Mentalization Based Therapy to Facilitate Resilience in Sexually Abused Children and Their Parents

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Plan of the Presentation

- Play Therapy – Origin of the treatment
- Protective role of Play in the development of Reflective Functioning
- Clinical Implications
- RCT of Play Therapy with Sexually Abused Children

Introduction

- **Play is a universal activity of young children that reflects a mental effort to represent ideas, desires and feelings without relying on his communicational abilities**

- **It has a pivotal role in the development of emotional experience and thinking as well as in the integration into mentalizing abilities.**

- **However, there is no longitudinal support of this specific relationship.**

- **Many years ago, Paulina Kernberg proposed that it is the organization and the coherence of fantasy play narratives that reveal the child's capacity to regulate emotion and experience, helping them to cope with vulnerabilities and traumatic experience.**

Play and Trauma

- Putting thoughts and feelings into a meaningful coherent sequence helps the child to internalize a coherent autobiographical narrative of his life.
- This process is of particular relevance in the context of experiencing relational trauma such as sexual abuse.
- Indeed, being able to develop a coherent narrative of this chaotic experience helps children to overcome overwhelming affects and to provide a sense of mastery of the traumatic experience

The Children's Play Therapy Instrument (Kernberg, Chazan, & Normandin, 1998)

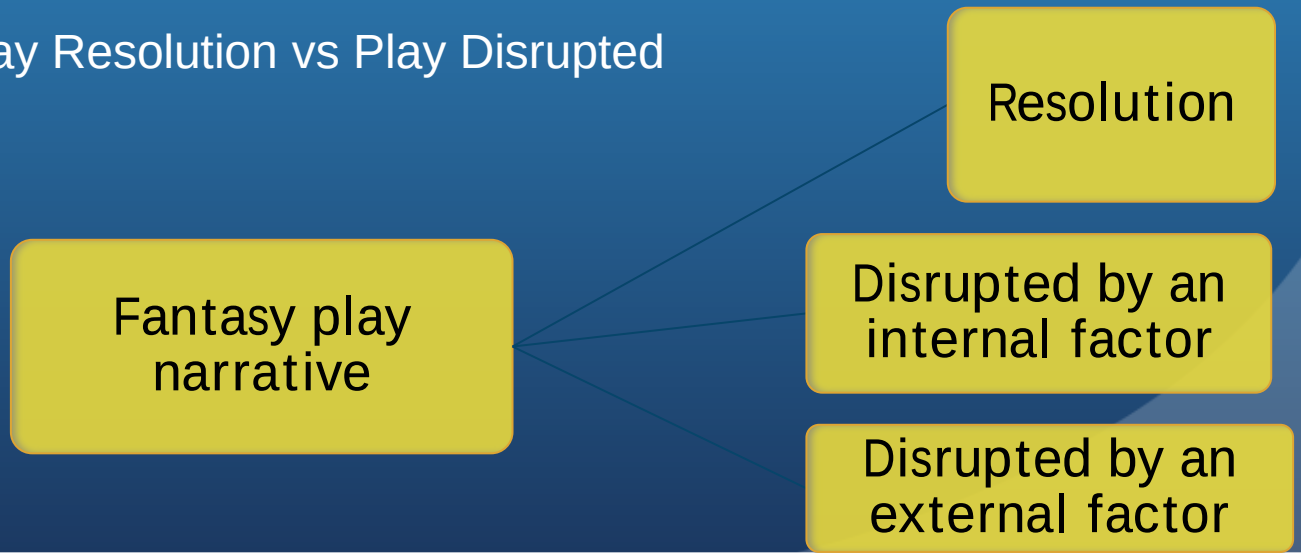
- 45 minutes free play session
- Three steps of coding
  - Structure of play session

Play | Play preparation | Non-play

  - Structure of Play

Fantasy Play vs Other Play

  - Play Resolution vs Play Disrupted



Research goals

- **Provide an empirical support to the unique contribution of fantasy play onto the later development of RF**
- **Explore the protective role of play in the development of RF in a context of sexual abuse**

Participants

Sample (N = 60)

