

The Effectiveness of Mentalization-Based Therapy for Autism and Attachment Difficulties

Paul M. Berkes

Department of Behavioral Sciences, Freed-Hardeman University

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Mentalization, or reflective functioning, enables individuals to understand their own thoughts and feelings, as well as those of others (Costa-Cordella et al., 2023). Mentalization increases one's ability to reasonably predict the behaviors of others, creating a sense of security in social interactions. Neurobiological research identifies the neural mechanisms underlying mentalization. Individuals with autism spectrum disorder (ASD) show diminished neural responses to social stimuli involved in mentalization. Developing mentalization skills is possible for individuals with ASD and improves social functioning and attachment security. Epistemic injustice is the way individuals on the autism spectrum are discredited based on the prejudices of others or a lack of familiar language to help them be understood (Malberg et al., 2024). Individuals with ASD have low self-awareness and interpersonal effectiveness, which contributes to societal misunderstanding. Misunderstanding autism leads to discrimination in education, employment, healthcare, and socialization. The dismissive nature of discrimination leaves individuals with ASD feeling isolated and helpless. Attachment therapy and mentalization-based therapy (MBT) yield effective results for autistic individuals who struggle with depression, a common comorbidity. Despite problems in understanding social cues and interpreting facial expressions, MBT is effective in increasing mentalization skills in individuals with ASD and their caregivers.

Individuals on the autism spectrum prefer structured activities with clear rules in group settings (Krämer et al., 2021). Unlike cognitive-behavioral therapy (CBT), which is already known to be effective, MBT does not include scheduled topics, homework assignments, or role-play. MBT is modified for ASD (MBT-ASD) by using MBT for groups (MBT-G) and adding a structured four-session orientation process, rather than the brief psychoeducation provided in

conventional MBT. Individuals with ASD struggle to accurately identify and differentiate between mental states in themselves and others (Costa-Cordella et al., 2023). Mentalizing is assessed using the Movie for the Assessment of Social Cognition (MASC). The 15-minute film measures difficulties in reading facial expressions. The Toronto Alexithymia Scale (TAS-20) assesses limitations in emotional expression. To reduce stress among clients with ASD, emphasis is placed on the client-therapist relationship. MBT-ASD establishes a secure therapeutic relationship which lasts throughout treatment. MBT-ASD is designed as a 20-week group which clients can repeat if clinically indicated. Participants of MBT-ASD report increased optimism about the treatment from the first session onward. The Helping Alliance Questionnaire (HAQ) is administered before and after the MBT-ASD intervention to assess the effectiveness of treatment. MBT-ASD emphasizes interpersonal relationships and helps individuals manage social challenges (Krämer et al., 2021).

Caregivers of children with ASD struggle to respond during play due to atypical social cues, making it difficult to recognize the child's needs and intentions (Stefanaki et al., 2023). Compared to caregivers of neurotypical children, they are less spontaneous and more directive. Direct parenting inhibits the natural engagement found in non-directive approaches and reduces the likelihood that children will share their experiences. MBT-ASD uses a format which includes caregiver participation (Krämer et al., 2021). Mentalization helps caregivers use their attachment relationship to assist their children in regulating emotions, leading to an increased ability to make sense of their thoughts and feelings and increase social engagement. MBT proposes attachment relationships are central to child development, including a child's ability to understand mental states (Costa-Cordella et al., 2023). Any disruption in attachment hinders the development of a child's capacity for mentalization and a strong sense of self. Case histories indicate children with

attachment difficulties who are adopted from institutions with inadequate care demonstrate elevated levels of autistic traits (McKenzie & Dallos, 2017). Neural responses involved in mentalization are diminished in individuals with ASD, which contribute to disruption of attachment security with caregivers and increased stress in autistic individuals and their caregivers.

The safety and proximity provided by caregivers influence the type of attachment infants develop with them (Stefanaki et al., 2023). Caregivers with a history of mental health problems are more likely to have attachment difficulties with their autistic children (McKenzie & Dallos, 2017). More than 50% of caregivers of children with ASD experience mental health problems, and they are at increased risk of hospitalization for mental health disorders. Mental health issues arise due to exhaustion related to the emotional demands of raising a child with ASD (Stefanaki et al., 2023). A factor which increases the risk of insecure attachment is the caregiver's own attachment to their caregiver. Parents of autistic children are frequently exposed to childhood trauma and abuse (McKenzie & Dallos). Exposure to early childhood abuse in women is associated with an increased likelihood of having a child with ASD. Parenting autistic children comes with a unique type of stress associated with maladaptive behaviors and a lack of emotional feedback (Stefanaki et al., 2023; McKenzie & Dallos, 2017). Caregivers who experience childhood trauma and abuse often lack the attunement needed to adapt to the differences in their neurodivergent child's attachment needs.

