ATTACHMENT THEORY, MENTALIZATION, EPISYSTEMIC TRUST & POSITIVE BEHAVIOURAL SUPPORT

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AIMS & OBJECTIVES:

- An outline of Applied Behavioural Analysis (ABA)
- A review of 'Behavioural Systems'
- Attachment as a behavioural system
- Attachment Patterns
- Mind-Mindedness and Mentalization
- Epistemic Trust
- Putting it all together

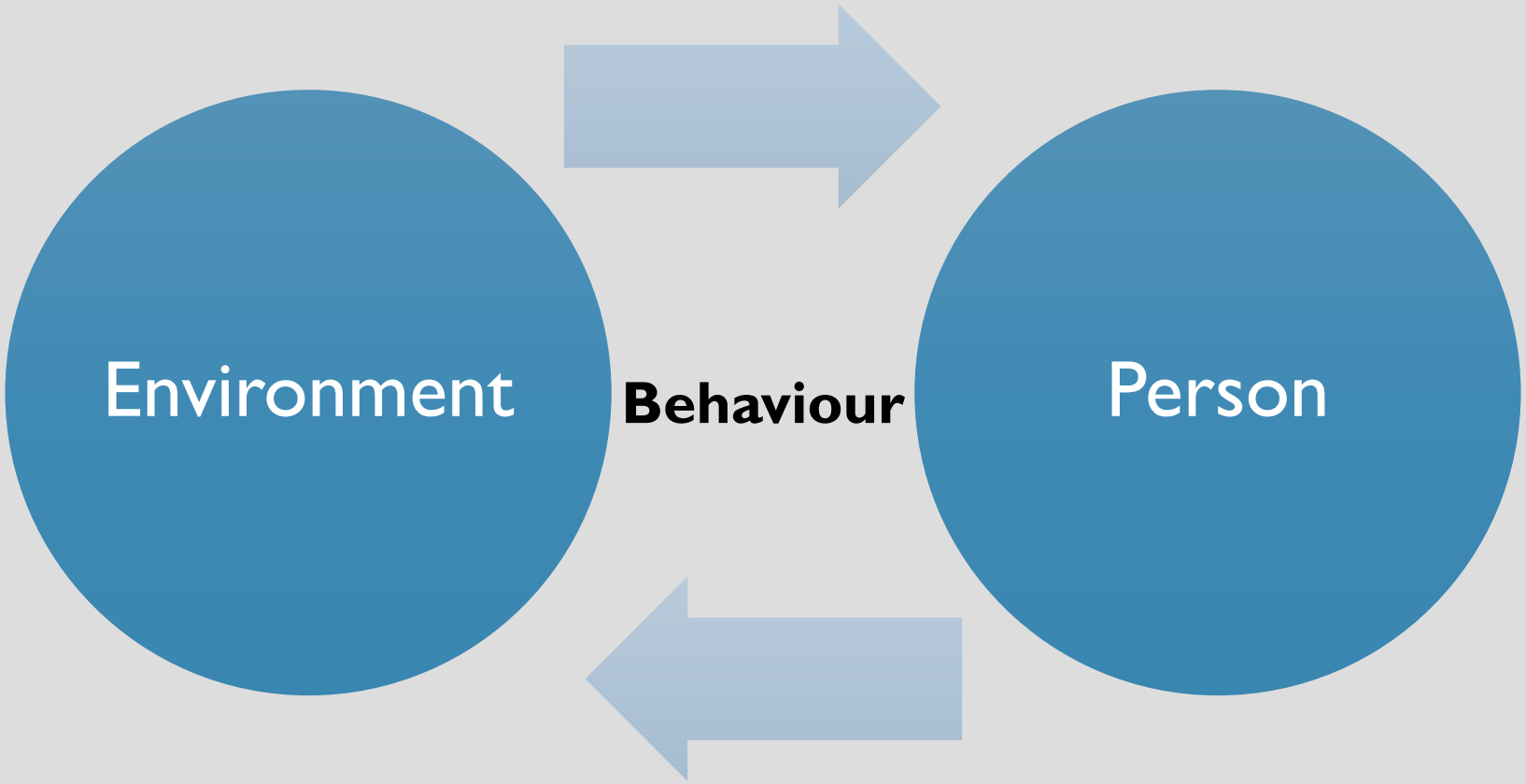
APPLIED BEHAVIOURAL ANALYSIS

- Applied behavioural Analysis (ABA) focuses on solving problems of social importance using the principles and procedures of behavioural analysis. It draws upon the scientific discipline and philosophy of Behaviourism and the Experimental Analysis of Behaviour from within the wider discipline of Applied Psychology.

THE BASIC PRINCIPLES OF ABA:

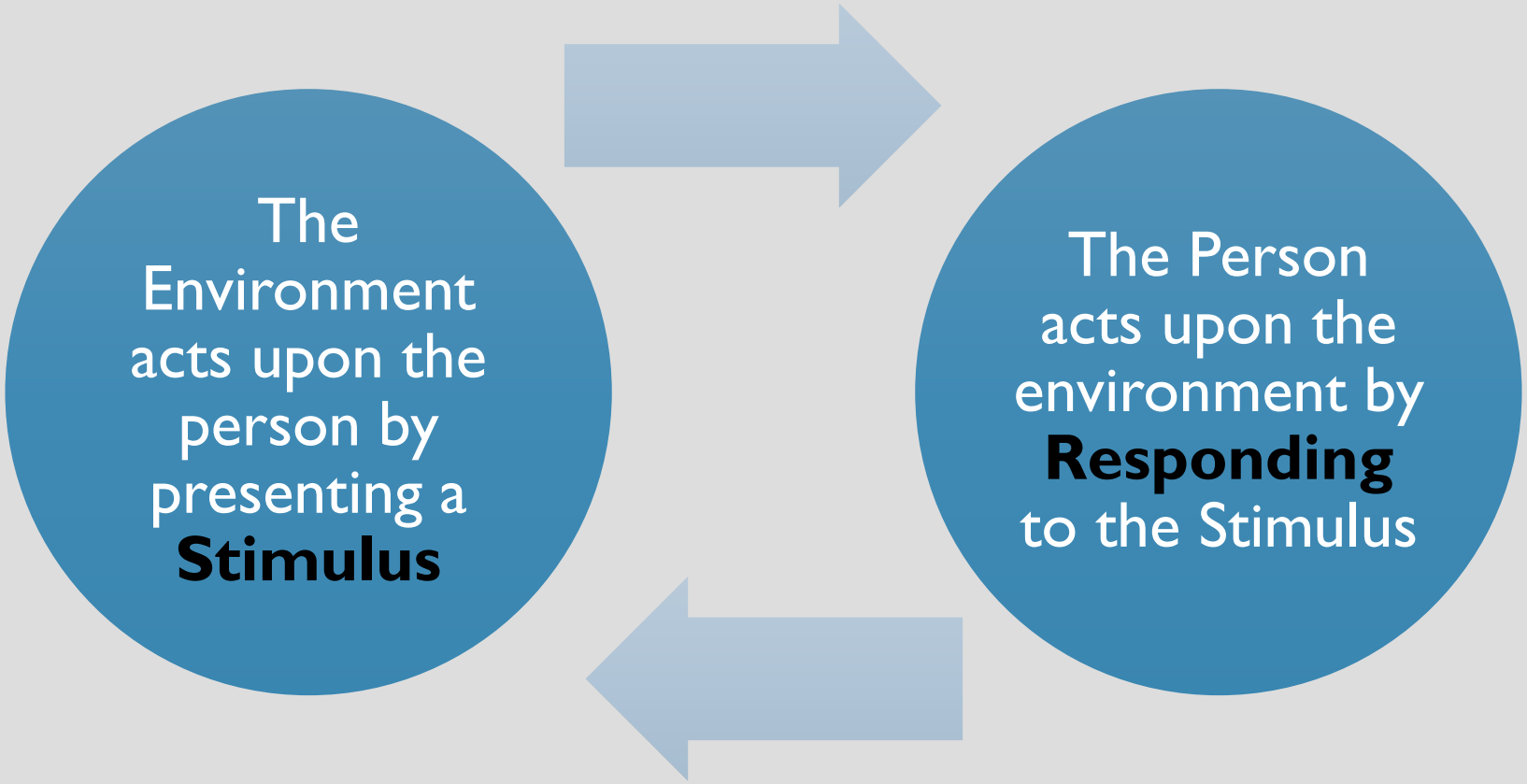
- ***Behaviour is anything the individual does when interacting with the environment.***
- **Applied Behavioural Analysis** (ABA) acknowledges, but excludes nevertheless, thoughts and feelings or any internal events that occur within metaphysical entities such as the '***Self', the 'Other', the 'Psyche' or the 'Mind'.***
- We typically analyze behaviour by exploring the ***Antecedence – Behaviour – Consequence*** (A-B-C) relationship of any behavioural event.
- Behaviourism is a psychological theory of learning and adaptation.

