

## **Report on mentalisation based treatment training for APSA**

I attended the above training for mentalisation based therapy at The Anna Freud Centre. This was three day training open to mental health professionals with an interest in borderline personality disorder and how this approach could be applied to treatment.

The three days were full of both theory and practice. People attending the course all had experience of working with borderline patients and used different therapeutic approaches. This varied from long term psychoanalytic psychotherapy, dialectical behaviour therapy, supportive psychotherapy, group analysis and general mental health /psychiatric monitoring.

The approach had its theoretical roots in attachment theory and the idea that the early experience was not adequate for the development of being able to think about self and others state of mind. This draws on the interaction between the primary care giver and infant that the process known as mirroring did not take place, enough or consistently for the baby to have a sense that they were being thought about and held in mind. This in turn has the effect of not being able to recognise others and oneself state of mind.

However whilst this is also understood within psychoanalytic theory mentalisation uses an approach that tries to reduce attachment arousal. I understood that once this was activated it did not allow mentalisation to take place. An aspect that I found very useful was the notion of being inquisitive/curious about how a patient might be behaving in response to something. It encouraged the patient to try and explain to the therapist what the links/ thinking might have been prior to an act of self harm for example. This would of course allow them to understand their own thinking and what the state of mind was. It was ok for the therapist to be honest and say that it did not make sense to them so could they explain what that was like.

It was very easy to slip back into a wise nod and try and interpret what was happening for the patient, of course this was not overly helpful as the idea is for the patients to get in touch with their own mental state.

I have been trying to use some of the techniques with young people I work with. I have found that to keep it fresh in my mind has been difficult and I often revert back to how I normally work. I would imagine if this was team approach, within the culture it would be far easier. However I feel like a 'lonely mentaliser' that gets a bit lost along the way. I have tried to find local groups or forums for supervision/discussion etc but they seem to be quite a way from where I work. I will be undertaking the mentalisation with families in January and hope to make some links here.

As an approach it makes great sense with working with those clients that traditionally are quite difficult to make progress with. Although the young people I work with don't have a formal diagnosis of borderline personality disorder, some certainly show the traits and others with attachment difficulties might be able to respond to this.

The course was well presented and delivered. There was active audience participation which kept discussion lively. I found the role play excruciating as I felt completely out of my comfort zone, and on show. However I do realise that to practice mentalisation this was the right approach to take. Obviously some found this easier than others.

I would recommend the training highly and for those who have had ongoing, psychotherapeutic relationships with people that doesn't seem to have too much of an impact this approach might just help clients to shift their thinking slightly.

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