Mentalisation Based treatment for
Borderline Personality Disorder (BPD)

This section describes the knowledge and skills required to carry out
Mentalisation Based treatment for Borderline Personality Disorder.

It is not a 'stand-alone' description of technique, and should be read as part of the
competence framework for individuals with personality disorder.

Source:
Bateman, A. & Fonagy, P. (2006) Mentalisation-based treatment for Borderline
Personality Disorder. Oxford: Oxford University Press

Knowledge

General

An ability to draw on knowledge of the psychological and interpersonal difficulties experienced by clients with a diagnosis of BPD

Knowledge of the developmental model underpinning the understanding of BPD

An ability to draw on knowledge that a mentalisation based approach is grounded in neurobiology and attachment theory
An ability to draw on knowledge of mentalisation as a generic psychological process
An ability to draw on knowledge that the MBT model formulates the mental vulnerabilities associated with BPD as arising from the loss of a capacity for mentalisation in the context of attachment relationships
An ability to draw on knowledge of the developmental factors and experiences that are typically associated with a vulnerability to loss of mentalisation (e.g. a history of abusive relationships)
An ability to draw on knowledge that vulnerability to loss of a capacity for mentalisation makes it likely that the client's internal reality will rest on modes of experiencing associated with early phases of development, and this will undermine the coherence of self-experience

Knowledge of the aims and focus of the intervention

An ability to draw on knowledge that MBT aims to increase the client's capacity to mentalise at points when it would otherwise be lost
An ability to draw on knowledge of indicators that signal 'good' and 'poor' mentalising (e.g. a capacity to distinguish between appearance and reality; to monitoring and reflect on own thoughts, feelings and language to infer meaning; to reason from a basis of knowledge about self or others)
An ability to draw on knowledge that the therapy aims to support the recovery of mentalisation, not the acquisition of insight into unconscious dynamics

An ability to draw on knowledge that the treatment systematically focuses on:
the client's state of mind, not on their behaviour
the client's affects in the here-and-now of the session or recent past, not on the interpretation of unconscious or distal events

Knowledge of the intervention strategy

An ability to draw on knowledge of the ways in which MBT can be delivered (individually, in a group, or both individual and group therapy in the context of either day hospital provision or intensive out-patient treatment with psychiatric support)

An ability to draw on knowledge that the three main phases of the treatment have distinct aims targeting particular processes:
an initial phase which aims to engage the client and to assess their capacity to mentalise
a middle phase which focuses on helping the client to develop a mentalising capacity and to retain it amidst emotional states
a final phase which focuses on helping the client to prepare for ending treatment
An ability to draw on knowledge that the intervention makes active use of the client-therapist relationship to explore failures of mentalisation and their consequences

Therapeutic stance

An ability to establish and maintain a supportive, reassuring and empathic relationship with the client
An ability to adopt a stance of 'not knowing' which communicates to the client a genuine attempt to find out about their mental experience
An ability to sustain an active, non-judgemental mentalising stance that prioritises the joint exploration of the client's mental states:
an ability to communicate genuine curiosity about the client's mental states through actively enquiring about interpersonal processes and their connection with the client's mental states
An ability to sustain a positive, supportive stance without undermining the client's autonomy:
an ability critically to make use of supportive interventions that may involve taking concrete action while maintaining therapeutic boundaries (e.g. endorsing a client's decision to disclose an intention to self- harm, or agreeing to negotiate a brief hospital admission on a client's behalf, if needed in an emergency)
An ability critically to reflect on when and how to self-disclose, and to do so selectively in the service of fostering mentalising by the client
an ability for the therapist to communicate their own way of thinking about experiences brought by the client (disclosing the therapist's emotional reactions and thoughts in response to the relational context described by the client)
an ability for the therapist to show an openness to reflecting on their own 'non-mentalising errors' and how these may have impacted on the client (e.g. by discussion, through relevant questions and observations)
an ability to model honesty by acknowledging the therapist's own errors

Assessment

General

An ability to assess the client's overall functioning to arrive at a diagnosis of BPD
An ability to assess level of risk to self and other