	Sexually abused children	Nonabused children
n	39	21
Age Time 1	71.6 months	67.8 months
Age Time 2	113.5 months	108.1 months
Sex	30 girls (77%)	12 girls (57%)
Maternal education	14.0 years	17.5 years

Instruments

TIME 1	
Free play session	**Children's Play Therapy Instrument (CPTI)** • Structuration of play as a mental activity (κ_p = .71 to .99) • Level of reflectivity in play • Resolution (κ from .61 to 1.00)
TIME 2	
Child RF	**Child Attachement Interview (CAI)** • Children Reflective Functioning Scale (CRFS) (ICC ranging from .80 à .90)

Results

Correlations between FR, sociodemographic information, and play

	Child's age	SES	Fantasy play resolution
Self-RF	.46***	.28*	.15
Other-RF	.39**	.28*	.29*

Means and Standard Deviations of Children's Scores at Fantasy Play Resolution and Self- and Other-RF by Groups

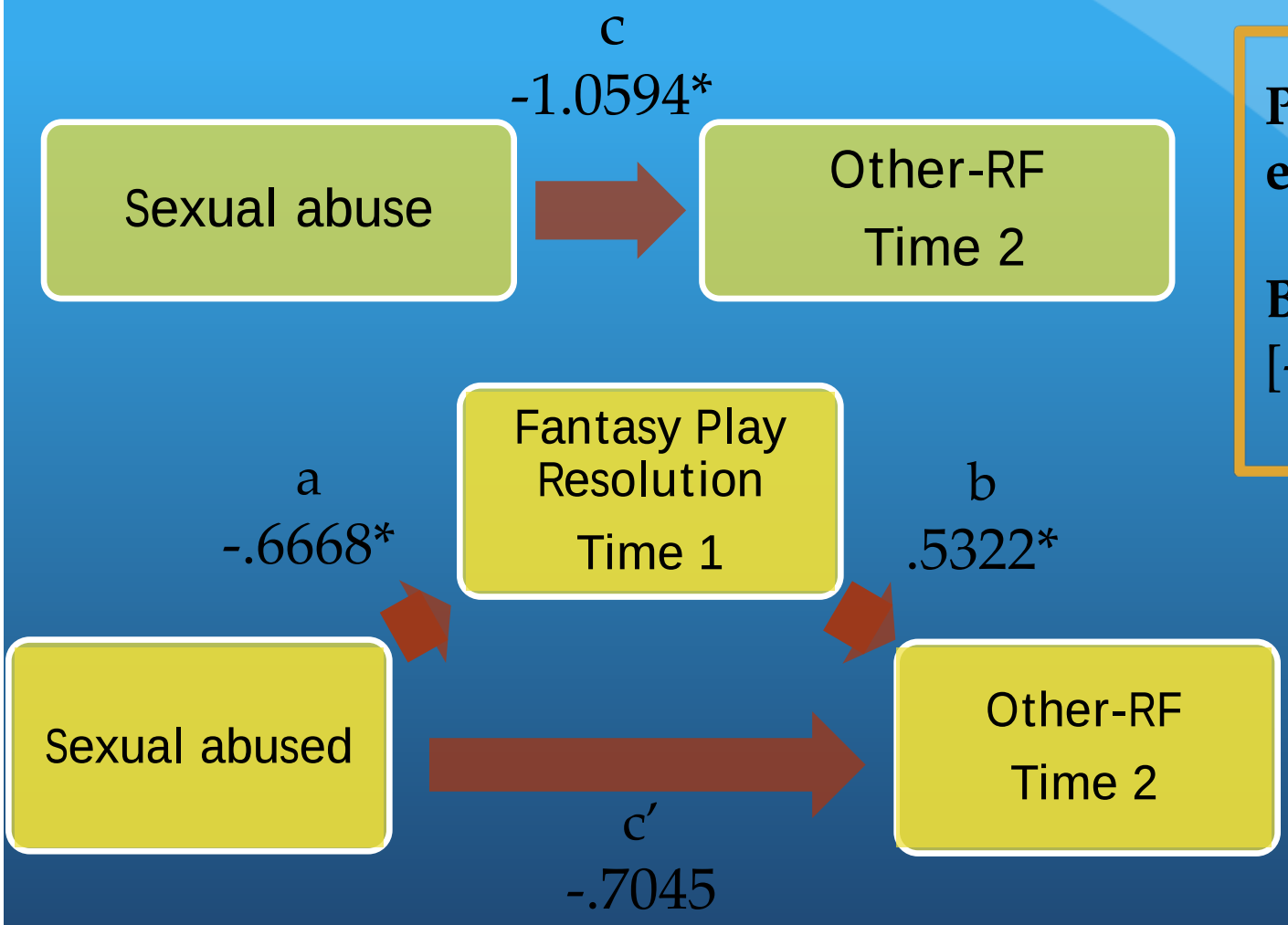
	Sexually abused group	Nonabused group	*t* (η^2)
CPTI			
Fantasy play resolution	.53 (.81)	1.16 (.86)	2.79** (.12)
CRFS			
Self-RF	2.55 (1.95)	3.68 (1.76)	2.20* (.08)
Other-RF	2.37 (1.75)	3.54 (1.42)	2.63* (.11)

