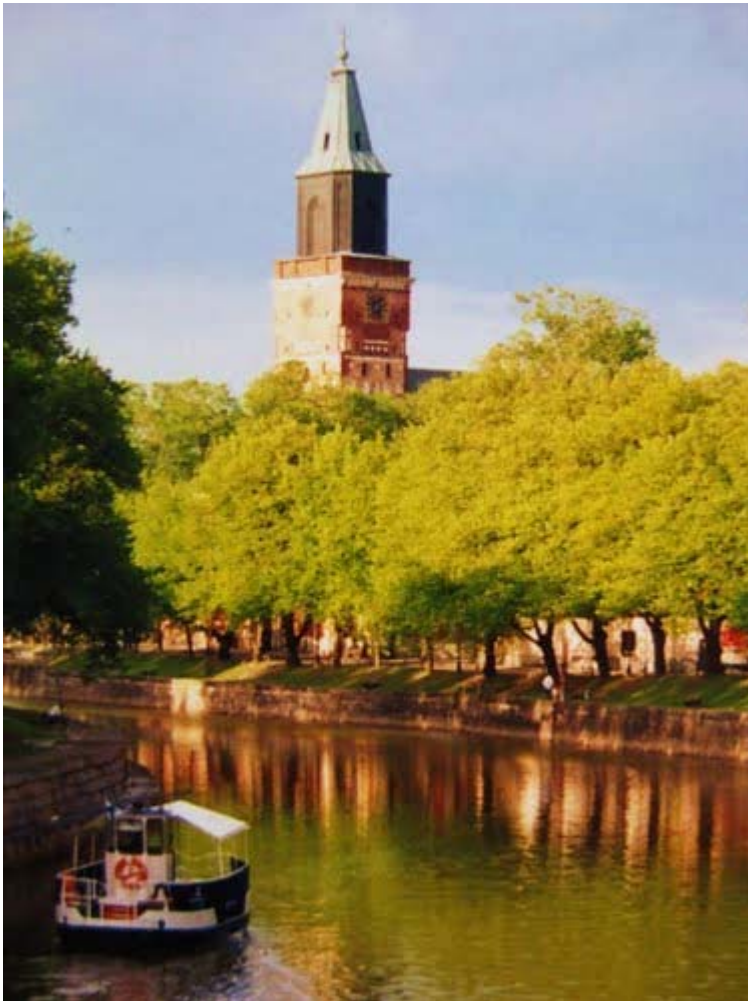
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# Finnish Student Health Service in Turku





## Introduction

- Clinical experience: severe long-term affective disorders among university students have increased.
- These disorders include patients with **unstable personality disorder**.



## **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 target group.



# 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 aim of the group

- Curiously observe and examine the contents of one's own and other's mind:
  - *desires, needs, sensations, images, emotions, thoughts, memories etc.*
- 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

### Implicit mentalization

- Practicing to sooth oneself.
- Recognizing and understanding the changes of sensations, images and emotions.

### Explicit mentalization

- Ability to verbalize and reflect emotions and thoughts in emotionally important relationships.



## 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** focusing on moments of 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) are used



- Studying non-mentalizing and mentalizing ways of being with emotionally important others
  - Family members
  - Friends
  - In couple's relationships
  - What kind of repeated difficulties appear?
  - Can we together mentalize the difficulties and thus assist a change?
- Towards the separation of the group, feedback and farewell



## Measures: cohorts 2015 and 2017

### **IIP-32 inventory of interpersonal relations (Horowitz et. al 2000)**

- Relational problems
- **SES self esteem scale (Rosenberg 1965)**
- Self-esteem
- **MZQ mentalization questionnaire (Hausberg et al. 2012)**
- Mentalization capacity



## 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)
  - Refusing self-reflection (REF)
  - Emotional awareness (EA)
  - Psychic equivalence (EQ)
  - Regulation of affect (RA)
- Good reliability(.81) ja validity



## RESULTS

The two cohorts differed from each other in the beginning of the intervention. 2017 cohort had less interpersonal problems (IPP) and better self-esteem (SES) than 2015 cohort (see Table 1). There were no other statistically significant differences between the two cohorts (almost significant: MZQ average, MZQ AW and MZQ EQ).



