Mentalizing and antisocial personality disorder: a treatment paradox

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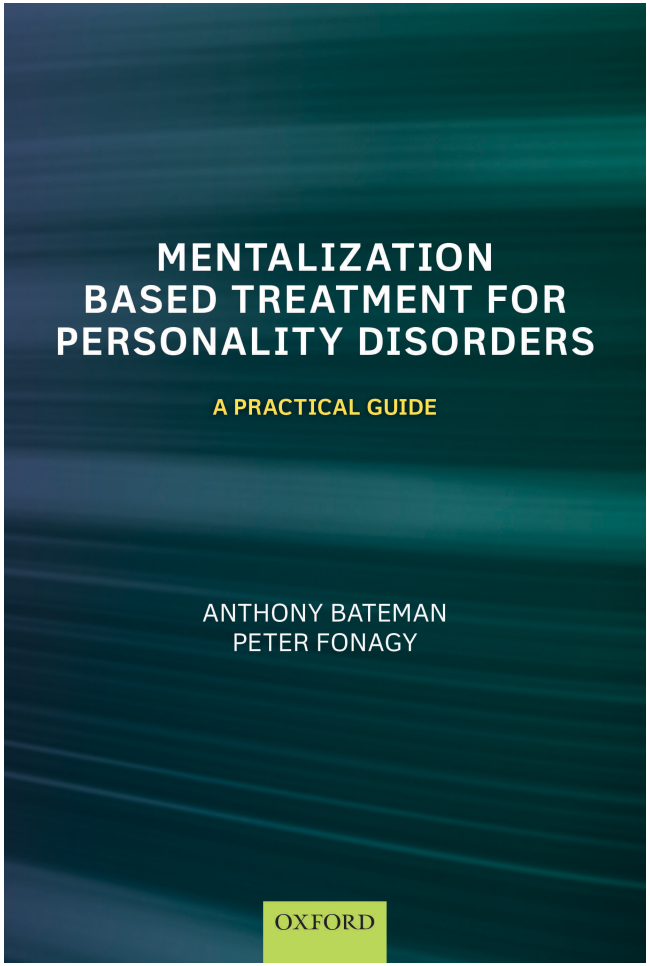
Geneva 2016


MENTALIZATION
BASED TREATMENT FOR
PERSONALITY DISORDERS
A PRACTICAL GUIDE
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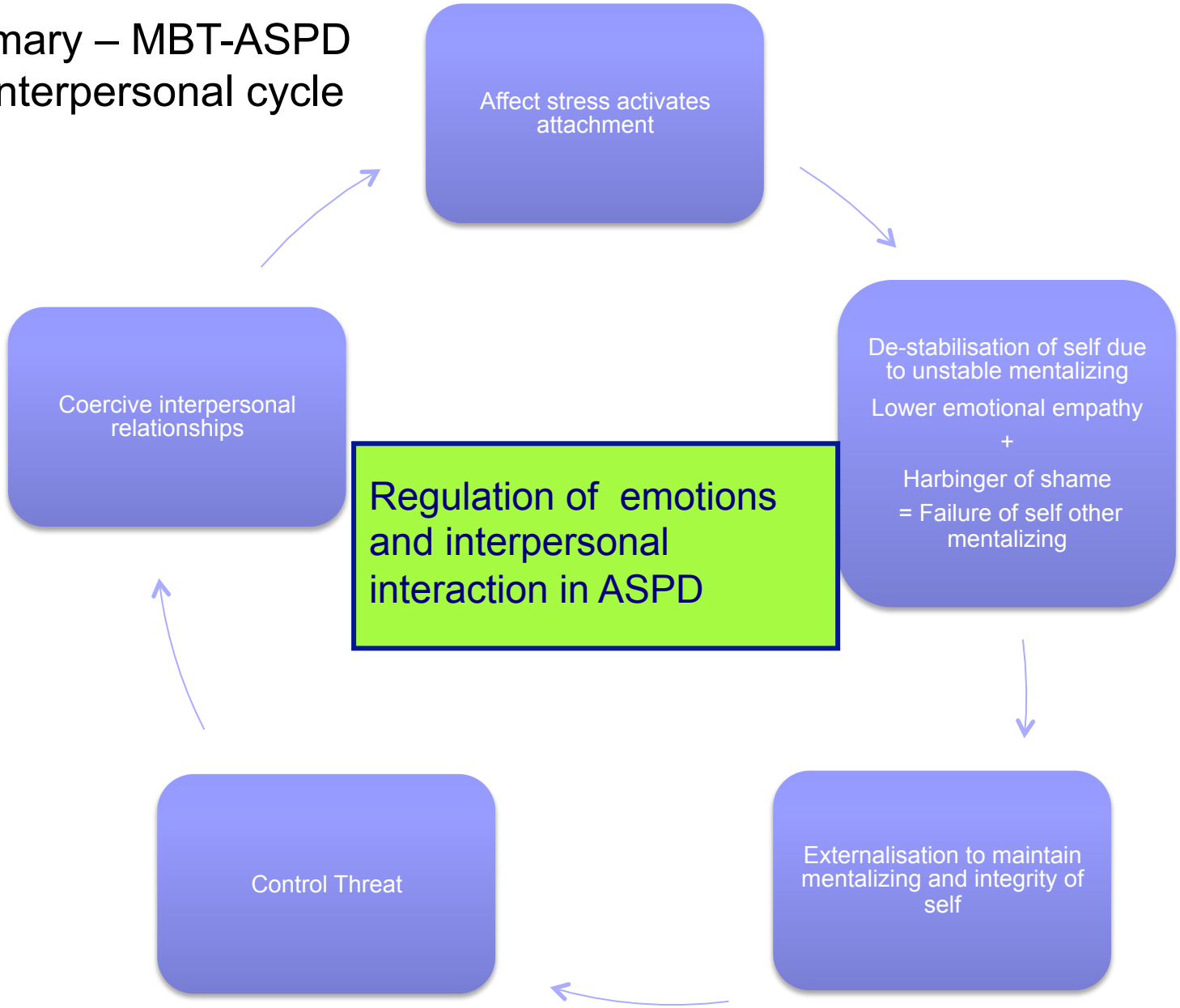
ASPD characteristics

- Failure to conform to social norms with respect to lawful behaviours
- Deceitfulness
- Impulsivity or failure to plan ahead
- Irritability and aggressiveness
- Reckless disregard for safety of self or other
- Consistent irresponsibility
- Lack of remorse

