

**Understanding the Process of Mentalization-Based Therapy for Addressing Low-Level
Parental Reflective Functioning Among Parent Survivors of Child Abuse**

by

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Abstract

The issue that this capstone project addresses is the lack of understanding of mentalization based therapy (MBT) approaches for addressing the development of parental reflective functioning (PRF) among parent survivors of child abuse. To address this issue, the purpose of this capstone project is to provide an in-depth theoretical analysis that will critically explore the strengths, challenges, and gaps of the literature on MBT approaches for addressing parent survivors' PRF. A traditional-narrative approach was utilized to gather data from a variety of theoretical backgrounds (e.g., attachment theory, interpersonal neurobiology), and literature of various research methods (e.g., qualitative, quantitative and mixed-methods). This data was critically analyzed through an Affect Regulation Theory lens to consider factors of attachment style, trauma history, and interpersonal neurobiology on the context of how parent survivors relate to their children. This analysis led to the following 6 themes: the therapist's mentalizing stance; addressing epistemic trust; following parent survivors' lead and pace; regulating parent survivors' emotional arousal; handling parent survivors' non-mentalizing modes; and assessing shifts from non-mentalizing to increased PRF. These themes may be beneficial for understanding effective and appropriate ways for therapists to support increased development of PRF among parent survivors.

Keywords: parental reflective functioning, parent survivors, mentalization-based therapy

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Dedication

I would like to dedicate this capstone project to my parents and grandparents, for the rippling effect they have had on each other and my brother and I, and the resilience we all have to pull ourselves from the grip of dysregulation, insecure attachment, and problematic communication patterns to try to maintain family connection. To post-traumatic growth and to earned-secure attachment. Here's to hope, and to understanding our past being a path to creating our futures.

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Chapter 1: Introduction

General Topic Overview

Most people you ask would likely agree with the statement that parenting is one of the most challenging, and possibly most rewarding, jobs in the world (de Ruiter, 2020; Emokpae, 2021). However, for parent survivors of childhood trauma, this job may be even harder, as they are at greater risk of maltreating their own children when faced with parental stress (Dollberg & Hanetz-Gamliel, 2023; San Cristobal et al., 2017). This pattern is known as the intergenerational cycle of abuse (Berthelot et al., 2015; Suardi et al., 2017). Fortunately, parental reflective functioning (PRF), or parental mentalizing, is an ability shown to interrupt that cycle by increasing parent survivors' self-awareness and parent-to-child attunement (Camoirano, 2017; Malberg et al., 2023; San Cristobal et al., 2017). To train this ability, Mentalization-Based Therapy (MBT) has been utilized with parent survivors (Luyten et al., 2020; Suardi et al., 2017) for its purpose of increasing intra- and interpersonal awareness and understanding (Prochaska & Norcross, 2018). Thus, the aim of this capstone project is to review research for the purpose of understanding the clinical application of MBT for addressing low-level PRF among parent survivors of child abuse.

The concept of parental reflective functioning (PRF) originates from the concept of reflective functioning, i.e., mentalizing, which is the ability to intentionally empathize and understand the underlying thoughts, feelings, and behaviours of oneself and of others (Bateman & Fonagy, 2016; Luyten et al., 2017; Prochaska & Norcross, 2018). As with reflective functioning, PRF can be negatively impacted by childhood trauma (Luyten et al., 2017; Malberg et al., 2023), limiting parent survivors' capacity to intentionally understand themselves and their child (Dollberg & Hanetz-Gamliel, 2023; Ensink & Mayes, 2010). Childhood trauma can result from experiencing various types of abuse (e.g., physical, emotional, and sexual abuse) and/or negligence (e.g., medical and emotional) (Karakas et al., 2021).

Mentalization-based therapy (MBT) is a form of psychodynamic therapy first developed in 1989 by clinical psychologist Peter Fonagy to address, the then viewed as untreatable, personal and interpersonal dysregulation associated with Borderline Personality Disorder (BPD) (Prochaska & Norcross, 2018). Since then, MBT has also been utilized to increase the PRF of parent survivors by supporting parents to process childhood trauma by verbally and psychologically enhancing their self-awareness of the potential impact(s) of their childhood trauma on themselves, their child, and the parent-child relationship (Camoirano, 2017; Dollberg & Hanetz-Gamliel, 2023).

Relevance of Mentalization-Based Treatment for Supporting Parent Survivors

Parents with unresolved trauma are potentially 70% more at risk of maltreating their children (Lo et al., 2019), compared to 29% of parents who had processed their trauma (Leifer et al., 2004; Ziegenhain et al., 2007). The COVID-19 pandemic illustrated that the quality of that processing was potentially an important factor in parents' ability to cope with parental stress (Spinelli et al., 2020). Moreover, just as parents' capacity to mentalize their children's attachment needs decreases with stress (Dollberg & Hanetz-Gamliel, 2023), rates of child maltreatment unsurprisingly rose during the pandemic as parent survivors faced newly mounted stressors (e.g., home-schooling and social isolation) (Spinelli et al., 2020). This compromise in parental conduct resulted in insensitive and unstructured childrearing (Chung et al., 2022); insecure parent-child bonds (Brown et al., 2020) and increased depression in children (Babore et al., 2021). Thankfully, the capacity to mentalize about one's adverse childhood experiences can be more impactful on a parent's capacity to attune to their child(ren) than having had the experiences of trauma unto themselves (Ensink et al., 2014). Hence, this capstone seeks to provide a deep exploration and greater understanding of the methods MBT utilizes to increase parent survivors' PRF, or parental mentalizing.

Research Studies on Parental Reflective Functioning for Parent Survivors

Randomized controlled clinical trials have indicated that MBT can improve parent survivors' caregiving (Camoirano, 2017; Ensink et al., 2014). Köhler-Dauner et al. (2023) found that higher levels of PFR can serve as a protective factor in helping parent survivors regulate their behaviours and emotions during high stress parent-child experiences, with children of various ages (Dollberg & Hanetz-Gamliel, 2023). These experiences can include crying infants (Hughes & Baylin, 2012; Rutherford et al., 2015), frustrated children (Borelli et al., 2017), and even premature births (Dollberg et al., 2022). When parents are survivors of childhood trauma, they may experience decreased parental reflective functioning (Dollberg & Hanetz-Gamliel, 2023), which can challenge their attunement, understanding, and tolerance of their children's painful emotional experiences (Camoirano, 2017).

Increasing a parent's awareness of themselves, their child, and their parent-child relationship, while delicately processing a parent's childhood trauma, potentially expands parent survivors' capacity to provide emotionally attuned responses to their children (Suardi et al., 2017). However, processing trauma can be a very emotionally difficult experience for parent survivors, putting counsellors at risk of triggering parents' "defensive processing mechanisms" (Köhler-Dauner et al., 2023, p. 4). Fonagy et al. (2015) found that experiencing abuse in early life by attachment figures has been linked to increased hypervigilance and decreased epistemic trust (i.e., openness to trusting new information from others) possibly due to learning in childhood that others cannot be relied upon for psychological safety. Dollberg and Hanetz-Gamliel (2023) recommend MBT strategies for building rapport with parent survivors to avoid triggering defensiveness; for example, by following the parents lead on discussing how their early childhood abuse history may be an influence on their current parenting experience and conduct. That said, Dollberg and Hanetz-Gamliel (2023) caution counsellors that parent survivors, especially those with

older children, often seek therapy for their children, not themselves. Hence, such parents may find no relevance in discussing their childhood history, but instead focus on the challenging behaviour of their child (Dollberg & Hanetz-Gamliel, 2023).

Research Problem Statements

MBT has shown potential for interrupting intergenerational cycles of trauma between parent survivors and their children by increasing PRF (Camoirano, 2017; Köhler-Dauner et al., 2023). Additionally, therapists have applied MBT with parent survivors to build epistemic trust (Fonagy et al., 2015) and process childhood trauma in the context of parent psychotherapy (Dollberg, & Hanetz-Gamliel, 2023). Yet, greater understanding, and trauma-informed evaluation, of MBT's methods for fostering trust and processing trauma with parent survivors is needed to help prevent the intergenerational transmission of childhood trauma and/or insecure attachment. Moreover, it is known that parent survivors with low PRF may struggle to attune to their child's painful emotions, which can be a source of child insecurity (Camoirano, 2017; Harrison, 2003). However, this capstone will seek a further understanding of the methods MBT therapists use to support parent survivors to increase mentalization of their child's painful affects is essential for empathic attunement.

Research Statements:

In summary, this capstone primarily seeks to increase understanding:

- 1) the MBT processes therapists could use to increase parent survivors' PRF;
- 2) the clinical application and trauma-informed evaluation of MBT approaches towards establishing trust and processing trauma with parent survivors; and
- 3) the therapeutic methods MBT uses to support parent survivors to increase their mentalization of their child's painful emotions.

Rationale & Justification of Literature Review

Mentalization-Based Therapy & Parental Reflective Functioning

It appears that mentalization-based therapy (MBT) has the potential to interrupt, or decrease, the transmission of intergenerational trauma from parent survivors to their children through the process of increasing parental reflective functioning (PRF) (Camoirano, 2017; Malberg et al., 2023; San Cristobal et al., 2017). Yet, questions remain regarding how therapists effectively apply MBT in a parent psychotherapy context to increase the PRF of parent survivors. An in-depth review of the literature will gain a greater understanding of how PRF increases in parent survivors, while expanding awareness of the counsellor's therapeutic role and use of MBT in that process.

Epistemic Trust & Processing Trauma

When applying MBT in therapy some parents may struggle with epistemic trust, putting counsellors at risk of triggering the clients "defensive processing mechanisms" (Köhler-Dauner et al., 2023, p. 4). Moreover, Liang et al.'s (2021) study found that the quality of a parent survivors processing of their childhood trauma was an important factor in how well they managed parental stress during the COVID-19 pandemic, which also in turn influenced their children's mental health outcomes (Köhler-Dauner et al., 2023). Accordingly, a justification of this capstone is to gain a deeper understanding of how counsellors can apply MBT in high-quality trauma-informed ways that support epistemic trust and the processing of, rather than defensiveness towards, parents' childhood trauma.

Parental Reflective Functioning & Children's Painful Emotions

Research indicates that parents with low reflective functioning may struggle with tolerating and making meaning of their child's painful emotions, interfering with providing their children with emotional regulation and a felt sense of security (Camoirano, 2017; Harrison, 2003).

Thus, the final major goal of this capstone is to understand how counsellors can apply MBT to support parent survivors with increasing their mentalization ability specifically towards their child's painful affects.

Contribution to Field of Counselling

This capstone primarily aims to contribute to the field of counselling by supporting therapeutic work with at-risk parents, while enhancing understanding and application of mentalization theory, concepts, and research gaps with parent survivors. As research recommends tailoring mentalization strategies to programs targeting families facing stressful conditions (Köhler-Dauner et al., 2023), this capstone aims to aid therapists in supporting parent survivors and their treatment goals in counselling. Additionally, exploration of research on MBT seeks to support therapists' counselling practice with parents with histories of childhood trauma. Therapists may also be supported with a deeper understanding of mentalization theory, methods, and techniques to improve parent survivors' mentalization skills (Dollberg & Hanetz-Gamliel, 2023; Fonagy et al., 2015; Midgley et al., 2017). Additionally, it may be beneficial to the field of counselling to further understanding of the concept of parental reflective functioning. For example, PRF potentially has distinct dimensions broken into self-mentalizing (i.e., the parent's awareness of themselves as parents and the influence of their past on their parenting) and child-mentalizing (i.e., the parent's capacity to understand the thoughts, feelings and behaviours of their children based on underlying conditions such as stages of development) (Camoirano, 2017). Finally, critical analysis of mentalization-based interventions potentially addresses clinical gaps and limitations in the field of counselling, such as literature showing many group interventions, but few counselling approaches per se. (Camoirano, 2017).

A secondary aim of this capstone is to further contribute to the field of counselling by expanding awareness of therapeutic co-regulation, managing therapists' triggers, and diversity in

insecure attachment when working with parent survivors. Increasing knowledge of co-regulation could support therapists to manage the difficult feelings that may contribute to parents disengaging and/or withdrawing from the therapeutic process (Fonagy et al., 2015; Sharp et al., 2020). Additionally, this paper will explore ways to prevent therapists from activating painful unwanted memories from their own childhood trauma while discussing the adverse experiences of parent survivors. Such experiences have been shown to contribute to collapses in mentalization for the therapist (Fitzgibbons et al., 2018). Hence, it may be imperative to advance cognizance of the hazards of parental non-mentalizing, especially amongst pediatric health professionals (Karakas et al., 2021). Finally, a focus on the diversity found in parenting groups may be important for therapists addressing social justice aspects of working with parent survivors. As Karakas et al. (2021) has found that children of parents with and without risk factors can develop insecure attachment, therapists may be encouraged by this capstone to provide family support. Moreover, this capstone aims to follow Karakas et al.,'s (2021) recommendation to increase awareness of both parents with and without risk factors of parent relationship influences that may impact secure attachment, along with the importance of secure attachment.

Finally, this capstone wishes to inspire discussion in clinical and scholarly communities of questions relating to the value and limitations of MBT for addressing the needs and concerns of parent psychotherapy with parent survivors. For example, how effective are MBT processes as a standalone therapeutic intervention? How does mentalization theory consider and incorporate grounding strategies into working through trauma compared to other trauma-focused therapies, such as EMDR? These questions are just a few that may be considered by experts and scholars when discussing MBT as a stand-alone therapy for trauma.

Theoretical Framework

Affect regulation theory will serve as a lens for this subject area because, like MBT for PRF, it takes an integrative approach (Dollberg & Hanetz-Gamliel, 2023). Drawing comprehensively from roots in attachment theory, interpersonal neuroscience, and interactive regulation (Luyten et al., 2017; Midgley et al., 2017; Prochaska & Norcross, 2018; Schore & Schore, 2008; Siegel et al., 2021), this breadth in perspective enriches literature analysis to following. Matching MBT for PRF in modern theories of attachment (Dollberg & Hanetz-Gamliel, 2023), Schore and Schore (2008) argue that affect regulation theory seeks to move beyond the early ideas of attachment by Bowlby (1988) and Ainsworth's strange situation (1979) to gain a deeper understanding of the neurological impacts of early-life trauma across the lifespan. To that effect, affect regulation theory could be used to not only consider the impact of trauma on children, but, as is the purpose of this capstone, to comprehend the complex impact on parent survivors and their parent-child relationships (Schore & Schore, 2008).

According to Siegel (2012), affect regulation theory is a science-based explanation of how people regulate their emotions. However, it goes beyond emotions, as affect regulation is considered to include regulating how a person feels, thinks, and even behaves (Schore & Schore, 2008), it incorporates concepts from attachment theory, relational trauma, mentalization, self-awareness, and both internal and external aspects of regulation (Schore & Schore, 2008; Siegel et al., 2021).