# RESULTS

**Table 1: Starting level differences between cohorts**

|             | 2015          | 2017          |       |    |      |         |
|-------------|---------------|---------------|-------|----|------|---------|
| Scale       | M (SD)        | M (SD)        | t     | df | Sig. |         |
| IIP         | 61.57 (12.69) | 40.43 (15.93) | 2.75  | 11 | <.05 |         |
| SES         | 7.14 (3.44)   | 17.00 (4.90)  | -4.36 | 11 | <.01 |         |
| MZQ average | 2.57 (0.43)   | 3.10 (0.58)   | -1.91 | 11 | n.s. | (p=.08) |
| MZQ REF     | 3.39 (0.64)   | 3.82 (0.53)   | -1.36 | 12 | n.s. |         |
| MZQ AW      | 2.11 (0.72)   | 2.86 (0.80)   | -1.84 | 12 | n.s. | (p=.09) |
| MZQ EQ      | 2.07 (0.80)   | 2.93 (0.81)   | -1.99 | 12 | n.s. | (p=.07) |
| MZQ RA      | 2.76 (0.50)   | 2.67 (0.90)   | 0.24  | 9  | n.s. |         |



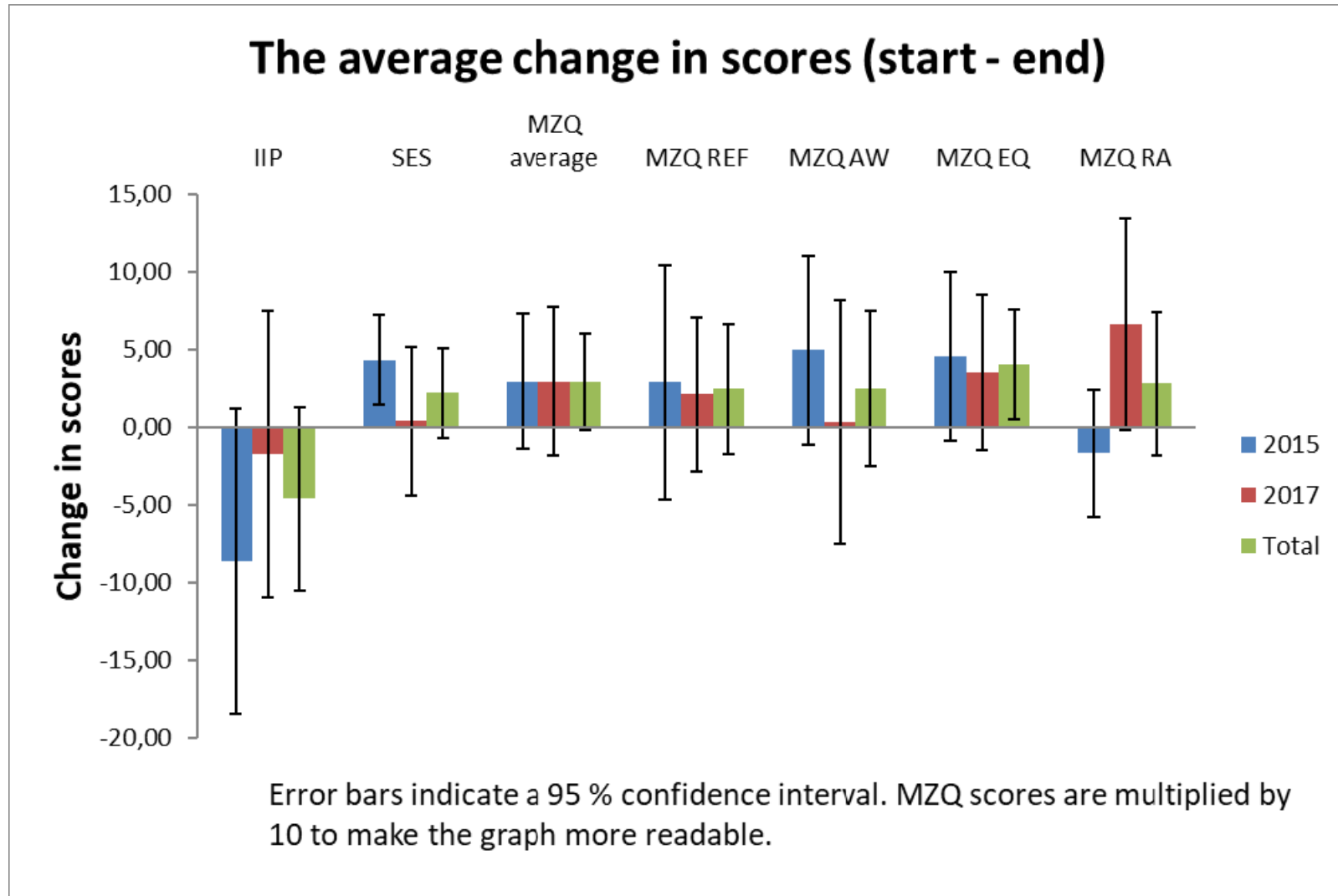
## RESULTS

- When studying the change in personality function the scores of group members in three different questionnaires were compared at the beginning and at the end of group process separately for each cohort (2015 and 2017), as well as both cohorts combined (Total). The results are shown in Figure 1.