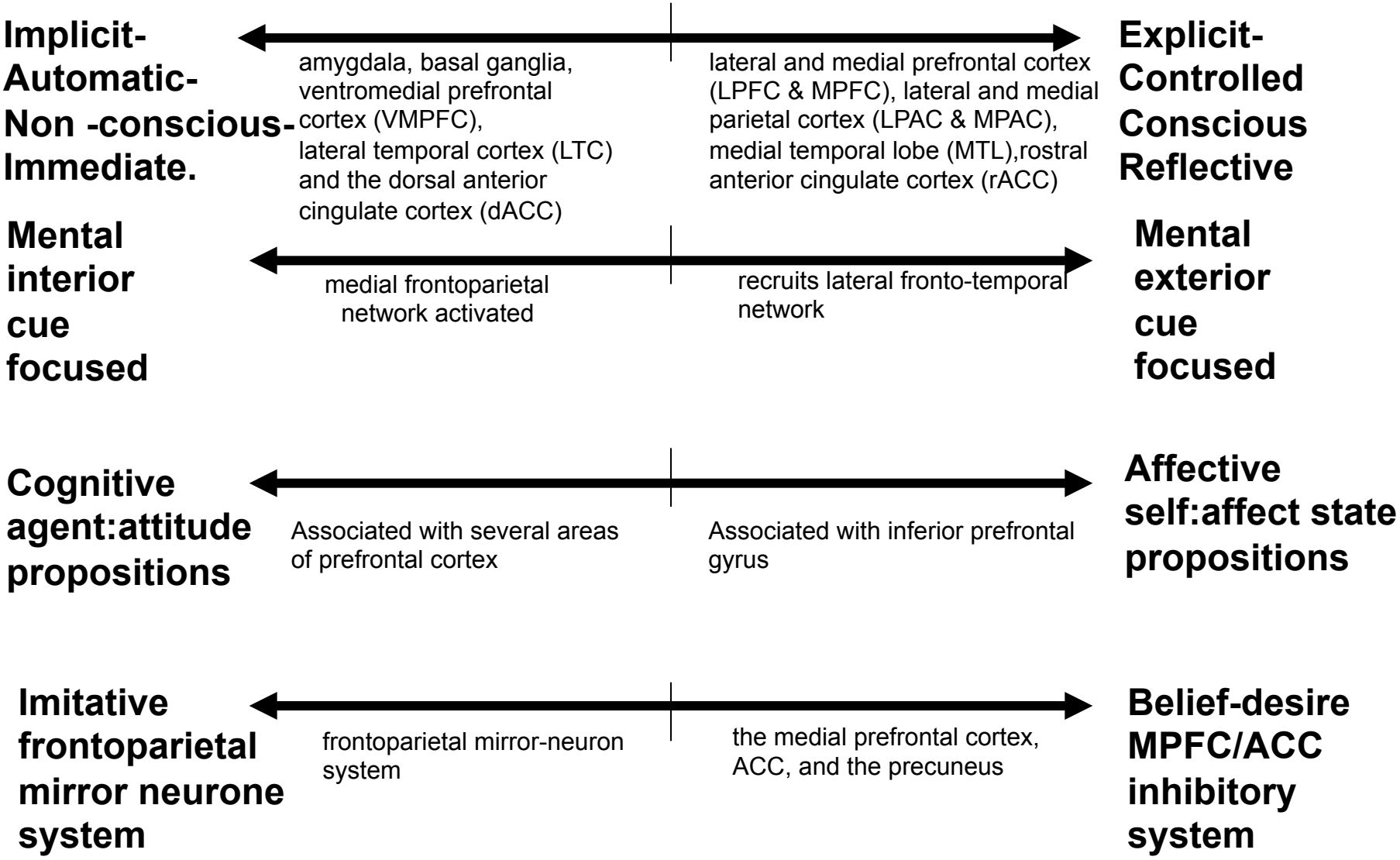
None of these features is endearing to others. The self-serving attitude of people with ASPD and unpredictability makes people wary of them.

Summary – MBT-ASPD
The interpersonal cycle



Multifaceted Nature of Mentalization

Fonagy, P., & Luyten, P. (2009). *Development and Psychopathology, 21*, 1355-1381.



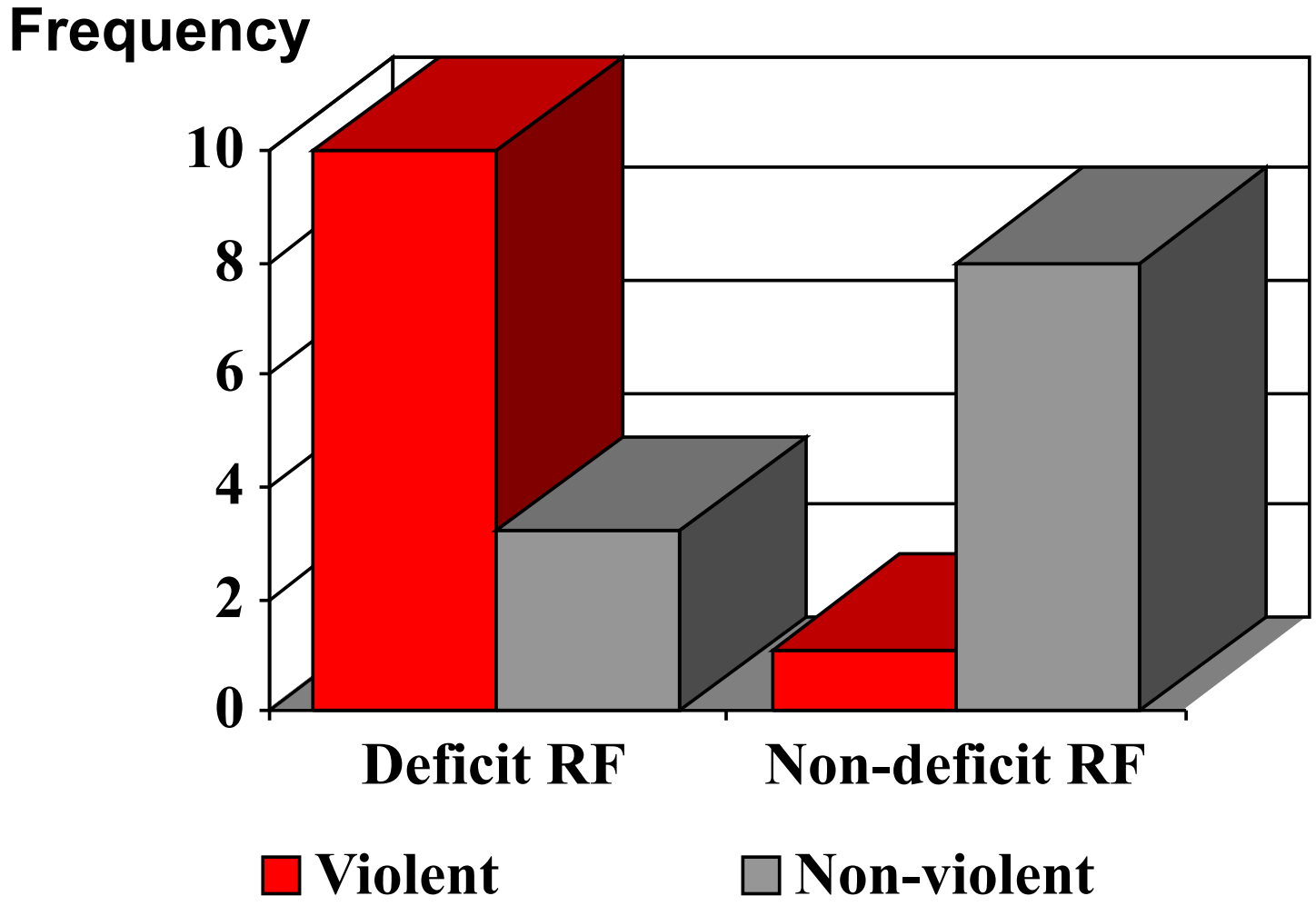
	BPD	ASPD	NPD	Paranoid
Self/Other	+/+++	+/+++	+++/-	+++/-
External/Internal	+++/+	+++/+	+/+++	+/+++
Implicit/Explicit	+++/+	+++/+	++/++	++/++
Cognitive/Affective	+/+++	++/-	++/+	++/++

