Is Brief Mentalization Based Group Psychotherapy for Psychotic Patients Safe?

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Objectives

Mentalization-based treatment (MBT) was initially developed for the treatment of borderline personality disorder (PD)[1]. In the last years, therapy with mentalizing as a central component has been developed for treatment of numerous groups, including people with antisocial PD, substance abuse, eating disorders, and psychotic disorders[2]. In a study carried out by our group to assess a 6 month psychotherapeutic program that integrated MBT and other group therapies in patients with severe PD (45% of which had transient psychotic episodes), we found that this combined therapy was effective in improving several pragmatic variables[3]. Based on our previous experience with the psychotherapeutic program for PD described above, we have developed a brief mentalization-based form of group psychotherapy (B-MBGT) for psychotic patients[4] at our day hospital (DH). Nowadays, awareness of the importance of early assessment of safety of new psychotherapy approaches has been growing. It is essential to determine whether these are safe or "harmful" for patients. We conducted the present study to determine the potential adverse effects-if any-of B-MBGT. Secondarily, we evaluated the potential differences in outcomes according to patients' classification on the psychotic spectrum (schizophrenic vs. affective).

Method

An observational ambispective study to assess the safety of B-MBGT for psychotic patients. The study sample was selected from all patients with a psychotic disorder admitted to the DH from November 2012 to March 2014. According to DSM-IV criteria, 41 patients were included. Twenty nine patients (70.7%) had schizophrenic spectrum disorders and 12 (29.3%) affective spectrum disorders (Table 1). To detect potential iatrogenic effects, both objective and subjective variables were measured. A list of potential undesirable events that might occur during the B-MBGT was drawn up (Table 2). First, all undesirable events experienced by patients (adverse event) were recorded in the ad hoc questionnaire and then these were assessed by a member of the research team to determine whether or not there were any indications that the event could had been caused by the therapy (adverse reaction). The therapy assessed in this study, which has been described previously in detail (Lana et al., 2015), was based on the explicit mentalizing techniques described in the MBT manual (Bateman & Fonagy, 2006). The therapy was delivered weekly for a maximum of 12 weeks by two therapists with extensive psychotherapeutic experience at public hospitals and > 10 years of training in psychodynamic psychotherapy. The senior therapist has participated in several MBT seminars taught by Anthony Bateman. All values were calculated with reference to the total sample and also to the two different spectrum categories (schizophrenic spectrum vs. affective spectrum). Group differences were compared using chi-square statistics with Yates correction. The Fisher Exact Probability Test was used when requirements for dichotomous variables were not met. The U Mann-Whitney Test was used for count variables and the Student's t- test for continuous variables after comparing the variances between the two samples. Values of $p < 0.05$ were considered significant.

Results

Demographic and clinical characteristics of psychotic patients are described in Table 1. Patients had a mean age of 33.8 years (SD = 9.0), 30 (73.2%) were male subjects, the level of education achieved was low (78% did not have any secondary studies). In the year prior to therapy, over 65% of patients required psychiatric hospitalization and none was able to remain employed, which considered together indicates the severity of the psychosis in the sample studied. Adverse events (all undesirable events experienced during therapy, Table 2) were observed in 23 patients (56.1%), although the event was considered therapy-related (adverse reaction) in only 3 cases (7.3%). No between-group differences in the rate of adverse reactions were observed (Table 3).

Table 1. Demographic and clinical characteristics of psychotic patients

Variable	Schizophrenic spectrum (n=29) n	%	Affective spectrum (n=12) n	%	Total (n=41) n	%	χ^2	p
Male	23	79.3	7	58.3	30	73.2	-	0.247
Female	6	20.7	5	41.7	11	26.8		
Employment								
Not working	29	100.0	12	100.0	41	100.0	-	-
Disability Pension	13	44.8	6	50.0	19	46.3	-	0.904
Income Support	12	41.4	4	33.3	16	39.0		
Other	4	13.7	2	16.7	6	14.6		
Education							-	0.037
College graduate	0	0.0	0	0.0	0	0.0		
High school	3	10.4	6	50.0	9	22.0		
Job training	9	31.0	2	16.7	11	26.8		
School graduate or less	17	58.6	4	33.3	21	51.2		
Psychiatric inpatient admission								
Latest 12 months	18	62.1	9	75.0	27	65.9	-	0.494
Lifetime	22	75.9	11	91.7	33	80.5		0.399
	Mean	SD	Mean	SD	Mean	SD	t or z	p
Age	30.4	8.1	42.2	4.7	33.8	9.0	-3.42	0.006
Number of psychiatric admissions								
Latest 12 months	0.8	0.7	0.9	0.7	0.8	0.7	-0.50	0.617
Lifetime	2.0	2.4	3.1	2.3	2.3	2.4	-1.76	0.078

χ^2= Chi-square statistics. SD= Standard Deviation. t= t-Test value. z= z Ratio. p= p value

Table 2. Safety: undesirable events during the B-MBGT

Event	Adverse event n	%	Adverse reaction n	%
Psychiatric inpatient admission	1	2.4	0	0.0
Emergency Room visit	0	0.0	-	-
Suicide attempt	0	0.0	-	-
Self-injury	0	0.0	-	-
Antipsychotic dose changes* (UN)	1	2.4	0	0.0
DH discharge (UN)	2	4.9	0	0.0
Clinical consultation (UN)	17	41.5	0	0.0
Pharmacological dose changes* (UN)	15	36.6	0	0.0
Discharge of the B-MBGT	0	0.0	-	-
Leaving the group session	1	2.4	1	2.4
Reporting discomfort in the session	3	7.3	3	7.3

*DH= Day hospital. UN= Unexpected. *Reduction or increase of the dose.*

Table 3. Safety: differences between the schizophrenic and affective spectrum groups

Variable	Schizophrenic spectrum (n=29) n	%	Affective spectrum (n=12) n	%	Total (n=41) n	%	χ^2	p
Clinical consultation (UN)	11	37.9	6	50	17	41.5	-	0.507
Pharmacological dose changes* (UN)	10	34.5	5	41.7	15	36.6	-	0.730
Reporting discomfort in the session	2	6.9	1	8.3	3	7.3	-	1.000
	Mean	SD	Mean	SD	Mean	SD	t or z	p
Clinical consultation (UN)	0.5	0.6	0.6	0.7	0.5	0.6	-0.57	0.569
Pharmacological dose changes* (UN)	0.4	0.6	0.6	0.8	0.4	0.6	-0.56	0.576

*UN= Unexpected. χ^2= Chi-square statistics. SD= Standard Deviation. t= t-Test value. z= z Ratio. p= p value. *Reduction or increase of the dose.*

Conclusions

B-MBGT is safe for patients with severe psychosis. Controlled studies are needed to determine the effectiveness of this therapeutic approach.

References

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