MECHANISMS OF CHANGE IN PSYCHOTHERAPEUTIC INTERVENTIONS FOR PERSONALITY DISORDER: PARTICIPANTS' EXPERIENCES OF CHANGE IN A MENTALIZING SKILLS GROUP

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INTRODUCTION

Fonagy, Bateman, and their colleagues have provided a compelling argument that a deficit in mentalizing is at the core of Borderline Personality Disorder (BPD). Fonagy and Bateman (2006; 2007; 2008) proposed that individuals with BPD experience disruptions in their early attachment relationships, such as through a lack of attunement from their caregivers, or trauma within an attachment context, such as abuse. In accordance with their mentalizing theory, Bateman and Fonagy (2012) emphasise that mentalizing in people with BPD "can often be excessively automatic or implicit" (p.275) and therefore unreflective and nonverbal. They developed Mentalization-Based Treatment (MBT; e.g., Bateman & Fonagy, 2006) which aims to move a patient towards explicit and controlled mentalizing by enhancing coherent representations of internal states, and increasing insight into how these internal states influence their interactions with others. The effectiveness of MBT for BPD has been demonstrated in randomized control trials (Bateman & Fonagy, 1999; 2008; 2009). However, a major shortcoming of the present literature is the lack of research about how participants experience this type of intervention and their perspectives about how it effects change. Alongside this, understanding more about mechanisms of change in interventions for personality disorder has been highlighted as a key area for research (e.g., Clarkin & Levy, 2006).

Aim of this study

1. Investigate the perspectives of participants with personality disorder who have completed an Explicit Mentalization group.
2. Identify what changes, if any, participants experience in the group, and what their beliefs are about the potential mechanisms through which these changes occur.

METHOD

The study was reviewed and approved by the South Central Oxford-A Research Ethics Committee. Eight participants were recruited over a period of five months from three 12-week Explicit Mentalization groups, known locally as Mentalizing Skills groups. All participants were White British females, and 6 of them were unemployed. Participants were aged 19-52 years. IPDE scores indicated that seven participants scored highly on the borderline personality dimension and other high scoring personality dimensions were schizotypal, avoidant, and histrionic. Pre-intervention scores on the CORE-OM were within the clinical range for all participants.

This study was based on a modified Grounded Theory (GT) methodology (Cutcliffe, 2000) and employed a retrospective interview-based design. The GT approach was informed by Charmaz (2006) and encompassed a constructivist position. Interviews, following a semi-structured interview schedule, took place once participants had completed the group (3-17 weeks after) and lasted 45-68 minutes. Each interview was recorded, transcribed verbatim and coded by the lead researcher.

RESULTS

All participants were able to reflect on their experiences in the group and any changes they had experienced. Despite individual differences in participants' overall experiences of the intervention, the aspects identified as either helpful or unhelpful were consistent across the sample.

MODEL DEVELOPMENT

Mechanisms of Change were the aspects of the intervention which appeared most salient and potent to participants' experiences of change. Four mechanisms of change were identified: Valuing the intervention, sharing experiences, developing relationships in the group, increased mentalizing

Helpful aspects of the intervention which seemed to facilitate mechanisms of change were organised according to four categories: function of the group, group interaction, rupture resolution, and psychoeducation.

Unhelpful aspects of the group were identified as hindering the operation of mechanisms of change and were termed 'barriers': Mentalization does not always work in practice, concept of mentalization not very accessible; experiential exercises confusing, difficulty talking in group, high drop-out, not enough time or space