Prementalizing Modes of Subjectivity

- Psychic equivalence:
  - Mind-world **isomorphism**; **mental** reality **=** outer **reality**; internal has power of external
  - **Intolerance** of alternative perspectives ➔concrete understanding
  - Reflects domination of **self:affect state** thinking with **limited internal focus**
  - Managed by **avoiding being drawn into** non-mentalizing discourse
- Pretend mode:
  - Ideas form no bridge between inner and outer reality; **mental** world **decoupled** from external reality
  - "**dissociation**" of thought, **hyper-mentalizing** or **pseudo-mentalizing**
  - Reflects explicit mentalizing being dominated by **implicit**, **inadequate internal** focus, **poor belief-desire reasoning** and vulnerability to **fusion with others**
  - Managed in therapy by **interrupting** a non-mentalizing process
- Teleological stance:
  - A focus on understanding actions in terms of their **physical** as opposed to mental **constraints**
  - Cannot accept anything other than a modification in the realm of the **physical** as a true index of the intentions of the other.
  - Extreme **exterior focus**, momentary **loss of controlled** mentalizing
  - **Misuse** of mentalization for teleological ends (harming others) becomes possible because of lack of **implicit as well as explicit** mentalizing

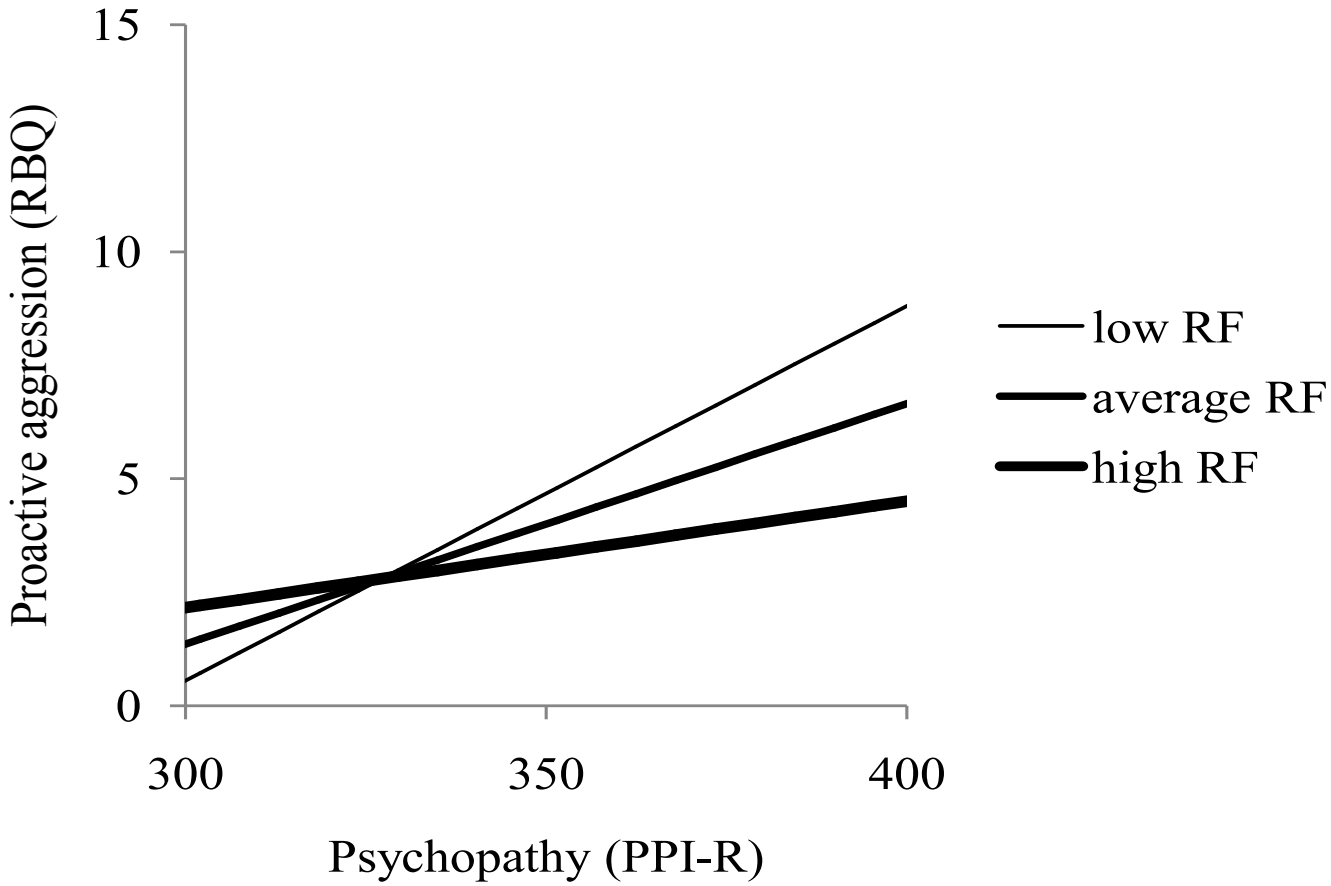
Deficit of Reflective Function in Violent and Non-violent Prisoners with PD

Levinson and Fonagy (2004)



RF moderates the relationship between psychopathy and proactive aggressive behaviour

Taubner, White, Zimmermann, Fonagy & Nolte, 2013, JACP)



Mentalizing process

- Cognitive process
  - Enhanced ability to recognise and misuse others' mental states
- Affective problems
  - Dysregulated aggression
  - Emotion identification
  - Shame
- Self-Other
  - Decreased empathy of others
  - Poor differentiation of self internal states

Aggression

An evolutionary framework

- Interpersonal **aggression** is an important evolutionary **adaptation**.
  - In certain human environments it is likely to **contribute** materially **to the survival** of the individual's genes.
  - In other contexts it is seriously **maladaptive**
    - it **undermines** the possibility of safe **collaboration**
    - It decreases optimization of human capacities for **meaning generation**, communication and creativity.

The developmental framework

- Human infants are born with the **potential to be aggressive** and even violent
- In the **majority** of cases this potential is **not fulfilled**
- Through development, given adequate environmental support, individuals gradually **increasingly desist** from physical and relational aggression

The mechanism for the development of violence: A failure of inhibition

- **Family processes** conceptualized as promoting aggression may **interfere** with the socialization of aggression
  - low income, low maternal education reflects **family environments** in which children **cannot learn to inhibit physical aggression**, as well as difficulty learning alternative strategies to solve problems
  - Characterised by **disrespect** for the child
    - Parenting qualities of **disrespect** for child
    - Similar qualities in the broader **social** environment

