

Mentalising for Men: A Pilot Group

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Aims

- To develop a basic understanding of mentalizing and non-mentalizing
- To understand the links between non-mentalizing and attachment/childhood trauma
- To get an idea of what MBT proper entails
- To link the theory to practice with the *Mentalizing for Men Group*
- To share some preliminary outcomes from the *Mentalizing for Men Group*

Mentalizing: History and Definition

- Consistent finding that no therapy is significantly 'better' in treating personality disorder and other enduring mental health conditions
- Hypothesis by A. Bateman, P. Fonagy, & J. Allan that all effective psychological treatments stimulate and improve people mentalizing abilities
- Definition: Mentalizing is the cognitive action of attributing intentions to each other. It means making sense of our own and other's action and reactions as driven by underlying motives or mental states (e.g., thoughts, feelings, wishes, desires, urges)
- Mental states impacting on behaviour may not be in conscious awareness

Mentalizing (cont.)

- Mentalizing fluctuates in everyone; we sometimes are better at it and sometimes worse
- Linked with arousal/stress/anxiety: the higher arousal levels, the worse we get
- Problems in mentalizing thought to be a unifying feature of PD: across diagnoses people often lack a coherent picture of their own mental states and/or a clear separation between theirs and others
- Mostly pre-conscious imaginative activity and therefore prone to error

Group Discussion

What do we need
mentalizing for?
Why is it useful?

Purpose and Benefits of Effective Mentalizing

- Being able to emotionally support a loved-one
- Being able to rectify a misunderstanding
- Calming down an angry/anxious child
- Pitching a request to your boss
- To understand own reaction to a difficult situation
- Making compromises

- Regulate own feelings
- Communicate effectively with people
- Avoid misunderstandings
- Seeing the connection between emotions and actions
- Seeing connection between one person's actions on another's actions
- Having a robust/coherent sense of self

Video link:
[https://www.youtube.com/
watch?v=naleynXS7yo](https://www.youtube.com/watch?v=naleynXS7yo)

