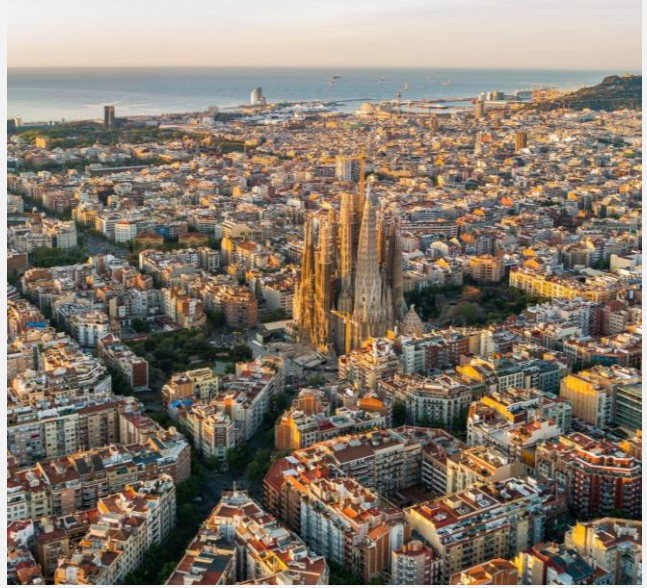
«MEN HVORDAN GJØR DU DET EGENTLIG?»

Å dokumentere mentaliseringsbasert praksis i høyrisikokontekster: en iterativ, kvalitativ prosess



LINE BROTNOW DECKER

- Forskningsleder ved Yale University og Universitetet i Barcelona tilknyttet intensive ambulante tjenester til barn med alvorlige og sammensatte vansker
- Leder utvikling av anbefalinger for spesialisert rusbehandling for barn med utgangspunkt i bruker- og praksiserfaring
- Bruker kvalitative metoder til å undersøke og understøtte praksis

FORSKNINGS-PRAKSISGAPET

Forskningsfunn former ikke klinikken tilstrekkelig og klinikken former ikke forskningen tilstrekkelig

HVORFOR IKKE?

- KUNNSKAP: Relevante forskningsfunn og kliniske erfaringer formidles ikke på tvers
- IMPLEMENTERING: Vi mangler ressurser til å gjennomføre relevante endringer i praksis
- UKLAR RELEVANS: Praksiskonteksten ikke tilstrekkelig undersøkt til at empirisk kunnskap kan legges til grunn eller forskning initieres

I klinikken vet vi ofte så lite om vår egen målgruppe og/eller praksis at vi ikke engang kan si *om* bør bruke tilgjengelige ressurser til å implementere forskningsbasert kunnskap

KVALITATIVE METODER I UNDERSØKELSESØYEMED

- Egner seg til å undersøke hvordan og hvorfor praksis utfolder seg som den gjør i møte mellom klinikere og brukere
- Bruker fleksible og kontekstsensitive datainnsamlingsmetoder (som semistrukturerte intervjuer, fokusgrupper, observasjoner, dokumentanalyse)
- Genererer rike beskrivelser og spesifikke eksempler som kan gi grunnlag for hypoteser, fortolkninger, mønstre og mening på tvers
- Baserer seg på transparens og systematikk, ikke kontroll, eksperimentering eller representativitet

DETTE EGNER VI OSS TIL SOM MBT-FOLK

- Interesse og språk for subjektive *erfaringer* (ikke bare meninger)
- Metarepresentasjon: vant til å tenke på at folk tenker på seg selv
- Følsomhet for kontekst som kan påvirke hvordan vi uttrykker oss

HVORDAN GÅ FREM I ORDINÆR PRAKSIS?

- Hent (litt) inspirasjon, tenk, improviser, gjør rede for hva du har forstått og tenkt, *repeat* (kvalitative prosesser er iterative)
- Baser utforskningen på reelle spørsmål (med nysgjerrighet som motivasjon). «Hvordan gjør vi egentlig dette?» (Kan møte på usikkerhet, tvil, mistillit, sårbarhet)
- I samtale: lytt etter hva noen *mener* (pretend?) kontra hva de gjør/tenker/føler/opplever/erfarer, klargjør (mentaliseringshånden), hent frem tekstur og vitalitet
- Vis særlig interesse for tvetydighet, tvil, ydmykhet, kreativitet, mot
- Arbeid med prototyper, vignetter, eksempler
- Del med kolleger og fagfeller. En reflektert praksisbeskrivelse er verdifull.

BARNDOMSERFARINGER HOS FORELDRE I IICAPS

- IICAPS er et intensivt, ambulant, mentaliseringsbasert program i USA for høyrisiko familier med barn (4-18 år) i risiko for psykiatrisk akuttinnleggelse
- Barn i IICAPS som har opplevd traumer og som vokser opp med samtidig risiko knyttet til levekår og foreldrefungering fullfører sjeldnere behandling (Holland et al., 2026)
- Foreldre i IICAPS rapporterer høy forekomst av egne barndomstraumer (3.5 ACE i gjennomsnitt) (Conway et al. 2024)

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ORIGINAL PAPER

Therapeutic Work with Parents' Childhood Experiences in the Context of Intensive Home-Based Treatment for High-Risk Youth: Practical Mentalization-Based and Trauma-Informed Interventions

Line Brotnow Decker[1,2] · Bridget Torres[1] · Samantha Dunnum[1] · Joseph Woolston[1] · Victoria Stob[1]