BEHAVIOUR IS THE INTERACTION BETWEEN PERSON & ENVIRONMENT

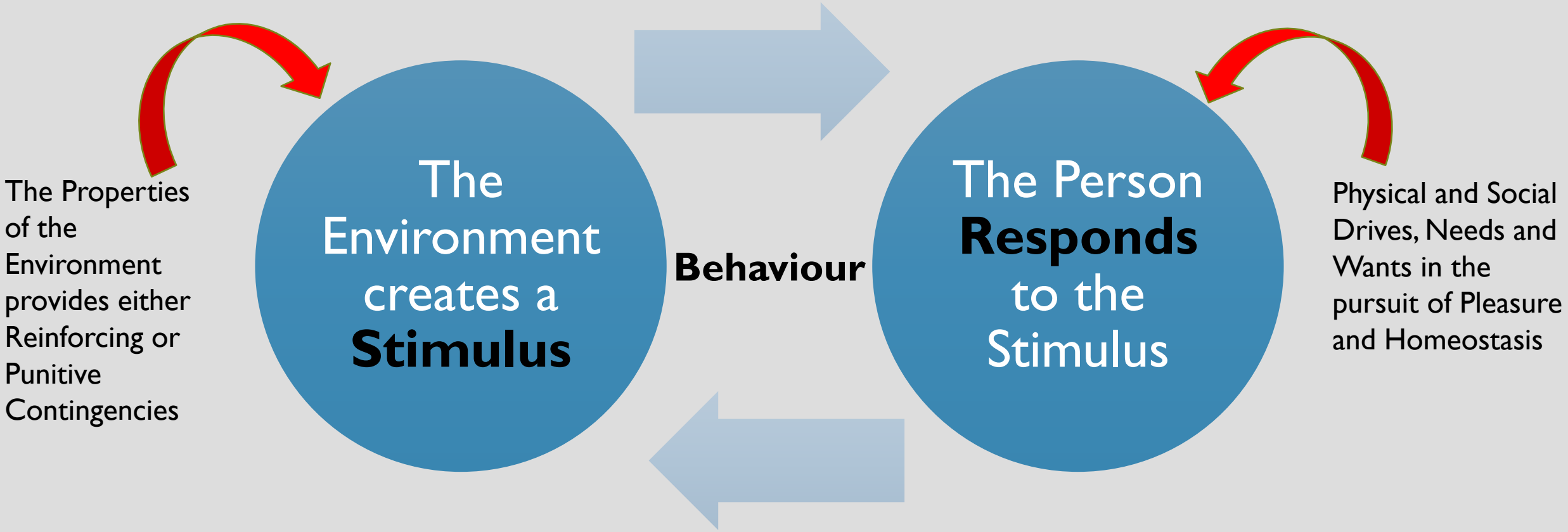


BEHAVIOUR IS CONSIDERED TO DEVELOP THROUGH OPERANT CONTINGENCIES

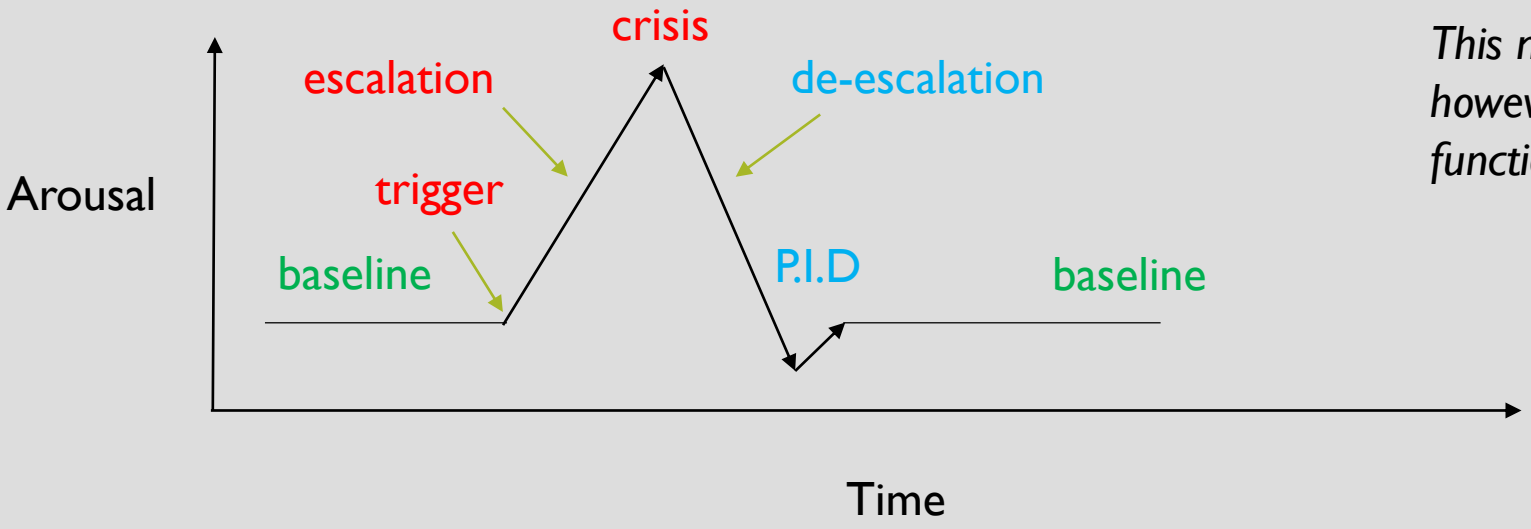
A discriminated operant is a class of responses defined by both the effect the responses have on the environment and the stimuli present when responses occur.



OPERANT CONTINGENCIES



THE TIME / INTENSITY-OF-AROUSAL MODEL OF CHALLENGING BEHAVIOUR



This model is not good, however, at explaining functional violence!

REINFORCEMENT & PUNISHMENT

- **Positive Reinforcement:**
- **Negative Reinforcement:**
- **Positive Punishment:**
- **Negative Punishment:**

- **The application of desired pleasurable stimulus – *the good things!***
- **The withdrawal of an aversive stimulus - *Avoidance - Delay and/or Escape***
- **The application of an aversive stimulus - *the bad things!***
- **The removal of a pleasurable stimulus - *typical management strategy applied for behavioural control! Usually involves imposing restrictions based on consequences.***

CONTINGENCY SCHEDULES

- **Continuous:** *Highly predictable; good for establishing new behaviour or (suppressing unwanted behaviour via punishment contingencies)*
- **Intermittent:** *Variably but predictable; good for strengthening behaviour*
- **Non-Contingent:** *Not dependent on the behaviour of the person – results in redundant behaviour or 'Learnt Helplessness'*
- **Extinction:** *disrupting previous acquired reinforcing contingencies*

- *Contingencies are altered by manipulating their delivery/availability by **time intervals and ratio***

CHANGING BEHAVIOUR FROM WITHIN AN OPERANT FRAMEWORK

- **Therefore, we can change behaviour by:**
  - Changing the Environmental Contingencies by making something more or less available, i.e. *environmental enrichment.*
  - Teaching new Skills / Behaviour. (Thus, increasing the person's adaptability to the environment)
  - Altering (increasing or reducing) the Physical and Social Drives, Needs and Wants of the Person

BEHAVIOURAL SYSTEMS

- '***Behavioural Systems***' are sets of behaviours that are automatically activated whenever the perceptual processes are stimulated by specific environmental cues – for example, signs of danger, food or, a potential sexual partner. We may think of behavioural systems as akin to ***behavioural/cognitive schemas***.
- The daily activities of any person is thus being constantly guided by a whole suit of behavioural systems being turned on and off dependent on need and stimulus. Each behavioural system's presence and purpose is to maintain optimal functioning, that is, to ensure survival, continuity and reproduction.
- These behavioural systems are modified over time by experience (learning through interacting with the environment).
- Behaviours that achieve their goals are likely to be experienced as pleasurable. Those that do not will be experienced as aversive, i.e. frustrating, anxiety and/or anger evoking!

'ATTACHMENT RELATED BEHAVIOURS AS A SPECIFIC BEHAVIOURAL SYSTEM

- Attachment theory places '***Attachment***' in an evolutionary framework and involves powerful biological and social processes for survival purposes.
- Attachment involves establishing and maintaining a powerful emotional bond between the mother (primary care-giver) and the child.
- Behaviours associated with '***Attachment***' involve primarily regulating the **proximity** and interest of the child by the mother. It then encourages a secondary process of providing **comfort.**
- ***Attachment related behavioural systems*** are related but are principally different from ***affectionate bonding activities*** occurring between the child and it's caregivers. (*a broad or narrow definition of 'Attachment')*
- However, strictly speaking '***attachment behaviours***' are the property of the child. Whereas, the mother develops ***affectionate bonds*** with the child to ensure caregiving activities are directed towards the child. Attachment related behaviours from the child trigger specific caregiving activities towards the child by the mother.

FEAR, DANGER AND SAFETY SEEKING & THE ATTACHMENT BEHAVIOUR SYSTEM

- One of the most important functions of feeling fear when in danger is to seek safety, either place, person or both.
- The perception of fear alerts us to the possibility of danger and activates the ***attachment behavioural system*** *(narrow definition of attachment)*.
- ***'Fear'*** and '***Attachment'*** work in synchronicity.
- Attachment related behaviours (*signal or approach, proximity and comfort-seeking)* are triggered when the individual feels threatened, alarmed, distressed or in need.
- Thus, the '***Attachment Behavioural System***' serves a biological function of protecting us from harm and survival.