** $p < .01$; * $p < .05$

Hierarchical Regression Analysis Examining the Unique Contribution of Fantasy Play Resolution on Other-RF

Variables	*B*	SE	*β*	*Adj* R^2	ΔR^2
Step 1				.14	.15**
Age	-.04	.01	.39**		
Step 2				.24	.14**
Age	.04	.01	.43***		
SES	.17	.06	.34**		
Step 3				.29	.07*
Age	.05	.01	.46***		
SES	.10	.06	.20		
Sexual abuse	-1.06	.45	-.30*		
Step 4				.35	.06*
Age	.05	.01	.48***		
SES	.11	.06	.22		
Sexual abuse	-.71	.46	-.20		
Fantasy play resolution	.53	.22	.27*		

Mediating model of fantasy play resolution predicting other-RF



Adjusted R^2 = .35, F (4, 55) = 8.89, p < .001.
Controlling for SES and child's age

Clinical implications

1. **The capacity to achieve resolution in play narratives constitutes a unique *precursor* and *protective factor* of the child's later Other-understanding.**

2. **Absence of relation between play and self-RF**
   a. Novelty of the play instrument and the CRFS
   b. Limitations of the assessment of self-RF in a context of abuse
   c. Different precursors for self- and other-RF

Clinical implications

3. **Results support theory suggesting that a traumatic experience engenders discontinuity in experience** (Fonagy et al., 2002)
   a. The shutting down of mentalizing capacities measured as the capacity to produce a coherent play narrative can constitute a way of coping with overwhelming affects generated by traumatic memories
   b. However, reduced mentalizing capacities can lead to a variety of symptoms and psychopathologies

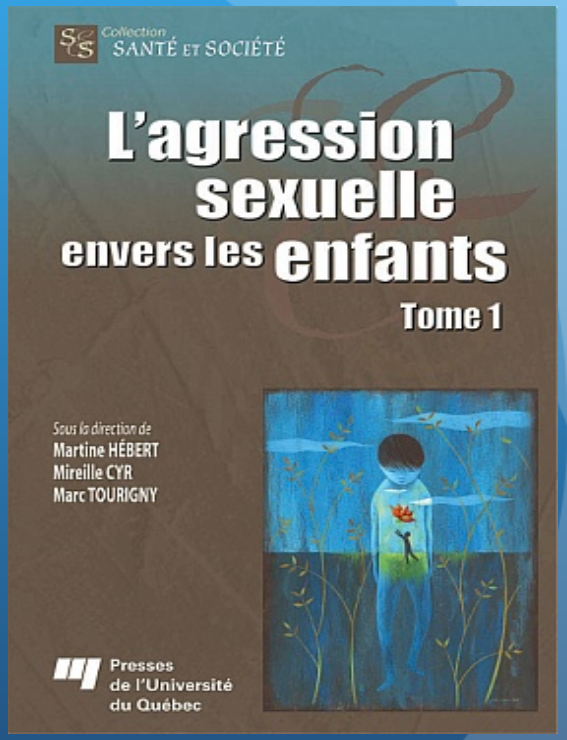
4. **Findings support play therapy interventions** (Kelly & Odenwalt, 2006; McMahon, 2009; Slade, 1994; Terr, 1990)

   Helping the child feel a sense of mastery and completeness in his fantasy play narratives is an effective way to support the understanding of others' mind after experiencing sexual abuse.