In the research review process, affect regulation theory supports analysis of the literature to gain a deeper clinical understanding of how attachment-based therapeutic approaches may impact parent survivors. For example, it may allow for more analysis of the literature of how right-brain approaches impact support parent survivors to discuss the impact of childhood trauma on their current parenting (Schore & Schore, 2008). Examples include therapists using coregulation

to build the therapeutic relationship and to downregulate parents when becoming dysregulated (Dollberg & Hanetz-Gamliel, 2023). This diversion from a primarily left-brain analysis, to a more right-brain analysis, may offer a deeper understanding of the mechanisms underlying the unspoken and heart felt interactions between therapists and parent survivors that meet, or miss, the ongoing cues for emotional connection and social recognition offered by the client in each interaction (Schore & Schore, 2008). Daniel Siegel and colleagues (2021) refer to a therapist's ability to tune into these subtle cues as neuroception. Accordingly, the hope of applying affect regulation theory in this capstone is to heed Dollberg and Hanetz-Gamliel's (2023) recommendation to expand on the baseline theory of attachment to include modern perspectives and understandings of the relational and neurological mechanisms behind the occurrence, perpetuation, and recovery of parental reflective functioning for parent survivors.

Affect regulation theory also potentially allows for a rich analysis of the literature while supporting a strength-based view of parent survivors. One way it potentially does this is by accounting for multiple viewpoints that consider the attachment style, trauma history, and interpersonal neurobiology of parent survivors and how these factors give context to how they relate to their children (Schore & Schore, 2008; Siegel et al., 2021). This integrative lens in nature holds the un-pathologizing belief that people's strengths and challenges are greatly a result of their environmental influences, not an indication of innate flaws or value (Schore & Schore, 2008). Moreover, an affect regulation theory lens may instill hope in parent survivors' potential for increasing their capacity for parental reflective functioning. It may do so by allowing analysis of the literature that accounts for the neuroplasticity of parent survivors' brains to adapt and learn mentalization skills (Schore & Schore, 2008; Siegel et al., 2021; Whisenhunt et al., 2019). Accordingly, the application of an affect regulation theory lens supports a strength-based approach to research, as it views parent survivors as capable of resilience and change.

Definition of Terms

Childhood trauma, or developmental trauma, is defined as abuse that was experienced during childhood, such as physical, emotional, or sexual abuse, or physical or emotional neglect (San Cristobal et al., 2017).

Epistemic trust (ET) is defined as the openness and willingness to receive new knowledge from another individual as reliable and applicable (Dollberg & Hanetz-Gamliel, 2023).

Mentalization, mentalizing and reflective functioning are often used interchangeably in the literature on mentalization (Ensink et al., 2014). They all refer to the human ability to attend to mental states in ourselves and in other as we intentionally try to understand the actions, thoughts, beliefs, feelings, perspectives, and so on, of ourselves and of others for more effective interactions and social relationships (Prochaska & Norcross, 2018, p. 66).

Mentalization-based therapy is derived from psychodynamic therapy (Prochaska & Norcross, 2018). It is an “integrative psychotherapy, designed for individuals suffering from borderline personality disorder, that increases their ability to mentalize” (Prochaska & Norcross, 2018, p. 66).

Parental Reflective Functioning (PRF), or parental mentalization, is the capacity of a parent to understand the mental states (i.e., thoughts and feelings) and actions of themselves and of their children, and how those mental states and actions are influenced by internal motivations, such as goals, needs, and desires, and shaped by external interactions between the parent and child, and the parent’s experiences with their parents (Fonagy et al., 2017; Luyten et al., 2017)

Parent survivors are defined as parents who experienced childhood trauma by an attachment figure, such as a guardian or trusted adult (Dollberg & Hanetz-Gamliel, 2023; Emmanuel, 2022; Karakaş et al., 2021).

Reflective functioning refers to the ability to intentionally and effortfully practice mentalization (Luyten et al., 2020). It entails the capacity to differentiate between intrapersonal interpretations and reality (Fonagy et al., 1998).

Researcher's Positioning Statement

My interest in finding therapeutic methods for supporting parent survivors to attune to their children is deeply rooted in my personal experience as an adult survivor of child abuse. As a child, I wished for just that; my parents care and understanding. Wanting to one day be a parent myself, I am all too aware of my risk of abusing my own children. Hence, my inspiration to help parent survivors prevent child abuse is rooted in my desire to prevent that outcome for myself. Knowing this, I must be aware of how this may bias my review of the literature. As I may be looking for a solution and to confirm my bias of what I was looking for as a child: understanding. To address my potential biases, I plan to review articles that do not support the use of MBT as a practice with parent survivors. Moreover, I plan to use a critical lens to explore literature on the limitations of increasing parental reflective functioning to address child maltreatment among parent survivors.

Another influence on my interest in this topic stems from my practicum placement counselling couples at a low-cost counselling centre for adults. It was there my interest peaked towards therapeutic approaches and methods for increasing a couples understanding and connection, especially when couples with histories of child abuse, who could one day be parents, severely struggled with misinterpretations and destructive communication and behaviour. During my practicum experience, I found that approaches such as Emotionally Focused Couples Therapy, Gottman Therapy, Interpersonal Neurobiology, and Imago Therapy, all have a common aim of supporting understanding of the self and of the other. Hence, I must be aware of my excitement when I came across research on mentalization and parental reflective functioning. My view of

this common theme of fostering understanding may blind my view to other more appropriate and effective approaches to addressing interpersonal distress, especially in parents with their children. Moreover, I must remember as a new counsellor and that simply finding strategies and tools for improving communication does not mean I can just easily apply them and “fix” these couples and parents. Furthermore, working with trauma is complex and takes years of training, supervision, and skill development to master. Therefore, I must be aware of trying to find quick solutions in the literature to a very complex issue. However, this is a small start towards raising my own awareness and perhaps others as well.

My professional experience as Youth and Family Counsellor at an alternative high school also colours my interest in this topic. I have witnessed high rates of students with internalized and externalized dysregulation strategies who were raised in families facing intergenerational trauma in the form of insecure attachment, substance use issues, poverty, mental health concerns, and intimate partner violence. It is here I see a high need to develop interventions that increase parental attunement to students that regularly benefit from our counselling services that consistently provide understanding, validation, and support. That said, in my exploration of the research, I must remember the strengths of parents, and the limited knowledge I have of the lives of the students I work with. Students may have a variety of experiences that lead to their anxious and antisocial behaviours. As I research, I must not assume that mentalization is the solution to intergenerational trauma. I must also be aware of the role systemic injustices play in the perpetuation of poverty, mental health concerns, and substance use issues facing the families I work with.

Throughout this capstone, I must be aware of my intersectional cultural and lived experience background. On the one hand, as I have many privileges as a white, mostly-straight, university educated, cis-gender male, I must be cognizant of not centering myself in the research by

making euro-western centric assumptions about the cultural background of the participants and the culture-wide application of the results. On the other hand, my history of childhood trauma, intergenerational trauma, and both cognitive and physical impairments must not influence me to be overly pessimistic or optimistic in exploring the use of MBT for addressing low-level PRF in parent survivors. Hence, I must remain aware of my bias as I explore this topic, while balancing being fair and critical throughout my review.

Overview of the Capstone Project

This introduction has thus far set the foundation and justification for the literature review to follow. The literature review will examine works to better understand the MBT derived processes (i.e., methods) therapists could use to increase parent survivors' level of PRF. While doing so, the methods of MBT will be compared in an integrative way to other common psychotherapy approaches for treating issues of attachment and trauma, such as Emotion Focused Therapy (EFT) and Interpersonal Neurobiology. Moreover, literature will be reviewed to understand the clinical application and trauma-informed evaluation of MBT approaches towards establishing trust and processing trauma with parent survivors. Additionally, the review will seek to understand the therapeutic methods MBT uses to support parent survivors to increase their mentalization of their child's painful emotions. The purpose of which is to discover what methods MBT uses to complete the above tasks and then critically review their potential compatibility or challenges when applied with parent survivors in comparison to other attachment-based interventions. Finally, this capstone project will conclude with a discussion and recommendations for clinical practice.

Chapter 2: Literature Review

Method of Literature Review

The following section outlines the research methods used to gather empirical and theoretical studies to fill the gap in knowledge on the topic of understanding the processes Mentalization-Based Therapy (MBT) uses to promote the development of parental reflective functioning (PRF) among parent survivors of child abuse with unresolved attachment trauma.

This literature review utilized a traditional-narrative approach to subjectively gather data from a variety of theoretical backgrounds (e.g., attachment theory, interpersonal neurobiology) and research methods (e.g., qualitative, quantitative and mixed-methods). Full-text peer-reviewed relevant studies published after 2018, or foundational studies prior to 2018, were accessed from academic databases using the City University library, Google Scholar, and PsychINFO to gather and analyze both empirical and theoretical data, including case illustrations. In addition, chapters in books were also utilized to enhance discussion of the clinical application of empirical data found in studies. Collectively, data was used to critically summarize theories, studies, and methods used in existing research.

The following search terms were “searched in titles, abstracts, and main texts”: “single parent” OR “lone parent” AND “insecure attachment” AND “adverse childhood experiences.” MBT AND “attachment trauma” OR “adverse childhood experiences.” “Childhood trauma” OR “Adverse childhood experiences” AND Parenting AND “Protective factors” AND “Child maltreatment” AND “Intergenerational transmission of trauma” AND “Earned secure attachment.” “Parent survivors” AND “parental reflective functioning” OR “parental mentalization” AND “mentalization-based therapy.”

Supporting the Therapist's Mentalizing Stance

To better understand MBT approaches for increasing parent survivors' PRF, firstly, research outlining the concept of the therapist's mentalizing stance is discussed. Secondly, research identifying factors that may impact a therapists' mentalizing stance is explored. Such factors include a therapists' educational background, personal childhood trauma history, and access to reflective supervision. Finally, consideration is given to how therapist mentalizing factors may influence the development of PRF among parent survivors.

Before examining the methods for enhancing the therapists mentalizing stance, we first explore the components of MBT's concept of a therapists mentalizing stance, and how they compare or contrast to other counselling approaches or frameworks. Research describes the concept of a therapist's mentalizing stance as a therapist adopting and maintaining a curious, interested, and not-knowing approach when parent survivors present with various levels of PRF in session (Asen & Fonagy, 2021; Dollberg & Hanetz-Gamliel, 2023; Midgley et al., 2021). Comparatively, the non-judgemental nature of this concept is arguably similar to person-centered therapy's pre-existing concept of unconditional positive regard (Dalimonte-Merckling & Brophy-Herb, 2019; Jones-Smith, 2016; Prochaska & Norcross, 2018). Moreover, the not-knowing aspect moves away from a modernist counselling lens, which assumes an expert role (Jones-Smith, 2016), and instead arguably adopts a post-modern view of psychotherapy (Hansen, 2015; Jones-Smith, 2016) via MBT's perception of the therapist and client as collaborators (Asen & Fonagy, 2021; Liberman et al., 2011; Midgley et al., 2017; Slade, 2008). However, prior to meeting with clients, MBT's not-knowing approach may already be compromised by having preconceived notions about the dimensions and poles of PRF and non-mentalizing modes that impede the development of PRF (Asen & Fonagy, 2021; Dollberg & Hanetz-Gamliel, 2023).

Self-reflection is also a component of the therapists mentalizing stance (Asen & Fonagy, 2021; Dollberg & Hanetz-Gamliel, 2023; Stern, 2004). Research states it supports therapist self-awareness of, and attunement to, their own emotional and cognitive reactions in session towards parent survivor's non-mentalizing of their child(ren) and/or themselves as a parent (Asen & Fonagy, 2021; Dollberg & Hanetz-Gamliel, 2023; Stern, 2004). This active form of attuned self-reflection in the moment rings similar to the concept of praxis, by which mental health professionals adaptively practice balancing their awareness of theoretical knowledge, applied skills, and personal reactions in real time to support therapist's best practice of benevolence and non-maleficence (Bazzano, 2023; Hughes et al., 2024).

Research indicates that education on the impact of developmental trauma on parental reflective functioning can potentially serve as a tool for enhancing a therapist's mentalizing stance (Dollberg & Hanetz-Gamliel, 2023; Malberg et al., 2023; Midgley et al., 2021). Namely, such understanding may increase a therapist's genuine empathy towards parent survivors displaying states of non-mentalizing and dysregulation in session (Dollberg & Hanetz-Gamliel, 2023; Malberg et al., 2023; Midgley et al., 2021). Similarly, person-centered therapy regards a therapists' genuineness as a necessary and sufficient condition of a therapeutic relationship (Jones-Smith, 2016; Prochaska & Norcross, 2018).

Mentalizing Developmental Trauma

Increased awareness of research linking childhood trauma to challenges with PRF may increase therapists' empathy towards parent survivors struggling to mentalize in therapy (Dollberg & Hanetz-Gamliel, 2023; Malberg et al., 2023; Midgley et al., 2021). For instance, neurologically, parent survivors may release less dopamine and oxytocin (i.e., reward and bonding neurotransmitters) when observing their child in a state of emotional distress, in comparison to parents without a childhood history of abuse (Lahousen et al., 2019; Strathearn, 2011; Strathearn

& Kim 2013; Kim et al., 2014). Biologically, this can make parenting less rewarding (Kim, 2015; Kim et al., 2014; Lahousen et al., 2019), and further destabilize the potentially compromised coping and mentalizing abilities of parent survivors (Kim, 2015; Suardi et al., 2017). Additionally, parents may struggle to mentalize their children's feelings when, during childhood, they themselves did not receive attuned mentalization from their primary attachment figures (Allen et al., 2018; Dollberg & Hanetz-Gamliel, 2023; Ensink et al., 2014). For therapists, learning this may help build empathy through normalizing that we may learn to mentalize through the experience of being mentalized; a process interpersonal neurobiology also refers to as co-regulation (Siegel & Bryson, 2019; Siegel & Bryson 2020; Siegel & Hartzell, 2014).

Additionally, having potentially experienced parental misinterpretation or lack of interest in their mental states during childhood, parent survivors may lack a developed understanding of themselves and of others (Dollberg & Hanetz-Gamliel, 2023; San Cristobal et al., 2017; Ringel, 2011). Similarly, experiencing a lack of attunement and abuse from attachment figures may contribute to children experiencing delays in language formation and expression (San Cristobal et al., 2017). Being prepared for potential challenges with intra- and interpersonal understanding (Luyten et al, 2017), and/or communication (San Cristobal et al., 2017), may support therapists to understand when parent survivors struggle to mentalize their child's needs and/or communicate their own in constructive ways (Kim, 2015; Midgley, 2017).

