Formulation and short term MBT

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Research team

Mental Health Services
Psykoterapeutisk Center Stolpegård
Title
Short-term versus long-term mentalization-based therapy for outpatients with subthreshold or diagnosed borderline personality disorder - a randomized clinical trial

Trial status
Currently recruiting. We have randomized app. 100 participants.
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STUDY PROTOCOL

Short-term versus long-term mentalization-based therapy for outpatients with subthreshold or diagnosed borderline personality disorder: a protocol for a randomized clinical trial

Sophie Juul, Susanne Lunn, Stig Poulsen, Per Sørensen, Mehrak Salimi, Janus Christian Jakobsen, Anthony Bateman and Sebastian Simonsen

Abstract

Background: Psychotherapy for borderline personality disorder is often lengthy and resource-intensive. However, the current length of outpatient treatments is arbitrary and based on trials that never tested if the treatment intensity could be reduced. As a result, there is insufficient evidence to inform the decision between short-term and long-term psychotherapy for borderline personality disorder. Mentalization-based therapy is one treatment option for borderline personality disorder and consists traditionally of an 18-month treatment program.

Methods/design: This trial is an investigator-initiated single-center randomized clinical superiority trial of short-term (20 weeks) compared to long-term (14 months) mentalization-based therapy for outpatients with subthreshold or diagnosed borderline personality disorder. Participants will be recruited from the Outpatient Clinic for Personality Disorders at Stolpegaard Psychotherapy Centre, Mental Health Services, Capital Region of Denmark. Participants will be included if they meet a minimum of four DSM-V criteria for borderline personality disorder. Participants will be assessed before randomization, and at 8, 16, and 24 months after randomization. The primary outcome is severity of borderline symptomatology assessed with the Zanarini Rating Scale for borderline personality disorder. Secondary outcomes include self-harm incidents, functional impairment (Work and Social Adjustment Scale, Global Assessment of Functioning) and quality of life (Short-Form Health Survey 36). Severity of psychiatric symptoms (Symptom Checklist 90-R) will be included as an exploratory outcome. Measures of personality functioning, attachment, borderline symptoms, group alliance, and mentalization skills will be included to explore potential predictors and mechanisms of change.

Discussion: This trial will provide evidence of the beneficial and harmful effects of short-term compared to long-term mentalization-based therapy for outpatients with subthreshold or diagnosed borderline personality disorder.

Trial registration: ClinicalTrials.gov, NCT03677037. Registered on September 19, 2018.

Keywords: Mentalization-based therapy, Borderline personality disorder, Randomized clinical trial, Treatment intensity
Overview

• **Why** we need to know about the effect of time on MBT treatment
• **How** are we structuring the short term treatment
• The role of (case and termination) **formulation**
• **Recap, Questions and reflections**
Why?
Economic gap

Quality and productivity

Innovation based on evidence
And clinical knowledge
Resources
Clinicians are rarely persuaded by such references…
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Clinical discourse

- Short = cutting expenses
- Short = management control
- Short = unethical
- CBT = no effect
- Short = Good
- Psychic Equivalence?
- Pretend Mode?
Therapist allegiance

Treatment with the best effect (measured with the outcome measures of this study) according to the therapists

- Long-term MBT (14 months)
- Short-term MBT (20 weeks)
- No difference
- No response to item
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Therapist allegiance?

Ideal treatment duration according to the therapists

- Less than 3 months
- 3-6 months
- 7-10 months
- 11-14 months
- 15-18 months
- More than 18 months
- No response to item
So much for curiosity and The not-knowing stance!
Reasons to be curious

• Cristea (2017)

  “… treatment intensity (both treatment duration and exposure) was not related to the treatment outcomes considered” (Cristea et al., 2017, p. 326)

  • Not direct comparison but indirect evidence.

• McMain (2015)

  • No empirical evidence exists to guide us in the selection of the right treatment duration for the individual patient

  • There’s furthermore no empirical evidence suggesting that long-term therapies are necessary for all BPD subtypes
The effectiveness of 6 versus 12-months of dialectical behaviour therapy for borderline personality disorder: the feasibility of a shorter treatment and evaluating responses (FASTER) trial protocol

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Abstract

Background: Although Dialectical Behaviour Therapy (DBT) is an evidence-based psychosocial treatment for borderline personality disorder (BPD), the demand for it exceeds available resources. The commonly researched 12-month version of DBT is lengthy; this can pose a barrier to its adoption in many health care settings. Further, there are no data on the optimal length of psychotherapy for BPD. The aim of this study is to examine the clinical and cost-effectiveness of 6 versus 12 months of DBT for chronically suicidal individuals with BPD. A second aim of this study is to determine which patients are as likely to benefit from shorter treatment as from longer treatment.