RCT : Play Treatment for Sexually Abused Children

- Elaborated by Paulina F. Kernberg, Lina Normandin & Karin Ensink

- **Chapitre 10**
  Le traitement basé sur la mentalisation chez les enfants agressés sexuellement et leurs parents (Karin Ensink et Lina Normandin)



Methodology

- Longitudinal treatment study: 30 sexually abused children: 15 receiving MBT compared to 15 children on waiting list

- 15 weeks (30 sessions) with the child

Instruments

- Child Behaviour Checklist (CBCL: Achenbach,1993)
- Children's Sexual Behaviors Inventory (CSBI: Friedrich, 1998)
- Child Dissociative Checklist (CDC: Putnam, 1993)
- Child Play Therapy Instrument (CPTI: Kernberg, Chazan & Normandin, 1993)

Manualized Treatment

- Focus on the understanding of the impact of the abuse:
  - Sexualisation
  - Elaboration of Affects (shame, guilt, fear)
  - Embodied Self, Self-Esteem
  - Dissociation

Techniques

- Mentalisation of trauma : translate themes of abuse (repetitive, raw affects and split aggressor or victim identification) into a coherent story through play and therapist's verbalisations of affects and cognitions

- Restore the capacity to play (beginning, middle and end)

- «Scaffolding»

Sample

	With treatment	Without treatment
Age (year)	6 (3 - 9)	6 (3 - 10)
Gender		
Girl	61%	73%
Boy	39%	27%
Family Income (CND)		
Less than $15,000	33%	33%
Between 15,000-$45,000	33%	47%
More than $45,000	33%	20%
Mother Marital Status		
Couple	61%	40%
Single parent	39%	60%
Education		
Mother (years)	12	13
Father (years)	13	12
N=30	15	15

Type of Sexual Aggression

	With Traitement	Without Traitement
Type		
Intrafamilial	83%	53%
Extrafamilial	17%	47%
Severity		
Penetration	33%	25%
Sexual fondling, touching	20%	50%
Abusor		
Father	41%	7%
Mother’s partner	12%	7%
Brother	6%	6%
Other family member	23%	33%
Other	18%	47%

(suite)

	With treatment	Without treatment
Age of the Abusor		
Over 18 y.o	81%	53%
Chronicity		
Unique	7%	45%
Multiple	93%	55%
Mother History of Abuse		
Yes	73%	78%
No	27%	22%
N=30	15	15

Table 1: Efficacity of the Treatment after 15 weeks

	Pre		Post		t	*p*
	(X)	(SD)	(X)	(SD)		
CBCL (Global)	69.1	4.2	66.1	6.5	1.41	ns
CBCL (Intern)	64.4	8.3	61.7	6.3	1.43	ns
CBCL (Extern)	71.9	5.4	67.2	8.6	2.75	**
Dissociation	10.3	5.9	8.7	4.0	0.95	ns
Sexual Beh.	94.8	18.6	85.9	26.0	2.28	*

n=15

Table 2: Follow-up after One year

	Pre		One Year		t	*p*
	(X)	(SD)	(X)	(SD)		
CBCL (Global)	69.1	4.2	65.5	8.53	0.91	ns
CBCL (Intern)	64.4	8.3	67.5	6.40	0.59	ns
CBCL (Extern)	71.9	5.4	65.9	8.78	1.97	≈ *
Dissociation	10.3	5.9	8.1	4.27	0.85	ns
Sexual Beh.	94.8	18.6	73.0	28.0	1.91	≈ *

n=15

Table 3: Waiting list after One Year

	Pre		Post		t	*p*
	(X)	(SD)	(X)	(SD)		
CBCL (Global)	65.4	8.9	63.9	6.4	0.74	ns
CBCL (Intern)	64.1	7.6	69.4	7.7	4.48	**
CBCL (Extern)	62.4	13.7	63.0	8.2	-0.2	ns
Dissociation	9.1	4.3	6.1	5.3	1.3	ns
Sexual Beh.	72.1	20.5	70.3	22.2	0.44	ns