Protective Factors Leading to Resilience. Despite the potential for childhood abuse to negatively influence cycles of non-mentalizing from parent to child (Cooke et al., 2021; Letourneau et al., 2019; Stepleton et al., 2018; Suardi, et al., 2017; Wang et al., 2022), research indicates that this is not the case for all parent survivors (Borelli et al., 2019; Ensink et al., 2014). Indeed, exceptions found in the research highlight that not all parent survivors experience challenges with parenting or repeat cycles of maltreatment with their children (Borelli et al., 2019;

Ensink et al., 2014). For example, Appleyard et al. (2011) found that only 7% to 20% of parent survivors passed maltreatment onto their children. In fact, some parent survivors go on to show high levels of mentalization and self-awareness of their childhood trauma history, reflecting “openly and coherently on their attachment figures’ harmful parenting” (Dollberg & Hanetz-Gamliel, 2023, p. 3). Hence, therapists may be mindful that a parents’ self-reflection and awareness can serve as a predictive measure of a parents’ ability to infer their child’s feelings more accurately and imagine their child’s perception of the parent’s behaviour (Asen & Fonagy, 2021; Fonagy et al., 1994). Moreover, such parents were associated with having securely attached infants, despite the parents own childhood trauma (Borelli et al., 2019; Fonagy et al., 1994; Luyten et al., 2020).

Understanding Dimensions of PRF to Orient Therapists’ Mentalizing Stance

Therapists’ mentalizing stance may also be oriented in session from an in-depth understanding of the dimensions of parental reflective functioning highlighted in the research. The four dimensions and corresponding poles of parents’ reflective functioning can range from various degrees of being automatic or controlled; self- or other-focused; externally (e.g., behavioural) or internally (e.g., mental states) focused; and cognitively or emotionally oriented (Asen & Fonagy, 2021; Luyten et al., 2020). For both the therapist and the parent, navigating these dimensions involves accurately distinguishing between the parent’s own interpretations and the reality and/or intentions of the child (Asen & Fonagy, 2021; Dollberg & Hanetz-Gamliel, 2023; Fonagy et al., 1998). Hence, PRF is also known as “adaptive parental mentalizing,” due to the balance, flexibility, objectivity, and attunement it requires of the parent, and arguably therapists, to steer through the four dimensions and amid the poles (Dollberg & Hanetz-Gamliel, 2023, p. 1). Despite the potential complexity of PRF’s multidimensionality, a general understanding of the dimensions and poles may serve to simply orient therapists in session when parents express

harsh views fueled by intense emotions. Moreover, understanding the dimensions may serve as a road map for therapists to recognise who or what the parent is or is not considering in their thought process. Having a tool to do so, may allow therapists to attain the similar adaptive traits to retain and repair their own mentalizing stance when navigating extremes and/or rigidity in the poles of the parent survivors' dimensions of PRF.

Impact of Discussing Childhood Trauma on Therapists' Mentalizing Stance

MBT research highlights that a therapists mentalizing stance can be compromised when discussing a parent's childhood trauma, especially if a therapist has a childhood history of trauma (Dollberg & Hanetz-Gamliel, 2023; Fitzgibbons et al., 2018). However, unlike literature on countertransference (Aleksandrowicz & Aleksandrowicz, 2022; Alexandris, 2018) there is insufficient guidance in MBT research on how therapists can prepare for or manage this experience (Asen & Fonagy, 2021; Dollberg & Hanetz-Gamliel, 2023; Slade 2008). For instance, despite the identified risks of burnout for therapists working with trauma (Rzeszutek et al., 2015), and the already mentioned education-based supports for therapist mentalizing, no specific recommendations of trauma-informed training opportunities on specific strategies to prepare therapists for such dysregulation are provided (Asen & Fonagy, 2021; Dollberg & Hanetz-Gamliel, 2023; Slade 2008). However, MBT research does warn therapists with childhood trauma that discussing the childhood trauma of parent survivors may trigger memories from the therapist's childhood (Dollberg & Hanetz-Gamliel, 2023; Fitzgibbons et al., 2018). On the other hand, the warning of risks may perpetuate the myth that therapists need to be fully healed themselves before being considered competent therapists (Levers, 2023). Lastly, although some research links childhood abuse with developing insecure attachment in adulthood (Johnson, 2019; Karakaş et al., 2021; Kim, 2015; Midgley, 2017), questions remain regarding the impact of a therapist's attachment style on the therapeutic relationship when the therapist has a history of childhood abuse.

Reflective Supervision and The Therapists Mentalizing Stance

To support and sustain a therapists mentalizing stance research suggests therapists have access to Reflective Supervision (Fitzgibbons et al., 2018; Heffron et al. 2016). Similar to a Person-Centered Supervision model (Bernard & Goodyear, 2019), Reflective Supervision aims to provide a nonjudgement environment for therapists to share and reflect on their thoughts, feelings and experiences of clients (Fitzgibbons et al., 2018; Heffron et al. 2016). However, reflective supervision uniquely goes further by specifically encouraging therapists to share their mentalizing collapses and recoveries (Fitzgibbons et al., 2018; Heffron et al. 2016). An additional strength is that reflective functioning normalizes therapists' feeling dysregulated, or triggered, during the course of working with parent survivors' non-mentalizing (Fitzgibbons et al., 2018; Heffron et al. 2016).

Impacts of The Therapist's Mentalizing Stance on Parent Survivors

Consideration is now given to how parent survivors' mentalizing may be impacted by a therapist's mentalizing stance. MBT research posits that a therapist's mentalizing stance is foundational for supporting the development of PRF among parent survivors (Asen & Fonagy, 2021; Dollberg & Hanetz-Gamliel, 2023; Midgley et al., 2021). To illustrate this point, MBT research asserts that emotionally regulated parents are in a better position to help their children regulate (Camoirano, 2017; Dollberg & Hanetz-Gamliel, 2023). Similarly, a therapist's mentalizing stance is believed to aid parent survivors in regulating their emotions when discussing potential links between past childhood trauma and present parenting difficulties (Asen & Fonagy, 2021; Midgley et al., 2021). Arguably, therapist's mentalizing stance may provide the love and acceptance of a parental figure in ways parent survivors lacked in childhood.

The self-reflection that supports the therapist's mentalizing stance may help a therapist identify states of hypervigilance and dysregulation in clients and themselves to aid in addressing

and repairing therapeutic ruptures as they occur (Dollberg & Hanetz-Gamliel, 2023; Stern, 2004). Additionally, a therapist's mentalizing stance frames a parent survivor's non-mentalizing as a form of mentalization collapse (Asen & Fonagy, 2021; Dollberg & Hanetz-Gamliel, 2023). Comparatively, this reframe is similar to the technique of externalizing used by narrative therapy to de-pathologize, remove shame, and empower the client to take control of the issue, rather than seeing it as an unchangeable part of themselves (Jones-Smith, 2016; Prochaska & Norcross, 2018). This view could be considered as trauma-informed, as it focuses on the behaviour of the parent being the issue, rather than the parent themselves (Arthur et al., 2013).

MBT Approaches for Addressing Epistemic Trust

Building off the establishment and maintenance of the therapist's mentalizing stance, research identifies that the next major ongoing process for therapists to address PRF with parent survivors is developing epistemic trust in the therapeutic alliance (Lieberman et al., 2011; Midgley et al., 2017; Slade, 2008). Hence, this section explores the importance of developing epistemic trust in the therapeutic alliance and discusses MBT approaches, such as collaborative goal setting (Dollberg & Hanetz-Gamliel, 2023), scaffolding psychoeducation (Corriveau et al., 2009), and therapeutic repair strategies (Bateman et al., 2021) for increasing this trust. In addition to providing an analysis of these approaches, this section concludes with consideration of systemic influences on low epistemic trust among parent survivors.

The Importance of Mutual Collaborative Therapist-Client Discussion

In the initial stages of building epistemic trust with parent survivors, MBT research highlights the importance of therapists engaging in collaborative discussions with clients (Dollberg & Hanetz-Gamliel, 2023; Lieberman et al., 2011; Midgley et al., 2017). Research states that involving parent survivors in mutual discussion of treatment expectations and goal setting is a major

opportunity for developing epistemic trust in the therapeutic alliance (Dollberg & Hanetz-Gamliel, 2023; Lieberman et al., 2011; Midgley et al., 2017). Comparatively, this value of client involvement in the therapeutic process is similar to that of person-centered therapy, which aims to neutralize the power imbalance between therapist and client by honouring clients as having expertise in their own life (Dalimonte-Merckling & Brophy-Herb, 2019; Jones-Smith, 2016; Prochaska & Norcross, 2018). In MBT, this process may involve an open discussion of what the parent feels are the needs of the child and the parent to address in therapy (Dollberg & Hanetz-Gamliel, 2023).

However, MBT literature fails to mention collaborative strategies for involving children in the goal setting process, ironically risking treatment goals being strongly based on the parents non-mentalization and parental biases. Of further concern, MBT recommends therapists trust in a parent's good intentions during this process (Lieberman et al., 2011; Midgley et al., 2017). Contradictorily, this perspective conflicts with research that indicates parent survivors may see more value in a therapist *fixing* their child's behaviour than they see in exploring how their own childhood maltreatment may or may not connect to their parenting experience and the potential manifestations in their child's expression of potential unmet needs (Midgley et al., 2017).

Research also points to subtler, yet potentially valuable, practical opportunities for therapist-client collaboration (Dollberg & Hanetz-Gamliel, 2023). For example, Slade (2008) encourages therapists to exercise flexibility with parents when agreeing on the treatment setting for therapy, such as choices between in person and virtual counselling.

Psychoeducation to Build Epistemic Trust

Research points out the value of therapists using psychoeducation to expand parental reflective functioning. According to Dollberg & Hanetz-Gamliel (2023), parents may build trust in

the therapeutic process and become more open to the potential usefulness of mentalization practices when therapists demystify mentalization theory by explaining it in understandable terms. For example, Corriveau et al. (2009) suggests therapists may share findings from developmental research connecting their child's learning outcomes could be enhanced by the development of epistemic trust from parents' attunement to an infants' needs. Similarly, the work of existential therapist Viktor Frankl (1963) might further illuminate that epistemic trust may increase with the perceived usefulness of MBT as clients potentially find mentalization practices meaningful in their lives.

When using psychoeducation, MBT recommends therapists first attune to parent survivors' current knowledge and perspective, then gradually introduce new concepts and viewpoints (Dollberg & Hanetz-Gamliel, 2023; Slade, 2008). This gradual use of psychoeducation is argued to reduce potential defensiveness and further increase epistemic trust (Dollberg & Hanetz-Gamliel, 2023; Slade, 2008). Comparatively, this approach shares similarities with sociocultural theory's concept of scaffolding, which states that a person can locate their learning of previously unknown knowledge or skills (i.e., zone of proximal development), with the guidance and encouragement of an informed and experienced person (Durkin & Schaffer, 2016; Shaffer & Kipp, 2020). Moreover, this perspective may also align with the stages of change model's practice of discussing topics appropriate to clients in stage of change, as appropriately exploring aspects of a client's current state of mind appropriate connected to an earlier stage of change (e.g., precontemplation) can serve as a precursor to enhancing a client's openness toward discussing, and possibly then acting, in later stages of change (e.g., contemplation leading to action) (Colangelo, 2014; Prochaska & Prochaska, 2016).

Repair Strategies to Build Epistemic Trust

Due to the potential risks of childhood trauma impacting a parent survivor's ability to make sense of their intra- and interpersonal world (Luyten et al., 2017), research recommends therapists are familiar with repair strategies to manage epistemic trust, as parent survivors are at increased vulnerability of insecure attachment, feeling frustrated, and regulating emotions with defensive responses (Kim, 2015; Midgley, 2017). A common MBT repair strategy highlighted in the research is a therapist objectively recognizing and speaking to the separateness of minds between the therapist and client (Asen & Fonagy, 2021; Bateman, et al., 2021; Dollberg & Hanetz-Gamliel, 2023), especially when a client becomes dysregulated in reaction to a therapist's reflection, question, or suggestion. The separateness of minds strategy involves the therapist taking responsibility for therapeutic ruptures (e.g., misunderstandings) by acknowledging they erroneously failed to consider the client's viewpoint, lived experience, and/or knowledge when forming their statement or question (Asen & Fonagy, 2021; Bateman, et al., 2021; Dollberg & Hanetz-Gamliel, 2023). Arguably, separateness of minds in MBT seeks to achieve the same goal as Bowen Family Therapy's concept of differentiation of self (Keller & Noone, 2020; Titelman, 2015), as both concepts aim to honour the differences between individuals (e.g., thoughts, feelings, and actions), while maintaining connection to others. Indeed, a potential strength of this approach is that, in addition to building epistemic trust, therapists may also enhance parental reflective functioning through the facilitation of parents witnessing, experiencing, considering, and normalizing that other people, including their children, can have internal motivations (e.g., thoughts, feelings, past experiences, world views, etc.) that are different from the parents and that influence another person's outward behaviours (e.g., statements, questions, actions, etc.).

MBT Approaches for Following Parent Survivors' Lead and Pace

Having explored MBT approaches for developing therapists' mentalizing stance and building client epistemic trust, attention now narrows to the approach of following the parents lead when therapists attempt to increase PRF through discussion of a parent survivors' childhood (Dollberg & Hanetz-Gamliel, 2023; Herbell & Bloom, 2020). MBT research identifies that although understanding links between childhood trauma and parenting challenges can increase a parent survivor's PRF (Borelli et al., 2019; Ensink et al., 2014; Espasa, 2004), MBT researchers recommend therapists take caution when approaching this potentially triggering and dysregulating topic for parent survivors (Dollberg & Hanetz-Gamliel, 2023; Herbell & Bloom, 2020).

Accordingly, research identifies that following the parents' lead consists of therapists consciously focusing on parents' perceptions of their child's challenges; not pressuring discussion of childhood trauma; and allowing mentalizing ability to grow at a parent's own speed (Dollberg & Hanetz-Gamliel, 2023; Herbell & Bloom, 2020). Further analysis is integrated into the above areas by examining research-identified benefits for parent survivors of following the parents' lead, which include claims of increased mental flexibility (Malberg, 2015; Slade, 2008), sense of empowerment (Herbell & Bloom, 2020), cooperation in parental psychotherapy (Dollberg & Hanetz-Gamliel, 2023, Lathren et al., 2021), and modeling of mentalization increasing parents use with their children (Dollberg & Hanetz-Gamliel, 2023).

Exploring the Parents' Perspective

Research normalizes the temptation for therapists to hypothesize that children's maladaptive behaviours may be linked to their parenting, which may have been influenced by their parent's history of childhood trauma (Dollberg & Hanetz-Gamliel, 2023). However, despite initially forming such a hypothesis, MBT research recommends that in practice therapists follow the parents' lead by openly and curiously exploring the parent's perspective on the influences on their

child's behavioural challenges (Dollberg & Hanetz-Gamliel, 2023). Not only does this approach seem to utilize the therapists' mentalizing stance and a collaborative discussion, but it also acts as a "port of entry" for therapists to begin expanding a parent's mentalizing of their child, and potentially of themselves as a parent, by openly exploring a parent's views, values, and knowledge regarding their child (Stern, 2004). Hence, this approach illustrates how following the parents' lead may also empower parent survivors by potentially facilitating an experience of feeling knowledgeable and competent in session, rather than feeling ashamed, helpless, passive, or defeated (Dollberg & Hanetz-Gamliel, 2023; Herbell & Bloom, 2020; Schechter et al., 2006). Arguably so, this approach may be strength-based and trauma-informed for aiming to empower parent survivors.