Methods/Design: Powered for non-inferiority testing, this two-site single-blind trial involves the random assignment of 240 patients diagnosed with BPD to 6 or 12 months of standard DBT. The primary outcome is the frequency of suicidal or non-suicidal self-injurious episodes. Secondary outcomes include healthcare utilization, psychiatric and emotional symptoms, general and social functioning, and health status. Cost-effectiveness outcomes will include the cost of providing each treatment as well as health care and societal costs (e.g., missed work days and lost productivity). Assessments are scheduled at pretreatment and at 3-month intervals until 24 months.

Discussion: This is the first study to directly examine the dose-effect of psychotherapy for chronically suicidal individuals diagnosed with BPD. Examining both clinical and cost effectiveness in 6 versus 12 months of DBT will produce answers to the question of how much treatment is good enough. Information from this study will help to guide decisions about the allocation of scarce treatment resources and recommendations about the benefits of briefer treatment.

Trial registration: NCT02387736. Registered February 20, 2015.

Keywords: Borderline personality disorder, Self-injury, Suicide, Dialectical behaviour therapy, Randomized controlled trials

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Maybe NO mean difference but subgroups

- Paraphrasing Gordon Paul, 1967:
  - What treatment duration, by whom, is most effective for this individual with that specific problem, and under which set of circumstances.

- Subgroups based on severity is not a straight forward matter (Gullestad et al. 2013; Antonsen et al. 2016; 2017)

- And then we have not even look at the therapist yet! (Johns et al., 2019)
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Visitation

BPD+ Informed consent

Randomize

**MBT-Short**
MBT – 5 months

- Case formulation
  (1+1 before MBT-G)
- Group preparation
- 10 individual sessions
- MBT-I
  (5 weeks)
- MBT-G
  (15 weeks)
- 3 followup sessions

**TAU**
MBT – 14 months

- MBT-I
  (6 weeks)
- Case formulation
  (1+1 before MBT-G)
- Relatives are invited twice
- 20 individual sessions
- MBT-G
  (1 year)
- 3 followup sessions
Common to both durations

- Time-limited. Treatment is not prolonged but patients can be referred to treatment for other conditions or community based support.
- Weekly group therapy and individual therapy every fortnight. Relatives are invited two evenings for support and psychoeducation. Use of Caseformulation.
- Same therapists in each arm
- Same supervision and MBT skills training
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Specific short term MBT ingredients

• Combined format (each group therapist has 4 patients in individual therapy).
• Groups are closed (drop-out are not replaced).
• Psychoeducation is integrated and offered for the first 5 weeks (in stead of regular MBT group).

So treatments differ on other (perhaps important) parameters than time!
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Pros and Cons

• The individual therapist may be a source of security in group (increase in exploration).

• The individual therapist has better memory of the patient’s case formulation and elaborated understanding of the patient in the group.

• Closed groups may promote more group cohesion.

• Psychoeducation as a common frame of reference.

• The patient may have difficulties with accepting that the therapist acts differently in the group.

• The therapist’s preconceived ideas about the patient’s mind may hinder curiosity (mentalizing).

• Patient drop out is not camouflaged by new patients.

• No role acquisition in terms of being new, middle or old in the group.

• Psychoeducation promotes a certain culture that may set up problematic expectations for group.
BUT what about the time difference?
Speculations about sufficient Time to Increase MEntalization

• **NICE 2009:** “Do not use brief psychotherapeutic interventions (of less than 3 months’ duration specifically for borderline personality disorder or for the individual symptoms of the disorder” (NICE, 2009, p. 8)

• In the MBT literature mentalizing is considered a complex capacity developed over time within attachment relationship.

• A certain more extended time frame may be needed for *some patients* to really trust the therapist (epistemic trust).

• A certain period of time may be needed for *some patients* to internalize/habituate to new ways of thinking/mentalizing.
On the other hand...