Model-specific areas of assessment

An ability to distinguish mentalisation from:
pseudo-mentalisation or 'pretend mode' (where the client appears to mentalise, but in a way that is not stable over time, inconsistent with other thoughts about the self, and not linked to appropriate affect, and where discussion of their thoughts and feelings may lead to rapid agreement, without reflection or scrutiny)
concrete (psychic equivalent) thinking (a prementalising mode of thinking in which reality is equated with mental states, and the sense of representation of mental states is absent)
teleological thinking (basing judgements solely on what about what happens in the physical world ("someone is late, therefore they don't want to see me"))
misuse of mentalisation (using an understanding of another's mental state to exert power over them, rather than to communicate and foster understanding)

An ability to assess the client's capacity to mentalise, and the factors that undermine this capacity, by exploring their current and past interpersonal context:
an ability to elicit a detailed picture of the client's significant relationships and their connection with presenting problem behaviours
an ability to elicit interpersonal narratives by asking questions that invite the client to elaborate and reflect on their own mental states and those of others

An ability to assess the quality of the client's current and past interpersonal functioning, including:
whether the client's pattern of relationships is characterised by hyper-activating or deactivating strategies:
hyperactivating strategies (e.g. vulnerability for self-other confusion)
deactivating strategies (e.g. avoidance of relationships in the service of maintaining stabillty, or strong approach-avoidance conflicts)
the quality of communication between the client and other people

Engagement

An ability to communicate with the client in a direct, authentic, transparent manner, using simple and unambiguous statements so as to minimise the risk of over-arousing the client by over-estimating their capacity to mentalise
An ability to share the diagnosis of BPD with the client in an open, collaborative manner that encourages them to reflect on what this means for them in the context of their experience and reported difficulties

An ability to introduce the client to an attachment-based understanding of BPD:
an ability to pitch the level of explanation according to an assessment of the client's capacity to take in new information (which in turn will depend on their capacity to mentalise at that moment)
an ability to personalise the introduction of the model by linking it to the client's own history and current experiences

An ability to introduce the client to the treatment rationale and goals, primarily through using the live process in the session (e.g. by highlighting examples of their mentalising strengths and vulnerabilities as they describes themselves and their relationships)
An ability to introduce the client to the ground rules that protect the treatment boundary, and to provide a rationale for them in the context of the mentalising focus of the treatment:
an ability to engage the client in exploring their reaction to the ground rules

Formulation and planning

An ability to arrive at a written formulation that can be shared with the client, setting out relevant issues related to their vulnerability to loss of mentalising clearly and explicitly, and illustrated with examples drawn from the assessment:
introducing and discussing the formulation with the client while monitoring the impact it has on them, and responding sensitively to indicators of emotional arousal.
modifying the formulation according to new understandings that emerge
An ability to work collaboratively with the client to agree short term and long term goals, and to identify what the client can do for themselves in a crisis and how they will access help if necessary
An ability to identify the client's main subjective concerns as well as problematic behaviours (such as self-harm) and develop a formulation that links these areas and indicates a pathway for change
An ability to engage the client in collaboratively identifying how they will access help when in crisis

Intervention

Knowledge

An ability to draw on knowledge that interventions are aimed primarily at helping the client discover what they feel and to develop meaning, and not to interpret what the client may be feeling and why they may be feeling it

General characteristics

a) Content of interventions

An ability to make interventions that are:
focussed on the client's thoughts and feelings, not on their behaviour
affect focussed (primarily in relation to the here-and-now of the session)
related to current event(s) and to near-conscious or conscious content
simple, short and unambiguous
qualified/ tentative, so as to model managing uncertainty in relation to the mental states of others (e.g. 'I am not sure if…')
An ability to accurately and succinctly restate and spell-out the assumptions behind the client's thoughts and feelings about an issue, neither oversimplifying nor overcomplicating the client's experience

b) Process of intervention

An ability to respond to the client's requests for clarification in a direct and clear manner that models a self-reflective stance that is open to correction
An ability to follow shifts and changes in the client's understanding of their own and others' thoughts and feelings
An ability to become aware of and respond sensitively to sudden and dramatic failures of mentalisation in the client
An ability to make use of the here-and-now relationship with the therapist to help the client identify failures of mentalisation and explore their consequences
An ability to consider the timing and the type of interventions in the context of an assessment of the client's current emotional state, so as to maintain the client's level of arousal at an optimal level that supports (and does not disrupt) mentalising

Ability to explore mentalising

Knowledge

An ability to draw on knowledge that basic mentalising interventions are introduced in a gradual, staged manner in which the client's state of emotional arousal is closely monitored so as to ensure that the client can mentalise (and therefore make use of) the therapy relationship