Antisocial personality disorder: a disorder of self and other

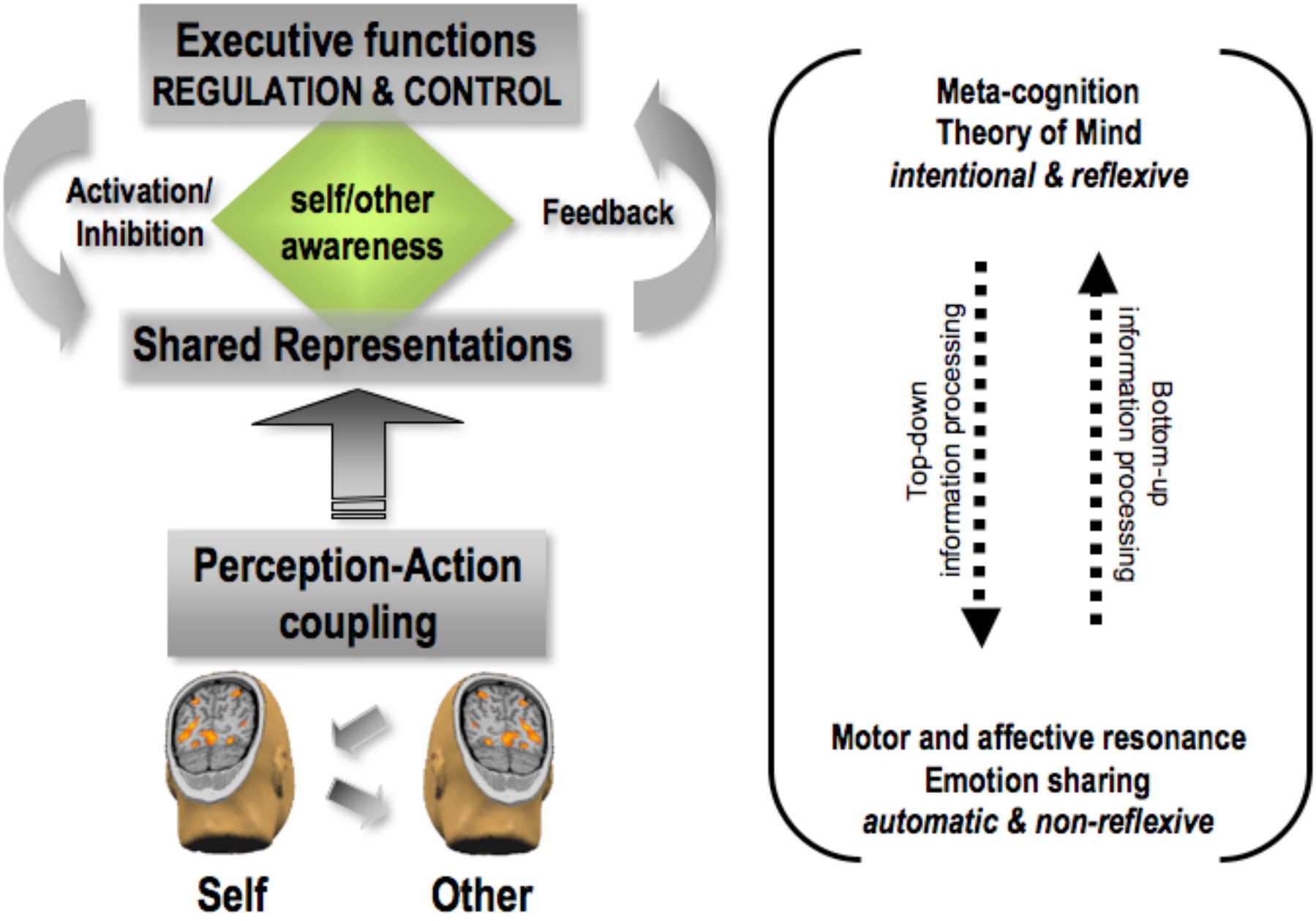
Self problems in ASPD

- Fixed perspective about self e.g. misunderstood, ill-treated ‘v’ self-important, grandiose self
- Reduced interest in other and if present is self-serving
- Rigid representation of others to support self representation, especially of officials/ establishment/systems
- Schematic representations of self in world
  - Hierarchical relationships
- Reduced sense of internal world and seek confirmation from other of their world view

Empathy

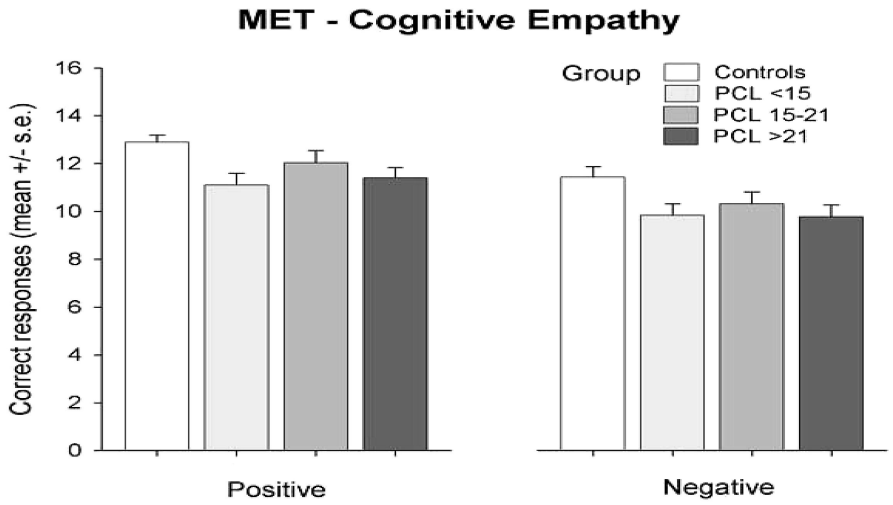
Empathy

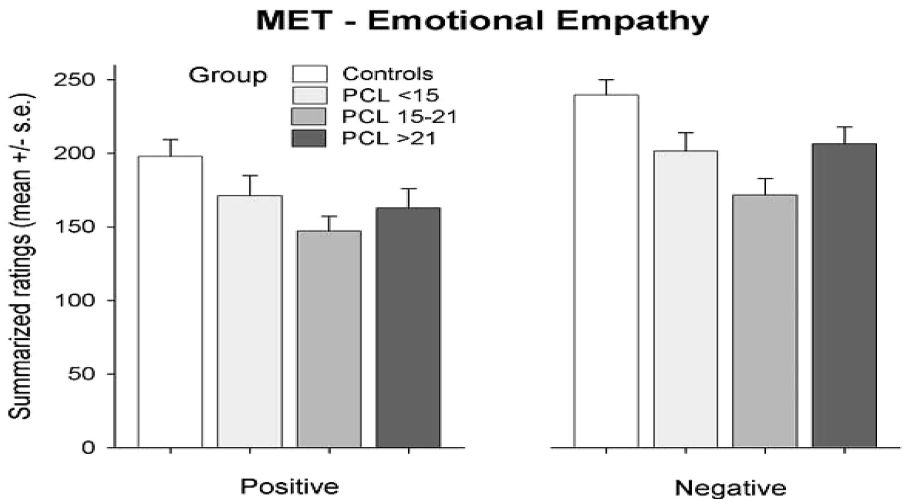
- Empathy is not all or nothing – can be concerned about someone's distress with little understanding or have full understanding
- Two way phenomenon – self-other and other-self
- Constrains the individual and is associated with pro-social behaviours and necessary for altruism
- Other-oriented empathy is negatively correlated with a range of antisocial behaviors, including aggression


Executive functions
REGULATION & CONTROL
Activation/
Inhibition
self/other
awareness
Feedback
Shared Representations
Perception-Action
coupling
Self
Other
Meta-cognition
Theory of Mind
intentional & reflexive
Top-down
information processing
Bottom-up
information processing
Motor and affective resonance
Emotion sharing
automatic & non-reflexive

Empathy in psychopathic and ASPD offenders

Domes et al (2013) Journal of Personality Disorders 27: 67-84 Multi-faceted Empathy Test