THE ATTACHMENT BEHAVIOUR SYSTEM

- Attachment behaviour, being about seeking protection from danger, means that young children routinely monitor their environment for two classes of experience:
- ***Is danger or stress present?*** This may be experienced as external dangers or internal discomfort. (*As we develop, internal discomfort or fears can manifest as an external danger through projective-identification or the 'alien-self')*
- ***Where, and how accessible is my attachment figure?*** This is an ongoing process (*vigilance*) but where uncertainties about the whereabouts and availability of the caregiver exist, the attachment system is activated.
- Separations, abandonment, being alone, rejection, neglect and abuse can all lead to an acute activation. However, if persistent, chronic activation of the system can occur (***hyper-vigilance***) with potential unwanted psychological implications.
- A child therefore needs to experience a mother as available and sensitively responsive to their needs, signals and communications to form a secure attachment.

THE ATTACHMENT BEHAVIOUR SYSTEM

- Infants primarily use ***signalling behaviours*** that have the aim of gaining the mother's attention, i.e. crying, clinging and grasping.
- As a child develops, their behaviour system incorporates ***approach behaviours*** that enable them to approach the caregiver and ***seek help or comfort***.
- With maturation and improving ability to make sense of relationships and social situations (***social cognition),*** the appraisal of caregiver availability becomes more sophisticated. Children use more complex, flexible and revisable (***goal-corrected)*** behaviours and strategies in order to achieve their goals.
- This enables us to observe different children using different strategies in parent-child or other caregiving relationships, such as, grandparents or siblings.

THE ATTACHMENT BEHAVIOUR SYSTEM

- For most children, during the course of healthy development, attachment leads gradually to the formation of ***affectional bonds*** with key adults, particularly the primary caregivers.
- However, if ***attachment behaviours*** fail to achieve their set goal of ***proximity and comfort*** from the caregiver when feeling threatened, the attachment system, along with the arousal and distress that goes with it, remains activated.
- The typical reaction from a child upon the presence of threat and the activation of attachment related behaviours that does not result in the proximity and comfort from the caregiver is ***protest, despair and detachment***
- Might these distressing reactions as a result of a failure to feel comforted when experiencing an external/internal threat present as, '***challenging behaviours***' ***or 'attention-seeking'?***

PROTEST, DESPAIR AND DETACHMENT

- **Protest** involving crying, hitting, anger and attempts to achieve proximity are all behavioural signals to the caregiver.
- *So long as anger continues, it seems that loss of the caregiver is not being accepted as permanent and hope still lingers on (Bowlby, 1998)*
- If the loss or separation is prolonged, children can enter a state of **despair.** Their preoccupation with the attachment figure continues and they are vigilant for their return, but they begin to feel the loss akin to grief with apathy and withdrawal.
- Continued loss eventually leads to apparent **detachment.** The child may form new attachment bonds but will remain anxious, clingy and fearful of further losses.

FEELING SAFE & SECURE, PLAY, EXPLORATION & LEARNING

- When a child's attachment system is just ticking quietly away in the background simply monitoring the environment for danger and threat, their energies and behaviours can be freed up to pursue the full range of developmental opportunities that other behavioural systems encourage.
- When children feel relaxed and secure, they can enjoy the pleasures of play, social interactions and learning.
- However, because fear and survival are so basic, activation of the attachment system generally means that other important behavioural systems – *exploratory, affiliative, sociable and in adults, sexual* – are deactivated.
- The ***attachment system*** and the **exploratory learning system** might therefore be seen as complementary, though mutually inhibiting.

SAFE HAVENS & SECURE BASES

- Attachment figures are both a safe-haven (***flee towards***) and a secure base (***explore from***). It is from such that our emotions, sociability and social problem-solving develop.
- Children who lack a secure emotional base feel much more anxious about engaging with the world on their own.
- This can have profound developmental consequences as their attachment needs keep over-riding their attempts to be independent, playful and productive.
- *For example, we may observe hypervigilance, frequent displays of protest, despair and detachment, inhibited social behaviour, poor mental health and labile emotions and aggression as manifestations of attachment related difficulties*

EMOTIONAL SECURITY IN ADULTHOOD

- ***Leaping forward!***
- In the case of adults in secure relationships, each partner can display attachment behaviours and offer caregiving responses depending who, in any particular circumstance, needs the other's care and protection, support and understanding.
- This is '***Emotional Inter-Dependency'*** and develops through childhood, adolescence and into adulthood**.**
- *We might pause to consider the developmental progression of someone with a developmental disability who in adulthood continues to be dependent upon support from others to feel physically and emotionally secure.*
- ***Emotional interdependency*** *may well be seen to be the secure base in adulthood from which adaptive independence develops! This gives us a cautionary note about only focusing on adaptive independence and not factoring in the emotional needs of a person for security and stability.*

ATTACHMENT; *SO FAR, SO GOOD!*

- Therefore, whenever a child (or adult) feels anxious, in danger or need, their attachment systems are activated. This triggers attachment related behaviours, the goal of which is to recover ***proximity*** to the caregiver (or secure other) where ***safety and comfort*** are found.
- It is clear that those early experiences of security and comfort when we felt threatened as infants and children provide the '***blueprint***' (via the '***Internal Working Model'***) for the regulation of our emotions and our relationships as adults.
- These finding have been found across many cultures allowing us to conclude that attachment theory has ***cross cultural validity*** and is ***universally applicable.***
- There is also evidence that the ***social economic status*** (SES) of parents has a detrimental impact. When people's lives improve materially, stress reduces, and more children are classified as secure.

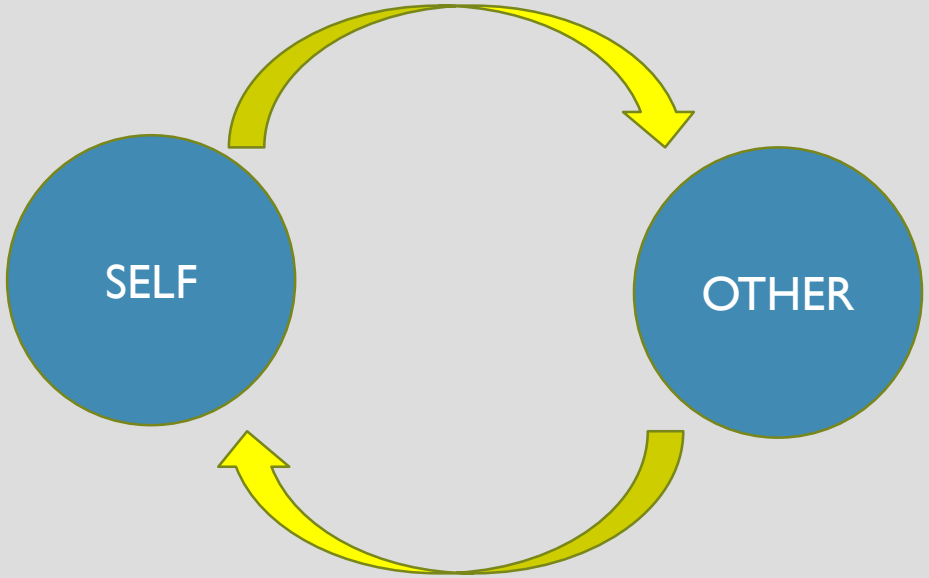
ATTACHMENT PATTERNS

- As attachment relationships become psychologically internalized, the quality of a child's social experiences become the mental property of that child. They are represented in the child's mental world by the '***Self***' and '***Other'*** concept.
- Bowlby's concept of the '***Internal Working Model***' (IWM) explains why close relationships matter, and how their qualities influence psychological experience, cognitive modelling, interpersonal behaviour and relationship styles.
- These different perceptions and expectations of the '***Self'*** and '***Others'*** suggest that children's attachments might vary depending on the type of caregiving environment in which they find themselves.

‘SELF’ & ‘OTHER’
THE INTERNAL WORKING MODEL

The **Outside** (*person-environment*) gets represented **Inside** (*self-other*)

Intrapsychic Space



Constructions of the ‘***Self’*** and ‘***Other***’ defines our ***personality*** and the pattern of our ***interpersonal relationships***, including our ‘***Emotional Inter-dependancy***’ and our ability to trust others (***epistemic-trust***)

PROXIMITY AND COMFORT

- The child's attachment style is both an ***adaptive and defensive strategy.***
- The baby ***adapts*** to the behaviours of its attachment figures as it strives to '***thrive and survive'*** in the context of their particular family. The goal is to maintain proximity to the care giver at a time of need, no matter how unpredictable or insensitive or cold the parenting.
- The pattern of attachment behaviours developed to cope with feelings of distress and anxiety are also ***defensive strategies*** with the aim to protect from anxiety and to seek out comfort in situations of perceived need or threat.
- Whether ***adaptive or defensive***, the goal is to approximate to the attachment figure as this is where safety and protection lie.
- Depending on the behaviour of the attachment figure, the child can form a secure or insecure attachment style.

ABC +D

- There are four attachment patterns that can be observed in children dependent on their interactions with the attachment figure.
- **A: Avoidantly Attached**
- **B: Securely Attached**
- **C: Ambivalently Attached**

} **Organized Attachment Patterns**

- **D: Dis-organized**
- ABC attachment patterns are both adaptive and defensive strategies to achieve proximity and comfort from the attachment figure

ABC ATTACHMENT PATTERNS
SECURE ATTACHMENT

- **Type B:**
- ***Secure Attachments*:** Securely attached children approach their carers directly and positively, knowing that their distress and upset will be recognized and responded to unconditionally with comfort and understanding. Securely attached children are able to explore, play happily and are confident to access their caregiver should the need arise. There is a sense of ***trust in others (epistemic trust)*** and recognition in the value of co-operative behaviour. The child develops an IWM of the ***Self*** that feels loved, lovable and loving. ***Other*** people are experienced as attuned, loving available, co-operative, predictable and dependable.