n=15

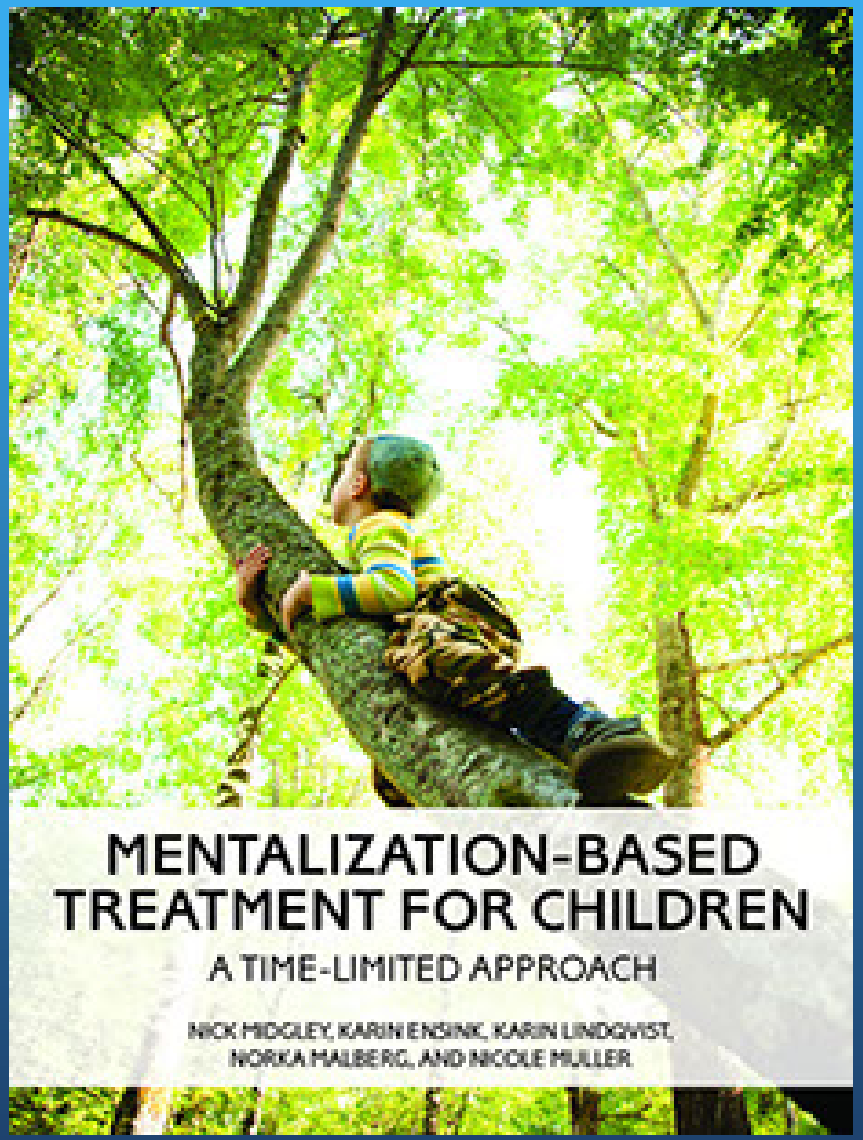
Table 4: Ancova comparing the two groups after one year(Covariable: Score at Pre-treatment)

	Treatment		No Treatment		*F*	*p*
	(Xe)	(SE)	(Xe)	(SE)		
CBCL (Global)	64.8	1.9	65.9	2.9	4.1	≈ *
CBCL (Intern.)	60.8	1.6	61.4	2.6	6.5	*
CBCL (Extern.)	64.2	2.0	65.7	2.9	0.35	ns
Dissociation	8.1	1.2	6.2	1.8	0.26	ns
Sexual Beh.	70.5	4.7	71.0	6.9	0.1	ns

n=15

Preliminary Conclusions

- Significant decrease in externalizing in MBT group
- Significant increase in depression in wait list group
- So treatment protects children


MENTALIZATION-BASED
TREATMENT FOR CHILDREN
A TIME-LIMITED APPROACH
NICK MIDGLEY, KARIN ENSINK, KARIN LINDQVIST,
NORKA MALBERG, AND NICOLE MULLER

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