Ability to explore mentalising

An ability to use clarification and elaboration to gather a detailed picture of a the feelings associated with a specific behavioural sequence
An ability for the therapist to clearly restate and elaborate their understanding of thoughts, feelings, beliefs and other mental states described by the client, and to do so in a way that opens-up discourse about these (rather than closing it off)
An ability to help the client make connections between actions and feelings
An ability to help the client develop curiosity about their motivations
An ability to help the client identify instances when they failed to "read minds", and the consequences of this failure
An ability to share the therapist's perspective so as to help the client to consider an alternative experience of the same event
An ability to maintain or to redirect the focus of exploration to the client's felt experience, motivations and current state of mind, pointing out instances of 'non-mentalising fillers' (e.g. rationalisations, dismissive statements)
An ability to help the client shift the focus from non-mentalising interaction with the therapist towards an exploration of current feelings and thoughts relating to the client-therapist interaction, or recent experiences outside the therapy room
An ability judiciously to praise the client when the client uses mentalising with a positive outcome, so as to encourage and support change

Ability to re-establish mentalising

An ability to identify breaches in mentalising, as they occur in the client, the therapist or both, so as to redirect the focus on understanding the rupture or impasse and re-establish mentalising
An ability to draw attention to the rupture or impasse, exploring what has happened by focusing on the felt experience of the client
An ability to challenge the client's perspective whilst exploring their underlying emotional state
An ability to communicate to the client the affective process that inhibits the capacity to mentalise
An ability to sensitively, yet firmly persist with the focus on exploration of the client's state of mind in the face of a difficulty in reinstating mentalising

Ability to mentalise the therapy relationship

Knowledge

An ability to draw on knowledge that MBT focuses on encouraging the client to reflect on what is happening *currently* in the therapeutic relationship
An ability to draw on knowledge of the treatment rationale for focusing on the therapeutic relationship (i.e. helping the client consider alternative perspectives on the same event, not to provide insight)
An ability to draw on knowledge that mentalising the therapy relationship is only indicated when the client is considered able to reflect on their own mental states and those of the therapist in the context of heightened affect

Application

An ability to help the client gradually progress (over the course of treatment) from the least intensely felt reflection to the more intensely felt reflection, by staging interventions in the following sequence:
exploration of emotional experience in current external relationships
exploration of emotional experience in relation to interpersonal themes as they emerge in relation to the treatment
exploration of the therapy relationship
An ability to work collaboratively with the client towards an understanding of the therapy relationship by encouraging them to be curious about what has happened in the room:
an ability to use clarification and elaboration to elicit a detailed picture of what has transpired between client and therapist and develop a shared alternative perspective
An ability for the therapist to monitor their feelings and to convey these openly with the client in the service of enhancing the mentalising process (e.g. in order to regain a reflective stance after an enactment)

An ability to acknowledge and explore openly with the client an enactment on the part of the therapist:
an ability to communicate the therapist's perspective about the impasse or rupture, focusing on the failure of mentalisation, not on giving insight into underlying unconscious factors.

An ability to monitor and engage with the client's response to the therapist's attempts to mentalise the relationship

Ending the intervention

An ability address the ending of treatment in the context of the therapy relationship, and the potential for the client's experience of loss and abandonment to undermine their sense of self-coherence

An ability to help the client end therapy by:
recognising that clients with personality disorder may be particularly sensitive to the finite nature of therapy because of their life-long experiences of rejection
addressing the client's concerns about termination by discussing the issue early in treatment
negotiating a clear ending date and identifying arrangements for follow-up (balancing a sense of agency and personal responsibility with management of attachment loss)
building up community resources and contacts (to extend the client's opportunities to meet others and live a 'life worth living' in terms of personal constructive activity)
working jointly with the client to identify areas where the client shows a good capacity for mentalising, and considering how this capacity can be drawn on in areas where they remain vulnerable to a loss of mentalising
revisiting the formulation and discussing long-term goals
providing a written summary of treatment sessions as an aide memoire for the future

Metacompetencies

An ability to apply the core aims and strategies of a mentalising approach to a group and a systemic context including the client's family system and the system within which services are provided
An ability to work in a team using the mentalising approach and to help others retain a focus on this approach in their work with their clients, particularly at times of crises and difficulties
An ability to reflect on own work and identify where failures of mentalising on the part of the therapist interfered with the delivery of good quality care
An ability to monitor the client's progress in mentalising over the course of treatment