ABC ATTACHMENT PATTERNS
AVOIDANT ATTACHMENT

- **Type A:**
- **Avoidantly Attached**: when parents rebuff overtures of need and attachment behaviour, children are likely to develop attachment strategies that are avoidant. Caregiving feels rejecting and controlling. Displays of attachment behaviour result in rebuke and dismissal, or irritable attempts to control, deny or dismiss the infants need or anxiety.
- Explicit attachment behaviours (distress, crying, clinging, following, demanding) fail to increase either the responsivity or availability of the caregiver. The best defensive strategy therefore is to ***minimize overt shows of attachment behaviour and displays of negative affect.***
- This seems somewhat perverse, proximity to the attachment figure is best achieved or maintained by avoiding displays of need or overt attachment behaviour.
- *Children can be tolerated by otherwise rejecting parents so long as they do not make too many demands!*

ABC ATTACHMENT PATTERNS
AVOIDANT ATTACHMENT

- Avoidantly attached children (and adults), although in a state of arousal and anxiety, therefore either deny or do not communicate their distress. They do not indicate vulnerability. *There is a flight from the explicit display of attachment behaviours.*
- Negative feelings are defensively excluded; emotions are contained and distressed is masked and supressed.
- The ***IWM*** is where the '***Self***' is represented as unlovable and unloved, although the '***Self'*** is seen as self-reliant. '***Other***' people are cognitively represented as rejecting, unloving, and intrusive, and predictably unavailable at times of need.
- Caregiving is experiences as ***consistently unresponsive***

ABC ATTACHMENT PATTERNS
AMBIVALENT ATTACHMENT

- **Type C:**
- **Ambivalently Attached**: in order for children to gain proximity and attention from carers who are insensitive, unreliable, and inconsistently responsive, children using an ambivalent strategy ***maximizes displays of attachment behaviour.***
- By exaggerating and over-playing their needs and distress, they increase the chances of getting a response from an under-responsive carer.
- As a result, their emotions are under-regulated. Their threshold of arousal is low. It does not take much stress to produce intense displays of protest, demand and upset.
- The attachment behavour of ambivalent children are typically those of an angry approach or protest.

ABC ATTACHMENT PATTERNS
AMBIVALENT ATTACHMENT

- These '*attention-seeking*' (adaptive and defensive) strategies might be defined as *fighting for attention* or *pleading for protection*.
- These behaviours are most pronounced when feeling threatened and stressed when comfort and security is not available.
- The child's ***IWM*** represents the '***Self '***as of low-worth, ineffective and dependent. '***Other'*** people are experienced as insensitive, depriving, neglecting, unpredictable and unreliable.

ABC ATTACHMENT PATTERNS
DISORGANIZED ATTACHMENT

- Children who find it difficult to organize an attachment strategy that achieves proximity with the caregiver also finds it difficult to terminate the activation of their aroused attachment systems.
- Relationships with caregivers is experienced as stressful. This is most often the case when the attachment figure is actually the cause of the child's initial fear and distress (***scare-giver not care-giver***). (Parents who are abusive, emotionally unavailable or perhaps simply overwhelmed by the demands of caring for a disabled child?)
- Children's attachment systems therefore remain chronically activated and their arousal may go unrecognized and unregulated. Whatever behavioural strategy the child applies, it fails to bring proximity, care or comfort.
- Children's attachment behaviour becomes increasingly incoherent and disorganized, showing confusion, alternating mixes of avoidance, angry approach responses, behavioural disorientation and apprehension.

ABC ATTACHMENT PATTERNS
DISORGANIZED ATTACHMENT

- In the **internal working models** (IWM) of children classified as disorganized, the '***Self'*** feels frightened, alone, ignored, dangerous and even bad. '***Other'*** people are represented as unavailable and unpredictable, confusing and contradictory, frightening and frightened, hostile and helpless, dangerous and unreliable.
- In short, a disorganized attachment indicates an undermining and a disorganization of the mental '***Self',*** and the lowest level of reflective function and mentalization (Fonagy and Target, 2005).

ABC ATTACHMENT PATTERNS
DISORGANIZED ATTACHMENT

- However, when stress levels are lowered, otherwise disorganized children can, and do show some organization in their attachment behaviour such that their strategies might be recognized as either *avoidant*, *ambivalent*, or even *secure*.
- Further distinctions:
- ***Disorganized – Secure***
- ***Disorganized – Avoidant***
- ***Disorganized – Ambivilent***
- Or more generally as: ***Disorganized-Secure*** or ***Disorganized-Insecure***
- This might appear as '***schema-flipping***' as described in Schema Therapy

ABC+D MODEL AND REPRESENTATIONS OF THE *SELF* AND *OTHERS*

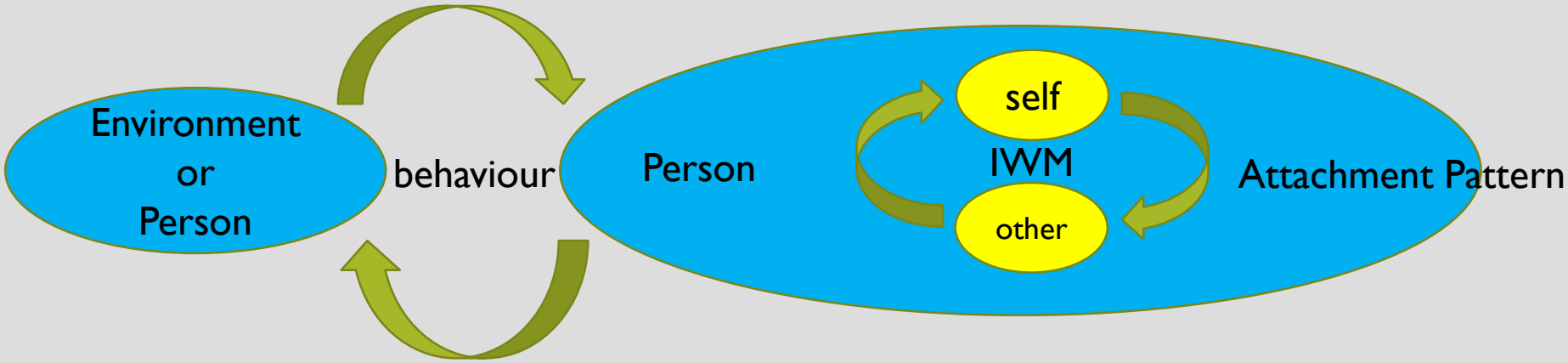
Insecure -Avoidant (Type A)	Secure (Type B)	Insecure – Ambivalent (Type C)
Self (unloved but self-reliant)	Self (loved, effective, autonomous and competent)	Self (low-value, ineffective and dependent)
Other (rejecting and intrusive)	Other (available, co-operative and dependable)	Other (insensitive, inconsistent, unpredictable and unreliable)

Disorganized (secure or insecure)
(Type D)
Self (unloved, alone and frightened)
Other (frightening, rejecting and unavailable)

ATTACHMENT IN ADULTHOOD

- Attachment in adulthood has interesting things to say about many key life experiences. Romantic relationships, sexual behaviour, parenthood, behaviour in the workplace, physical and mental health and wellbeing have all been subjected to detailed enquiry.
- '*To dub attachment behaviour in adult life regressive is indeed to overlook the vital role that it plays in the life of man from cradle to the grave*' (Bowlby, 1997)
- Securely attached adults have a capacity to draw upon others for support, high self-esteem, better emotional regulation abilities, mental health and resilience to stress.

A DEVELOPMENT ON THE PERSON/ENVIRONMENT



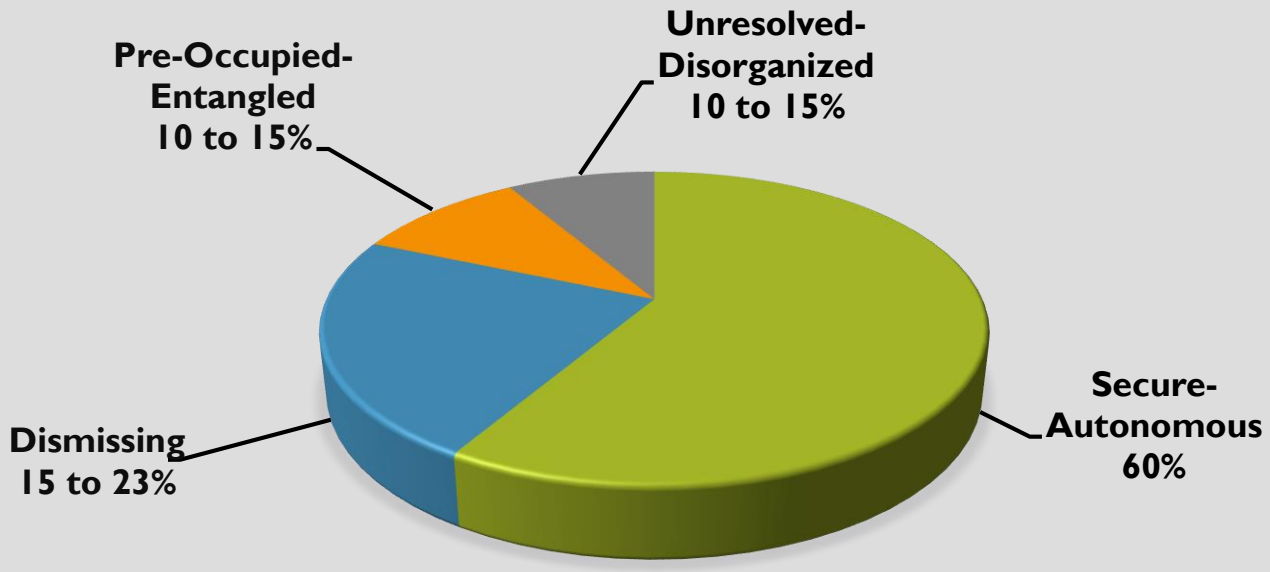
ADULT ATTACHMENT INTERVIEW

- Adult attachments are evaluated by the ***Adult Attachment Interview (AAI)*** which examines the adults state of mind regarding attachments, that is the overarching, consolidated, single ***internal working model*** that influences perception, expectations, memories, behaviour and the attachment style, particularly in the context of close relationships.