Formulation is an active treatment plan which prioritizes treatment targets in relation to attachment security measures (McKenzie & Dallos, 2017). The plan is continually modified based on assessments and interventions which meet the needs of clients and their families. Formulation differs from traditional diagnosis and treatment in which it is adaptable to a wide

range of symptoms. Formulation is effective because significant individuals in the client's life are involved in developing strategies for secure attachment, making it easier to identify when attachment behaviors are present in both the client and their caregivers. Formulation enables the observation of self-reinforcing feedback loops, which exacerbate maladaptive symptoms. The dynamics of attachment insecurities and autistic traits are amplified in challenging interactions (Stefanaki et al., 2023). Identifying problematic feedback loops informs interventions, making the formulation process effective in addressing the interpersonal needs of the client and their caregivers (McKenzie & Dallos, 2017). A significant benefit of involving the family in the formulation is the reduction of shame associated with failures to connect. Formulation gives rise to a process which allows for understanding of intentions and provides space to reinforce positive behaviors. The approach helps clients and caregivers move past blame associated with misconceptions about attachment difficulties between individuals with ASD and their caregivers.

There is an ongoing tension in the autism community between viewing autism as a disorder requiring treatment and conceptualizing it as a heterogeneous aspect of human diversity to be respected (Lai et al., 2020). Recognizing and embracing the identity and disability aspects of autism leads to a synthesis of ideas sharing the global objective of increasing support and interventions to improve adaptation and overall quality of life. Achieving this requires collaboration among autistic individuals, their families, service providers, policymakers, and advocacy groups, with a focus on individual and systemic needs. Challenges in social engagement and interpersonal effectiveness have been linked to ASD, beginning in early childhood development (Costa-Cordella et al., 2023). According to the American Psychiatric Association (2022), there are three key areas identified as symptoms causing “clinically significant impairment in social, occupational, or other important areas of life” (p. 57).

Individuals with ASD often have difficulties with social-emotional reciprocity, including unusual initiations in social engagement, trouble keeping conversations going, restricted interest in sharing thoughts and feelings, and reluctance or inability to respond to social interactions (Costa-Cordella et al., 2023). The American Psychiatric Association (2022) states, “autism spectrum disorder is not a degenerative disorder, and it is typical for learning and compensation to continue throughout life” (p. 63). Individuals with ASD demonstrate a lack of non-verbal communication skills needed for social engagement (Costa-Cordella et al., 2023). Symptoms include poor timing in conversation, inability to notice nonverbal cues, unusual eye contact and body language, trouble interpreting and using gestures, and absence of nonverbal and facial expressions. Despite deficits in nonverbal communication, MBT is effective in developing mentalization skills, increasing learning, and compensating for deficits (Malberg et al., 2024). Individuals with ASD struggle to develop and maintain relationships. Deficits appear as difficulties adjusting to change in social situations, challenges with imaginative or pretend play, trouble making friends, and a general lack of interest in peers (Costa-Cordella et al., 2023). Formulation is an effective augmentation to MBT-ASD that allows caregivers to model adaptive relationship skills within a secure attachment context (McKenzie & Dallos, 2017).

There is a link between attachment security and neurodivergent adaptation (Costa-Cordella et al., 2023). The data indicate a need to develop more valid attachment measures for individuals with ASD and other neurodevelopmental conditions. From an evidence-based standpoint, there is a need for stronger study designs and sufficient sample sizes in randomized controlled trials (RCTs) to produce statistically reliable results (Lai et al., 2020). More research will establish clinical guidelines which enhance the benefits of autism treatment and reduce the harmful aspects of existing modalities. The clinical, biological, and etiological diversity among

individuals with ASD, as well as the broader range of neurodiversity, makes it unlikely a single treatment modality will be effective for everyone. Future clinical trials should identify ASD subgroups and analyze the effects of various treatment modalities to tailor interventions more precisely to specific traits within the subgroups. Mentalization-based treatment tailored for individuals with ASD shows promise, particularly when combined with attachment-informed therapy.

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