Not Pressuring Discussion of Childhood Trauma

An additional approach for following the parents' lead involves not pressuring parent survivors to discuss their childhood trauma (Dollberg & Hanetz-Gamliel, 2023; Epasa, 2004), which potentially carries merit in a multitude of realms despite lack of consideration discussed in the literature. For one, it could be considered significantly trauma-informed and collaborative as this approach could be viewed as being considerate and respectful of a parents' current capacity, energy, and readiness in their life to discuss what could be deeply painful memories and emotions (Arthur et al., 2013; Kim et al., 2014). Current research may also benefit from further consideration of the possible impact on clients of therapists assessing what current stressors and social supports may hinder or support a parents survivors capacity and ability to explore their childhood trauma in their current state of life.

MBT also advises therapists to not be influenced by a child's behaviour into pressuring parents to discuss their painful childhood histories earlier than ready (Dollberg & Hanetz-Gamliel, 2023). However, research informs therapists that processing childhood trauma can increase

PRF, and therapists witness, or are aware of, a child's distress, or worse maltreatment, in connection to a parent survivor's ongoing non-mentalizing (Dollberg & Hanetz-Gamliel, 2023). Therapists are constantly having to discern how to appropriately intervene with the cycle of intergenerational abuse, while retaining the epistemic trust and the therapeutic alliance of both the parent and the child as they work towards supporting lasting change. This balance of honouring the ethical principles of non-maleficence (i.e., do no harm) and benevolence (i.e., benefit others) (CCPA, 2020) may not result in a simple black or white solution when working with complex intergenerational family dynamics of abuse and non-mentalizing.

Insightfully, MBT research states that therapists should wait to discuss childhood trauma until parent survivors' express curiosity and interest in the potential connections between their current thoughts, feelings, and actions as a parent and their past childhood experiences with maltreatment (Dollberg & Hanetz-Gamliel, 2023). MBT research also claims there are benefits to self- and spousal-compassion, along with PRF, when parent survivors can make links from their current parenting challenges to their past childhood trauma (Lathren et al., 2021). However, MBT research argues that parent survivors be freed from the burden of needing to relive the harshest details of their childhood trauma in order to move forward in therapy. This is made possible by MBT stemming from psychodynamic therapy, in which the relational process of therapy is prioritized over the details of the content shared in therapy (Sharp et al., 2018).

Allowing Mentalization Ability to Grow at Parents' Own Pace

Even when parent survivors are at a stage of being curious and open to wanting to explore potential childhood connections to their current parenting experience, MBT highlights the importance of therapists allowing such connections to form at the parents own pace (Dollberg & Hanetz-Gamliel, 2023). In practice, MBT recommends therapists speaking of such links very tentatively, such as a parents' child's behaviour, and their parent-child relationship dynamics, as

only potentially influenced by the parent's childhood (Luyten et al., 2017; Malberg, 2015; Sharp et al., 2020). According to MBT research, this tentativeness may be key to building parent survivors' motivation to engage in parental reflective functioning (Dollberg & Hanetz-Gamliel, 2023). For instance, MBT research posits that allowing a parent survivor to determine for themselves if and how their current parenting challenges may or may not be connected to their childhood trauma can significantly encourage a parent survivors' willingness to engage in the process of developing their parental reflective functioning (Dollberg & Hanetz-Gamliel, 2023). MBT literature goes on to argue that such willingness is a major factor in what allows parent survivors to begin thinking reflexively and flexibly about the actions of their child and themselves (Dollberg & Hanetz-Gamliel, 2023), which is the base of mentalization (Asen & Fonagy, 2021; Dollberg & Hanetz-Gamliel, 2023).

Strengths and Limitations of Following the Parents' Lead

Overall, MBT approaches for following a parent survivor's lead may contain both strengths and limitations that may warrant further emphasis for informing therapists' practice. Although MBT research instructs therapists of trauma-informed approaches for following parents lead, such as not pressuring discussion of childhood trauma (Dollberg & Hanetz-Gamliel, 2023), practice examples in MBT research methods are often presented in fictional vignettes displaying therapists contradicting recommended approaches by directly asking parent survivors about their childhood first thing in the intakes (Dollberg & Hanetz-Gamliel, 2023). Arguably, generally asking parent survivors about their childhood may take the therapist's lead in the session. Furthermore, asking about childhood prior to parents raising the topic may bring up flooding feelings of sadness, anger, shame and/or embarrassment (Dollberg & Hanetz-Gamliel, 2023). Despite not directly asking about abuse, painful feelings may still come up if they remain unresolved.

Regulating Parent Survivors' Emotional Arousal

Having reflected on the strengths and limitations of following a parents' lead, attention can shift towards consideration of MBT practices and perspectives related to the therapists' role in expanding PRF through regulating parent survivors' emotions in therapy. As the approach of following the parents lead guides therapists on the pacing and directions of initial discussions of childhood history with parent survivors, the research theme of regulating parent survivors' emotional arousal aims to go one step further towards supporting therapists to navigate client's exploration of childhood trauma (Dollberg & Hanetz-Gamliel, 2023; Karakaş et al., 2021; Lahren et al., 2019). As previously mentioned, this next step would only occur in MBT when parent survivors become curious about investigating potential links between their current parenting challenges and their experiences of childhood maltreatment (Dollberg & Hanetz-Gamliel, 2023; Herbell & Bloom, 2020). That said, the following review provides a critical analysis of MBT approaches for regulating parents' emotions; the influence of co-regulation on increasing PRF; MBT approaches for processing parents' emotions; and finally, consideration of systemic barriers to parent survivors' emotion regulation.

Analysis of MBT Approaches for Regulating Parent Survivors' Emotions

Research themes found on MBT approaches for supporting the emotion regulation of parent survivors cover a variety of strategies to aid in regulating parent's emotional arousal to optimize parent's mentalizing capacity in therapy (Fonagy & Allison, 2014; Fonagy et al., 2015; Sharp et al., 2020). MBT research recommends therapists implement emotion regulation approaches throughout the entire therapeutic process, as therapy can raise a flood of emotions during discussion of children's behaviours, parenting challenges, and links to childhood trauma on the path to expanding PRF (Suardi et al., 2017). Common MBT approaches include monitoring parents' arousal, then using upregulating and down-regulating strategies as necessary (i.e.,

marked affect mirroring, contingent communication, and ostensive cueing, and slow-down talking) (Fonagy & Allison, 2014; Sharp et al., 2020). Such approaches will be compared when appropriate, to other counselling approaches.

Monitoring Parent Survivors' Emotional Arousal. As MBT research highlights the importance of therapists' monitoring parent survivors' emotional arousal during therapy (Dollberg & Hanetz-Gamliel, 2023; Suardi et al., 2017), additional critical analysis explores this approach further. MBT highlights that this approach is crucial when discussing a parents' childhood, due to the potentially dysregulating effects of the topic (Dollberg & Hanetz-Gamliel, 2023; Suardi et al., 2017). However, it could be argued that doing so is integral during any discussion in therapy with parent survivors. Finally, monitoring shares similarities with attachment theory's concept of attunement (Johnson, 2019; Levine & Heller, 2010; Siegel & Hartzell, 2014), as therapists attune to the client's verbal and non-verbal communication of emotion as they monitor their emotional state.

MBT Approaches for Up-Regulation and Down-Regulation. Building on discussion of monitoring parent survivors' emotional arousal, further research on MBT highlights the use of upregulating and down-regulating approaches to regulate parent survivors' emotions as necessary (Dollberg & Hanetz-Gamliel, 2023; Fonagy & Allison, 2014; Sharp et al., 2020). The approaches commonly raised in research, and hence further analyzed below, are marked affect mirroring, contingent communication, ostensive cueing, and slow-down talking (Dollberg & Hanetz-Gamliel, 2023; Fonagy & Allison, 2014; Sharp et al., 2020). Such approaches may be particularly useful when parent survivors become dysregulated and have difficulty mentalizing, but again could be impactful throughout counselling.

Marked Affect Mirroring. As MBT draws on the approach of marked affect mirroring (Dollberg & Hanetz-Gamliel, 2023; Fonagy & Allison, 2014; Sharp et al., 2020), further exploration examines how it compares to other approaches and concepts in the field of counselling for emotionally regulating clients. Research commonly defines marked affect mirroring as therapists intentionally mirroring the emotions of clients (e.g., frowning when a client is sad), and marking this mirroring by deliberately engaging the client in that moment through ostensive cueing (i.e., body language and tone) (Dollberg & Hanetz-Gamliel, 2023; Fonagy & Allison, 2014; Sharp et al., 2020). As further discussed below, such cuing displays what the therapist thinks, imagines, or understands the client is going through, but without the therapist personally feeling that way themselves (Dollberg & Hanetz-Gamliel, 2023; Fonagy & Allison, 2014; Sharp et al., 2020).

Comparatively, marked affect mirroring is the embodiment of separate mindedness, as it is noted in mentalization literature to enhance self-mentalization by inviting clients, parent survivors in this case, to stop and reflect (i.e., mentalize) on their current feelings in the moment (Fonagy et al., 2015; Meins et al., 2001; Sharp & Fonagy, 2008; Sharp et al., 2020). Moreover, marked affect mirroring carries similarities to attachment theory's concept the same name, mirroring, as a form of validation to reduce emotional arousal and increase therapeutic alliance (Johnson, 2019; Pellegrini et al., 2021; Siegel & Hartzell, 2014). In fact, this approach is commonly used for the same purpose in attachment-based therapies, such as Emotion Focused Therapy (Johnson, 2019), Imago Therapy (Hendrix & Hunt, 2021), and the modern attachment-based theory of Interpersonal Neurobiology (Siegel et al., 2021). Neurologically, mirroring a parent survivors' emotions through a therapists' attuned listening, expressed understanding, and acknowledging value of a parent survivors' perspective may produce dopamine, serotonin, and oxytocin responsible for enhancing emotional regulation (Lahousen et al., 2019; Siegel et al., 2021).

Ostensive Cueing. The ostensive cueing used in marked affect mirroring draws light on the inclusion of physical forms of emotion regulation in MBT research (Sharp et al., 2020; Fonagy & Allison, 2014). Ostensive cueing is used by MBT therapists to physically embody attunement towards clients when dysregulated through therapists' body language and verbal tone, such as making direct eye contact, empathic facial expression, head tilting, softening vocal tone, and a leaning forward posture (Fonagy & Allison, 2014; Sharp et al., 2020). Though unclear in MBT research, other research points to ostensive cueing as being capable of either up-regulating or down-regulating clients' emotional regulation as needed (Dollberg & Hanetz-Gamliel, 2023). Comparatively, ostensive cueing is an approach that draws parallels to interpersonal neurobiology's concept of neuroception, an automatic neurological process responsible for children and adults automatically scanning for safety cues in the non-verbal communication of another (Dana, 2020; Morton et al., 2022; Porges, 2022). Finally, this approach might be similar to Siegel and Bryson's (2012) recommendation to parents to first connect, then redirect, when children are dysregulated. Similarly, ostensive cueing's use of non-verbal connection and attunement is comparable to a parent bending down to a child when dysregulated to non-verbally express care, concern, and companionship to comfort the child (Siegel & Bryson, 2012; Siegel & Hartzell, 2014), just as the MBT therapist aims to comfort the parent to enhance capacity for mentalization of themselves and their child.

Slow-Down Talking. Analysis of the approach of slow-down talking highlights the strengths and limitations of this approach (Dollberg & Hanetz-Gamliel, 2023; Sharp et al., 2020; Fonagy & Allison, 2014), while comparing it to other de-escalation techniques for furthering understanding of this MBT approach. According to MBT, slow-down talking involves therapists' slowing down the conversation when parent survivors' emotions begin to become dysregulated (Dollberg & Hanetz-Gamliel, 2023; Sharp et al., 2020; Fonagy & Allison, 2014). Emotion

dysregulation can cause the prefrontal cortex, involved in language expression, mentalizing and rationale, to decrease in activity, and for the amygdala, responsible for reactions of flight, fight, freeze, and fawn, to become overactive (Siegel & Bryson, 2019; Siegel & Bryson 2020; Siegel & Hartzell, 2014). Hence, intentionally slowing down talk of emotional subjects, such as childhood, may reengage the prefrontal cortex and support parents to increase regulation. Moreover, in MBT terms, this intervention is an opportunity to invite parents to mentalize-in-the-moment, by giving space for parents to draw attention to how they are feelings in the moment based on the thoughts and recollections they are having (Fonagy et al., 2015; Sharp et al., 2020). If parents were willing to engage in this reflexive process in the moment, similarities could be drawn to interpersonal neurobiology's concept of name-it to tame-it (Siegel & Bryson, 2019; Siegel & Bryson 2020; Siegel & Hartzell, 2014), where intentionally describing one's emotions is theorized to decrease subcortical activity by transmitting soothing neurohormones from the outer cortex down to decrease activity in the amygdala.

Critical Analysis of Co-Regulation for Increasing PRF. MBT research posits that when parent survivors experience co-regulation through a therapist modeling mentalization skills through the above approaches (i.e., monitoring arousal, marked affect mirroring, ostensive cueing, and slow-down talking), that parents may themselves develop the ability to use those approaches with their child outside of therapy (Dollberg & Hanetz-Gamliel, 2023; San Cristobal et al., 2017). Consequently, trends in MBT research argue that experiencing such co-regulation increases parent survivors' mentalizing ability to attune to their child and, hence, increases their PRF (Fonagy & Allison, 2017; San Cristobal et al., 2017; Sharp, et al., 2020). Social learning theory could argue for this possibility of vicarious skill development through the experiential learning of watching and participating in the client role with the therapist modelling such skills

(Crain, 2024). Moreover, attachment theory could posit that since children may learn to self-regulate through experiencing co-regulation (Feldman et al., 2013; Katznelson, 2014; Siegel & Bryson, 2019; Siegel & Bryson 2020), that parent survivors may learn in therapy during adulthood what they lacked from their primary caregivers during childhood.

Analysis of MBT Approaches for Processing Parent Survivors' Emotions

Given the discussed potential limitations of MBT's emotion regulation approaches to enhance PRF through therapists' modelling co-regulatory skills, further review and analysis of the literature turns to discussing MBT approaches for *processing* parent survivors' emotions in pursuit of expanding understanding of MBT approaches that may support the development of PRF (Dollberg & Hanetz-Gamliel, 2023; Frailberg et al., 1975; Sharp et al., 2020). Based on thematic analysis of MBT literature, such approaches include connecting past to present (Luyten et al., 2017; Malberg, 2015; Sharp et al., 2020), non-judgemental acceptance (Lieberman et al., 2011; Midgley et al., 2017; Slade, 2008), voicing unspoken emotions (Dollberg & Hanetz-Gamliel, 2023; Slade, 2008), and praising introspection (Dollberg & Hanetz-Gamliel, 2023). However, before examining such MBT approaches, a brief review and analysis of background literature on processing emotions, compared to skill development, may shed light on the role processing emotions may have on expanding PRF for parent survivors.