AAI AND TYPES

- The AAI recognizes four attachment organizations in adulthood that correspond to, although they might necessary follow on directly from, the four childhood patterns (Hesse, 2008; Main et al, 2008; Van Ijzendoorn and Bakermans-Kranenburg, 1996).
- ***Secure-Autonomous*** or (Free to Evaluate) state of mind, yet one which values attachments to others (compares to Secure, type-B patterns)
- ***Dismissing*** (compares to Avoidant, type-A patterns)
- ***Preoccupied- Entangled*** (compares to Ambivalent, type-C patterns)
- ***Unresolved-Disorganized*** (compared to Disorganized, type-D patterns)
  - An additional sub-pattern of ***Helpless-Hostile*** is also emerging in studies

DISTRIBUTION OF ADULT ATTACHMENT STYLES IN THE NORMAL POPULATION



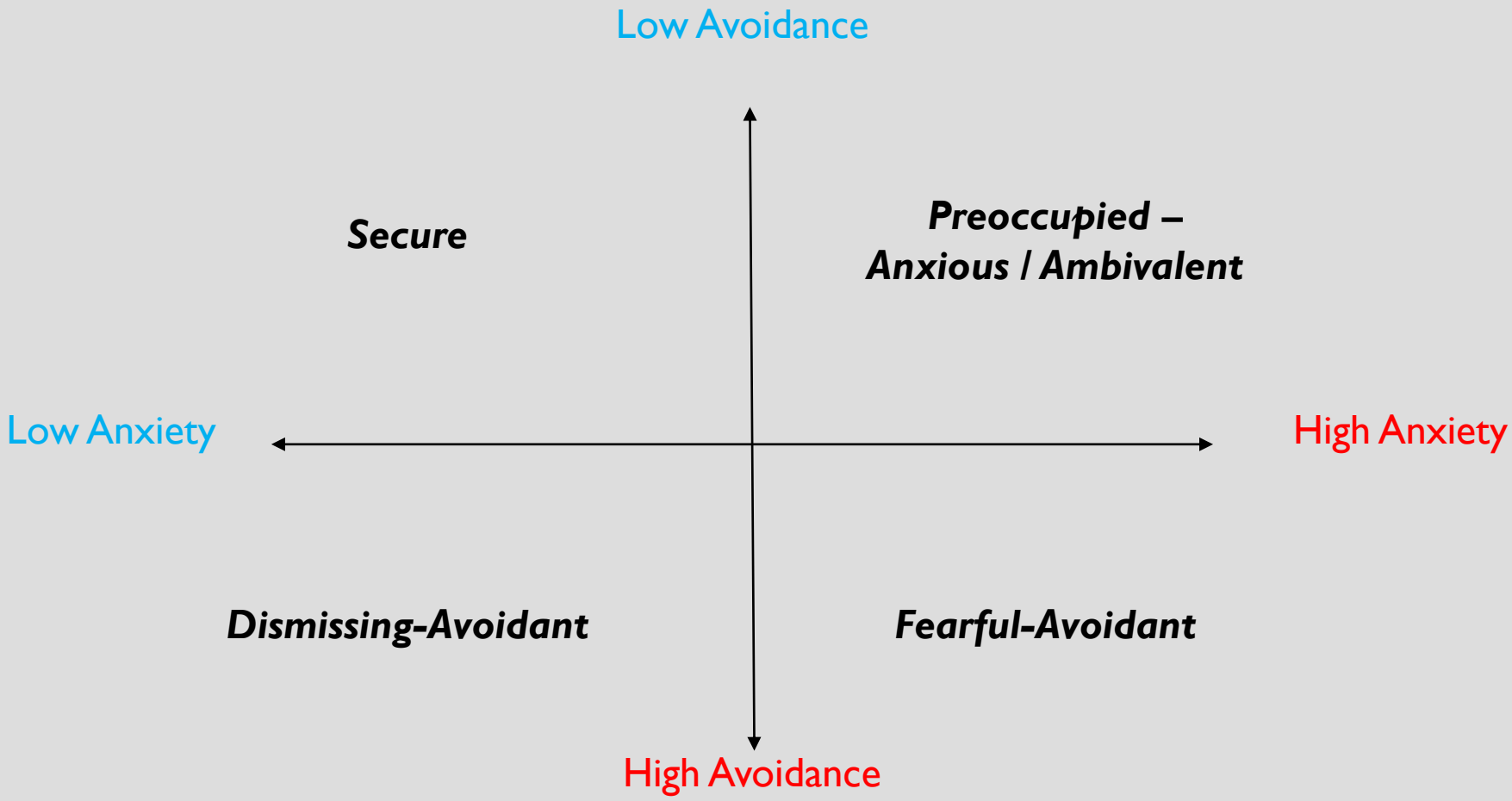
THE POSSIBLE EFFECT OF DISABILITY ON ATTACHMENT

- Although caregiver factors are important in determining childrens' attachment organization, child factors that affect levels of ***parental stress*** (which in turn affects the carer's sensitivity and emotional availability) are also thought to play a part.
- There is evidence that levels of ***parental stress*** increases when children with a disability are cared for. Children with speech, language and communication problems along with children who have neuro-developmental disorders, such as autism, might pose particular difficulties for parents and their ability to be sensitive, attuned and appropriately responsive.
- Children with such impairments might be more '***difficult to read***' even for the most sensitive of caregivers. Such difficulties are likely to interfere with the parents' abilities to understand, interpret and communicate (Johnston et al, 2003)

THE POSSIBLE EFFECT OF DISABILITY ON ATTACHMENT

- Stress associated with caregiving also activates the parents' attachment based defenses. This is likely to be especially the case when parents still have ***unresolved issues of distress and loss*** about the child and his or her disability.
- This also requires us to acknowledge the considerable financial, emotional and practical support needs for parents with disabled children and that despite great efforts by even the most sensitive and caring of parents, some children might still have residual adjustment difficulties related to attachment extending into adulthood.
- Numerous studies find that approximately rates of secure attachments were generally lower (less than 50%) compared to children without disabilities (typically 60 to 65%). There was also a slight over-representation of children rated as '*disorganized*' in disabled populations.

ADULT ATTACHMENT STYLES DEFINED BY ANXIETY AND AVOIDANCE



ADULT ATTACHMENT STYLES DEFINED BY ANXIETY AND AVOIDANCE

- ***Secure (LAv, LAx)*** are comfortable with intimacy and autonomy. Intimacy is defined as closeness to another person and openness in sharing thoughts and feelings.
- ***Dismissing-Avoidant (LAx,HAv)*** types value autonomy but they are uncomfortable with intimacy and defensively prone to dismiss its importance
- ***Preoccupied and Anxious (LAv,HAx)*** types seek intimacy and are preoccupied, to the point of clinginess, with close relationships. Autonomy and independence make them feel anxious.
- ***Fearful-Avoidant (Hax, Hav),*** fear both intimacy and abandonment. They score high in both anxiety and avoidance. (***approach-avoidant anxiety***)

EMOTIONS AND THEIR REGULATION

- One of the defining characteristics of our species is the desire to make sense of both ourselves and other people, particularly at the psychological level.
- Whereas most other species respond only to behaviour, we also respond to minds and their intentions. (*It is here where we significantly deviate from ABA!)*
- *Psychological sense-making allows us to communicate, interpret and collaborate so that we can work, love and play* (Fonagy et al, 2002).
- Indeed, not being understood by others often leads to distressing feelings, frustration and anger.

PURPOSEFUL INTER-SUBJECTIVITY

- Babies also appear to have a strong biological need to be understood. The interest shown by babies in responding to the social and psychological environment created between the adult and child is sometimes referred to as '***purposeful inter-subjectivity***' (Trevarthen and Aitkin, 2001).
- As development continues, children become increasingly interested in mental states, both their own and others. There is an interaction between mother and child to understand each others mind. This is the beginnings of the social world. It is also the beginning of the ***co-regulation of affect***.

