

# **Mentalization as a key factor in psychological change: a longitudinal study in clinical population**

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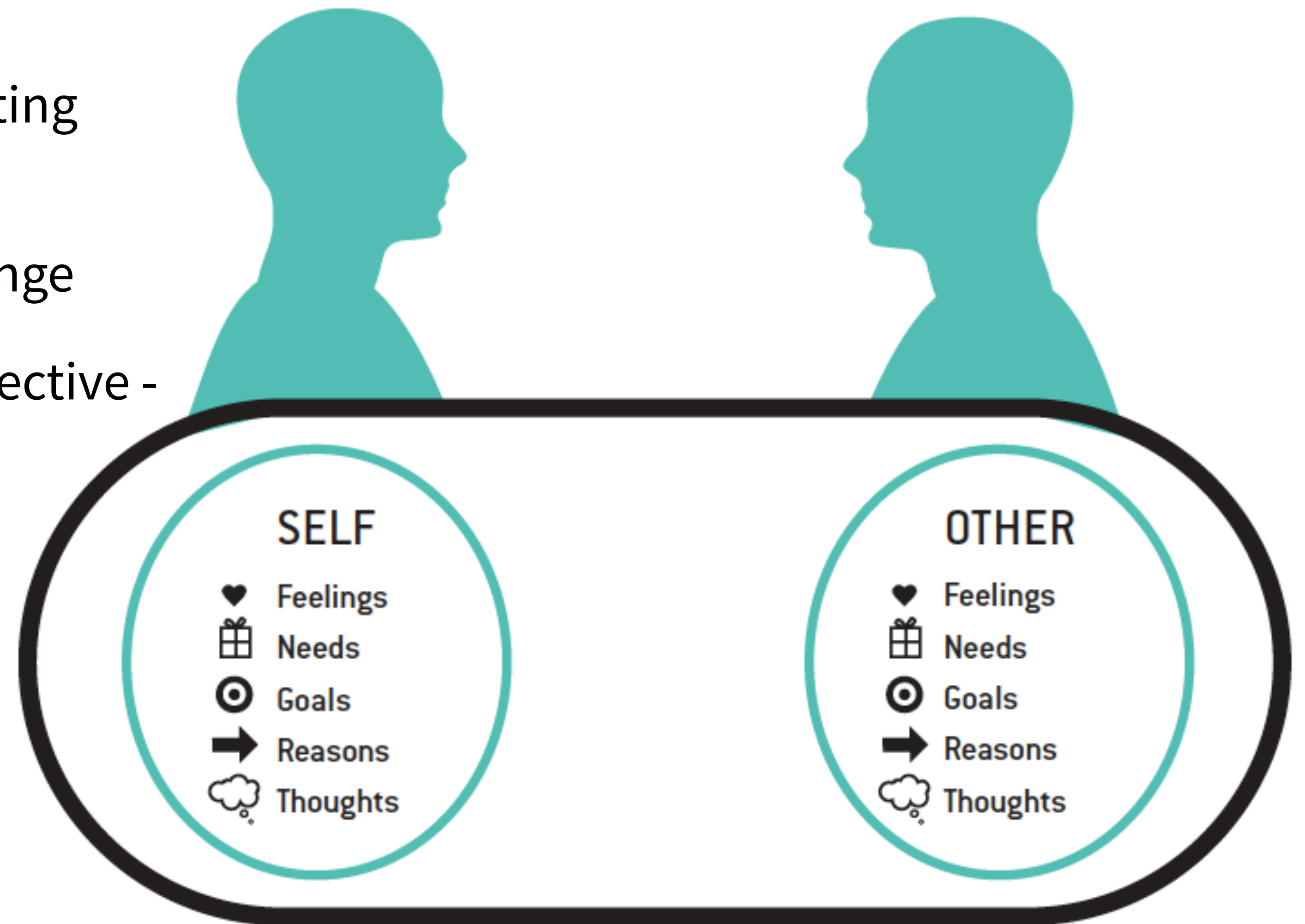
# Outline