Background Literature on Processing Emotions. Analysis of background research that includes or excludes the processing emotions with adult childhood trauma survivors may set the stage for later analysis of MBT approaches for processing emotions to adjust PRF among parent survivors. For example, research on Emotion Focused Therapy (EFT) found that emotion regulation skill development, without emotion processing, was less effective than clients experiencing emotion processing alone in therapy of EFT (Lebow & Snyder, 2022). Moreover, much of the self-help psychoeducational literature on parenting discuss communication skill development

(Siegel & Bryson, 2019; Siegel & Bryson 2020; Siegel & Hartzell, 2014), but few discuss or outline how parent survivors may process emotions from childhood experiences that may impact a parent's capacity and ability acquire and implement new parenting skills. Finally, research on MBT has found that self-mentalization, not child-mentalization, contributed to increases in child-mentalization among parent survivors (Suchman et al., 2010; Suchman et al., 2012). Correspondingly, processing emotions connected to childhood maltreatment has been associated with increases in parents' self-awareness (i.e., self-mentalization) (Fonagy et al., 1994), which can result in increased ability to mentalize their child's inner experiences (Borelli et al., 2019; Ensink et al., 2014; Luyten et al., 2020). Consequently, increased understanding of MBT approaches for processing emotions, rather than regulating parents' emotions or intervening on parenting skills, may better support therapists to enhance parent survivors overall PRF.

Connecting Past to Present. Research highlights that one approach MBT uses to support parent survivors to process intense emotions is to validate and normalize current emotions in the context of their traumatic childhood history (Fonagy et al., 2015, Sharp et al., 2020). Through supporting parent survivors to connect past experiences to present day dysregulation, a strength of this approach is that it aims to help parents contextualize the underlying source of their strong emotions. Moreover, this process may enhance self-mentalizing while decreasing shame about strong emotions towards parenting challenges (Dollberg & Hanetz-Gamliel, 2023). Moreover, this approach may address parent survivors' tendency to project unmet childhood needs on to their relationship with their child (Lieberman et al, 2015). Doing so may support parent survivors to tease apart overactive negative emotions connected to their childhood maltreatment from appropriate levels of emotion connected to present day parenting challenges (Borelli et al., 2019;

Ensink et al., 2014). Lastly, the normalization of such feelings may allow parent survivors to develop self-compassion that may further allow parents to be present and have capacity to mentalize their child's negative emotions (Dollberg & Hanetz-Gamliel, 2023).

Nonjudgmental Acceptance. An additional approach for processing emotions noted in MBT literature is the nonjudgmental acceptance of the entire scope of parents' feelings and views (Lieberman et al., 2011; Midgley et al., 2017; Slade, 2008). Arguably, this approach may share similarities with a common factors approach (Jones-Smith, 2016; Prochaska & Norcross, 2018) and Imago therapy (Hendrix & Hunt, 2021), in that both support therapists to further draw upon empathy, validation, and acceptance of the client and the full range of emotions that may arise during discussions of childhood. This acceptance may open the possibility of creating a safe therapeutic space for parents to openly process emotions without fear of judgement or ridicule. This may be particularly useful when working with clients whose emotions are withheld, shut-down, or repressed due to cultural gender expectations and/or family rules around expression of emotion (Arthur, 2018).

Empathy to the Inner Child. As therapy progresses, MBT approaches arguably deepen the processing of emotions for parent survivors by therapists' expressing empathy to the clients' inner child (Dollberg & Hanetz-Gamliel, 2023). Therapists' may implement this approach by putting themselves in the shoes of the parent, and then, using their imagination, give voice to the parent's inner child's "unspoken emotions" (Dollberg & Hanetz-Gamliel, 2023, p. 6). MBT literature, claims this approach aids parents in returning to or building upon their mentalizing stance (Dollberg & Hanetz-Gamliel, 2023). Comparatively, speaking to the unexpressed feelings, needs, and wants of a parents' inner child shares similarities with the use of parts work by internal family systems (IFS) therapy (Anderson, 2021; Blackwood, 2023). However, IFS supports clients to speak to their unspoken childhood parts themselves (Anderson, 2021; Blackwood,

2023), which is missing in MBT's approach of therapists doing so for clients. Still, parent survivors may benefit from therapist initiating such speculation, and inviting parents to being the introspective work of confirming, clarifying, or correcting the therapist's projections.

Praising Introspection. Finally, once having applied one or more of the above approaches for deepening parent survivors' processing of emotions, MBT recommends praising parents for their courageous introspection (Dollberg & Hanetz-Gamliel, 2023). Comparatively, this approach mirrors aspects of Response-Based Practice (RBP), as it encourages therapists to acknowledge client's ability and competency to have faced potentially difficult emotions (Toole-Anstey et al., 2023; Wade, 2015). Furthermore, praising introspection potentially bridges to respective use of RBP for exploring what inner resources of the parent (Toole-Anstey et al., 2023; Wade, 2015) supported such introspection. Moreover, this MBT approach may blend well with Solution-Focused Brief Therapy's (SFBT) use of exception questions to further enhance self-efficacy (Kim et al., 2018; Jones-Smith 2016; Norcross & Prochaska, 2018). Importantly, since parent survivors' emotions to be processed may stem from experiencing disempowering cycles of childhood maltreatment (Cooke et al., 2021; Letourneau et al., 2019; Stepleton et al., 2018; Suardi et al., 2017), praising clients' processing may facilitate an overall increase to parent survivors' sense of empowerment and self-worth.

Despite the potential strengths of praising parents' introspection, MBT literature neglects to consider how different types of praise can either hinder or support a parent survivor's willingness to engage in the difficult task of emotional processing. For instance, research has shown that praise for effort (e.g., you gave all your effort today) was more likely to result in increased willingness, resilience, and the attribution of failure to a lack of effort and not one's ability (Learning Lab, 2022; Xing et al., 2018). Whereas praise for ability (e.g., you are strong) was shown to foster the opposite outcomes when clients were faced with difficult tasks (Learning Lab, 2022; Xing

et al., 2018). Additionally, praise that may be most effective in therapy when used sparingly and genuinely, as for marking goals that the client worked hard towards accomplishing (Bailey, 2014). Such considerations may enhance parent survivors' overall motivation to pursue the difficult task of processing emotions to decrease the impact of childhood trauma on parenting.

Systemic Barriers to Emotion Regulation for Parent Survivors.

Despite discussion of MBT approaches for supporting parent survivors to regulate and process emotions related to childhood trauma, MBT literature lacks consideration of ways systemic sources of stress may still contribute to parents' dysregulation regardless of therapy. To better understand this phenomenon, initial analysis may consider how a parent's modelling of secure attachment may be impacted by external and internal influences on their capacity to consistently provide organized and attuned responses, rather than disorganized and disconnected reactions, to their child's bids for connection. Accordingly, such influences to consider may include risk and protective factors associated with parent survivors' socioeconomic status. Risk factors for ongoing parental stress may include poverty (Collings et al., 2014; Grall, 2016), chronic mental/physical health issues (Campbell et al., 2016; Collings et al., 2014), and substance use/process addictions (Kim et al., 2019; Suchman et al., 2010; Suchman et al., 2012).

In addition to the absence of such risk factors, protective factors for parent survivors' maintaining emotional regulation may include family and social supports, and formal or informal education (Karakaş et al., 2021; Zhan & Pandey, 2004). Accordingly, in the pursuit of expanding parent survivors' PRF, MBT therapists may consider assessing the socioeconomic and social wellbeing of parent survivors. Moreover, therapists may commit to acts of social justice by supporting clients to address risk factors and connect to protective factors beyond the four walls of therapy. One tool commonly used by social workers that may support therapists in this pursuit of social justice, is looking to Maslow's Hierarchy of Needs (Bucchio et al., 2021; Noltemeyer et

al., 2012; Peterson et al., 2014) as a guiding framework for addressing systemic sources of dysregulation that may retract from regulated states of increased PRF.

Handling Parent Survivors' Non-Mentalizing Modes

Having discussed MBT approaches for enhancing PRF among parent survivors through supporting a therapists' mentalizing stance, building epistemic trust, following a parent's lead, and regulating emotional arousal, this analytical review concludes with an examination of a final practice area for PRF highlighted in MBT literature: handling parent survivors' non-mentalizing modes (Asen & Fonagy 2021; Bateman & Fonagy, 2016; Dollberg & Hanetz-Gamliel, 2023). According to MBT literature, when parent survivors become stuck in rigid or fixated patterns involving one or more dimensions and poles of the previously mentioned dimensions of reflective functioning, they are prone to non-adaptive parental mentalizing through one of the following non-mentalizing modes: teleological, psychic, or pretend (Asen & Fonagy, 2021; Midgley et al., 2017; Sharp et al., 2020). As such, an aim of this analysis is to expand therapists' conceptual understanding of each non-mentalizing mode through critically examining their focuses, coping strategies, and applied MBT interventions. This final section concludes with an analysis of the clinical markers research suggests that therapists can use in session to verbally assess parent survivors shifts in non-mentalizing modes towards increased PRF.

The Focus, Coping, and Interventions of a Teleological Non-Mentalizing Mode

Expanding therapists' understanding of how to manage teleological non-mentalizing can begin through an analysis of a parent survivor's focus while in this mode. Parent survivors may collapse into a teleological non-mentalizing mode when their focus becomes fixated on a narrow explanation of a child or parent's circumstances and/or behaviour in a situation of conflict (Asen & Fonagy 2021; Bateman & Fonagy, 2016; Dollberg & Hanetz-Gamliel, 2023). Parents may also

become focused on finding quick fixes for behaviour through physical punishment or use of parental authority to create change (Midgley et al., 2017). For therapists, this may contribute to parents sending their child to therapy to be fixed through professional intervention (Midgley et al., 2017), without addressing underlying parental influences on the child's behaviour (Dollberg & Hanetz-Gamliel, 2023). Unfortunately, such a focus of a teleological non-mentalizing mode may potentially be affirmed in euro-western culture by the DSM-5's behaviour-focused diagnostic criteria (APA, 2022) for pathologizing individuals without always giving close consideration of their context (Brewin et al., 2009; McNally, 2011; Zabaleta, 2019). Moreover, this focus may also meet the criteria of authoritarian parenting, as the end goal (e.g., appropriate behaviour) is valued over the needs and feelings of the child (Camisasca et al., 2022; Yaffe, 2023). Finally, such a parenting mindset could be invalidating for children and increase their risk of developing an insecure attachment with caregivers (Karakas et al., 2021; Köhler-Dauner, 2023).

Additional understanding of teleological non-mentalizing may be enhanced through analysis of a parent survivor's coping strategies while in this mode. Parents in a teleological non-mentalizing mode may cope with parental stress by ignoring, and being unwilling, to explore the mental states, feelings, and/or needs underlying their child's behaviours (Asen & Fonagy, 2021; Midgley et al., 2017; Sharp et al., 2020). This coping strategy may also contribute to parent survivors' avoiding discussion of their childhood trauma with therapists (Dollberg & Hanetz-Gamliel, 2023; Midgley et al., 2017). Such vulnerable exploration may be viewed as irrelevant by parent survivors', as it conflicts with their primary treatment goal of finding solutions to the child's behaviour (Dollberg & Hanetz-Gamliel, 2023; Midgley et al., 2017). Arguably, such coping shares similarities with an avoidant attachment style (Johnson, 2019; Levine & Heller, 2010), as distancing themselves from the emotional intimacy of connecting with their child's emotions

may serve as a form of the parent protecting themselves from losing their independence. According to Siegel & Hartzell (2014), reducing value of relational and emotional connection with others can be a natural response for parents who developed an avoidant attachment style from potentially having grown up in an “emotional desert” with caregivers who were consistently not emotionally attuned (p. 148). Arguably, such a lack of emotional engagement may play a role in emotional neglect akin to that of an uninvolved parenting style (McWhirter et al. 2023; Huyer et al., 2010). Hence, the coping strategies of a teleological non-mentalizing mode may be linked to increased risks for perpetuating intergenerational trauma by potentially being a contributing factor to childhood physical abuse and emotional neglect (Midgley et al., 2017).

Having a greater understanding of the focus and coping strategies of a teleological non-mentalizing mode, further analysis explores MBT’s main approach for addressing this mode. In addition to the co-regulatory approaches previously mentioned that play a role in approaching all forms of non-mentalizing, MBT specifically recommends therapists support parent survivors to shift out of a narrow, all-knowing, and behaviourally pathologizing view of their child’s dysregulation (Asen & Fonagy, 2021; Dollberg & Hanetz-Gamliel, 2023; Midgley et al., 2017). One of the core ways MBT research highlights therapists support this shift is by asking parents to contemplate and describe how their own mental states are impacted by encountering their child’s dysregulated behaviours (Dollberg & Hanetz-Gamliel, 2023; Fonagy et al., 2002; Slade, 2008). This is arguably an incredibly clever, and potentially effective, way for therapists to gently and non-offensively begin enhancing parent survivors’ ability to mentalize their child’s internal mental states. As parents themselves begin to explore, understand, and potentially appreciate their own inner world in the face of stress, they may begin to become curious about their child’s inner emotions, thoughts, and needs underlying their outwardly expressed behaviours.

The Focus, Coping, and Interventions of the Pretend Non-Mentalizing Mode

Having explored considerations for approaching a teleological non-mentalizing mode, discussion now shifts to analysing the focus of parent survivors in the pretend non-mentalizing mode. Similar to a teleological mode, parents in a pretend mode remain focused on behavioural changes of their children, or of themselves, without addressing underlying mental states (Asen & Fonagy, 2021; Dollberg & Hanetz-Gamliel, 2023; Espasa, 2004). However, the solutions proposed and planned by parents in the pretend mode can sound fantastical, or pretend-like, in nature, lacking realistic estimations of natural consequences (Asen & Fonagy, 2021; Dollberg & Hanetz-Gamliel, 2023). Often described as an inner world decoupled from an external reality, this mode portrays elements of mentalizing of children and of self, but an authentic emotional connection to talk of emotion and behaviours remains absent (Asen & Fonagy, 2021; Sharp et al., 2020). For therapists, this mode may provide validation for their confusion when parents describe solutions to their parenting challenges that seem unrealistic or have significant gaps from an outside perspective. However, for parents, the concept of the pretend mode by default may shed doubt on their plans and hopes for their child or their parenting, deeming them unrealistic by the standards and expertise of the therapist. Hence, despite this concept supporting therapists' sense of reality when treatment planning, it risks diminishing or condescending parent survivors' imagined reality and parenting dreams.

