

“Tricky Interactions”

Exploring mental health staff responses to stressful interpersonal sequences following Mentalizing Skills Training[†]

Dr Andrea Williams¹, Dr Sara Beedie¹, Prof Andrew Gumley^{1,2}

1. NHS Greater Glasgow & Clyde, 2. University of Glasgow, [†]Funded by NHS Greater Glasgow & Clyde Mental/Sexual Health Partnership

BACKGROUND

Psychiatric wards pose interpersonal challenges for patients and staff. Mentalizing is a useful overarching concept, developed within attachment theory, to understand and address relationships within ward settings. Mentalizing describes attending to mental states in ourselves and others, as we attempt to understand our own actions and those of others (Bateman & Fonagy, 2012). Mentalizing capacities develop in the context of secure attachment where compassionate attunement to the thoughts, feelings and intentions underpinning behaviour facilitates the development of mental state understanding in self and others. Mentalizing can be compromised during emotionally charged interactions (Liotti & Gilbert, 2011). This may constitute a core feature of borderline personality disorder but mentalization may also be compromised in other mental health difficulties including psychosis and depression (Liotti & Gumley, 2009; Gumley 2010). Restoring mentalizing is thought to help to defuse highly emotional situations, reduce risk of self-harm and aggression and increase the ‘therapeutic’ element in interactions between patients and staff. A focus on the fundamental psychological process of mentalizing forms the core of Mentalization Based Treatment (MBT). MBT has a growing evidence base for treatment of BPD, however less is known about the effectiveness of Mentalizing Skills training on staff’s reflective capacity and attitudes within challenging interactions.

AIMS

To investigate (i) feasibility of implementing staff training in in-patient settings to promote mentalizing in staff-patient interactions; (ii) changes to staff knowledge of attachment and mentalizing, staff reflective function and compassion following training.

METHODS

Design

This feasibility study will use a repeated measures design to explore staff participation, knowledge and skills acquisition following MBT Skills Training.

Recruitment

All nursing and OT staff from three acute adult psychiatric admissions wards within NHS Greater Glasgow & Clyde were invited to participate. In total, 46 individuals consented to participate (Senior Charge Nurse, n = 3; Charge Nurse, n = 8; Staff Nurse, n = 16; Nursing Assistant, n = 7; Patient Activity Nurses, n = 5; Occupational Therapist, n = 3; SHO, n = 1)

Study Procedures

Three in-patient wards were identified where senior staff agreed to support staff to participate in the study. Staff were invited to participate in two days of Mentalizing Skills training plus five months of follow-on supervision offered on the hospital site. Participants completed study measures with a Research Assistant pre- and post-training and following the final supervision group (5 months post-training).

Measures

Tricky Interaction Interview

Participants completed a purposefully designed brief semi-structured interview where they were asked to recall and describe a recent tricky interaction with a patient. Interviews were transcribed and fully anonymised before being coded according to the following measures:

- **Reflective Functioning Scale (RFS;** Fonagy et al., 1986). This scale provides a measure of the psychological processes underlying mentalizing. Reflective function is also linked with the quality of affect elaboration of others’ mental states.
- **Metacognitive Assessment Scale (MAS;** Semerari et al., 2003). The MAS codes metacognitive capacity on four subscales:
 - *Self-Reflectivity:* the ability to reflect on one’s own mental state
 - *Understanding of Others’ Minds:* the ability to reflect on the thoughts, feelings and motivations of others
 - *Decentration:* the ability to understand the world from the perspective of others
 - *Mastery:* the ability to effectively address psychological problems

Structured self-report questionnaires

Knowledge of Attachment and Mentalization Questionnaire (KAMQ)

Developed by members of MBT Scotland, the KAMQ is a 20-item Likert scale questionnaire assessing knowledge of attachment and mentalizing.

Personality Disorder Training Questionnaire (PDTQ)

This 7-item questionnaire assesses staff compassion and confidence in working with individuals with personality disorder diagnoses

Barrett-Lennard Relationship Inventory Empathy Scale (BLRI – MO Emp+)

The self-to-other empathy scale from the BLRI assesses empathic understanding. Participants were asked to complete this in relation to the particular patient considered during the Tricky Interaction Interview.