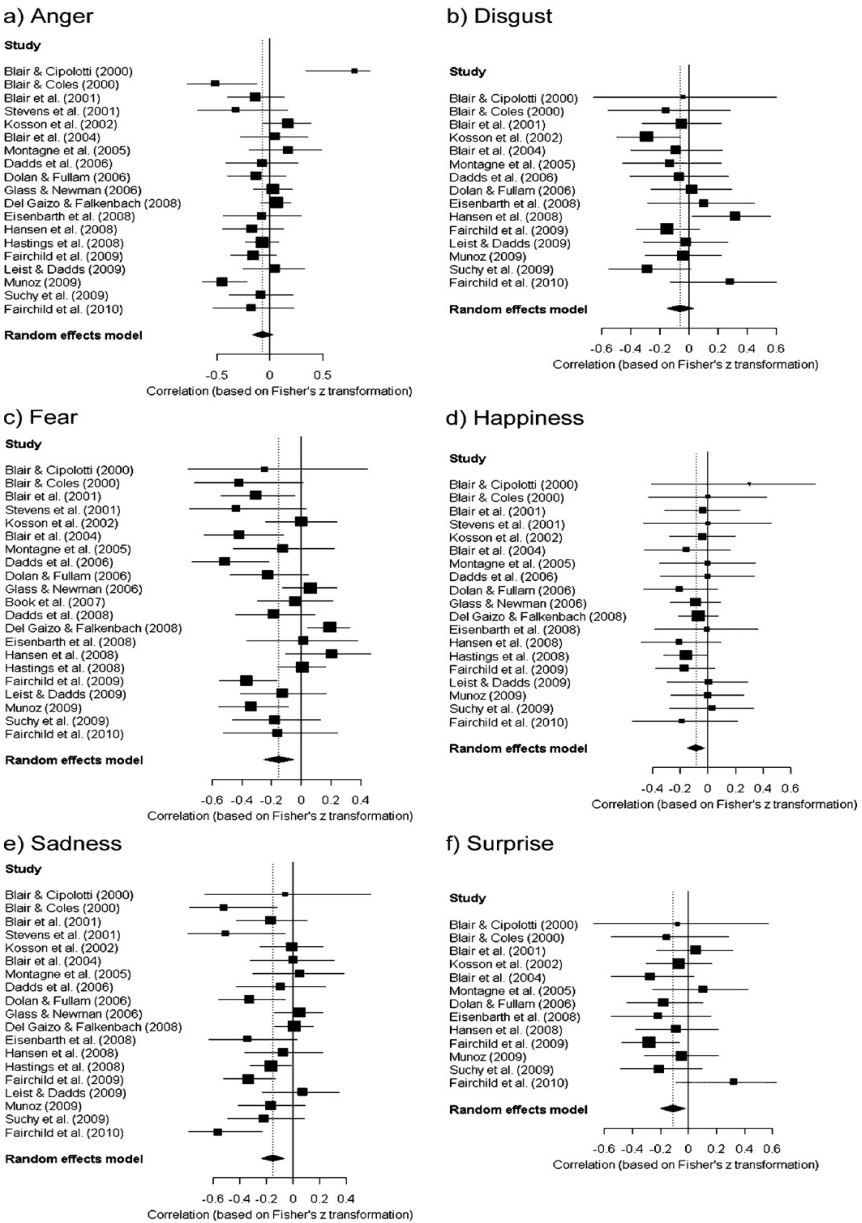
Empathy

- Offenders show empathy deficits in both the cognitive and the emotional domain when compared with the non-offender controls
- Confounded by education levels to some extent with higher educational level associated with better cognitive empathy
- Delinquency and violent offending may be more associated with reduced empathy than psychopathy itself

- Clinical Note
  - How to increase emotional empathy without increasing, for example, recognition of other vulnerability and opportunity to increase exploitation?
  - How to increase perspective taking and not mimicry and dissimulation?
  - How to increase other empathy and the two-way components of empathy?

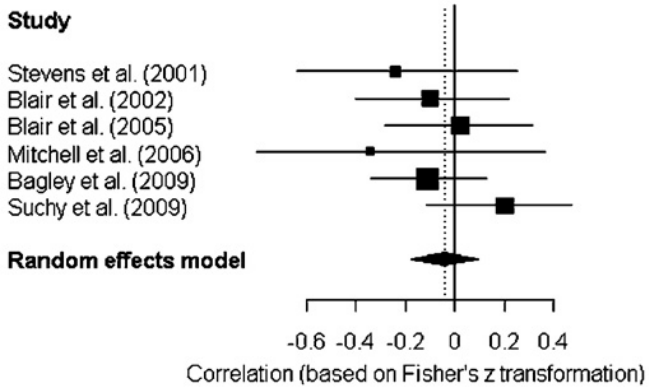
Emotional recognition

Forest plots for **facial cues** for the six emotions. Dawel et al 2012

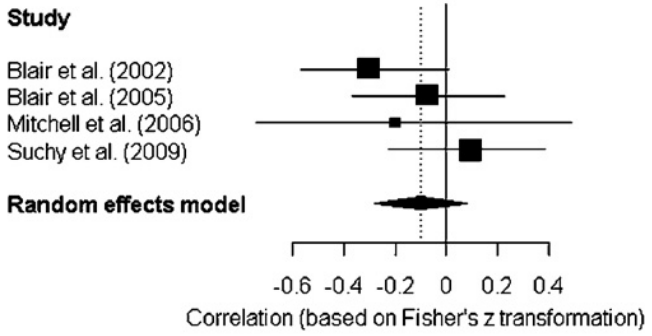


Forest plots mean effect sizes **vocal cues** for the six emotions. Dawel et al 2012.