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Abstract

Although childhood experiences are widely recognized for their potential impact on adult health and happiness, clinical practices apt to solicit and process such experiences with adult clients are often not described in sufficient detail to offer meaningful guidance. The present paper describes how to use the Important Childhood Events (ICE) scale to anchor psychotherapeutic work with parents of extremely high-risk youth in intensive home-based treatment, where childhood experiences may ultimately provide a salient port of entry into identifying and addressing parents' perceptions of their own children's difficulties. We aim to contribute to trauma-informed and mentalization-based clinical practices, particularly for clinicians who are working with families affected by complex, intergenerational trauma in the context of social marginalization. We do this by operationalizing steps in the therapeutic process to prepare both parent and clinician for such difficult conversations, and by describing clinical vignettes which illustrate interventions to foster mentalizing and repair in response to avoidance or dysregulation.

Keywords ACEs · Trauma-informed · Mentalization-based · Parents · Intensive Home-Based Treatment

Therapeutic Work with Parents' Childhood Experiences in the Context of Intensive Home-Based Treatment for High-Risk Youth: Practical Mentalization-Based and Trauma-Informed Interventions

MÅL: gi dybdebeskrivelser av terapeutisk arbeid med foreldres barndomserfaringer for å fostre foreldrenes mentalisering av egne barns vanskelige og viktige erfaringer.

PROSESS: intervjuer med 3-4 klinikere om deres terapeutiske praksis, intuisjoner, tendenser, erfaringer

STRUKTUR: beskrive *generelle trekk* i opplæring, veiledning og klinisk praksis med foreldre med ulike profiler (mer unnvikende, mer ustabile) satt i lys av *kliniske vignetter* skrevet fra klinikerens førstepersonsperspektiv

own children's difficulties. We aim to contribute to trauma-informed and mentalization-based clinical practices, particularly for clinicians who are working with families affected by complex, intergenerational trauma in the context of social marginalization. We do this by operationalizing steps in the therapeutic process to prepare both parent and clinician for such difficult conversations, and by describing clinical vignettes which illustrate interventions to foster mentalizing and repair in response to avoidance or dysregulation.

GENERELLE RÅD

Preparation and Training

Knowledge. The clinician needs to understand why we ask parents about their childhood trauma and how it anchors the treatment. This is usually a gradual process, which can start with formal training but requires continuous personal engagement.

Lived Experience and Empathy. Engaging parents about painful life experiences requires clinicians to be attuned and sensitive. Many clinicians spontaneously grasp how vulnerable and painful it can be for a parent to tell someone who is there to help them be a better parent about some of their most painful memories. We have found that it can help clinicians be empathic and attuned to either answer the ICE questions themselves or be asked to imagine doing it.

Laying the Groundwork with the Parent building a relationship and a shared understanding of why childhood experiences matter. Getting to the point of being able to safely explore important childhood events with parents often requires substantial efforts. For many parents, it is necessary first to understand why their own childhood experiences even matter in the context of their child's mental health treatment. Tempting as it may be, we have found that explaining this in theoretical terms is not an effective strategy. Firstly, front loading with abstract and complex information in a situation where the family is in a crisis can feel irrelevant or confusing. Secondly, suggesting that there is a link between a parents' worst experiences and their child's struggles can feel shaming. Rather than explaining, we have found that the most powerful way to communicate that the parent and their experiences matter is to focus on building a strong relationship which includes taking an interest in their history (see the description of John in the vignette below). To engage with the potentially overwhelming feelings related to traumatic events parents (and clinicians) need to feel safe enough. This is especially important as these events have often not been shared. Without a trusting relationship, it may be possible to gather facts, but the emotional experience that is associated with them and is the target of the therapeutic effort is often not available. Building a strong therapeutic alliance is complex and necessitates attunement and sensitivity on the part of the clinician. Here are some key aspects of this work that is emphasized in IICAPS.

HISTORIER

My initial meetings with Christina left me with an undifferentiated feeling of overwhelm: intense but vague. Although she was keen to receive more support for Joseph, Christina appeared disengaged, guarded and highly critical. Characteristically, in an activity designed to help family members identify which feelings were 'safe' to share with others, Christina declined to participate, expressing that she never shared her feelings because it gave people "something to use against you." I understood that I would need to move slowly and focus on building trust with Christina to have any hope of helping her make relevant links between her own life experiences and her parenting. However, perplexingly, validating her struggles often seemed to escalate her complaints about Joseph and inviting her to take his perspective usually led to the conversation shutting down. I needed more context for understanding her reactions and – despite my apprehension – suggested to Christina that we look at the ICE together. Mindful of her seemingly strong emotional activation and difficulty regulating (shutting down, storming out, becoming aggressive), I wondered if physical movement could help us remain connected but safely distanced. I was relieved when Christina agreed to go for a walk to pick back up our conversation about her life experiences.

EFFEKT

- Validerer og skaper nysgjerrighet om egen praksis (som noe som *kan* undersøkes)
- Felles språk for det spontane, personlige, kroppsliggjorte
- Sikre representasjon i litteraturen: ekte praksis, folk, historier

FORSKNINGS-PRAKSISGAPET

Gode beskrivelser av målgruppe, praksis og kontekst bidrar til den den delte kunnskapen og gir oss et annet utgangspunkt for å vurdere eget kunnskapsbehov.