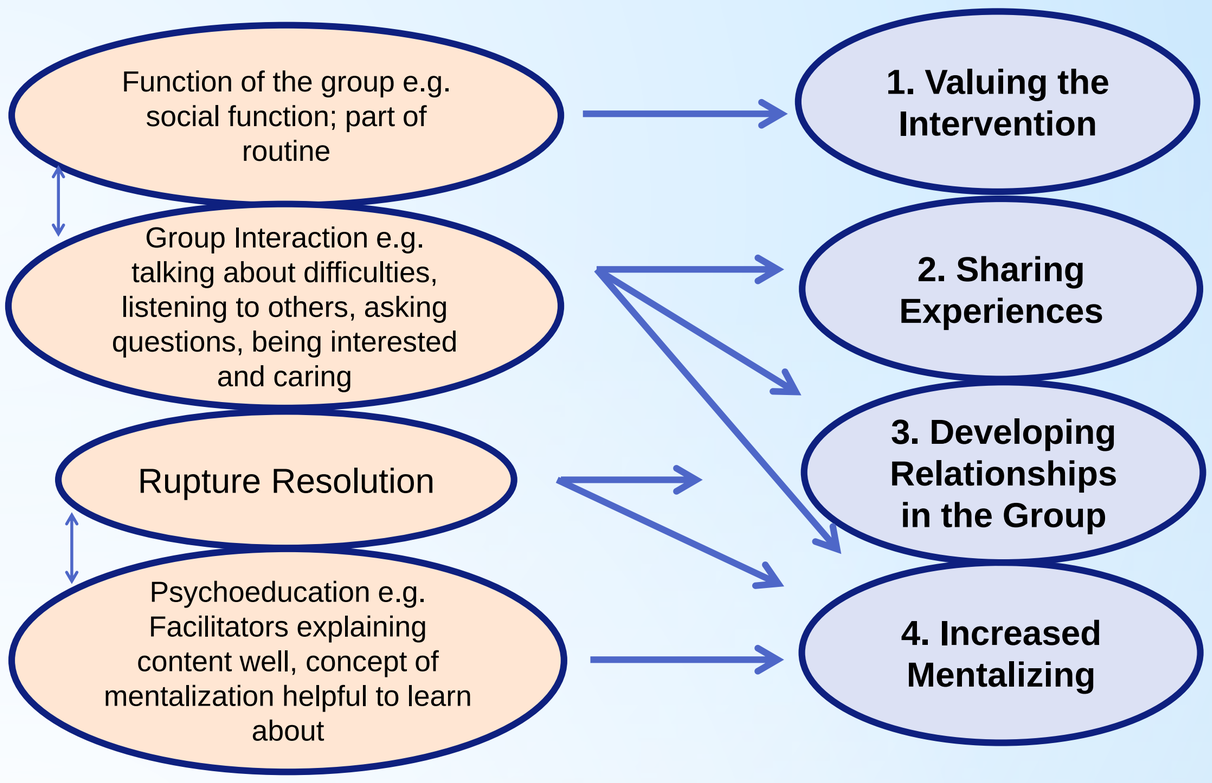

Figure 1. Model of the Process of Change in a Mentalizing Skills Group

DISCUSSION

This modified grounded theory study investigated participants' experiences of change in a Mentalizing Skills group. The key resulting mechanisms of change that were identified were valuing the intervention, sharing experiences, developing relationships within the group, and increased mentalizing. Valuing the group also appeared to be a key factor in promoting continued engagement in the intervention, allowing the opportunity for exposure to the other mechanisms. The outcomes participants experienced included normalisation of their difficulties, containment of emotions, feeling understood and supported, behaving differently, improved relationships, and reduced difficulties and distress.

Implications for Clinical Practice and Further Research

- This model of the process of change could apply, at least in part, to any psychoeducational/skills group given that valuing the intervention, sharing experiences, and developing relationships within the group are likely to operate as change mechanisms in any group intervention.
- This model highlights the value of such groups in their ability to promote positive outcomes and their utility should not be underestimated.
- This research indicates the importance and usefulness of giving patients a voice (e.g., National Institute for Mental Health in England; NIMHE, 2003).
- Continued engagement seemed to rely on an individual valuing the intervention, and therefore instilling hope and optimism about an intervention could be helpful from the assessment phase.
- In order to optimize mechanisms of change, training for facilitators needs to ensure that not only is the educational content of the intervention understood, but that issues relating to the delivery of such content and wider group process are also appreciated.

