Mentalization Based Treatment for Children in the Context of Trauma

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Acknowledgements

The co-authors of the MBT-C treatment guide:

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Let us mentalize together!

Who seems to be safely attached in the following story and why?

What comes to mind thinking about the wolf?

© Mario Ramos ‘Ich bin der Stärkste im ganzen Land’
Who seems to be safely attached in the following story and why?

little dragon: she dares to speak her mind because she has a safe representation of her mother, who sometimes in reality and sometimes in her mind is right behind her. She is likely to grow older with a positive selfrepresentation and a positive image of the other.

What comes to mind thinking about the wolf?

The wolf seems not aware of how afraid everyone seems to be he encounters. He seems to have one perspective about himself and wants affirmation of that perspective. He is not having real contact. He has problems regulating his emotions. He is likely to grow older with an idealized self-image and with difficulty connecting and trusting others.
The recovery and/or development of mentalizing capacity in the context of an attachment relationship. Through which we aim to:

- Improve capacity to regulate emotions (‘volume control’)
- Create narratives about life and/or traumatic events
- Enhance capacity to manage aspects of the self (e.g. aggression, impulsivity) or life-experiences (e.g. parental mental illness, divorce, or bullying).

To strengthen parental reflective functioning and enhance the relationship between parents and child.
What are the key features of time-limited MBT-C?

- For children aged 5-12
- Time-limited, 12 weekly sessions after assessment phase
- Option of offering up to three 'blocks' of 12 sessions
- Work with parents offered alongside the child's sessions
“Trauma means that you have experienced to be left alone in the most difficult emotional situation”


So there was no one to help you mentalize about it.
Type of trauma

One traumatic event - like 9/11?

Complex relational trauma?
Trauma and the Developmental Perspective: Assessing Impact

Risk and Protective Factors in the context of the development of the capacity to mentalize:

- When? How often? Who? Where?
- Is there someone who has provided a protective shield for the child (Angels in the Nursery)
- Child’s Personality Development and Overall Functioning
- Child’s Temperament
- Sources of Resilience
Casus presentation: ‘Isaac’
information before we start

Isaac is 9 years old. He is the youngest in a family of three children. He has a sister of 14 and a brother of 16. Parents are divorced when he was 8 years old. He lives with his mother and siblings.

In the family has been very much violence and aggression, mostly of the father towards the mother, from his birth till the separation of his parents. The children often were their silent witness.

Isaac has been hospitalized for several conversion symptoms (medically nothing was diagnosed) and doesn’t go to school since a year. He is a traumatized boy not able to speak about his feelings or thoughts. Isolated and depressed. He gets anti-psychotic medication.
Isaac learns he cannot trust his father; he is at the same time caregiver and the subject of his fear. His mother cannot protect him. Can he trust others?

His developmental step to explore and learn is stopped. He is fearfull about himself and others: he doesn’t go to school.

He is hypervigilant, not able to relax, with his body telling his own story.

He has learned to observe his parents and copy their behaviour: sometimes he is very aggressive himself and sometimes very anxious.
Trauma and the Body

The body becomes the only means for children to express suffering if their impaired psychic functioning prevents them from managing it mentally.

In other words, the inability to properly mentalize trauma leads children to express their suffering through their body.

(Ensink, Bégin, Godbout, Normandin, & Fonagy, 2016)
How to integrate this into our therapeutic stance and technique? The MBT-C Therapist Stance

Central to **Embodied Mentalizing** is the theoretical claim that the movement of the entire body conveys information about the contents of our minds

*(Shai & Belsky 2016)*

Treat mentalizing as a multilayered construct that extends beyond verbal expressions and involves whole-body, nonverbal interactive processes between the therapist, parent(s) and the child
Ostensive cues to build epistemic trust

- Calling your name
- Making eye-contact
- Tone of voice
- Being interested and curious
- Being surprised
- Genuine and authentic
- Playful
- Empathic

Implicitely conveying the message:
We think about you. You are important. We see you as a person with a mind of your own.
Managing arousal level even more important
Isaac doesn’t want to come anymore

Your body is telling a story about all the terrible things that have happened in your life which you don’t want to talk about. You seemed to have swallowed so much nasty things that your belly hurts, you have to throw up and burp. We think it is worth looking for a way you can feel better, find maybe some words and a way to go back to school…. **Notice and name and connect with reality**

We will not force you into anything…. **Self-agency**

We think you are normal, but you didn’t grow up in a normal situation ….. **transparency using ostensive cues**
Building blocks of mentalization: Where do we meet the child?

- Attention regulation
- Emotion regulation
- Mentalizing capacity
Mentalizing and trauma - attention regulation problems

- Not experiencing the body
- No embodied mentalizing
- Hyper or hypo arousal
- Difficulty with joint attention
- Hypervigilance
- Less physical strengths or agency

- Isaac doesn’t seem to notice his body
- He makes little eye contact
- He has a bent posture
- He is hypervigilant
- He speaks very softly
- He shows no initiative
- There is joint attention playing darts
Mentalizing and trauma - emotion regulation problems

- More difficulty dealing with intense/ primitive feelings (rage and overall psychic pain)
- More problems in being aware, accepting and naming emotions
- Threshold for fear is low (hypervigilance)
- Very low frustration tolerance
- Overreliance on the use of the body

Isaac is not aware of his emotions - negative or positive
He wants to ignore them, doesn’t want to talk about them
He doesn’t feel confident with the therapist to explore his emotions
He doesn’t want to play

Own feelings of the therapist:
Be careful!
Slow down
Be present in a safe way, because he is fearfull
Mentalizing and trauma - mentalizing problems

- More bias in interpretation of others, often based on outside features
- Lower threshold in stopping mentalizing
- Longer time needed to come back to normal mentalizing level
- Less trained in seeing other perspectives
- Less capacity in problem solving
- Incapability to play or symbolise
- Alien self

Picture from “Reflective Parenting” Cooper & Redfern
Mentalizing abilities of Isaac

• The mentalizing abilities of Isaac are not strong:
• What he thinks is the truth: little space for other perspectives
• he is not able to play with toys or with ideas
• he has a fixed self-representation: ‘i am normal and don’t need therapy’ ‘i am strong like a tiger, although others think i am a little cat’
• He has difficulty feeling empathy or space for the feelings of others, like his brother
Assessment of the mother - blocked care (in short)

- Parent in survival mode
- Defensive and not open - epistemic hypervigilant
- Bodily care is blocked because of violence
- Not aware, naming or understanding own feelings
- Focus on behaviour and not on meaning
- Reactive instead of pro-active or responsive
- Trying to control and correct instead of attunement and attachment
What does being strong mean?

Physically strong: muscle power?
Strong in enduring a very difficult situation?
Strong in being able to ask for help?
Strong in daring to speak out?
Strong in being in control?
Schoolvisit of therapist with Isaac and mum

- Enhance epistemic trust - work with system!

Therapist

Ostensive cues
Self-agency
Self-recognition

Isaac

open to social learning

Healthy social environment

Uncreased interest in therapist’s mind
Follow up after 24 sessions

• Isaac is going to a ‘normal’ school and is doing well
• He has a friend and started to play chess
• He doesn’t have angry outburst anymore and feels happy
• The family has dinner together
• His brother has started therapy
• He doesn’t want to see his father
• Mother is having traumatherapy after MBTC
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