THE CO-REGULATION OF AFFECT

- The term '***affect'*** is often used to cover all three components of an emotional experience – our ***physical feelings, psychological feelings and facial expressions.***
- It is not possible for a young child to regulate their own emotions. They need a relationship with an adult, a primary caregiver if they are going to be helped to deal with arousal.
- When parents try to deal with their child's pains and pleasures, they typically engage all of the child's senses. (*touch, rocking, a calm voice – also consider M. Klein's toxic communications*). Sensitive parents also tune into their infant's emotional states in ways that help children make sense and manage their own feelings.
- ***Sensitive parenting is therefore harmonious parenting***.

THE CO-REGULATION OF AFFECT

- Children who are helped to regulate their arousal in the context of a sensitive and responsive caregiving relationship gradually learn to regulate themselves emotionally, cognitively and physiologically (Perry and Szalavitz, 2006).
- ***Co-regulation lies at the heart of attachment***, the ability to self-regulate, and the gradual growth of social cognition, empathy, interpersonal skill and epistemic-trust.
- Sensitive care and soothing responses '***down-regulate'*** the baby's biological stress system, including the important – ***Hyothalamus-Pituitary-Adrenaline*** (HPA) axis involved in production of the stress hormone, cortisol.
- Well-regulated, securely attached children tend to have less reactive stress systems.
- Poorly attached children's nervous systems become hypersensitive. They become easily aroused and dysregulated by even low doses of stress.
- There are some very interesting developments in the field of '***Attachment Neuroscience'.*** Early close relationships have the power through our brain development to develop our very sense of a psychological self.

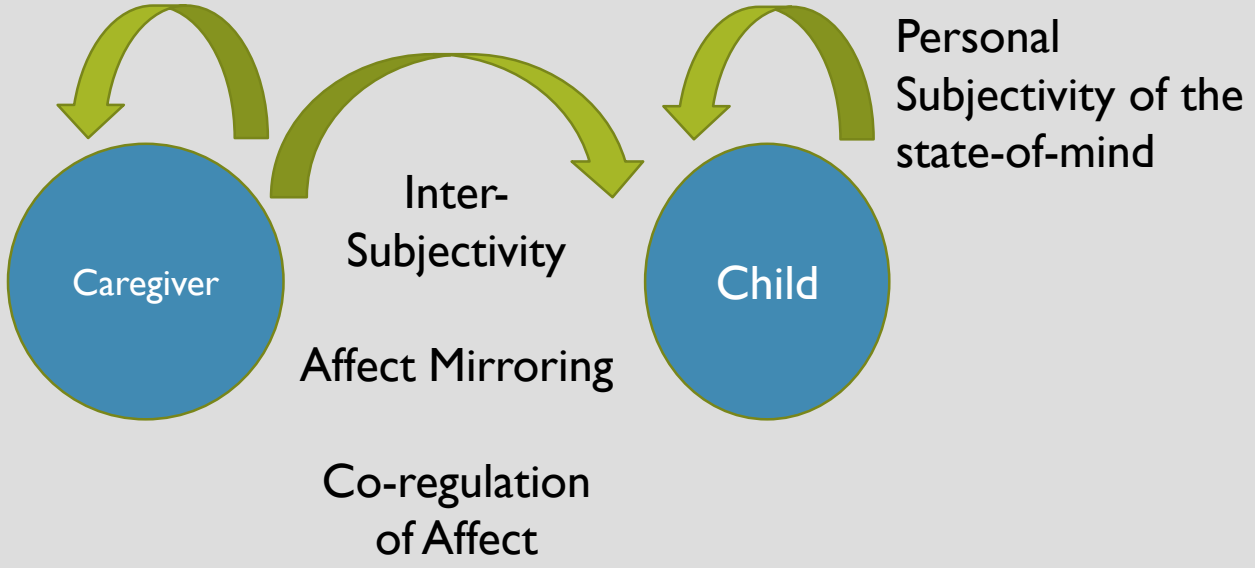
MIND-MINDEDNESS AND MENTALIZATION

- Secure caregivers are therefore those parents who are willing and able to interact with their children as psychological partners.
- *They relate with their infants as if the child had a mind and what goes on in that mind is worth knowing* (Fonagy, 2006).
- They also explain their own states of mind to their children as they discuss how the world of people, relationships and social behaviour works.
- Thus parents who value the emergence of mental states act as a kind of mirror to the child, reflecting back the child's internal psychological world. This is called '***affect mirroring***' (Fonagy et al, 2002; Winnicott, 1967).
- In suboptimal caregiving relationships, it is more difficult for children to develop a coherent sense of their own and other people's psychological selves.

MIND-MINDEDNESS

- Miens (1997, 1999) in a series of studies, found that caregivers who are interested in what their children are thinking and feeling, and seek to share this understanding with their children, show what she called '***mind-mindedness***'.
- Mind-minded parents are good at translating psychological experiences into an active, coherent dialogue with their children. *They put feelings into words that make sense!*
- By focusing on the ***subjective experience***, children are helped to understand their own and other people's states, and how these are linked to actions and behaviour.
- Children who have mind-minded parents typically have a secure attachment. Those parents who lack ***mind-mindedness*** tend to have insecurely attached children.
- There may also be considerable challenges when children lack '***mind-mindedness'*** skills, as is the case with developmental disorders like Autism (***mind-blindness and theory of mind)***

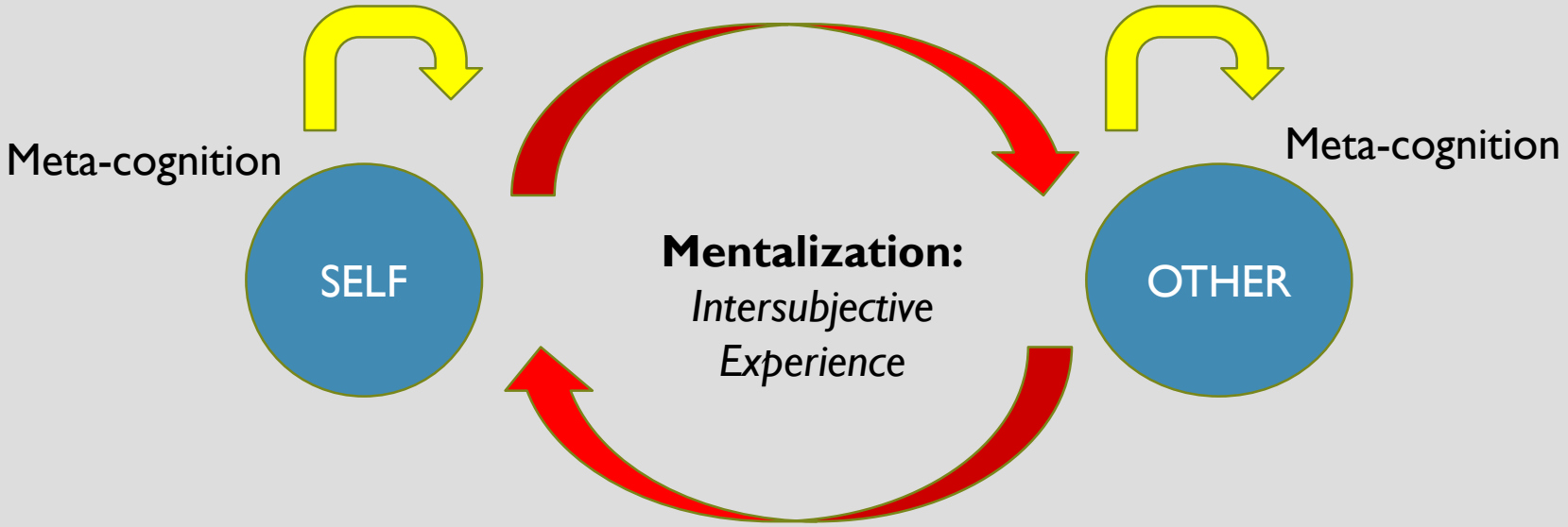
THE INTERSUBJECTIVITY OF MIND-MINDEDNESS



MENTALIZATION

- The concept of '***Mentalization***' is similar to ***mind-mindedness*** but it takes matters of psychological awareness even further (Fonagy et al, 2002).
- It is also a development of the idea that mentally healthy individuals have '***Meta-Cognition***', that is, they are good at '***thinking about thinking'.***
- Mentalization is a form of ***social cognition*** that enables one to understand how other people's mental states affect their behaviour. It involves the capacity to '***think about feelings and to feel about thinking***'.
- The ability to mentalize is therefore the ability to '***hold mind in mind***' (Allen, 2006). Or to '***see yourself from the outside and others from the inside***'
- Mentalization is more a 'two-way' and dynamic interaction than mind-mindedness.