Having touched on the focus of parent survivors in a pretend mode, further analysis can discuss the coping strategies utilized by parents in this mode. Unlike during the teleological mode, parents in a pretend mode will acknowledge and describe their childhood trauma (Asen & Fonagy, 2021; Dollberg & Hanetz-Gamliel, 2023; Sharp et al., 2020). However, parents' highly intellectualized and emotionally detached descriptions of their childhood history are said to help cope with painful feelings that might otherwise resurface (Asen & Fonagy, 2021; Dollberg &

Hanetz-Gamliel, 2023; Sharp et al., 2020). Neurologically, this may indicate an increase in left-brain activity involved in logic to potentially sooth and diminish right brain activity involved in emotion (Siegel & Bryson, 2019; Siegel & Bryson 2020; Siegel & Hartzell, 2014). Moreover, first-person accounts of childhood trauma will display a lack of mentalization toward their caregivers' mental states (Asen & Fonagy, 2021; Dollberg & Hanetz-Gamliel, 2023; Sharp et al., 2020). This may again indicate how parent survivors continue to cope with having been raised in what Seigel and Hartzell (2014) call an "emotional desert" (p. 148). This lack of ability as an adult to appropriately mentalize their parents' mental states during the recounting of parent survivors' childhood potentially shows a decreased reliance on emotions and attuned relationships similar to characteristics of an avoidant attachment style (Johnson, 2019; Levine & Heller, 2010). As such, it is unsurprising that this self-focused coping style has been associated with parents struggling to understand, attune to, and ease their child's distress when in a pretend mode (Midgley et al., 2017; Sharp et al., 2020).

Having explored considerations of the focus and coping of parent survivors in a pretend non-mentalizing mode, a final analysis examines MBT approaches for handling this mode. In response to the potentially incoherent nature of the pretend mode, MBT recommends following the parents lead by inquiring about the perceived outcome of fantastical goals, as doing so joins with the parent and increases regulation (Asen & Fonagy 2021; Dollberg & Hanetz-Gamliel, 2023). Comparatively, this approach shares similarities to Solution-Focused Brief Therapy's use of The Miracle Question (Jones-Smith, 2016; Prochaska & Norcross, 2018), as both potentially enhance hopefulness by facilitating space for clients to reflect on their ideal outcomes. However, once explored, MBT recommends restoring balanced and reflective thinking by stopping pretend non-mentalizing in an empathic, yet firm, way (Asen & Fonagy 2021; Dollberg & Hanetz-Gamliel,

2023). Contrary to this recommendation, doing so may defy prior MBT recommendations to follow the parents' lead. Nevertheless, caution is recommended to avoid the risk of sounding condescending, which may potentially offend parent survivors, and trigger a defensive response (Asen & Fonagy 2021; Dollberg & Hanetz-Gamliel, 2023).

Therefore, rather than directly confronting parent survivors on their faulty reasoning, MBT advises therapists to gently speak to their difficulty in following a parents' logic and rationale during what is referred to as pseudo-mentalizing statements (Asen & Fonagy 2021; Dollberg & Hanetz-Gamliel, 2023; Sharp et al., 2020). Through this potential use of immediacy (Jones-Smith, 2016; Prochaska & Norcross, 2018), this approach may allow therapists to congruently speak to what reflections are arising for them in the moment. However, this approach fails to directly point out to parent survivors' the contradictions or gaps that may be present in the thought patterns of their pretend non-mentalization. Conversely, aligned with MBT's approach of building upon, rather than refuting, parents' non-mentalizing (Asen & Fonagy 2021; Dollberg & Hanetz-Gamliel, 2023), motivational interviewing's approach of developing discrepancy directly draws attention to contradictions in clients' thoughts, goals, and/or actions by paraphrasing them side by side (Jones-Smith, 2016; Prochaska & Norcross, 2018). This added element of directly highlighting contradictions may empower both clients and therapists to address such discrepancies for discerning consideration in the moments they arise.

The Focus, Coping, and Interventions of the Psychic Equivalent Non-Mentalizing Mode

Having discussed considerations for approaching teleological and pretend non-mentalizing modes, attention turns to analysing the focus of MBT's final non-mentalizing mode: psychic equivalent non-mentalizing (Asen & Fonagy 2021; Dollberg & Hanetz-Gamliel, 2023; Sharp et al., 2020). In this mode, a parent survivor's focus is often consumed and blurred by past experiences of childhood trauma when having to set limitations with their children (Asen & Fonagy

2021; Dollberg & Hanetz-Gamliel, 2023; Sharp et al., 2020). Parents may be unable to separate the difference between the pain they historically experienced in response to childhood abuse, from the distress their child may presently experience in response to the parent's developmentally appropriate expectations (Asen & Fonagy 2021; Dollberg & Hanetz-Gamliel, 2023; Sharp et al., 2020). Comparatively, on the surface, this phenomenon draws parallels to that of porous boundaries (Gehart, 2014), as the parent may lack differentiation between themselves and their child (Asen & Fonagy 2021; Dollberg & Hanetz-Gamliel, 2023; Sharp et al., 2020). However, on a deeper level, the thorns of childhood trauma may sever parent survivors' from making links to a process and outcome interpersonal neurobiology refers to as integration: the processing of childhood trauma to become fully aware and unburdened by its impacts on the ability to act securely in the present (Siegel & Bryson, 2019; Siegel & Bryson 2020; Siegel & Hartzell, 2014). Arguably, this lack of integration contributes to parent survivors identified risk for rapidly projecting the pain of their own childhood abuse on to the feelings and reality of their child's experiences in response to appropriate parental limit setting (Lieberman et al, 2015).

Building on the above discussion regarding the focus of a psychic equivalent mode, further analysis can be placed on the coping strategies parent survivors implement when collapsed in this mode. In a psychic mode, parent survivors may experience anxiety from the misplaced belief that the distress their child experiences in response to parental boundaries and expectations is an indication that the parent is traumatizing their child (Asen & Fonagy 2021; Dollberg & Hanetz-Gamliel, 2023; Sharp et al., 2020). Siegel and Hartzell's (2014) work normalize this parental anxiety, stating that saying no can create physiological distress in a child, known as healthy shame, but when tolerated and handled calmly by a parent, can increase a child's self-regulatory capacity to tolerate appropriate forms of tension, such as experiencing refusal. However, MBT literature states parent survivors often cope with such anxiety by avoiding setting and enforcing

boundaries, even when developmentally and contextually appropriate for their children (Asen & Fonagy 2021; Dollberg & Hanetz-Gamliel, 2023; Sharp et al., 2020). Arguably, this coping strategy is potentially a contributing factor for parent survivors who develop a permissive parenting style, as such distress avoidance and intolerance may contribute to a hands-off and laissez-faire approach to parenting (Cucu Ciuhan, 2021; Uji et al., 2014). That being said, it may be important to honor a parents' inner-knowing for when to give-in to their child's wishes, especially when the alternative means a parent becoming angry with their child's distress, which can result in a child experiencing "toxic shame," such as humiliation, and decreased connection to their parent (Siegel & Hartzell, 2014, p. 234).

Finally, building upon the above discussion of the focus and coping tactics of a psychic non-mentalizing mode, further analysis target approaches MBT utilizes for addressing this mode with parent survivors. MBT interventions for a psychic mode mainly revolve around increasing a parent survivors' mentalization of the child's and the parent's distress (Asen & Fonagy 2021; Dollberg & Hanetz-Gamliel, 2023; Sharp et al., 2020). This process involves asking parents about how they felt as a child; how they feel when their child is distressed; and finally, how their child probably feels when distressed (Asen & Fonagy 2021; Dollberg & Hanetz-Gamliel, 2023; Sharp et al., 2020). This approach potentially fosters integration of past trauma, as it may help parents gently tease apart the past from the present. Additionally, this approach potentially enhances parents' ability to perform separateness of minds, as it supports parent survivors with differentiating their feelings from those of their child. However, while this approach may increase a parent's ability to reflect on their feelings in the past, present and child, it relies on cognitive insight alone. For parent survivors holding somatic trauma in their body, this approach might be enhanced by direct questions regarding affect towards a parent's sense and physical sensations to cross into the mind body connection.

Assessing Shifts from Non-Mentalizing to Increased PRF

The above discussion considered factors and approaches for supporting parent survivors who have collapsed into non-mentalizing modes. This review now concludes with an analysis of clinical markers in parent survivors' responses that MBT research suggests therapists can use to assess improvements in parent survivors PRF. Guided by themes in MBT research, this analysis focuses on clinical markers said to be found within parent survivors' responses about their childhood, their parenting, and towards their child.

Assessing Parent Survivors' Mentalizing Responses on Childhood

MBT research recommends therapists assess for increases in parent survivors' PRF through monitoring their accounts of childhood trauma for elements of non-defensiveness (Asen & Fonagy 2021; Dollberg & Hanetz-Gamliel, 2023; Sharp et al., 2020; San Cristobal et al., 2017). The following analysis uses neurobiology to examine examples of non-defensiveness and features of PRF to expand therapists understanding of their potential links. Initially, parent survivors' non-defensiveness may present to therapists in the form of starting to acknowledge unresolved emotions stemming from "suboptimal parenting experiences" (Siegel & Hartzell, 2014, p. 151). Though a vulnerable and emotionally challenging process, PRF may expand over time due to repeated acknowledgement of emotions consequently decreasing defensiveness while increasing parent survivors' capacity to tolerate and manage difficult emotions (Siegel & Hartzell, 2014). Neurobiology may explain this phenomenon, stating that language production increases activity in the left hemisphere of the brain responsible for describing difficult emotions, which consequently decreases activity in areas of the right hemisphere of the brain reducing anxiety fueled defensiveness (Siegel & Bryson, 2019; Siegel & Bryson 2020; Siegel & Hartzell, 2014). Finally, with increased emotion regulation, therapists may notice non-defensiveness manifests in parent survivors expressing greater understanding of themselves self and others, and openness to

making sense of past and present influences of childhood abuse on themselves (Asen & Fonagy 2021; Dollberg & Hanetz-Gamliel, 2023; Sharp et al., 2020; San Cristobal et al., 2017). Both these areas are linked to increased PRF as they are important aspects of healing unresolved childhood trauma (Dollberg & Hanetz-Gamliel, 2023; Kim et al., 2014; San Cristobal et al., 2017; Siegel & Hartzell, 2014).

Assessing for Coherence in Responses on Childhood. In addition to non-defensiveness, further analysis explores recommendations in MBT research for therapists to assess the coherence of parent survivors' account of their childhood (Asen & Fonagy, 2021; Dollberg & Hanetz-Gamliel, 2023; Seligman, 2014). Research indicates signs of coherence include accurate, balanced, in-depth, and empathic accounts of both parent survivors' childhood emotions and their parents' past behaviours and abilities (Asen & Fonagy, 2021; Bateman & Fonagy, 2016). Essentially, the more parent survivors are able to connect to emotions that honour how difficult their parents' behaviours were for them as a child, while also expressing genuine understanding now as an adult of what their parents could have been going through, and the skills they had or lacked, the more coherent their account of childhood (Asen & Fonagy, 2021; Sharp et al., 2020). Other concepts and researchers affirm MBTs link between coherence and PRF, as indicators of how "integrated" (Siegel & Hartzell, 2014) or "earned secure" (Karakaş et al., 2021) a parent survivor is in adulthood is directly linked to how balanced a relationship a childhood trauma survivor has with their past; neither blocking it out, nor feeling flooded and overwhelmed by it (Asen & Fonagy, 2021; Camoirano, 2017). Notably, as forgiveness is a trait of effective mentalizing (Asen & Fonagy, 2021), forgiveness may arguably play a role in parent survivors achieving a balanced account of their parents' past behaviours and abilities. Regrettably, MBT lacks guidance on whether or how parent survivors should attempt to reengage with their parents when ongoing abuse is a concern.

Assessing Parent Survivors' Mentalizing Responses on Parenthood

In accord with MBT research recommendations, this analysis discusses the assessment of increased PRF through signs in parent survivors' responses about their parenting (Asen & Fonagy, 2021; Dollberg & Hanetz-Gamliel, 2023; Luyten et al., 2017). One such sign identified in MBT research is a parent survivors' ability to exercise self-reflection by describing potential links between their current parenting and their childhood trauma (Asen & Fonagy, 2021; Dollberg & Hanetz-Gamliel, 2023; Luyten et al., 2017). Assessing for such links arguably combines the above-mentioned coherence in parent survivors' reflection on their childhood emotions and their own parents' capacity, with parent survivors' additional consideration and discussion of how such experiences may impact their parenting with their own child today. Assessing for a multilayered all-encompassing account spanning parent survivors' childhood, caregivers, and current parenting is by all accounts the definition of Parental Reflective Functioning (Fonagy et al., 2002; Luyten et al., 2017; Slade, 2008). However, similar to the importance of recounting childhood trauma with emotional connection, the same could be argued for parent survivors' making meaningful and impactful links between their childhood trauma and current parenting practices. Moreover, when such links are done incoherently, parent survivors may risk being assessed by therapists as having a fixed mindset (Rowe & Leech, 2019; Schiffrin et al., 2019) about their current parenting, rather than a growth mindset (Rowe & Leech, 2019; Schiffrin et al., 2019) by taking responsibility for improving their parenting despite their experiences of childhood trauma.

Assessing for Self-Compassion in Responses on Parenthood. This analysis highlights additional recommendations in MBT research for therapists to assess for PRF via parent survivors' display of self-compassion while discussing their parenting (Dollberg & Hanetz-Gamliel,

2023). Parent survivors may struggle with parental guilt, related to their own suboptimal parenting behaviours, that limits their capacity to adequately consider the feelings and perspectives of others, thereby reducing opportunities for increasing their PRF (Dollberg & Hanetz-Gamliel, 2023; Whisenhunt et al., 2019). Therefore, as parent survivors begin to display self-compassionate responses about their parenting, they may increase PRF by shedding guilt and consequently expanding their capacity to consider the needs and views of their child more accurately and more adequately reclaim their role in addressing their child's needs. Comparatively, self-compassion in this case may share similarities with the concept of self-forgiveness (Maynard et al., 2023; Woodyatt et al., 2017), as doing so may similarly resolve feelings of guilt that may distract parent survivors from gaining a wider perspective outside of themselves. Arguably, practicing self-forgiveness may be an act of parenting towards themselves that they failed to receive from their own parents. Finally, such acts of self-compassion may specifically support parent survivors to shift out of a psychic equivalent mode, where inappropriate levels of guilt and fear inaccurately attribute severe harm to reasonably saying no to their child.