Mentalizing and Conflicts

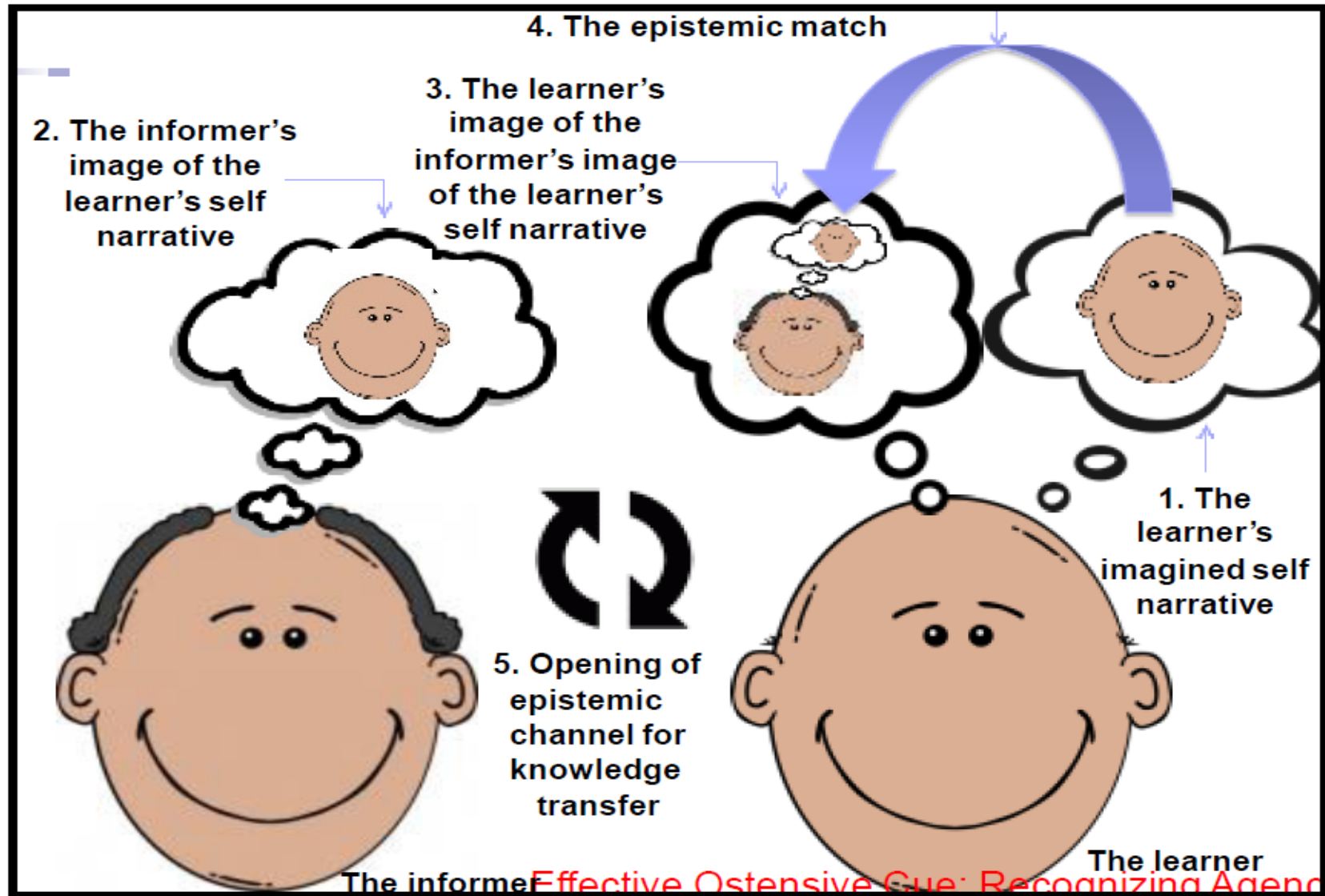
Group Discussion

What are some of the reasons why we so often misunderstand each other?

Mentalizing and Misunderstandings/Conflicts

- The mind is not transparent (i.e., we can't truly know mental states of others)
- Tendency to think others are thinking the same as we do
- Minds are layered: We may have some understanding of our own psyche but can never fully understand and access all our thoughts and feelings
- People are different and have different perspectives/interpretations of the world

- Defensive holding back thoughts or feelings
- Not being able to find the right words to express our inner experience
- 'Mind games'
→ w/in MBT every (!) interpersonal conflict (as well as all self-harm/risk-taking behaviour) consequence of mentalizing break-down

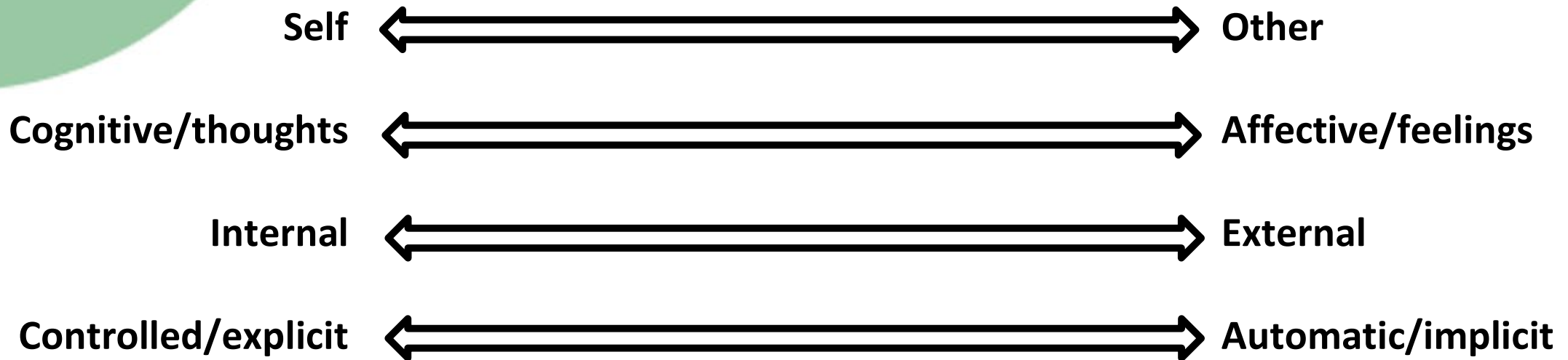


Effective Ostensive Cue: Recognizing Agency

The Mentalizing Poles

- For effective mentalizing a host of intersecting information needs to be taken into account
- Information can be organised along 4 dimensions/poles
- Effective mentalizers can move flexibly between the ends of poles and do not 'get stuck' anywhere

The Mentalizing Poles (cont.)



