



# VERBAL MENTALIZATION, EMBODIED MENTALIZATION AND SPOTTING COLLAPSES IN MENTALIZATION

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# THE CONTEXTS SUPPORTING REFLECTIVE PARENTING

- Safety, regulation, and the relationship
- Quiet the parts of the brain that register distress, fear, anger, etc
- Activate the parts of the brain that experiences pleasure in connection
- Activate the parts of the brain that can reason and plan

# MENTALIZING AND DISTRESS

- Mentalizing is most important in moments of negative affect
- This is also when it's most difficult
- Activates danger/fear regions of the brain
- Deactivation of the prefrontal cortex
- Parent is in survival mode
- Can't see the child
- Negative automatic mentalizing
- Particularly relevant in the case of parental childhood trauma

# WHAT TRIGGERS SURVIVAL MODE IN PARENTS

- Mental health difficulties in the parent (Axes I and II)
- Current relational trauma (Interpersonal violence)
- Attachment or Complex Trauma (Intergenerational/childhood trauma)
- Parenting stress (particularly in traumatized and highly stressed populations)
- Toxic stress (Racism and other forms of oppression, Socioeconomic risk)

**S P O T - M E ( S H O R T P A R E N T O B S E R V A T I O N T O O L -  
M E N T A L I Z A T I O N - V . S T O B , L . B R O T N O W , J . W O O L S T O N , A . S L A D E**

A. Parental reflective functioning	Not Observed	Emerging ability, substantial prompting	Observed ability, some prompting	Moderately functional ability, little prompting	Established functional ability, no prompting	Observations:
<p><b>1. Parent understands that thoughts and feelings underlie the child's behavior.</b></p> <p>Score 2-3; Parent demonstrates fleeting awareness or intellectual understanding that the child's feelings may underlie or be driving their behavior; Score 4-5; Parent attunes to the child and tries to understand behavior in terms of the child's thoughts and feelings.</p>	1	2	3	4	5	
<p><b>2. Parent is curious about what is going on in the child's mind.</b></p> <p>Score 2-3; Parent either spontaneously or in response to the clinician's modeling and questioning demonstrates mild interest in or curiosity about the child's thoughts and feelings; Score 4-5; Parent shows a genuine interest in understanding the child's experiences or interests.</p>	1	2	3	4	5	
<p><b>3. Parent can acknowledge the impact of their thoughts, feelings, or behavior on the child.</b></p> <p>Score 2-3; In a limited way, and with clinician support, parent verbally acknowledges that they may have an impact on their child's behavior; Score 4-5; Parent verbally acknowledges to the child that they have had an impact on the child, and that the child's behavior or difficulties reflect this.</p>	1	2	3	4	5	

<b>B. Mentalizing in behavior</b>	Not Observed	Emerging ability, substantial prompting	Observed ability, some prompting	Moderately functional ability, little prompting	Established functional ability, no prompting	Observations:
<p><b>1. Parent is responsive to child's body language/physical cues.</b></p> <p>Score 2- 3; Parent responds to ongoing prompting from clinician and/or spontaneously seems mildly aware of child's nonverbal signals; Score 4-5; Parent picks up on the child's physical and nonverbal communication throughout session.</p>	1	2	3	4	5	
<p><b>2. Parent actively listens to child and waits their turn to speak.</b></p> <p>Score 2- 3; Parent responds to ongoing prompting from clinician and/or spontaneously slightly pauses to allow child to take their turn; Score 4-5; Parent spontaneously makes eye contact and waits for the child to take their turn in conversation.</p>	1	2	3	4	5	
<p><b>3. Parent tries to physically and/or verbally comfort the child when distressed.</b></p> <p>Score 2-3; Parent responds to ongoing prompting from clinician and/or spontaneously makes minimal effort to comfort the child when upset; Score 4-5; Parent moves to comfort the child when they are upset and expresses warmth and affection.</p>	1	2	3	4	5	