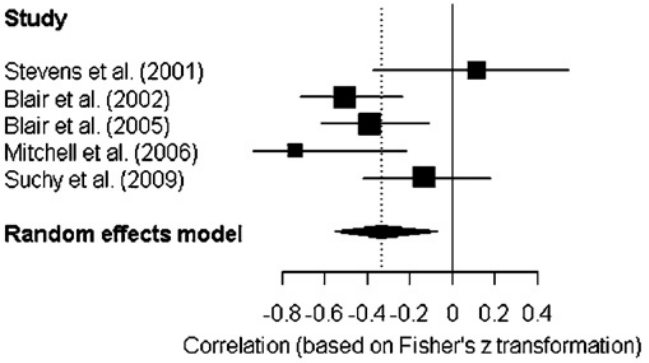
a) Anger



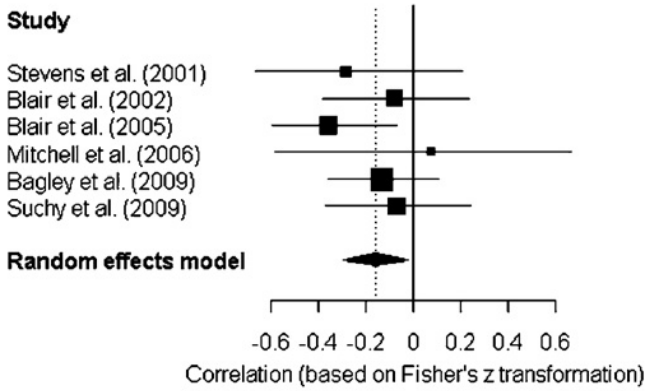
b) Disgust



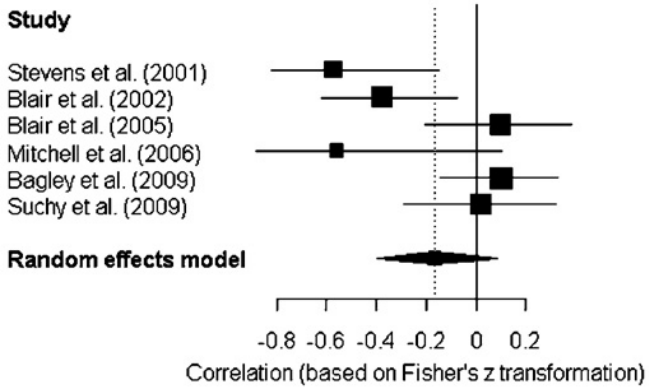
c) Fear



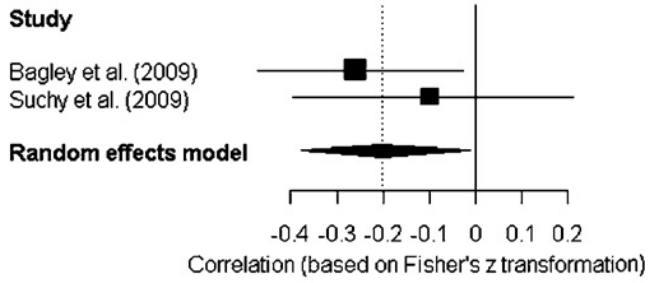
d) Happiness



e) Sadness



f) Surprise



Shame

Centrality of ‘moral’ emotions

- Shame and guilt are ‘‘negative” or uncomfortable emotions
  - Shame involves a negative evaluation of the entire self vis-à-vis social and moral standards.
  - Guilt focuses on specific behaviors (not the self) that are inconsistent with such standards.
- Shame and guilt lead to different ‘‘action tendencies” (Lindsay-Hartz, 1984)
  - Guilt is apt to motivate reparations.
  - Shame is apt to motivate efforts to hide or disappear or attack

Shame

- Different types of shame described
  - malignant aggressive (blame, attack, avoid)
  - benign life shame (motivating, behaving morally/socially/interpersonally)
- Shame
  - Low concern for others and High concern for self
  - Threat of social exclusion
  - Triggers physical pain which suggests immediate action if not moderated

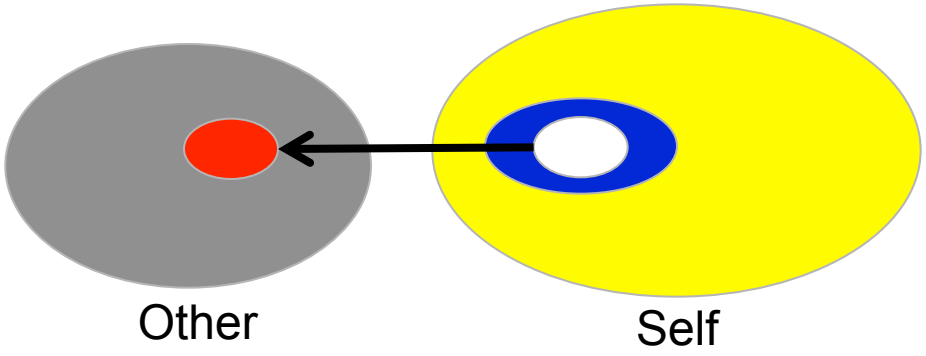
Shame and aggression

- Positive correlations:
  - shame-proneness and physical aggression
  - shame-proneness and verbal aggression for adults, college students, adolescents, and children
  - shame proneness and anger, hostility, and externalization of blame
- Male college students' anger fully mediated the relationship between shame and psychological abuse of a partner

- Clinical Note
  - Negative feelings of shame may lead to externalization of blame which may lead to higher levels of verbal and physical aggression
  - Clinician needs to be sensitive to unmasking/exposing in group
  - Aggressive and antisocial individuals often use cognitive distortions related to others to justify their activities

Therapeutic Challenge

The Therapeutic Challenge



The stabilisation of mental processes on ASPD+BPD depends on **rigid** externalization of the *alien self*

Threats to this externalisation cause arousal of the attachment system and experience of problematic emotions (shame)

Inability to control internal states leads to increase externalization

Mentalization failure
Guilt, love, fear

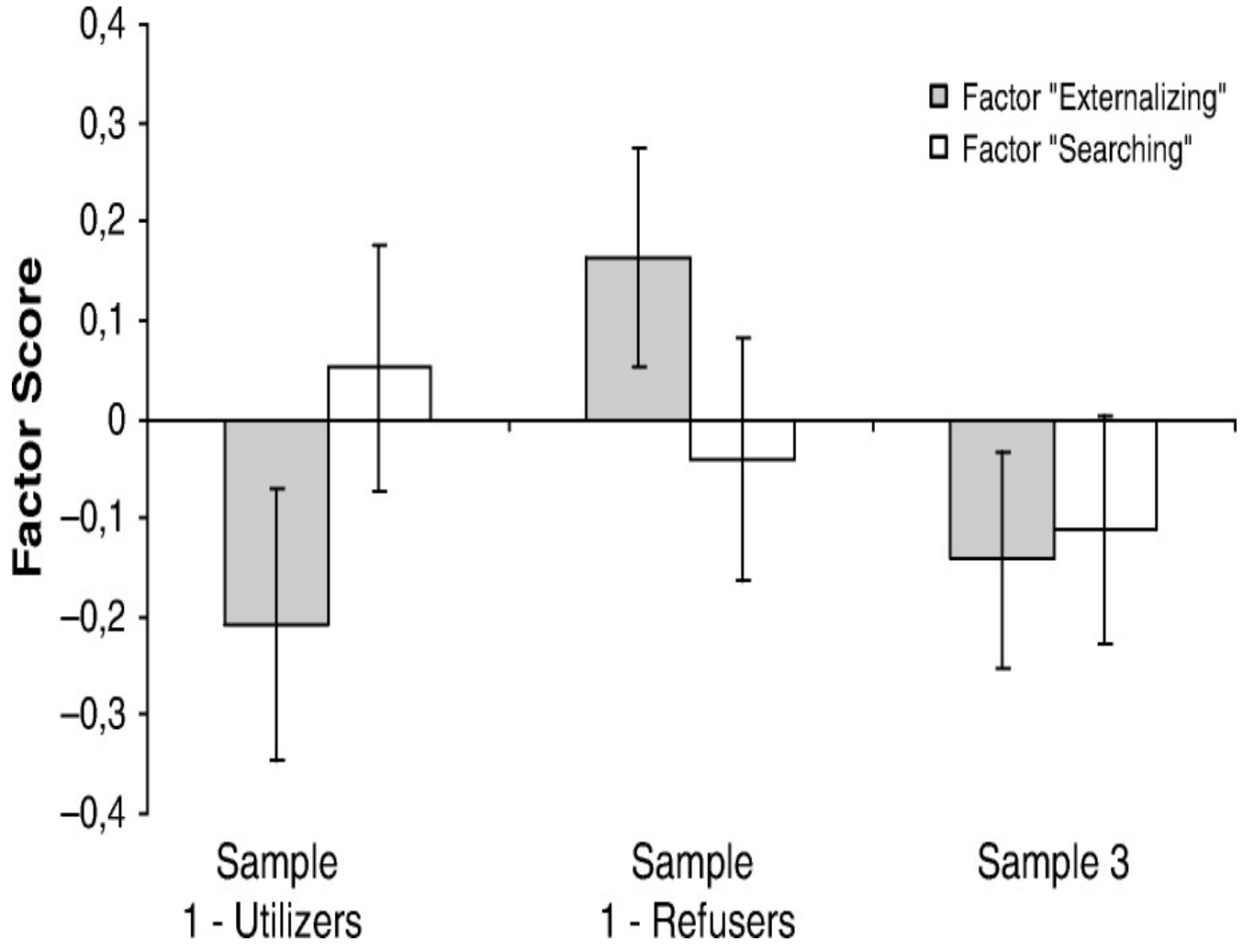
Violent control of the perceived source of threat

Paradox of treatment

- Less is More – overactivation increases coercive behaviours and aggression
- Focus on imbalances in mentalizing
  - Identify absent mentalizing rather than symptoms resulting from non-mentalizing e.g. aggression
  - Bolster good interpersonal mentalizing and reduce focus on poor mentalizing
  - Rebalance dimensions by increasing absent pole rather than decreasing overactive pole

Externalising and drop-out from treatment

Henriette Löffler-Stastka; Victor Blueml; Christa Boes; *Psychotherapy Research* **2010,** 20, 295-308.



