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« Evaluating mentalizing from childhood to adulthood as a basis for clinical interventions: A generic, pan-theoretical approach »

Mentalizing or reflective functioning refers to the capacity to understand both the self and others in terms of intentional mental states such as feelings, wishes and goals. There is now increasing evidence for the effectiveness and efficacy of a spectrum of mentalization-based interventions that specifically focus on improving mentalizing capacities. These interventions range from intensive hospitalization-based and outpatient treatments for patients with borderline personality disorder to brief interventions for patients with depression and functional somatic disorders and individual and group-based interventions for at-risk parents and children. One of the central features of mentalization based treatments is that interventions are tailored to the individual patient. Therefore, a detailed assessment of mentalizing capacities, and particularly the specific attachment contexts in which these impairments are manifested, may inform the focus of treatment and provide valuable information concerning the type of relationship and associated mentalizing deficits that are likely to develop. In this presentation, I will outline the principles of formal and clinical assessment of mentalizing capacities with the aim to develop a so-called mentalizing profile, i.e., the patient's functioning with respect to the different dimensions of mentalizing, which then may directly inform treatment and serve as a "transference tracer".



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