MENTALIZATION



MENTALIZATION

- The individual who ***mentalizes*** and has ***high reflective function*** has the ability not only to think about their own and the other's mind but also how each is affecting and being read and understood by the other, cognitively, emotionally and behaviourally.
- *It is a psychological self-narrative with an agentive sense of self* (Fonagy and Target, 1997)
- The absence or relative deficit of meta-cognitive capacity and mentalization is similar and reflected in '***mind-blindness***' – a well known deficit found in Autistic Spectrum Disorder (ASD).
- It also allows us to consider how best to approach such deficits, i.e. the usefulness or otherwise of psychotherapy (talking therapies) as an intervention.
- *Mentalization is central to (all) psychotherapy. Therefore, without a capacity to 'Mentalize' considerable caution is required so as not to cause distress without any prospect of psychological gain.*

A DEVELOPMENTAL AND ATTACHMENT-BASED APPROACH

- ***Mentalization*** is developmental, arising out of attachment theory and informed by object-relations theory.
- The capacity for ***automatic mentalizing*** seems to be an early emerging and possibly innate human characteristic, but ***full mentalizing*** is highly responsive to environmental influences, such as the social learning environment, family relationships, early attachments and further developments across the life-course.
- ***The ability to mentalize is a transactional and intergenerational social process*** **(Fonagy and Target, 1997)**

CHARACTERISTICS OF MENTLIZATION

- Mentalizing is perceiving and interpreting behaviour as explained by internal mental states. It is an imaginative mental activity and is based on assumptions that mental states influence human behaviour.
- The central concept is that internal states (emotions, thoughts etc.) are opaque. We make inferences about them. It is interpretative in nature.
- Inferences are prone to errors and so mentalizing easily goes awry. They are readily changeable but prone to error as they are a representation of reality not reality itself.
- We understand others by thinking about their minds and its influence on their behaviour.
- There are similar or closely related concepts to mentalization, such as, theory of mind, empathy, mindfulness, emotional intelligence, psychologically mindedness, insight, alexithymia.

THE MULTI-DIMENSIONAL NATURE OF 'MENTALIZING'

- Drawing upon social cognitive neuroscience, Lieberman (2007) identified four different components, or dimensions, to mentalizing:

1. **Automatic versus Controlled Mentalizing**
2. **Self versus Others Mentalizing**
3. **Internal versus External Mentalizing**
4. **Cognitive versus Affective Mentalizing**

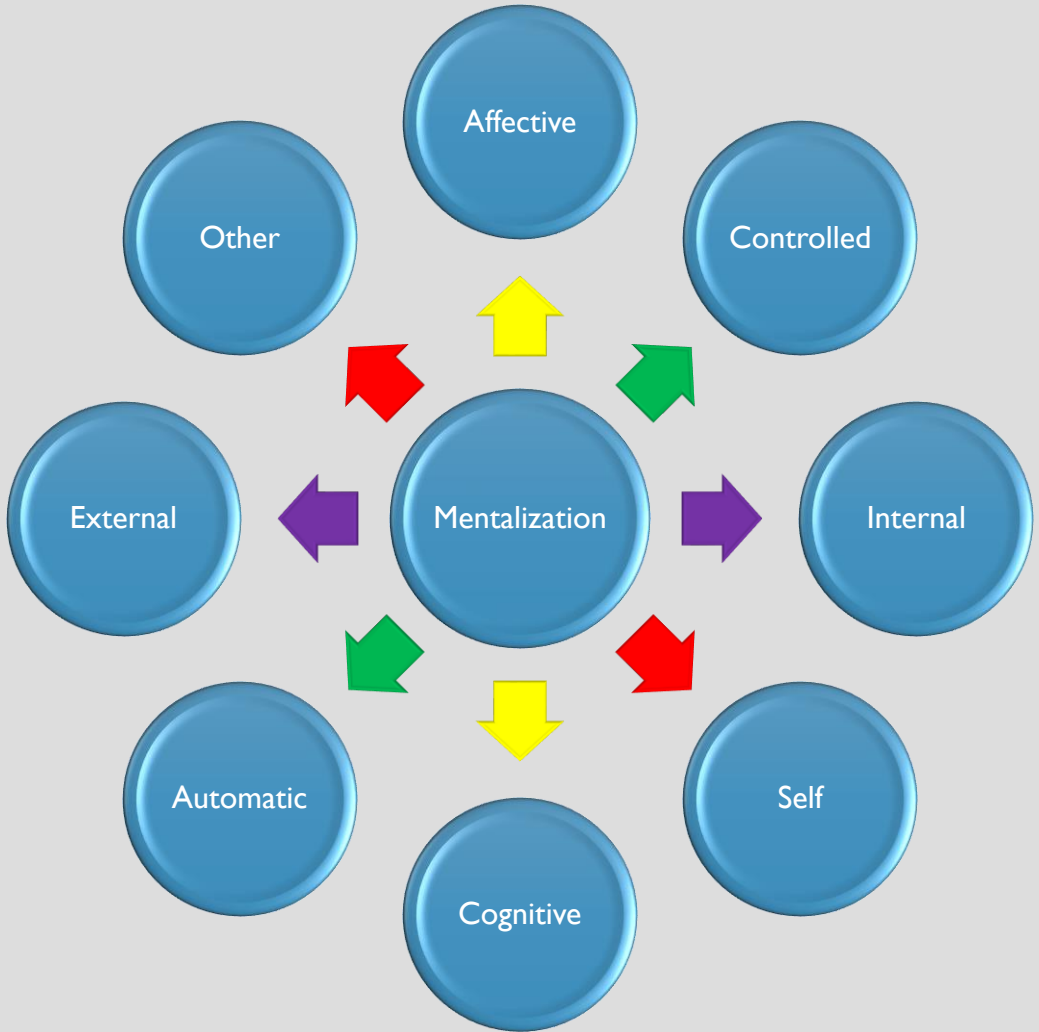
- Each of these polarities is related to relatively distinct neural systems (Luyten, 2011)
- For some people these mentalization dimensions will have limits due to neurological substrate or pathway problems, i.e. intellectual disabilities.

THE MULTI-DIMENSIONAL NATURE OF 'MENTALIZING'

- To mentalise effectively requires the individual not only to be able to maintain a balance across these dimensions of social cognition but also to apply them according to context.
- Cognitive / adaptive flexibility is required akin to '***Attention Scheduling***' or ***Executive Function.*** Such deficits are not uncommon in many forms of psychopathology.
- It is essential to realize that mentalization is not a static and unitary skill or trait. It is a dynamic capacity that is influenced by stress and arousal, particularly in the context of specific attachment relationships (Allen et al, 2008)

DIMENSIONS OF MENTALIZATION

In adults with mental disorders, imbalanced mentalizing on at least one of these four dimensions would be evident.
From this perspective, different types of psychopathology can be distinguished on the basis of different combinations of impairment along the four dimensions referred to a ***mentalizing profiles***



AUTOMATIC VS CONTROLLED

- The most fundamental dimension to mentalization is the spectrum between automatic (*or implicit*) vs controlled (*or explicit*).
- ***Controlled mentalization*** represents a serial and relatively slow process, which is typically verbal and demands reflection, attention, awareness, intention and effort.
- ***Automatic mentalization***, involves much faster processing, tends to be reflexive, and requires little or no attention, awareness, intention or effort.
- ***There are differences in the neural systems involved:***
  - ***Automatic*** – amygdala, basal ganglia, ventromedial PFC, lateral temporal cortex, and dorsal anterior cingulate cortex.
  - ***Controlled*** – lateral PFC, medial PFC, lateral parital cortex, medial parital cortex, medial temporal lobe and rostral anterior cingulate cortex
- *Automatic seems to be phylogenetically older relying on sensory information; whereas Controlled relies more on linguistic and symbolic information (Lieberman, 2006; Uddin, 2007)*

AUTOMATIC VS CONTROLLED

AUTOMATIC FOCUS:

- Rapid and reflexive process
- Reduced reflective mentalizing, particularly in the context of attachment activation.
- Higher sensitivity to non-verbal cues inferring other's intentions
- Day-to-Day use
- Associated with a secure attachment environment

CONTROLLED FOCUS:

- Serial and slow process
- Verbal
- Requires reflection, attention and effort
- Used when mentalizing errors and misunderstandings are apparent, intention requires attention, if there is anxiety or uncertainty, in specific contexts

SELF VS OTHERS

- This mentalizing dimension involves the capacity to mentalize one's own state – the self (including one's own physical experience) – or the mental state of others (IWM).
- The two are closely connected, and an imbalance signals vulnerability in mentalizing both others and/or the self. Individuals with mentalizing difficulties are likely to preferentially focus on one end of the spectrum, although they may be impaired at both.
- Disorder in this dimension can lead to severe impairments in self-identity – most notably, psychosis and personality disorder.

SELF VS OTHERS

OTHER FOCUS:

- Greater susceptibility to emotional contagion
- Associated with accuracy in reading the mind of others without any real understanding of own inner world.
- May lead to exploitation and misuse of others, or to being exploited by others.

SELF FOCUS:

- Hyper-mentalization of own state (constant preoccupation with Self)
- Limited interest in or capacity to perceive others' states
- May lead to self-aggrandizement.

INTERNAL VS EXTERNAL

- This dimension does not just refer to a process of focusing on the external visible manifestations versus internal mental states of others, it also applies to the self – it includes thinking about oneself and one's internal - external states.
- An over-reliance on the external focus can make a person extremely vulnerable to the observed behaviour of others. If the clinician frowns, perhaps pensively, the person may interpret this as looking angry or disgusted with them.