Assessing Parent Survivors' Responses to Child

Lastly, this analysis of assessment concludes by examining aspects of parent survivors' responses to their child, as MBT research recommends therapists assess this area when determining increases in PRF (Asen & Fonagy, 2014; Camoirano, 2017; Dollberg & Hanetz-Gamliel, 2023; Suchman et al., 2010). Specifically, the following research themes in MBT literature point therapists toward assessing shifts in parent survivors' responses from self- to child-focused (Camoirano, 2017; Dollberg & Hanetz-Gamliel, 2023; Suchman et al., 2010); behavioural to emotionally focused (32, 33; 37; and combative to repair-oriented (58; 60; 22). These themes are analyzed individually to expand therapists' understanding of the potential implications on PRF of these processes.

Shifts from Self-Focused to Child-Focused. Aligned with patterns found in MBT research, this analysis aims to expand therapists' awareness of the importance of understanding the processes underlying potential shifts in PRF when parent survivors change from self-focused to child-focused in their responses about their child (Asen & Fonagy, 2014; Camoirano, 2017; Dollberg & Hanetz-Gamliel, 2023; Suchman et al., 2010). Common to teleological and pretend non-mentalizing modes, elements of self-focused and isolated inner frames of reference not only act as potential barriers to mentalizing their own caregivers past mental states, but may further impede parent survivors' curiosity, understanding, and compassion towards their child's inner states (Asen & Fonagy, 2021; Dollberg & Hanetz-Gamliel, 2023; Sharp et al., 2020). To attune to parent survivors' shifts from self-focus to child-focus, therapists can concentrate on alternative responses of the parent, such as a focus on their relationship with their child (Asen & Fonagy, 2021; Dollberg & Hanetz-Gamliel, 2023; Sharp et al., 2020). To support shifts from self-focused to child focused, MBT research recommends therapists focus on the positive intentions and parent sensitivity of the parent (Asen & Fonagy, 2021; Dollberg & Hanetz-Gamliel, 2023; Sharp et al., 2020). Comparatively, several concepts of effective mentalizing, such as a not-knowing position, humility, and perspective taking, run parallel to traits required for increased reflective functioning (Asen & Fonagy, 2021; Sharp et al., 2020). However, as children may not be present during therapy with parent survivors, the authenticity and transferability to the relationship with the child outside of therapy may be difficult for therapists to truly know and assess.

Separate-Mindedness, Imagination, & Multi-Dimensionality. Further discussion of assessing PRF continues with an analysis of parent survivors' shifts from a behavioural- to an emotional-view of their child through the application of separate-mindedness, imagination, and multi-dimensionality (Asen & Fonagy, 2021; Dollberg & Hanetz-Gamliel, 2023; Sharp et al.,

2020). Research states that these concepts are core components of PRF needed for parent survivors to engage in mentalizing their child (Asen & Fonagy, 2021; Dollberg & Hanetz-Gamliel, 2023; Sharp et al., 2020), hence they are arguably core areas for therapists to assess within parent's responses to their child. Firstly, therapists may assess for separate mindedness, based on its definition, by observing parents' capability to view their child as having psychological agency, or a separate mind, from the parent (Meins et al., 2001; Sharp & Fonagy, 2008). Secondly, when the concept of separate mindedness is combined with scholars' view that PRF is an act of imagination (Asen & Fonagy, 2021), it may become evident how increased PRF may be assessed through parent survivors' ability to envision the thoughts and emotions underlying their child's behaviours (Slade et al., 2005; Stob, 2019). Finally, as PRF is defined as adaptive, not fixed, this capstone argues that therapists may assess parents' responses to their child for balance and flexibility between the poles of each dimension (i.e., automatic or controlled; self- or other-focused; behavioural or mental states focused; and cognitively or emotionally oriented) (Asen & Fonagy, 2021; Luyten et al., 2020; Sharp & Fonagy, 2008) as an indication of increased PRF.

Repairing Ruptures. Though MBT research highlights for therapists that parent-child conflict is the most common factor in parent survivors' losing their mentalizing stance (Dollberg & Hanetz-Gamliel, 2023), clinical research on MBT fails to consider or discuss how further assessment of PRF could be done through therapists' evaluating parent survivors' ability to repair conflict with their child. This analysis explores definitions, elements, and mindsets of repair. Attached-focused approaches, such as Emotion Focused Therapy (EFT) (Johnson, 2019) and Interpersonal Neurobiology (Siegel & Hartzell, 2014), respectively warn therapists that a child's left-over shame from unresolved parent-child conflict may respectively result in attachment, or toxic, ruptures in a child's secure attachment with their parent. Parenting experts may further inform

MBT therapists that repairing ruptures involves parents' engaging in vulnerability, self-reflection, and attunement with their child (Siegel & Bryson, 2019; Siegel & Bryson 2020; Siegel & Hartzell, 2014). Moreover, traits of PRF that encourage secure attachment in children, such as curiosity of a child's mind state beyond their behaviour and self-awareness to support emotion regulation during parent-child conflict (Camoirano, 2017; Midgley et al., 2017), arguably mirror signs of a mindset that benefits repairing ruptures.

Further discussion of assessing parent survivors' ability to repair parent-child conflict includes critical reflecting on potential links, acts, critiques, exceptions, and benefits of repairing to increased PRF. Furthermore, identified signs of mentalization, such as taking responsibility for one's words and actions, perspective or turn taking, and not-knowing, may also be indicators of a parent survivors' capacity for repairing with their child (Asen & Fonagy, 2021; Sharp et al., 2020). Parenting researchers indicate acts of repair can include taking time away, deep breathes, mental space, changing locations, and physical movement to discharge adrenaline (Siegel & Bryson, 2019; Siegel & Bryson 2020; Siegel & Hartzell, 2014). Although such acts may create cognitive space to mentalize, they may not prevent parent survivors from weaponizing those strategies by using them to justify prolonged dysregulated reactions of pulling away or avoiding (e.g., stonewalling) (Gottman, 2023; Gottman & Gottman, 2024) conflict resolution fueled by their own insecure attachment patterns (Johnson, 2019; Levine & Heller, 2010). However, therapists may note that not all parent survivors display challenges with mentalizing (Borelli et al., 2019; Ensink et al., 2014; San Cristobal et al., 2017), as parent survivors who have developed an earned secure attachment due to protective factors gained later in life, such as education (Karaş et al., 2021), social support (Taylor & Conger, 2017) and personal strengths (e.g., optimism) (Taylor et al., 2022), may exhibit increased PRF through displaying self-awareness and understanding towards their child. Arguably, parents' PRF may increase as capacity for mentalizing

expands due to the benefits of genuinely understanding supporting forgiveness, which may be less fatiguing and socially isolating than carrying resentment that accompanies an inability to repair ruptures in connection with their child.

Chapter 3: Discussion and Applied Practices

In attempting to better understand the MBT processes therapists could use to increase parent survivors' PRF, exploration of the literature has discovered the following themes. Supporting the therapists' mentalizing stance was explored through education on developmental trauma, resilience, and dimensions of PRF; self-reflection on therapists' childhood trauma; and understanding the impacts on parent survivors. Consideration was given to approaches for developing epistemic trust through mutual collaboration, psychoeducation, repair strategies, and systemic approaches. Additionally, analysis was given to the strengths and limitation of enhancing PRF through following parent survivors' lead by exploring parents' perspectives, while pacing discussion of childhood trauma. Moreover, the literature review discussed therapists' approaches for regulating and processing parent survivors' emotions, with special consideration given to systemic barriers for regulation outside of session. Finally, literature on expanding PRF through handling non-mentalizing modes was discussed, and distinct attention was given to assessing parent survivors' responses about their childhood, parenthood, and child for signs of increases in PRF.

This capstone project will now conclude with a discussion and recommendations for clinical practice and future research. The discussion will review the above discoveries, learnings, and limitations found in the literature, as well as this capstone study, guided by the research statements and aims. Thereafter, recommendation for practice will be drawn from the summary of all that was learned from the literature. Based on what was learned, the writer will make critically informed recommendations for what MBT methods therapists could consider or avoid incorporating into their practice, with discussion of ethical and cultural considerations, when working

with parent survivors for the purpose of increasing PRF. Lastly, recommendations for how further awareness of MBT methods and concepts of MBT and PRF through greater inclusion in future research studies will be mentioned.

Discussion

Highlighted Learning & Appreciations from Critical Review of the Literature

When exploring learnings, this discussion first acknowledges that overall aim of this capstone was to increase therapist's understanding of MBT approaches for increasing parent survivors' parental reflective functioning (PRF). The first research statement of this capstone primarily sought to achieve this goal by aiming to increase understanding of the MBT processes therapists could use to increase parent survivors' PRF. This was arguably accomplished by highlighting MBT practice themes and approaches for addressing low PRF among parent survivors found in the literature. Key examples include expressing confusion towards pretend non-mentalizing; understanding that self-mentalizing is more impactful on PRF than child-mentalizing; and the importance of supporting self-compassion and forgiveness among parent survivors. Moreover, critical analysis of the literature appreciably expanded, normalized, and validated such approaches and understandings, making them more concrete and legitimate guidelines for practice with parent survivors. The results of the second research statement, (i.e., examining the clinical application and trauma-informed evaluation of MBT approaches towards establishing trust and processing trauma with parent survivors), highlight a learning appreciated in the current literature, which is that following parent survivors' lead in discussing their childhood trauma and making links to their parenting may decrease defensiveness while building trust and therapeutic rapport. The third and final research statement, (i.e., developing understanding of the therapeutic methods MBT uses to support parent survivors to increase their mentalization of their child's

painful emotions), drew out further appreciation for approaches for increasing PRF, such as using the non-mentalizing modes and dimensions to orient therapists in session to support shifts in poles from parent-focused to child-focused.

Limitations of the Capstone Project as a Research Study

This capstone project is not without limitations as a form of research study on the literature analyzed and discussed. Firstly, the research used in this capstone drew upon secondary sources (e.g., research summaries) and tertiary sources (e.g., clinical textbooks) to provide a theoretical analysis of MBT concepts and approaches used with parent survivors, rather than clinical trials. A potentially significant limitation of these sources was they illustrated use of MBT approaches discussed through providing case study examples written by the authors based on fictional blends of fabricated dialogue between therapist and client dialogue, rather than having first-hand access to primary sources (e.g., clinical trials) to determine the realistic success of implementing MBT approaches with parent survivors in clinical practice. Moreover, due to the majority of research being based on mothers, with a lack of focus on cultural background, the generalizability of the findings discussed in the analysis of the literature may exclude both male-identified and culturally diverse parent survivors. Finally, as previously mentioned, since this capstone project as a study was focused on understanding the role of MBT approaches on increasing PRF among parent survivors, factors such as genetics and peer involvement which can influence how children develop into adults (Siegel & Hartzell, 2014), were overshadowed by the primary focus of this capstone on the parent-child relationship.

Addressing the Study Problem & Contributions to the Literature

The study problem of this capstone was expanding understanding of the processes underlying MBT approaches for increasing PRF among parent survivors. This was addressed via a

comprehensive review and critical analysis of approaches within each of the thematically identified practice areas for supporting PRF among parent survivors. Lasting contributions to the literature of this capstone project may include a basis for future researchers of PRF and parent survivors to build upon. Moreover, an additional contribution may include the highlighted importance of the role interpersonal repair of conflict and attachment injuries play in increasing PRF, and arguably maintaining any family, or otherwise interpersonal, relationship.

Consistencies & Unexpected Results in the Literature

This discussion concludes with a description of consistencies and unexpected results in the existing research. Consistently, research across all literature explored highlighted that learning to attunement to one's child may be facilitated and/or enhanced through the experience of attunement from a therapist or a trusted other (Dollberg & Hanetz-Gamliel, 2023). An unexpected result found in the literature was learning that parent survivors mentalization of their children increased more via self-mentalization than by child-mentalizing (Suchman et al., 2010). For example, contrary to what was expected, Suchman et al., (2010) found that only self-mentalization was linked to maternal behaviours, not child-mentalizing. Moreover, despite the challenges a parent may have experienced in their childhood, how parents understand their childhood experiences, and the subsequent impacts on their parenting, appear to matter more than the occurrence of the nonideal experiences unto themselves (Dollberg & Hanetz-Gamliel, 2023; Siegel & Hartzell, 2014).

Recommendations for Practice

Clinical Considerations

The Time Trust Takes. Having reviewed the MBT approach for addressing epistemic trust through psychoeducation to build epistemic trust, MBT also recommended adding to, in-

stead of interpreting or disproving, the parents' perspective or thought process can assist in overcoming defensive opposition, further lessening the possibility of a hypervigilant and/or rigid response (Asen & Fonagy, 2021; Dollberg & Hanetz-Gamliel, 2023). Arguably, this approach normalizes and honours, rather than demonizes and pathologizes, the lived experience and knowledge base a parent draws from. Moreover, it arguably acknowledges and empowers the inner resources and expertise of the client to autonomously determine what proves useful to them, rather than placing parents in a victim role where they are expected to blindly trust and adopt information based alone on the power imbalance that perpetuates the modernist perception of the therapist as an unquestionable expert. Furthermore, the gradual process possibly normalizes that establishing trust is built, not given, especially when a history of childhood trauma (i.e., trust violations) is present. Moreover, it illustrates the point made about trauma work that slower is faster (personal communication, January 2022, Jude Marleau). Lastly, an underlying strength of this approach is that it potentially questions the assumption that trust between therapist and client is unconditional, which risks therapists unjustly labeling parent survivors as resistant, unwilling, or even defiant, when in fact the parameters for building adequate trust have not yet been met.

The Risks of Relying on Therapist Accountability for Repair. Having explored repair strategies for building epistemic trust with parent survivors, an analysis of the potential risks of therapists taking responsibility for misunderstandings as a repair strategy lacks consideration in the research available. One consideration is how this approach might work with parent survivor clients who take an all-knowing approach or present with characteristics of arrogance, abusiveness, or grandiosity in their thinking patterns. In such circumstances, by therapists taking full responsibility for misunderstandings they might risk enabling, rather than repatterning, a client's thoughts and beliefs. Moreover, Gottman Therapy identifies that responding to defensiveness with apologizing, or backing down, may risk reinforcing patterns of defensiveness (Gottman,

2023; Gottman & Gottman, 2024). Concerningly, if parents were to then expect similar treatment from their children, this approach would set up a pattern of parentification; where roles are reversed, and the child becomes the caregiver to the parent's needs (Hendricks et al., 2021; Masiran et al., 2023). Accordingly, a therapist always apologizing for misunderstandings may have the opposite effect than desired on parent survivor's defensiveness.

Considerations of Systemic Approaches for Low Epistemic Trust. Although MBT research has identified approaches for managing parent survivors' suspicions, dismissal, and distrust of the effectiveness of MBT techniques and therapists' intentions, and strategies for therapists to manage their own mentalizing stance in the face of low epistemic trust, further clinical attention may be merited for systemic consideration for approaches to managing low epistemic trust. Notably, therapists might further contextualize potential systemic and social impacts on parent survivors to better understand their level of epistemic trust. For instance, therapists might strive to increase a parent's epistemic trust by expanding the therapist's awareness of the parent's history of working with professionals as a parent, and possibly even across throughout their lifespan. One look in this area might overturn justified reasons for distrust of professionals, such as social workers, from fear of involvement resulting in their child being removed from their guardianship.