Engagement in treatment

- Explanation of model
- Involvement of experts by experience
  - Completer sits in group and holds advice 'surgery'
- Treatment in probation system rather than mental health
- Identification of joint goals
- Broader focus than aggression/violent events – these are an end-product and not the problem

Core areas for treatment of ASPD

- Increase
  - A) affective understanding
    - Recognition and acceptance of emotion in self – shame and other emotions
    - Accurate understanding of emotion in other
    - Increase in empathy for others - ?increase eye focus → Constraint by others emotion
  - B) Relational pattern (self/other) identification
    - Processing of positive experience of self with others
    - Recognition of fixed relational patterns outside and in group

Core areas for treatment of ASPD

- Decrease
  - Concern for self in affect arousal and rapid switch to control other
  - Externalising core aspects of self
  - Self-serving uses of others

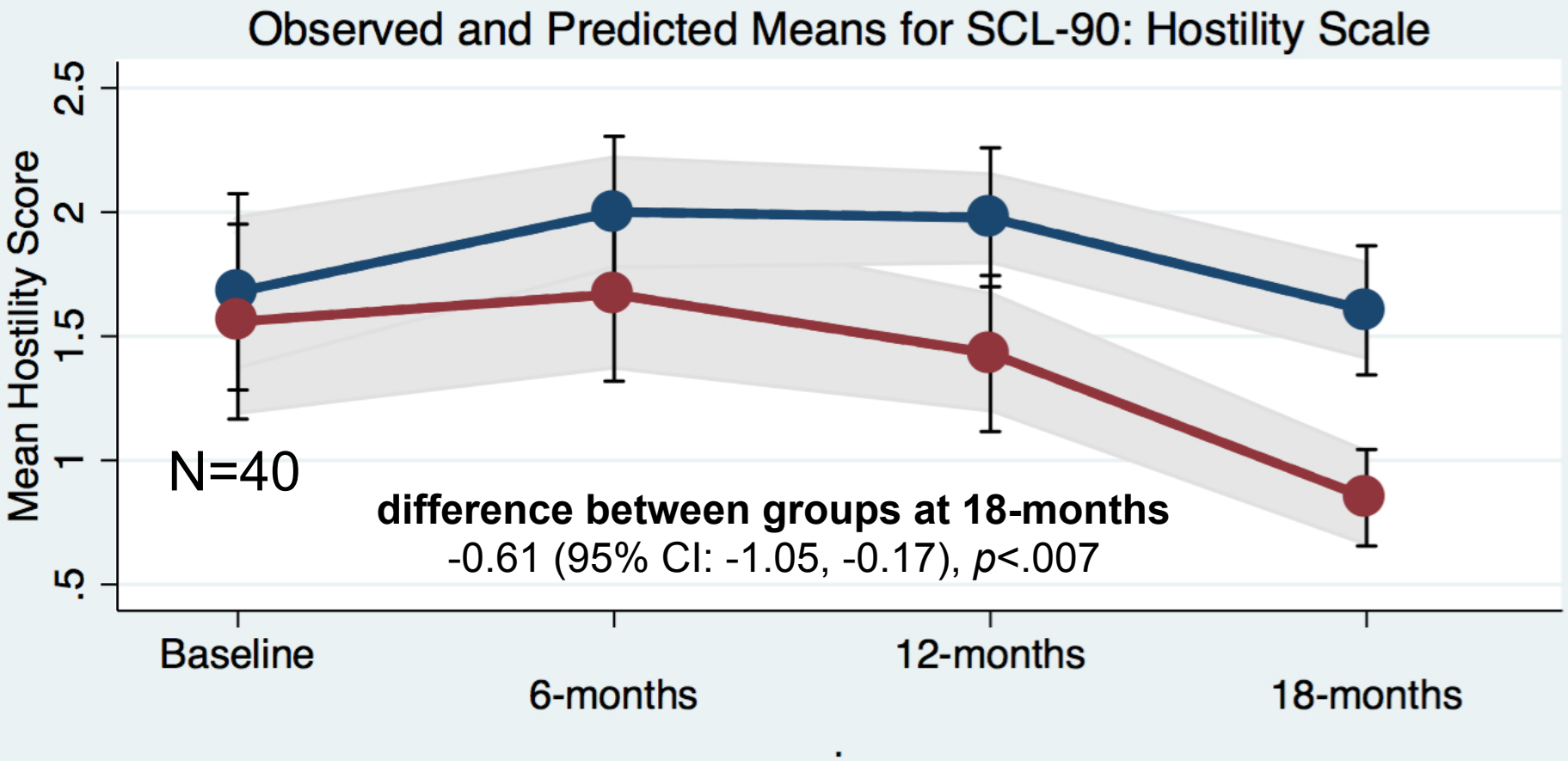
Key mentalizing components in MBT-ASPD Group

- Identification of non-mentalizing interactions
- Focus on emotions
  - Understanding emotional cues - external mentalizing and its link to internal states
  - Recognition of emotions in others – other/ affective mentalizing – cognitive and emotional empathising (look angry but feel hurt and desperate)
  - Identification and naming of current feelings in self