- Brief deadlines work because we get started!
- Therapists (and patients) can to a lesser extent postpone talking about the difficult issues (including relational mentalizing).
- Therapists (and patients) may tend to formulate more focused treatment goals because the time frame is more foreseeable.
I wonder about being "hard to reach"

Is the time it takes to do MBT allowed to change in the mind of the MBT therapists?
FORMULATION
Psychotherapy Case formulation

• ...victory has 100 fathers
  • The idea of a case formulation can be traced back to the ideas of Donald Kiesler (1966). Tailoring the treatment to the individual.
  • The psychotherapy alliance literature: Bond, goals and tasks (Bodin).
  • Jerome Frank (Persuasion and healing, 1961):
    • “A rationale, conceptual scheme, or myth that provides a plausible explanation for the patient’s symptoms and prescribes a ritual or procedure for resolving them”.
Other prominent approaches to CF

• Psychoanalytic case formulation (McWilliams)
• Core Conflictual Relationships (Luborsky)
• Cognitive case formulation (Beck, Padesky with more).
  • Functional analysis (learning theory).
• Individualized approach but perhaps more emphasis on theory and an outsider, even objective perspective.
The MBT Case formulation

- **Bateman & Fonagy, 2004**, p. 169: ”Dynamic formulation”. Stresses ”joint development”, ”working hypothesis”, ”reviewed throughout the programme”.
- **Simonsen et al. 2011**: “Minding the difficult patient” with wise commentaries from Bateman, Skårderud and Gunderson.
- **Bateman and Fonagy 2016**: Stresses the importance of certain themes e.g. management of risk, beliefs about the self, attachment pattern and anticipation of how this will unfold in treatment.
- **Karterud and Kongerslev, 2019**: MBT CF promotes epistemic trust (how the model fits the individual, specifically).
- **Karterud, 2019**: Focus on case formulation in MBT groups can be improved e.g. new patients read the CF aloud in the group.
Case formulation in short term MBT

• Same basic principles apply but suggestion of some innovations based on the shorter time frame.
  • Use the board and camera phone as an extension of the case formulation.
  • Prioritize patient ownership by literally sitting beside the patient by the computer and writing the CF.
  • Reading aloud and/or hanging a version of the CF in the group therapy room.
  • Remind yourself and the patient of the time frame when setting goals at the beginning and use these goals as part of the termination process/formulation.
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The board and the camera phone  (Camilla)
Formulation process and continuity across time and location

Inside therapy

Case formulation
- Joint formulation
- Promote epistemic trust, "specific fit"

outside therapy

Board work
- Bridging the gap between the office and "the real world"

Looking back and ahead

Termination formulation

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Termination in psychotherapy

• Discussed by Freud in two essays
  • (1937). *Analysis terminable and interminable*, (1958) *On beginning the treatment*

• Literature reviewed by Joyce, Piper, Ogrodniczuk, and Klien (2007).

• Identify three outcomes of the ending phase:
  • a) reviewing and recapitulating the therapy gains and process,
  • b) resolving issues in the patient-therapist relationship
  • c) establishing preparedness for the maintenance of healthy functioning.
The termination formulation

Given to the patient with about 1½-2 months left

- What have we achieved and what needs more work?
- What do you need to talk about with me or in the group before saying goodbye?
- What needs to happen after you end therapy?

Figure 1 – The termination formulation

- What have you achieved, and what needs further work?
- Are there any issues you need to address with your individual therapist, group therapists, or the other group members before you end?
- How can your progress be retained or further developed after the therapy has ended?
The capacity to end – termination of mentalization-based therapy for borderline personality disorder

Sophie Juul, Sebastian Simonsen, Anthony Bateman

Submitted for publication
To say goodbye: looking back (and ahead)

Safe from harm (Massive attack)

”I was looking back to see if you were looking back at me to see me looking back at you”.

- Sharing a sense of importance and shared intentionality

- Building meta-representation (you looking at me looking at you) or even better (you mentalizing me mentalizing you).
Looking back: Recapitulation of this talk

• We do not really know how long MBT (or any other psychotherapy) needs to be.
• There are good reasons to believe that for many patients it does not need to be 1½-years.
• Working and thinking about doing MBT in a short-term format has led to increased focus on therapy formulation, at the beginning, during and at termination.
• Regardless of the format the formulation process can help to create continuity and ties across time and location.
Thank you!

I wonder what you think about this?

Interesting but Njaaah!

Still think he is an asshole!

I remember that song by Massive attack…

I wonder what Peter Fonagy and Anthony Bateman have to say about this
QUESTIONS & REFLECTIONS
6th International Congress on Borderline Personality Disorder and Allied Disorders

Change for a better future: Perspectives beyond symptoms

24 – 26 September 2020
Antwerp, Belgium

SAVE THE DATE

European Society for the Study of Personality Disorders
www.esspd.eu

www.borderline-congress.org