

## SHORT TERM SCIENTIFIC MISSION (STSM) SCIENTIFIC REPORT

This report is submitted for approval by the STSM applicant to the STSM coordinator

**Action number: CA16102 - European Network on Individualized Psychotherapy  
Treatment of Young People with Mental Disorders**

**STSM title: STSM 7**

**STSM start and end date: 27/01/2019 to 02/02/2019**

**Grantee name: Sibel Halfon**

### PURPOSE OF THE STSM:

(max.200 words)

The aim of the STSM was to learn about new measures of mentalization in order to measure child patients' pre-treatment mentalization levels and in session mentalization processes. Specifically, in my research lab we are using process measures such as the Child Process Q-Set (CPQ; Schneider & Jones, 2006) to rate in session mentalization adherence. Moreover, we use Mental State Talk in Narratives (CS-MST; Bekar Steele & Steele, 2014) to measure pre-treatment mentalization. However, there are limitations to these measures. The CPQ generates a global measure of mentalization that does not assess specific therapist and patient focused mentalization processes.

The first aim of the STSM was to learn about coding in-session reflective function using the Reflective Function Scale. The second aim of the STSM was to consult with the Heidelberg team to find appropriate measures to assess in-session mentalization for child psychotherapy.

### DESCRIPTION OF WORK CARRIED OUT DURING THE STSMS

(max.500 words)

- 1) During the STSM, I initially consulted with the team on the use of in-session Reflective Function scale. We went over child psychotherapy transcripts in order to assess whether in session mentalization could be assessed via the Reflective Function scale. The team showed me examples of their scoring on the narratives. The in-session RF scale has only been used in adult psychotherapy, therefore the technicalities in its application to child psychotherapy were discussed and serious concerns were raised regarding whether it would capture the play based mentalization processes that take place in child psychotherapy.

- 2) Dr. Jana Volkert shared the details of the mentalization study that they are conducting with a group of patients with eating disorders. She has shared the different dimensions of mentalization they assess such as self vs. other, internal vs. external, and cognitive vs. affective poles. We have discussed the possibility of collaborating on a study since we also assess the different imbalances in the mental state talk of children that come to our psychotherapy center using the CS-MST.
- 3) We discussed with Dr. Alessandro Talia the attachment and mentalization studies that he is involved in. Dr. Talia mentioned that he will be starting a project in New York on the assessment of mentalization and attachment using children's story stems. We also code for mentalization using children's story stems in my research lab, therefore a possibility for collaboration was discussed. Dr. Talia and I went over the therapy transcripts that I have, and we have talked about the importance of keeping the child in pretend play and joining the child's pretend play as important indicators of in-session mentalization. Dr. Talia has also expressed interest in having his child play data coded for affect regulation by my research team.
- 4) We have spoken with Dr. Anna Georg on using the RF adherence scale of the CPQ on the parent sessions in the Lighthouse parenting mentalization based group program. We have discussed the possibility of revising the items of the CPQ to capture parent focused psychotherapy and sending it out to experts in the field of parental mentalization and creating an adherence scale that would be applicable to parent therapy sessions. Dr. Georg has also expressed interest in the mental state talk measure that I use and we have discussed applying this measure to the narratives teachers and social workers she trains in the Lighthouse program in order to measure their levels of in-session mentalization.
- 5) I gave a talk on codifying children's affect regulation strategies and mentalization processes in psychodynamic play therapy. At the end of the talk, we have discussed whether the Children's Play Therapy Instrument is a trait measure that assesses children's differential affect regulation strategies based on their demographic and symptomatic characteristics or whether it is a process measure than can be used to investigate gains in affect regulation over the course of treatment.

### **DESCRIPTION OF THE MAIN RESULTS OBTAINED**

- 1) We have decided that because the in-session RF scale is a heavily narrative based measure, it would not be an appropriate measure to adequately assess the in-session mentalization processes that take place in child psychotherapy. Much of child psychotherapy takes place beyond narrative in the play space mutually constructed by the therapist and the patient. A more child psychotherapy specific measure would be needed.
- 2) We have considered generating such a measure taking into account the pretend play processes, child's reflections and spontaneous expressions of emotions in pretend play. I will be in contact with Dr. Talia in terms of the next steps in generating such a measure.
- 3) We have also considered generating an in-session RF measure that would be specific to parent sessions that can also be used in my research lab with the parent sessions we conduct in our clinic. I will be in contact with Dr. Georg in terms of the next steps in this plan.

**FUTURE COLLABORATIONS (if applicable)**

I will be in contact with Dr. Talia and Dr. Georg in generating child and parent specific in-session RF measures. If it can be arranged, Dr. Taubner and Dr. Georg will come to train the therapists in our clinic on the lighthouse program.