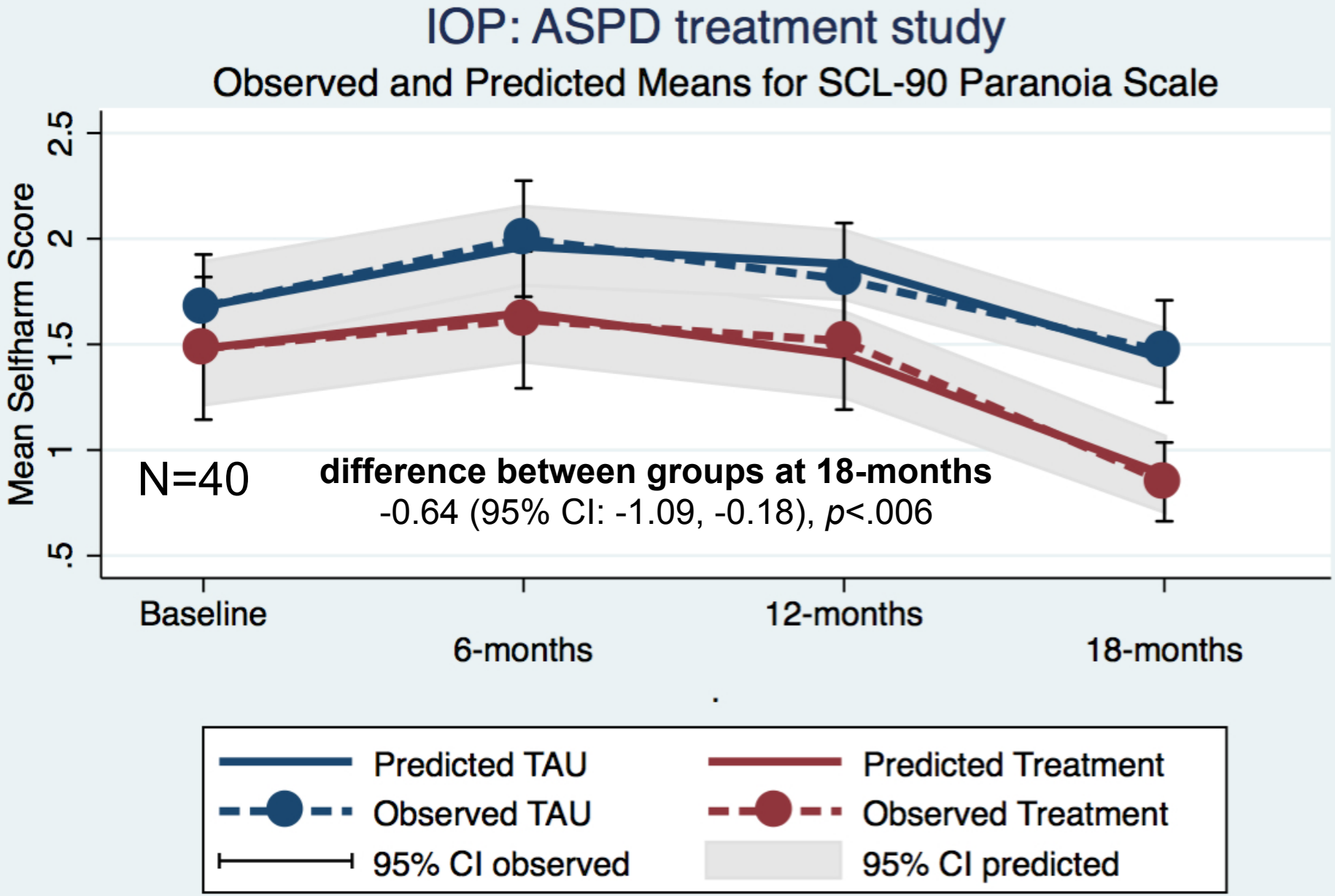
Key mentalizing components in MBT-ASPD Group

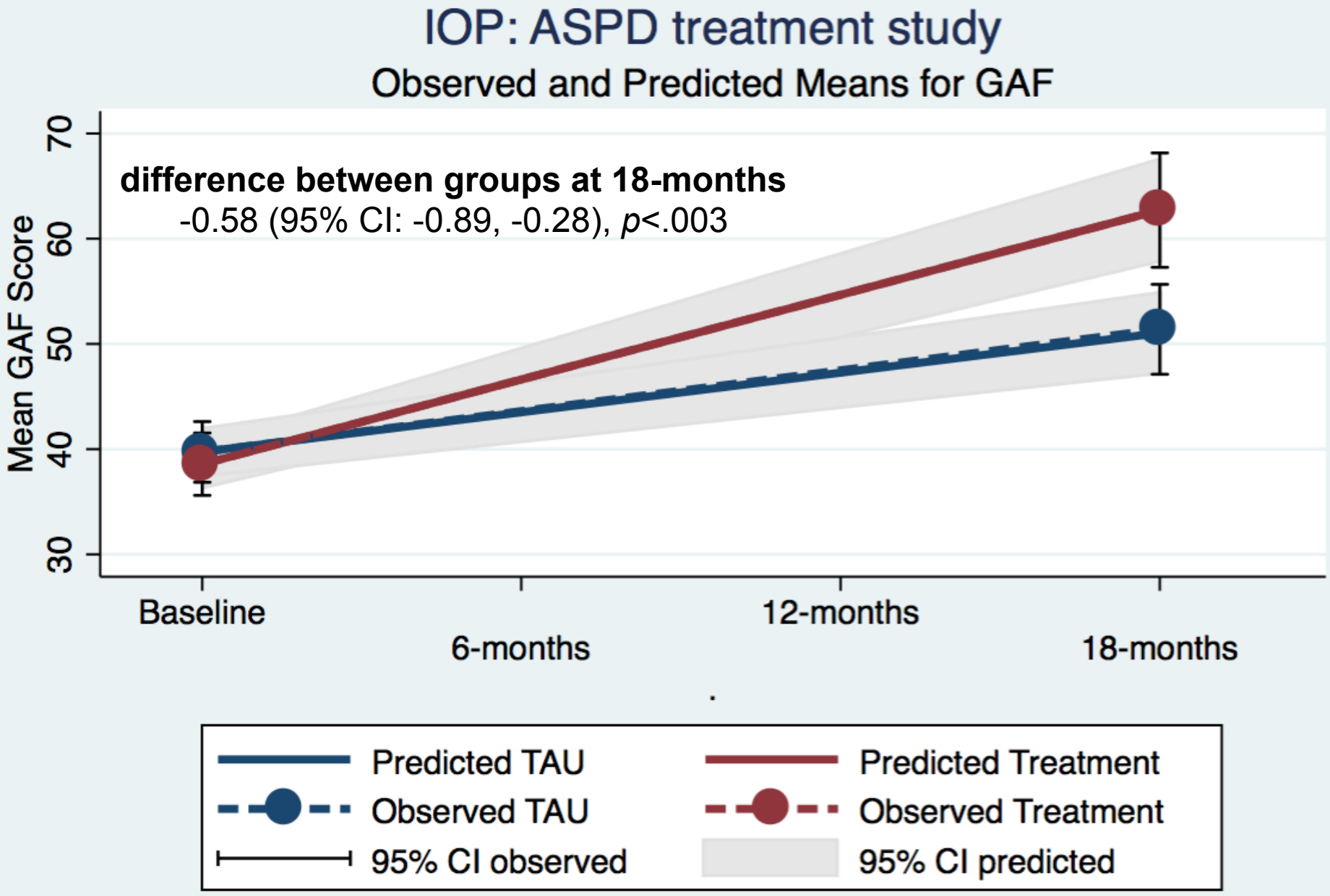
- Focus on relational process
  - Exploration of sensitivity to hierarchy and authority – self/cognitive
  - Generation of an interpersonal process to understand subtleties of others' experience in relation to ones' own – self/other mentalizing – two-way mentalizing
  - Identification of interpersonal patterns
  - Explication of threats to loss of mentalizing which lead to teleological understanding of motivation – self/other mentalizing and self/affective mentalizing

IOP: ASPD treatment study



Adjusted for Random Slope


IOP: ASPD treatment study
Observed and Predicted Means for SCL-90 Paranoia Scale
Mean Selfharm Score
.5
1
1.5
2
2.5
N=40
difference between groups at 18-months
-0.64 (95% CI: -1.09, -0.18), p<.006
Baseline
6-months
12-months
18-months
Predicted TAU
Observed TAU
95% CI observed
Predicted Treatment
Observed Treatment
95% CI predicted
Adjusted for Random Intercept and Slope


IOP: ASPD treatment study
Observed and Predicted Means for GAF
difference between groups at 18-months
-0.58 (95% CI: -0.89, -0.28), p<.003
Mean GAF Score
70
60
50
40
30
Baseline
6-months
12-months
18-months
Predicted TAU
Observed TAU
95% CI observed
Predicted Treatment
Observed Treatment
95% CI predicted
Adjusted for Random Intercept

Collaborators

- Peter Fonagy
- Jessica Yakeley
- Rory Bolton
- Gill McGauley
- Research Team at UCL