Non-Mentalizing Modes

- When we get stuck on certain ends of the poles, we fall into so-called non-mentalizing modes (sometimes called pre-mentalizing modes)
- 3 types: Psychic Equivalence, Teleological Mode, and Pretend Mode
- Indicators: focus on external factors, labelling, preoccupation with rules, blaming/fault-finding, excessive details without reference to thoughts/feelings, rigid assumptions and black and white thinking, certainty about mental states, absolutes such as 'just'/'clearly'/'obviously'/'all'

Role Play

Psychic
Equivalence –
'Stuck Mode'

Role Play

Teleological
Mode –
'Action
Mode'

Role Play

Pretend
Mode –
'Disconnected
Mode'

How does MBT Work in Practice

- Either individual or in groups
- 8-12 sessions of introduction (i.e., covering concepts and theory, developing MBT formulation)
- 12-18 months MBT proper
- Client talks about poignant situations in their week (part., interpersonal conflicts/misunderstandings, (para-)suicidal behaviours, DSH) with therapist using various techniques to foster mentalizing

Why is this group needed?

MENTALIZING FOR
MEN GROUP-EAST &
CENTRAL PCN

Dissocial Personality Disorder Traits

- Numbers on the increase - 2030 expected to be 6750 in B&H
- Gap in provision of treatment; fall between primary & secondary services
- Challenge of working with trauma and co-current conditions
- High level of mistrust/treatment avoidant
- Quality of life- self-harm and suicide high in this group
- Impact on families and the wider community

Who was the Group for?

- Men over 18 years of age
- There will be a history of aggression or violence, which may at times be directed at self but not exclusively
- This may be evidenced by prior convictions for violent offences, frequent contacts with the police, behaviours that were challenging to surgery staff, or exclusion from services due to aggressive/violent/hostile behaviours.
- They will not currently be open to secondary NHS mental health services or accessing psychotherapy elsewhere
- While it is accepted that referrals may have alcohol and substance misuse, for the therapy to be successful, they must not be dependent. Abstinence is not required to attend the programme.
- There needs to be an interest in exploring long-term group psychotherapy and some commitment to attend a weekly group

WHAT WILL HAPPEN WHEN I AM REFERRED TO THE GROUP?

We will meet with you and talk about how your difficulties have developed and what keeps them going.

We will then write you a letter of our understanding of the current difficulties from your story and how the group may be helpful.

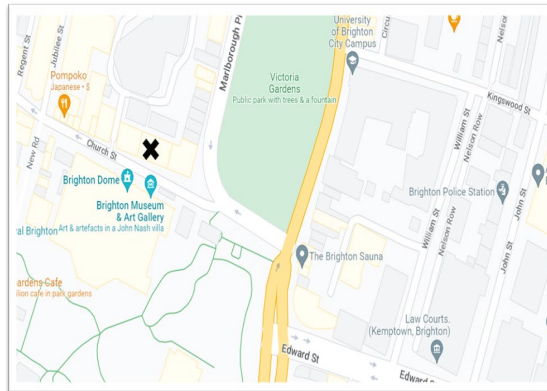
If we decide to go ahead with the group, initial sessions will explain more about what MBT is and what to look out for in your daily life.

THE GROUP

The Mentalising for Men Group takes place weekly.

When? Wednesdays between 5.30 and 6.45pm

Where? 3rd Floor, Blenheim House, Church Road Brighton (opposite the Dome)



Who will run it?

There are 3 of us running the Mentalising for Men Group.

We are a Psychologist, Psychiatrist and Occupational Therapist.

We all work for Sussex Partnership NHS Trust and are trained in MBT.

Referral is through your GP

MFM Mentalising for Men Group





MENTALISING FOR MEN

We are running a group locally in Brighton for men who struggle to manage their emotions and their relationships.