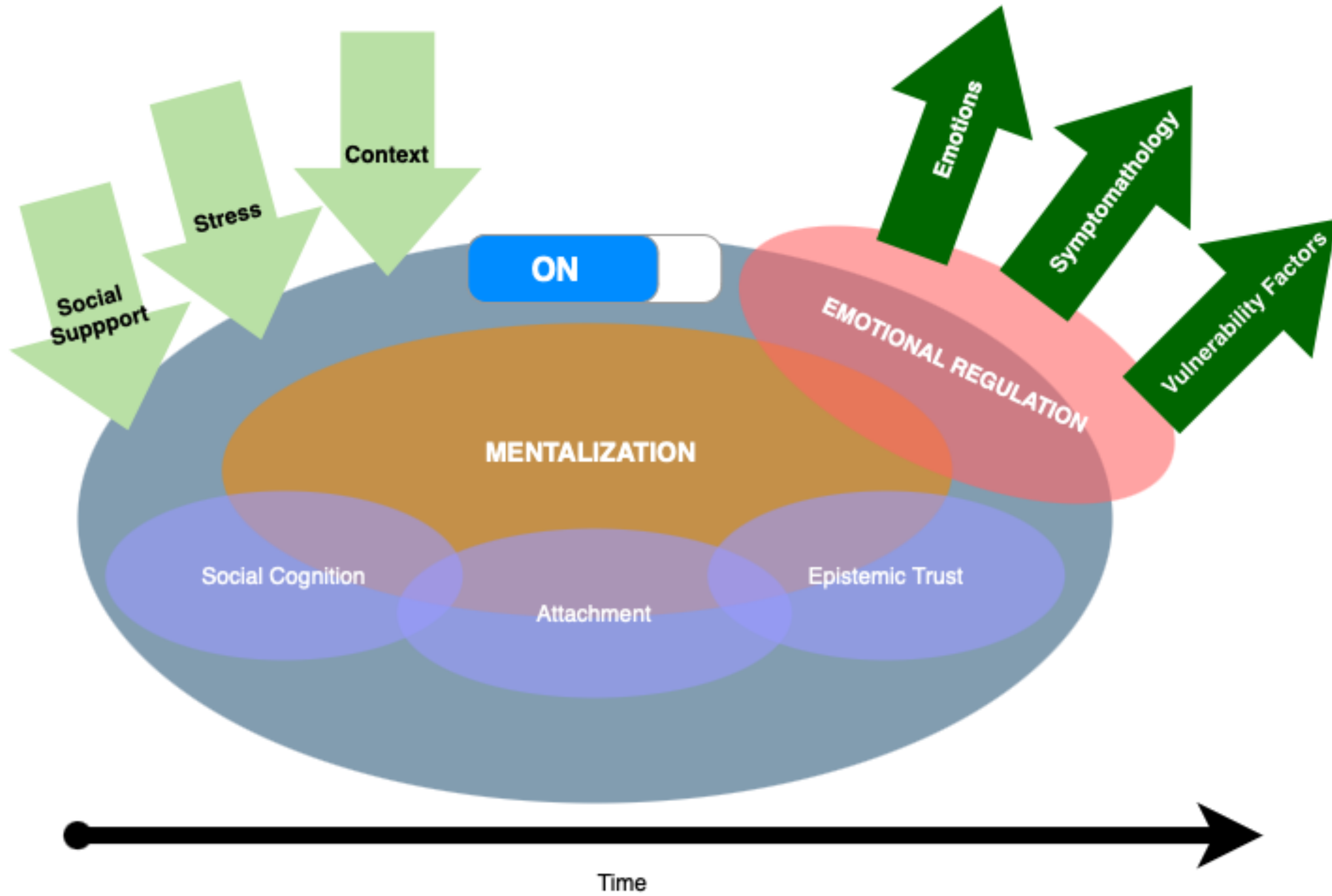
- What is MZ(mentalization) and why to study its changes?
- Aims and Hypothesis
  - Longitudinal non-ESM data
  - Longitudinal ESM data
- Key expected findings



## MODEL MENTALIZATION

- What are some key factors promoting change in MH?
- Transtheoretical Approach to Change
- **Mentalization** - (cognitive and affective - self and others)
  - Response to stress?
  - Context?
  - Observable changes?





# Longitudinal design

## Baseline, T1,T2,T3

- RFQ-8 (MZ)
- DERS-17 (ER)
- LTE and SFS (Stress & Social Support)
- GHQ-12 (Symptomatology)
- Sections of CSRI

## ESM

- Mood items (PA/NA)
- RFQ add-on module (MZ)
- Cognitive Reappraisal (ER)
- Emotion Suppression (ER)
- Day appraisal (Stress)
- Social Support (Social support)



# 1. Longitudinal Assessments over time

## **Does mentalization increases over the course of treatment?**

- H1: Mentalization increases over time
- H2: Changes in mentalization predict changes in psychological distress and recovery over time
  - RQ2A: Is this effect mediated by stress?
  - RQ2B: Is this effect mediated by ER abilities?



## 2. Intensive Longitudinal Assessments (ESM)

**Does daily mentalization vary as a function of time?**

- H1: Daily mentalization abilities vary as a function of time
- H2: There is an interaction between perceived daily stress, momentary ER and daily MZ over time.
- H3: There is an interaction between NA, daily ER, and daily MZ over time



# Some limitations

- Sample size
- ESM data collection
- Participant retention during the trial
- Access to data across sites





- MZ changes over time - transtheoretical and transdiagnostic
- MZ abilities will vary as a function of stressors/perceived stress\*
- ER mediated the effect of MZ in symptoms / Mood
- MZ interacts with ER in a momentary basis to regulate Mood