# RESULTS





## Discussion

- The samples were small and so the **results are preliminary**.
- However, results are consequent in different measures, implying that the measures are valid and reliable.
- Both quantitative measures and individual follow-up interviews made after therapy showed beneficiary results (case examples may be presented).
- Short-term group therapy generated different kind of changes in **studied areas of mentalizing** in these two groups



## Discussion

- Interpersonal capacities and self esteem (over all mentalization capacity) were better in 2017 group at the starting point of the treatment
- 2015 group having poorer over all mentalization had more over all benefit from the treatment
- 2015 group seemed to have more benefit for the development of the self awareness dimension of MZQ whereas 2017 group seemed to have more benefit for the development of the regulation of affect.
- More studies are needed to verify the results.

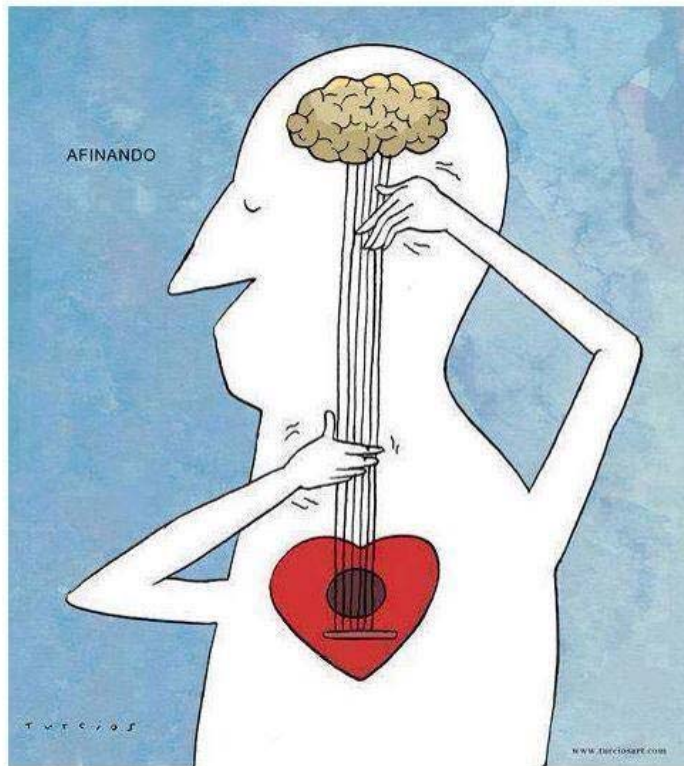


## Literature

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# Thank you for mentalizing!



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