They may have had difficulties in their past which have become more complex as they have become older.

This group uses a therapy called mentalisation based therapy (MBT) to help people make sense of interactions, interpersonal conflicts, and people's states of mind.

The group aims to help members develop new ways of relating to others and hopefully feel better about themselves.

MBT has a primary focus on the here-and-now. Your past experiences may come up in treatment but the focus is on recent events and difficulties in mentalising.

DO YOU STRUGGLE WITH ANY OF THE FOLLOWING?

- *Feel your mood is low but not sure what to do about it?*
- *Put yourself in dangerous or risky situations, often without thinking about the consequences for yourself or other people?*
- *Sometimes get involved in illegal activity (you may have a criminal record)?*
- *Behave in ways that are unpleasant for others?*
- *Have sides of you that you don't feel happy with?*
- *Feel very easily bored and act on impulse - for example, you may find it difficult to hold down a job for long?*
- *Behave aggressively and get into fights easily?*
- *Do things even though they may hurt people and regret it afterwards?*
- *Often find emotions difficult, or you just feel numb a lot of the time?*
- *Have used drugs or alcohol to help manage difficult situations?*

If you answer yes to some or all of these questions the Mentalizing for Men Group may be for you.

WHAT IS MENTALISATION-BASED THERAPY(MBT)?

MBT is an evidence-based psychotherapy

It helps to make sense of our own and other people's thoughts, beliefs, wishes and feelings and to link these to our and other's actions and behaviours.

It is an important skill to help us navigate all relationships. However, some people find it more difficult to mentalise in certain situations than others. MBT is particularly useful for people who live with long-term difficulties in relationships. They can experience distress which may result in destructive behaviours such as aggression towards others.

It is also helpful for people who may be distrustful of other people and have difficulty in reading other people's responses to them.

MBT aims to improve a person's capacity to mentalise. It focuses on what is going on in their mind and in the minds of other people and link this to understand and alleviate problematic behaviours.

The Group

- Started September 2023 - initially as an 18-month pilot
- 26 referrals(further enquiries)/ 19 assessments/9 attendees
- Assessment followed by formulation letter
- Wednesday evenings weekly at Blenheim House for 75 minutes
- Group runs in 6 monthly blocks to allow new members to join
- Initial sessions are psychoeducational moving into exploratory therapy

Desired Outcomes

1. Improved mental health and social functioning - utilising of both PROMS & CROMS for evidence.
2. Better Quality of life - based on service user feedback.
3. Development of an understanding of emotions in particular anger and its impact on others
4. Decreased use of unplanned contact with GP surgeries and crisis services

What Members Say.....

- *"Since coming to the group my life hasn't been like a rollercoaster"*
- *"Not only does it give me extra support, it challenges my thinking and my perspective about the reality of the situation."*
- *"I've had a better understanding of choosing to act instead of reacting."*
- *"I think more about how I come across and how I perceive people."*
- *"I've had increased self-respect and communication."*

Case Study

Summary

MBT-informed Interventions

Model curious 'not knowing' stance

- Ask lots of questions about a given situation
- show genuine interest in mental states of person and their ideas about mental states of the other person
- use language that model that you have not made up your mind about anything ("I can't be sure but seems to me that"/"I wonder if"/"Correct me if I'm wrong" instead of 'what you're really telling me is'/'you got it all wrong');
- admit to getting things wrong and model that it's okay to make mistakes

Clarification, elaboration, challenge

- Aimed at slowing down cognitive processes
- go back and ask them to elaborate and clarify ("Hang on a minute! Could you just explain how you got to that conclusion? I'm not sure I follow.")
- particularly when using generalisations (e.g., "You always do this!", "You're all the same")
- NOT about fact finding but increase flexibility

Affect focus, elaboration, and labelling

- When people spontaneously talk about their feelings
- Ask them about their feeling and get them to elaborate on them
- emphasis on possibility to experience different/many emotions at same time
- If you're brave, bring your emotions into the conversation ("What do you think I felt when you said/did that?") BUT you need to be prepared to tell them what you really felt

Thank you
Any Questions?



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