Mentalization in adolescents with emerging psychotic disorders

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References

Debbané, Benmiloud, Salaminios, Solida-Tozzi, Armando, Fonagy, Bateman, 2016

Mentalization-Based Treatment in Clinical High-Risk for Psychosis: A Rationale and Clinical Illustration
Debbané, Benmiloud, Salaminios, Solida-Tozzi, Armando, Fonagy, Bateman, 2016
Take Home Message

Evidence demonstrates that in the premorbid and clinical high risk for psychosis (CHR) phases of psychosis, impairments in social cognition are already observable.

The CHR period typically occurs between 16 and 30 years of age, a key developmental window for social cognition. It is NOT a coincidence that the main challenge in psychosis is interpersonal/social in nature.

In fact, it is tempting to argue that CHR and FEP symptoms are the main culprits for the symptom – disability gap BECAUSE they pose an obstacle to interpersonal/social learning during a key period.

Mentalization, i.e. the set of social cognitive processes contributing to interpreting self and others’ behaviours as driven by intentional mental states, may represent a key target for indicated preventive and early stage treatment.
Symptom – Disability (S-D) Gap

1. Premorbid stage
   - Genetic & Perinatal Risk
   - Early ND & Env. Risk
   - Adolescent ND & Env. Risk

2. Clinical High-risk (CHR)

3. FEP

4. Trajectories with Psychosis

Development

Symptoms

Disability

S-D gap

CHR

FEP
1) Developmental
2) Links social-cognitive mechanisms to neurobiological dimensions
3) Posits intervening stressors (attachment disturbance – interpersonal stress)

Equifinal routes to psychotic experiences

Debbané et al., Attachment, Neurobiology and Mentalizing along the Psychosis Continuum, *Frontiers in Human Neuroscience*, in press
Thank for listening

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