Moreover, given most of the research has been on mothers (Dollberg & Hanetz-Gamliel, 2023; Karakaş et al., 2021; Köhler-Dauner, 2023), it may be important for therapists to be aware of prior experiences, and potential perpetuation, of parental shaming and mother blaming when considering contributors of client distrust. Finally, although mental health stigma may be decreasing in western society (Pescosolido et al., 2021), shame may still be present when discussing links between childhood trauma and mental health issues.

Challenges with The Waiting Game. Having discussed approaches for therapists to allowing mentalization ability to grow at parents' own pace, restricting therapists to only making tentative links between childhood and parenthood, and otherwise stepping back to allow a parents' mentalizing ability to develop naturally, may set up a variety of potential conflicts for both therapists and parent survivors. First, this approach may conflict with MBT's active intervention of scaffolding psychoeducation to build on parent survivors' knowledge of impacts of childhood trauma on parenting (Corriveau et al., 2009; Dollberg & Hanetz-Gamliel, 2023). Moreover, this approach is similar to a control group in an experiment not receiving any intervention at all (Cooper, 2023). Though in some ways this is an extreme version of person-centered therapy's perception that all clients need to change is an environment of unconditional positive regard (Jones-Smith, 2016; Prochaska & Norcross, 2018). However, this view risks disregarding not only principles and interventions of motivational interviewing, but potentially ignores over 30 years of research by the Gottman Research Institute that has identified corrosive patterns (e.g., contempt and defensiveness), and their antidotes (e.g., psychoeducation and skill building) in couples and marriages that can predict the likelihood a relationship will dissolve with a 91% accuracy rate (Pooyen, 2024). Although such interventions have been targeted at couples, the same problematic and resolving patterns of communication could arguably be respectively harmful and beneficial for parent-child dynamics as well. Conversely, a wait and see approach suggested by MBT fails to address parent survivors potentially underdeveloped insight (Karakas et al., 2021; Kim, 2015; Midgley, 2017) communication skills (San Cristobal et al., 2017), and self-regulation competencies (Kim, 2015; Midgley, 2017) often impacted by childhood maltreatment.

Ostensive Cueing. Having analyzed the literature on the use of ostensive cueing for up-regulating and down-regulating parent survivors' emotional arousal, further consideration can

now be given to clinical applications. As child maltreatment has been associated with hyperarousal towards perceived judgement and rejection (Fonagy et al., 2015), MBT therapists may consider becoming adept at ensuring their non-verbal signals intentionally communicate empathy and understanding towards parent survivors as authentically as possible, especially during vulnerable conversations about childhood. Additionally, despite MBT research recommending therapists' use physical characteristics through ostensive cueing to regulate parent survivors' emotions (Sharp et al., 2020; Fonagy & Allison, 2014), there lacks discussion of therapists teaching, and provide experiences of, physiological self-regulation strategies. Arguably, lacking inclusion of physiological strategies for self-regulation, such as through breathwork (e.g., prolonged exhales) (Townsend, 2023), the senses (e.g., Erickson's 5-4-3-2-1) (Jones-Smith, 2016); and exercise (e.g., lifting weights) (Oaten & Cheng, 2006), MBT therapists may risk disempowering parent survivors to be dependent on therapists for regulation both in and out of session Hoffman, 2014; Soma et al., 2020). Moreover, failing to explore physical approaches for self-regulation limits opportunities for parent survivors to increase self-awareness (i.e., self-mentalizing) by reflecting on, or discovering, what each parent personally finds effective for regulating their emotions both in session and, most importantly, when parenting.

Ethical Considerations for Practice

Risks of Reflective Supervision for the Therapist's Mentalizing Stance. Despite the strengths of reflective supervision identified in the research, upon analysis, it is not without potential ethical risks and practice limitations for therapists' mentalizing stance. For instance, due to welcoming therapists to openly discuss triggers arising with clients, for therapists with childhood trauma, the literature lacks clarity on how ethical boundaries would be established and maintained to prevent those of a supervisor and supervisee from becoming that of a counsellor and client (Fitzgibbons et al., 2018; Heffron et al. 2016). Hence, research remains unclear about

the practice guidelines, such as frequency of follow-up sessions, for supervisee and supervisor discussing, and potentially processing, a therapist's childhood trauma in individual supervision (Fitzgibbons et al., 2018; Heffron et al. 2016). Moreover, the potential risks to the capacity of a therapist's mentalizing stance from opening childhood wounds between their sessions with parent survivors are also not addressed (Fitzgibbons et al., 2018; Heffron et al. 2016). In a group supervision context, further questions remain regarding the suitability of reflective supervision to create a safe and contained environment for therapists to openly share their reactions about clients, given the unpredictable mentalizing stances of the other supervisees. Finally, due to the primarily cognitive focus of reflective supervision (Fitzgibbons et al., 2018; Heffron et al. 2016), it may lack opportunities for therapists to process somatic reactions from childhood trauma held in the body (Van der Kolk, 2014) that may detract from the therapists mentalizing stance.

Risks of Nonjudgmental Acceptance. Despite the potential advantages of facilitating space to process all emotions that may surface in therapy for parent survivors, research neglects to address cautions that may be worth consideration. Due to the acceptance of a full range of emotion, there could be concern that parent survivors' expressions of anger and resentment from childhood trauma could manifest in the form of rage during individual or family sessions. Concerningly, MBT research lacks discussion of strategies for balancing the acceptance of emotions with the containment of dysregulation for the purpose of protecting and maintaining the psychological and physical safety of those present with the parent, be they a child, spouse, and/or therapist (Lieberman et al., 2011; Midgley et al., 2017; Slade, 2008). Such safety measures not discussed in literature include the incorporation of containment strategies, such as practicing timeouts or breaks during session, to support parents to become emotionally regulated. Moreover, such discussions could also include parent survivors' developing consideration and respect for the emotional, psychological, and physical boundaries of others. Finally, MBT research does

not mention how therapists using this approach may guide parents through the process of processing their feelings, especially special consideration for how to end therapy sessions in ways that allow parents to reengage in the world in a regulated state (Lieberman et al., 2011; Midgley et al., 2017; Slade, 2008).

Ethical Considerations for Treating Parent Survivors. Research signals that parent survivors most often connect with counselling not for themselves, but for the treatment of their children (Dollberg & Hanetz-Gamliel, 2023). Consequently, ethical issues may be considered regarding counsellors influencing and/or attempting to treat parent survivors seeking treatment for their children. As simply raising the topic a parent's childhood history may do harm to parent survivors, as linking the child's behaviour to influences from the parents' childhood maltreatment may risk taking advantage of the therapist's position of authority to do so. In comparison, would a therapist ask a survivor of sexualized assault to tell the therapist a bit about the client's sexual history when knowing how triggering this could be for the client? Similarly, asking a parent survivor about their childhood history could be potentially triggering, as it may insinuate that the reason their child is misbehaving is based on the parents upbringing. Though this may be the case (Dollberg & Hanetz-Gamliel, 2023), raising the topic may risk the therapist attempting to coerce the parent into becoming a client, when the parent is not seeking therapy for their upbringing, but support for their child with the current behavioural challenges the parent is experiencing. Ensuring that therapists remain clear on who their client is, and what therapeutic services parent survivors are consenting to when seeking counselling for their child, may involve respecting the parent's autonomy to determine what therapeutic services they respectively access for themselves and their child.

Practical Considerations

A Potential First Step in Regulating Parent Survivors Emotions. In addition to being an initial intervention for enhancing mentalization and empowering parent survivors, following a parent's lead by exploring their perspective on their child's behaviours may arguably also be a first step in regulating a parent's emotions. For instance, a parent survivor's capacity to mentalize may expand when emotionally regulated (Asen & Fonagy, 2012; Bateman & Fonagy, 2016). Additionally, further regulating effects may result from increased dopamine production when parent survivors are given the opportunity to share their perspective (Simonyan et al., 2013), rather than listen to the perspective of the therapist. Furthermore, creating space for parents to share their perspective on their child's behaviour, prior to finding relevance in discussing potential parenting links to their own childhood, may put parents at ease by appropriately aligning with their stage of change (e.g., precontemplation) (Perron & Lee, 2018).

Practical Limitations of Following a Parent's Lead on Discussing Childhood

Trauma. For therapists, not talking about childhood links to trauma may reinforce discomfort therapists may already feel with the risk of shaming parent survivors, rather than normalizing by first explaining the purpose of questions is part of the intake and why understanding links to childhood are important (Asen & Fonagy, 2021; Dollberg & Hanetz-Gamliel, 2023). For parent survivor clients, if MBT therapists are following recommendations to allow parents' mentalizing ability to evolve that the parents pace, questions remain regarding the suggested timelines and sustainability of costs for treatment parent survivors can expect for attending therapy in private practice settings. Moreover, parent survivors paying out-of-pocket for treatment to talk about their perceptions of their child's problem may not feel they are actually moving in the direction of increasing PRF directly, but more indirectly through experiencing empathy, understanding, and validation from the therapist.

Monitoring Parent Survivors' Emotional Arousal. Monitoring a parent survivors' emotional arousal may draw similarities to skill of immediacy (Jones-Smith, 2016; Prochaska & Norcross, 2018), as therapists are challenged to draw upon what is happening in the moment for clients, and adjust the depth, pace, and direction of the discussion as needed. Potentially, such attuned navigation of discussion of childhood may pair well with MBT approaches of following the parents' lead and collaborative conversations for attuning to, and collaboratively shifting discussion towards, client regulation for optimizing development and maintenance of mentalization in session. Finally, harnessing the self-awareness of the therapists mentalizing stance and the processing space of reflective supervision may decrease a therapists' own associations with childhood maltreatment from distracting from their attunement to parent survivors during exploration of clients' childhood trauma.

Working with Parent Survivors. The research presented and analyzed in this capstone project has greatly informed the writer's current practice with parent survivors in an alternative public education setting. The insight, orientation, and normalization gained from understanding the potential patterns, domains and categories of non-mentalizing and parental reflective functioning among parent survivors has informed, and arguably will continue to inform, the writer's practice with parent survivors. Moreover, learning of the non-judgemental and validating elements of reflective supervision has affirmed the practice sustaining patterns already present in the writer's workplace. Learning this has expanded the writer's conviction to continue to normalize and validate colleagues' challenges to navigate survivors' non-mentalizing modes.

Cultural Considerations for Practice

Empathy to the Inner Child. In the approach of providing empathy to the inner child for supporting with processing parent survivors' emotions, MBT literature lacks discussion of cultural differences between therapists and clients that may hinder therapists' accurate imagination

of parent survivors' childhood emotions or lived experience (Asen & Fonagy, 2021; Dollberg & Hanetz-Gamliel, 2023). Moreover, how to address such missing cultural pieces; potential impacts on the therapeutic alliance; and repairing potential ruptures to the therapeutic relationship from inaccurate assumptions by the therapist, may warrant further consideration (Asen & Fonagy, 2021; Dollberg & Hanetz-Gamliel, 2023; Seigel et al., 2021).

Following a Parent's Lead. Following parents' lead may have cultural strengths and potential conflicts. For parents with a euro-western cultural background and permissive parenting style, they may respond well to the non-expert approach of following their lead by decreasing their defensiveness (Dollberg & Hanetz-Gamliel, 2023; Fonagy & Allison, 2014; Sharp et al., 2020). However, clients of non-western cultural backgrounds, such as Latin America, may be looking for therapist to step into the expert role (Arthur, 2018; Jones-Smith, 2016); challenging the suitability of using the following the parent's lead approach with parents of cultural groups where therapists are expected to provide expert advice.

Socioeconomic Considerations: Ableism. In considering socioeconomic factors in applications to practice, cultural bias towards ableism in the form of assuming normative cognitive capacity may be considered. Given the significance of making mentalization theory understandable for fostering epistemic trust, therapists may consider adapting psychoeducation to accommodate cognitive barriers, such a parental stress (Lange et al., 2019; Steele et al., 2016), which may impact client's capacity for higher level cognitive understanding (Siegel & Bryson, 2019; Siegel & Bryson 2020; Siegel & Hartzell, 2014). However, further research may be required to determine if MBT is suitable for parents of various complex developmental learning abilities and needs (e.g., Autism Spectrum Disorder, Down Syndrome Disorder, etc.).

Recommendations for Future Research

Parental Reflective Functioning & Gender Differences

Dollberg and Hanetz-Gamliel (2023) found that parenting for both mothers and fathers can be impacted by unresolved childhood trauma. However, this capstone recommends future research explores what differences may exist, if any, to ensure the effective application of MBT to each gender for increasing PRF and processing childhood trauma. Additionally, research has not given attention to MBT's role in increasing the PRF of transgender parent survivors. Hence, future research may increase understanding of factors and considerations for when applying MBT with transgender parent survivors.

Mentalization-Based Therapy & Single Parents

Research indicates that single parent survivors may particularly benefit from the supportive and resilience building effects of increased PRF (Karakas et al., 2021). However, research on MBT is lacking about what important factors may be considered when applying MBT in a 1:1 therapeutic setting to increase PRF in single parent survivors. Therefore, this capstone recommends future research give attention to increasing understanding of how MBT may be tailored to address the unique needs of single parents with childhood trauma histories in individual and family therapy.

Conclusions

Overall, this capstone project is but one small contribution to the literature by further expanding understanding of MBT approaches for addressing the potential for low PRF among parent survivors of childhood abuse. From this research project, it was learned that many contributing factors may play a role in therapists' supporting the development and maintenance of parent survivors parental reflective functioning. Just as not all parent survivors may low PRF, not all approaches for increasing PRF may be foolproof in support PRF in every parent. The ongoing

assessment and personalized attunement to each parent and their unique level of PRF based on their own resiliencies may need to be considered.

Nevertheless, there are conclusions from this project stand out among others. Firstly, parents' understanding of their childhood may play a larger role in their capacity to attune to their children than their childhood experiences alone. This finding arguably sheds light on the potential path for all parent survivors, regardless of age, to feel empowered and hopeful that attuned relationships with their children, and themselves, are possible with the support needed to look back on their childhood, not to dwell, but to understand. Secondly, this capstone is one step closer to supporting research and practitioners to de-pathologize parent survivors who may struggle to parent their children in regulated and secure ways. In a culture where mother and parent shaming may remain common place, the approaches discussed in this capstone, especially expanding the therapists' mentalizing stance through understanding of the polls and domains of mentalizing, may orient researchers and practitioners to seek to better understand, rather than judge, parent survivors who may become lost in defensive strategies based on patterns of inter-generational trauma if not given opportunities to learn how to attune to their children from receiving it first from a therapist, and finally from themselves. One factor in the path forward towards ending cycles of childhood trauma may be in the hands of parents, and hopefully this capstone provides clarity of the strengths and limitations of MBT approaches for enhancing PRF that future therapists and researchers can use to support parent survivors on their path there.

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