Example Quotes

"The group was something to look forward to. If ever I felt really down I would just think oh I got my group next week" ; "It was almost like a lifeline" (Valuing the Intervention)

"It's been really good talking about things because I've never really spoken to anybody about what I'm feeling" ; "We were listening to other people's answers which was great because then you can relate and things like that" (Sharing Experiences)

"It's nice to be able to talk to someone that understands how I'm feeling because they have been through it themselves" ; "the therapists were very good. You know when you spoke they really looked at you and just concentrated on what you was saying" (Developing Relationships in Group)

"Normally I would have screamed and shouted down the phone then gone off and taken it out on myself whereas instead I thought about it…we tried to see each other's points of view… if I hadn't done the group, I don't think I would have known how" ; "Everything that I have learned in the group it's like it is coming into my day to day life now, like I talk to my boss differently at work" (Increased Mentalizing)

Study Limitations

- Small sample size which consisted of White British females with BPD and may not be representative of others who completed the intervention.
- It is possible that the interview data was biased by participants giving the interviewer the answers they thought might be preferred or expected from them. Asking participants directly about what was unhelpful about the intervention aimed to address this limitation.
- It is important to acknowledge that the model of change reflects the mechanisms that participants felt were significant in the intervention, and it is possible that these might not reflect what is important for enabling change in reality. However, the sample came from three groups which increases reliability of the findings.

CONCLUSION

The model of the process of change has clinical implications in terms of what group facilitators need to be aware of when delivering interventions, and further research is required to indicate the extent to which this model applies to other psychoeducational and skills groups. It is imperative that people with personality disorder are involved in research to ensure that interventions being developed and refined capitalise on the ingredients important to themselves. Given that mechanisms of change often appear elusive to researchers and to clinicians, it follows that appealing to the individuals who have participated in interventions increases the ability to target these for maximum therapeutic gain. There is a lot more to understand about the mechanisms effecting change in interventions for personality disorder, but identifying those which are important to people with personality disorder appears a good place to start.

References

Charmaz, K. (2006). *Constructing grounded theory: A practical guide through qualitative analysis.* Thousand Oaks, California: Sage Publications.
Clarkin, J.F., & Levy, K.N. (2006). Psychotherapy for patients with borderline personality disorder: Focusing on the mechanisms of change. *Journal of Clinical Psychology, 62,* 405-410. doi:10.1002/jclp.20238
Cutcliffe, J.R. (2000). Methodological issues in grounded theory. *Journal of Advanced Nursing, 31,* 1476-1484. doi:10.1046/j.1365-2648.2000.01430.x
Fonagy, P., & Bateman, A.W. (2006). Mechanisms of change in mentalization-based treatment of BPD. *Journal of Clinical Psychology, 62,* 411-430. doi:10.1002/ jclp.20241
Fonagy P., & Bateman, A.W. (2007). Mentalizing and borderline personality disorder. *Journal of Mental Health, 16,* 83–101. doi:10.1080/09638230601182045
Fonagy, P., & Bateman, A.W. (2008). The development of borderline personality disorder- a mentalizing model. *Journal of Personality Disorders, 22*, 4–21. doi:10.1521/pedi.2008.22.1.4
Fonagy, P., Bateman, A.W., & Luyten, P. (2012). Introduction and overview. In A.W. Bateman & P. Fonagy (Eds.), *Handbook of Mentalizing in Mental Health Practice* (pp. 3-42). Arlington, USA: American Psychiatric Association.
Fonagy, P., & Luyten, P. (2009). A developmental mentalization-based approach to the understanding and treatment of borderline personality disorder. *Development and Psychopathology, 21,* 1355- 1381. doi:10.1017/S0954579409990198
National Institute for Mental Health in England (2003). *Personality disorder: No longer a diagnosis of exclusion.* London: Author.

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