Toronto Empathy Questionnaire (TEQ)

The TEQ is a brief empathy measure derived from factor analysis of published empathy scales.

MBT Skills Training

Mentalizing Skills training is an application of the specialist MBT therapy model for generic mental health workers in ward and community settings. It applies the basic principles of MBT to everyday clinical situations. These skills can be used to facilitate the expression and validation of patients’ feelings, which then promotes an understanding of the relational context of feelings. The training is underpinned by attachment theory. It covers basic theory around mentalization, including recognition of modes of non-mentalizing (Psychic Equivalence, Teleological Stance, Pretend Mode). Role play scenarios are used to promote basic skills in restoring mentalizing. This training level places less emphasis on advanced techniques than does MBT Basic training.

The Skills level training has been adopted as a model in Scotland in particular and is currently employed in CMHTs, the Scottish Prison Service, secure hospital settings and for health visitors.

Training was delivered to staff in small groups over two separate days. Following training, staff were offered follow-on Mentalizing Skills supervision groups. Groups were held weekly and staff will be encouraged to attend at least fortnightly with aim of maintaining skills and building of the promotion of mentalization-based reflection and practice within the ward. Examples of greater and lesser use of mentalization by participants in consideration of patient behaviours are provided in Figure 1.



Figure 1. Illustration of mentalizing in staff discussing tricky interactions with service users

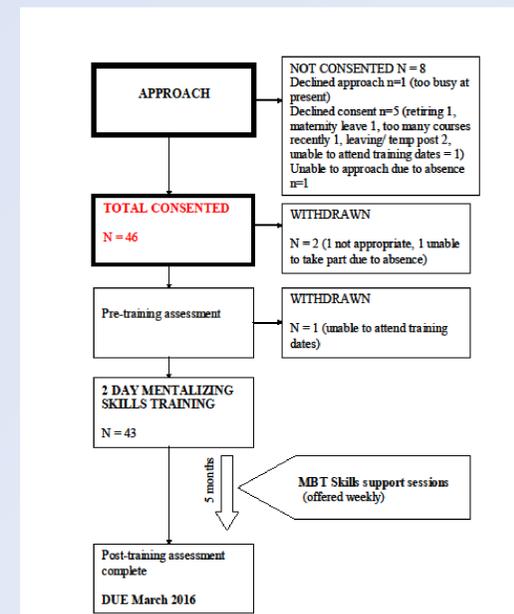


Figure 2. Tricky Interactions CONSORT

RESULTS

Recruitment to the study commenced in July 2015 and participants are currently engaging the follow-on supervision phase. It is anticipated that final participant assessment will completed by the end of March 2016.

46 individual staff members consented to participate. 43 of these individuals progressed through the full 2-day training course and remain in the study at present (Figure 2.), indicating excellent engagement and a willingness for staff to utilise the opportunity for training and support in this area.

CONCLUSIONS

MBT Skills training appears to be feasible and acceptable to staff in in-patient psychiatric settings

We hope to demonstrate the impact of MBT Skills training on staff capacity to reflect on, and manage, tricky interactions. It is hoped that results will inform a larger-scale investigation, including measures of patient outcomes.

References

1. Bateman A. & Fonagy P. Ed. Handbook of Mentalizing in Mental Health Practice. American Psychiatric Publishing 2012.
2. Liotti G. & Gilbert P. Mentalizing, motivation and social mentalities: theoretical considerations and implications for psychotherapy. Psychology and Psychotherapy: Theory, Research & Practice 2011, 84, 9-25.
3. Liotti G. & Gumley A.I. An attachment perspective on schizophrenia: Disorganised attachment, dissociative processes, and compromised mentalisation. A, Moskowitz, M Dorahy, I Schaefer (Eds) Dissociation and Psychosis: Converging Perspectives on a Complex Relationship. John Wiley & Sons Ltd 2009.
4. Gumley A.I. The developmental roots of compromised mentalization in complex mental health disturbances of adulthood: an attachment based conceptualisation. In G Dimaggio & PH Lysaker. Metacognition and severe adult mental disorders: From basic research to treatment. London: Routledge 2010.