INTERNAL VS EXTERNAL

INTERNAL FOCUS:

- Ability to make mental state judgements on the basis of internal states
- Applies to both self and other
- Can be associated with ***hyper-mentalizing*** about possible motivations and mind states of others and self

EXTERNAL FOCUS:

- Higher sensitivity to nonverbal communication
- Tendency to make judgments on the basis of external features and perceptions
- Can lead to rapid assumptions unless checked by internal scrutiny

COGNITIVE VS AFFECTIVE

- We know that intense emotions appear to be incompatible with serious reflection on mental states.
- High emotional activation has been shown to limit people's ability to 'broaden and build' in the face of stress – that is, to open up their minds to new possibilities (broaden), and to build upon their personal resources that facilitate resilience and well-being.
- Cognitive mentalizing involves the ability to name, recognize, and reason about mental states (in both oneself or others), whereas affective mentalizing involves the ability to understand the feeling of such states (again, in both one-self or others).
- This is necessary for any genuine experience of empathy or sense of self

COGNITIVE VS AFFECTIVE

COGNITIVE FOCUS:

- Associated with less emotional empathy
- ‘mind reading’ seen as an intellectual game
- Hyper-mentalizing tendency, devoid of an emotional core
- Agent-attitude propositional understanding

AFFECTIVE FOCUS:

- Oversensitivity to emotional cues
- Increased susceptility to emotional contagion
- Tendency to be overwhelmed by affect when thinking about states of mind
- Self-affect propositional understanding

DIFFERENTIATION ON DIMENSIONS AND PSYCHOPATHOLOGY

- Some people with BPD find it difficult to understand the intentions of others (an internally based task) but may be hypersensitive to facial expressions (an externally based task).
- By contrast; people with antisocial PD may lack the ability to read fearful emotions from facial expressions (an externally based task) but are often experts in reading inner states and coercing or manipulating them based on this ability (Bateman & Fonagy, 2008)

NON-MENTALIZING MODES

- ***Psychic equivalence mode***, thoughts and feelings become too real to a point where the person is unable to consider possible alternative perspectives. What is thought is experienced as being real and true leading to 'concreteness of thought'. The internal mental world is projected outside, this can be very frightening as experienced by visual / auditory hallucinations.
- In the ***Teleological mode,*** states of mind are recognized and believed only if their outcomes are physically observable. Hence, the person may recognize the existence and potential importance of states of mind, but this recognition is limited to very ***concrete*** situations. For example, affection and caring is perceived to be only true if it is accompanied by physical contact such as a touch or caress.
- In the ***Pretend mode***, thoughts and feelings become severed from reality. Taken to its extreme, this may lead to feelings of de-realization and dissociation.

NON-MENTALIZING MODES

- ***Psychic equivalence*** is inevitable if emotion (affect) dominates cognition.
- ***Teleological mode*** follows from an exclusive focus on external features to the neglect of the internal dimensions.
- ***Pretend mode*** thinking and hyper-mentalization are unavoidable if reflective, explicitly controlled mentalization is not well established
- These modes are often where the severity of psychopathology is at its highest and most complex and challenging to treat.

EPISTEMIC TRUST

- ***Epistemic Trust*** is a recently emerging concept in clinical practice.
- (***Epistemic*** *denotes a branch of modal logic and concepts such as: knowledge, certainty, and ignorance*)
- It emphasizes the social and emotional significance of the trust we place in the information about the social world that we receive from another person – that is, the extent and ways in which we are able to consider social knowledge as genuine and personally relevant to us.
- ***Epistemic trust*** is how we learn to trust others and emerges through our ***attachment related experience*** with our caregivers. It is the way we judge others as reliable and trusting sources of information in adulthood.
- It is often considered to play a role in all forms of psychopathology, i.e. (*p*) (general psychopathology, symptoms then specific condition) in a similar manner to (*g*) is in the concept of intelligence (general intelligence, fluid, crystalised)

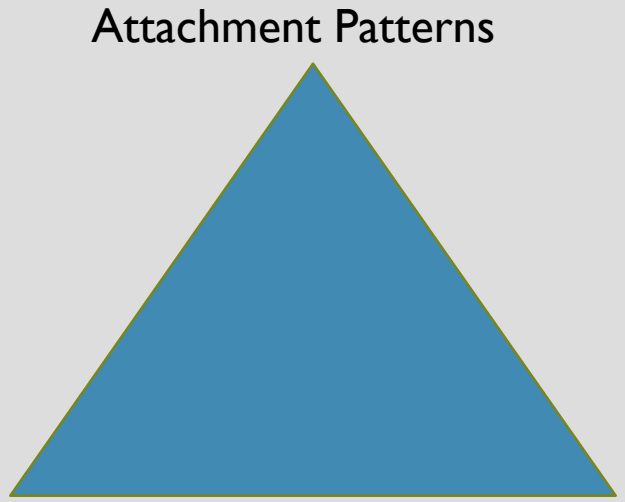
EPISTEMIC MISTRUST

- Individuals who have had poor or abusive social experiences (insecure or disorganised) may develop a state of ***chronic epistemic mistrust***, in which they imagine the motives of the communicator to be malign.
- Such individuals will appear to be resistant to new information, and might come across as rigid, stubborn, or even bloody-minded because they treat new information from the communicator with deep suspicion and will not accept it (***epistemic freezing***).
- ***Epistemic vigilance*** is self-protecting and is the capacity of the individual to form a judgement as to the reliability of the communicator to provide helpful, social useful information. ***Epistemic Hyper-Vigilance*** is when an individual becomes excessively preoccupied with trust and ill-intention in a relationship.
- Many individuals with various forms of psychopathology experience problems with trusting others, they often become highly vigilant but are often mistrusting or in a state of confusion as to who to trust. These individuals are often described as being 'hard to reach'.

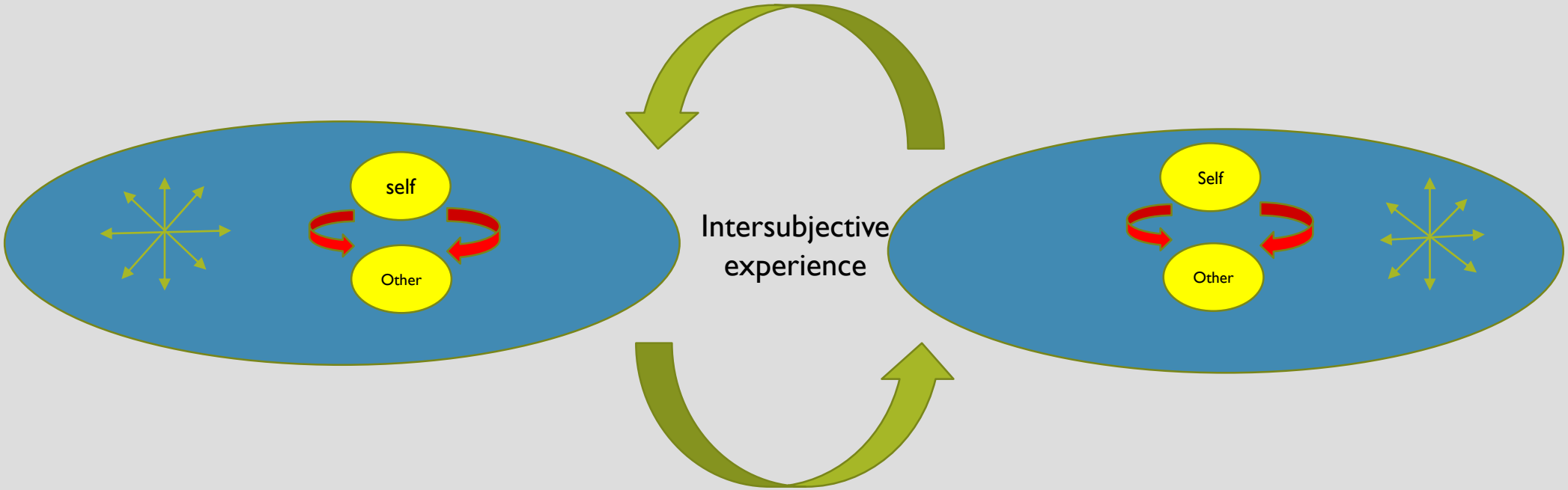
HYBRID ANIMALS

TRI-PART MODEL

Independent modalities but interactional in nature



MENTALIZATION



A THREE STAGE THERAPEUTIC APPROACH

1. Understand the nature of the person's experience by developing a shared and evolving formulation from within a therapeutic treatment model (e.g. MBT, DBT, CBT, Psychoanalysis). If successful, this process will encourage the process of epistemic trust via the therapeutic alliance.
2. Identify deficits in mentalization and then develop these skills as the presenting problems get explored.
3. As mentalization develops and becomes established, encourage the person to move into effective social learning by resolving 'real-world' problems. (*This might be where ABA comes into its own!)*

- This model can most successfully be delivered in a '***whole-service-approach***' when considering people with intellectual disability. It is more measured, immersed and gentler!

DEVELOPING MENTALIZATION SKILLS IN TEAMS

- The staff might explore their own attachment histories and consider their '**Self-Other'** (IWM) intra-psychic relationships
- Start with 'Mind-Mindedness' approaches – encourage staff teams to reflect on the person's behaviour and their mental states.
- Encourage the staff to begin to engage in a dialogue seeking understanding from the person and encourage flexible thinking patterns, i.e. automatic-controlled; affective-cognitive; internal-external; self-other.

HOW MIGHT THESE IDEAS INFLUENCE OUR PRACTICE?

- Try to identify the relevant attachment pattern of the person by exploring their developmental history and relationships.
- Consider and map attachment related behaviour patterns when looking at current arousal and challenging behaviour.
- How does the individual regard themselves and relate to others (Self vs Other)
- Explore the individual's capacity to mentalize and identify possible mentalization profile errors.
- Consider developing mentalization skills in the Support Team.
- Develop your own interests in mentalization approaches

THANK YOU

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