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LONG-TERM EFFECTS OF MENTALIZATION-BASED TREATMENT IN PATIENTS WITH VARIOUS PERSONALITY DISORDERS: A THREE-YEAR FOLLOW-UP STUDY

Background

Personality disorders (PDs) are chronic conditions marked by maladaptive behavior and inner experience, causing impaired functioning and high societal burden. Core vulnerabilities include early adversity, insecure attachment, epistemic mistrust, and impaired mentalizing.

Mentalization-Based Treatment (MBT) is well-established for BPD, with growing evidence for other PDs, but long-term outcomes beyond BPD remain underexplored. This study examined whether symptom improvements and mentalizing gains are sustained 3 years post-treatment, and whether outcomes differ between BPD and other PDs.

Methods

This study was a naturalistic follow-up, in which 21 of the original 46 participants were assessed 3 years after completing an 18-month outpatient MBT program.

Outcome measures

- Primary outcome: OQ-45.2 (psychiatric symptoms)
- Secondary outcomes: SIPP-SF (personality functioning), SF-36 (general health)
- Mentalizing capacity: TAS-20 and TAT

Statistical analyses

Data were analyzed using multilevel mixed-model and repeated measures analyses.

Results

Change over time

Psychiatric symptoms: Symptoms decreased significantly both during treatment and in the 3-year follow-up period (Cohen's $d = 1.77$).

Personality functioning: Significant improvements were found in Self-Control, Identity Integration, Responsibility, and Social Concordance (SIPP-SF). Gains were maintained and partly continued during the 3-year follow-up, with large effect sizes (Cohen's $d = 1.06$-1.76).

Interpersonal & Social Functioning: Interpersonal and social functioning improved significantly from baseline to 3-year follow-up across all measures, with large effect sizes (Cohen's $d = .80$-1.54). Improvements continued during follow-up, particularly in interpersonal relationships (OQ-45.2, SIPP-SF, and SF-36).

Mentalizing capacity: Significant improvements were observed on the TAS-20 and TAT-subscales Complexity of Representations of People (TAT), Understanding of Social Causality (SC), and Emotional Investment in Relationships (EIR) during treatment. Improvements on the TAS-20 and on TAT-EIR continued significantly during the 3-year follow-up. Effect sizes were large for TAT-EIR (Cohen's $d = 2.05$) and TAT-SC (Cohen's $d = 1.65$) (Figure 1).

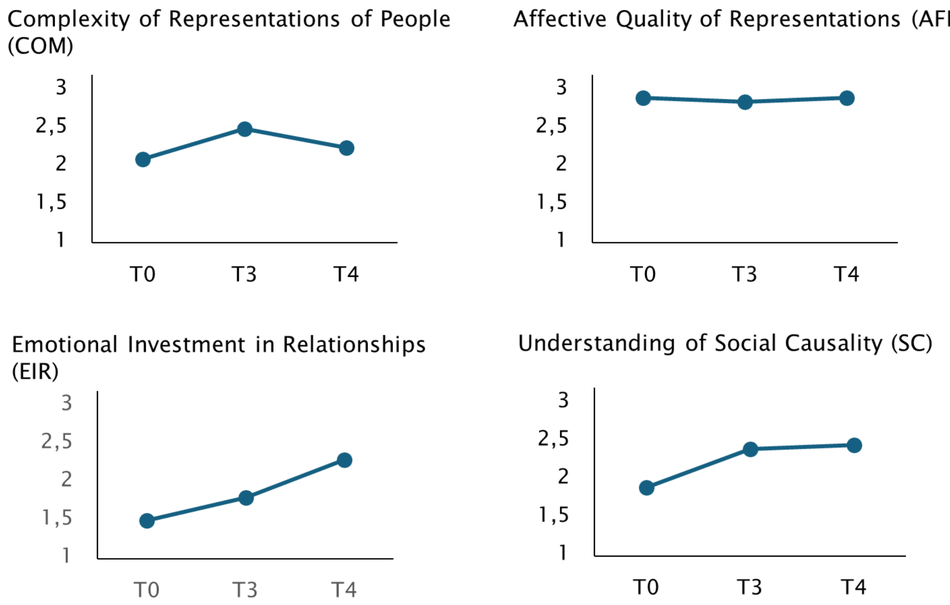

Figure 1: TAT-Scores at Baseline, Post-treatment, and 3-year Follow-up

	T0 (N = 46)	T4 (N = 21)
Gender, n (%)		
Male	15 (31,9)	5 (23,8)
Female	31 (68,1)	16 (76,2)
Age, M (SD) in years	31,68 (9,4)	32 (8)
Type of personality disorder, n (%)		
Paranoid PD	1 (2,1)	1 (4,8)
Narcissistic PD	1 (2,1)	1 (4,8)
Borderline PD	25 (55,3)	12 (57,1)
Avoidant PD	10 (21,3)	4 (19,0)
PD NOS	9 (19,1)	3 (14,3)

Table 1: Characteristics of Participants at Baseline and Follow-up

BPD vs Non-BPD

Significant improvements were observed on the OQ-45.2 Total for both BPD and Non-BPD between baseline and follow-up, with large effect sizes for both groups (Figure 3).

However, significantly greater improvements in the BPD group (Cohen's $d = 2.73$) than in the non-BPD group (Cohen's $d = 1.01$) ($F(109.58) = 3.48$, $p = .010$).

Assessment intervals
T0 = Baseline (treatment start)
T1 = 6 months of treatment
T2 = 12 months of treatment
T3 = Post-treatment (18 months)
T4 = 3-year follow-up

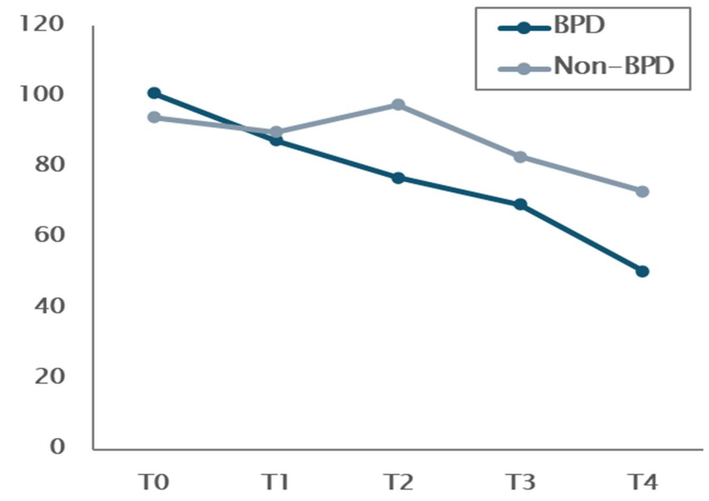

Figure 2: Change over Time on the OQ-45.2 Total for BPD and Non-BPD

Discussion

This naturalistic study showed sustained symptom reduction and improvement in functioning up to 3 years after MBT, with continued gains post-treatment in emotional regulation, mentalizing, and life stability.

Findings suggest that enhanced mentalizing is a mechanism of change and supports ongoing change beyond therapy.

Recovery was significant and effect sizes were large in both groups. The course of recovery differed by group:

- BPD: steady improvement
- Non-BPD: initial distress increase, then slower recovery

Despite limitations (small sample, no control group), results indicate lasting, transdiagnostic benefits of MBT, with mentalizing as a key mechanism of change.

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Conclusion

- MBT results in sustained improvements in functioning across various personality disorders. Effects were strong for both BPD and Non-BPD.
- Enhancements in mentalizing capacity appear to contribute to these outcomes, underscoring the potential of MBT as a transdiagnostic intervention.