<b>C. Parental inability to reflect</b>	Not Observed	Seldom and/or mild	Occasional and/or somewhat	Often and/or moderately	Frequent and/or extreme	Observations:
<p><b>1. Parent focused on child's behaviors or diagnosis without reflection on feelings.</b> Score 2-3: Parent focuses on behavior or diagnosis but can shift to reflection on thoughts/feelings with clinician prompting; Score 4-5: Parent focuses on behavior multiple times throughout the session and is largely unable to consider underlying thoughts/feelings despite clinician prompting.</p>	1	2	3	4	5	
<p><b>2. Parent indirectly or directly denies child's feelings.</b> Score 2-3: Parent minimizes or indirectly denies child's feelings through comparison to themselves/siblings but can acknowledge thoughts/feelings with clinician prompting; Score 4-5: Parent directly denies child's feelings by stating the child doesn't care, doesn't remember, or doesn't have a specific feeling (anger, sadness, shame, etc.) despite clinician prompting.</p>	1	2	3	4	5	
<p><b>3. Parent misunderstands or misrepresents a child's needs or intentions in a negative light.</b> Score 2-3: Parent misreads the child's intentions several times but can consider alternative perspectives with clinician prompting; Score 4-5: Parent does not respond to alternative perspectives and insists on their own.</p>	1	2	3	4	5	

<b>D. Non-Mentalizing in behavior</b>	Not Observe d	Seldom and/or mild	Occasional and/or somewhat	Often and/or moderately	Frequent and/or extreme	Observations:
<p><b>1. Parent's facial expression and/or body language is dismissive or intimidating towards child.</b></p> <p>Score 2-3: Parent subtly uses their facial expression (e.g., eyeroll, exasperated sighing) or body to dismiss or intimidate the child; Score 4-5: Parent uses their body in an increasingly aggressive way to threaten and/or intimidate the child. (Automatic 5 if physical contact is made)</p>	1	2	3	4	5	
<p><b>2. Parent uses a harsh tone of voice and/or language in a hostile way.</b></p> <p>Score 2-3: Parent may use an exasperated tone and/or raise their voice several times (e.g., while reprimanding the child), but can regulate themselves with clinician prompting; Score 4-5: Parent is verbally hostile (e.g., shaming, or sarcastic), throughout the session, and shows little to no ability to regulate themselves despite clinician prompting.</p>	1	2	3	4	5	
<p><b>3. Parent passively or actively ignores the child.</b></p> <p>Score 2-3: Parent may disengage or become distracted momentarily but can re-direct themselves with or without clinician prompting; Score 4-5: Parent either consistently fails to engage (e.g., continues other activity) and/or actively ignores the child multiple times throughout the session (e.g., as a form of punishment) despite clinician prompting.</p>	1	2	3	4	5	
<p><b>4. Parent is emotionally disconnected or unresponsive to the child.</b></p> <p>Score 2-3: Parent appears to be emotionally disconnected (e.g., preoccupied or transiently dissociated) but can return to being present with prompting; Score 4-5: Parent appears to dissociate multiple times throughout the session and shows limited capacity to remain present despite clinician prompting.</p>	1	2	3	4	5	



# CODING SUPER NANNY

- [Dad loses control and smacks son | Supernanny - YouTube](#)
- [Jo Confronts Mum and Teenage Daughter's Relationship | Jo Frost: Nanny on Tour - YouTube](#)
- [8 year old boy is afraid of his dad | Supernanny - YouTube](#)
- [Supernanny Accuses Dad Of "Damaging" His Daughter | Supernanny - YouTube](#)

# A REFLECTIVE STANCE

- Invite the parent's observations and make your own
- Generate different perspectives - offer alternative - reframe
- Cultural humility
- Tolerate difficult feelings (in yourself and the parent)
- Note where the parent is "at"

# A NOTE ABOUT CULTURE

- Childrearing practices vary enormously across cultures, and thus clinicians often encounter practices that they may not understand and that may concern them
- Majority clinicians specifically may be less aware of behaviors that are rooted in minority cultural practices
- In moments of concern or confusion, it is first important to think about the culture of the family and understand what certain practices mean to them. This is when we take the curious stance; “I’m an outsider. Please help me understand”
- It is also important to consider the child’s reaction to the cultural practice or the context in which the child’s problematic behavior develops, and whether it is adaptive, or whether it signals maladaptation and inhibition
- Most important, we need to determine - to the extent that we can - whether cultural practices promote and facilitate development and make sense within the framework of the family and their larger culture

# THERAPEUTIC STRATEGIES

- Affirm - affirm the capacity that you're trying to elicit - flexibility, curiosity, playfulness, humor
- Mirror - Reflect the parent's experience back to them, repeat/rephrase, ask for clarification
- Wonder - model and encourage not knowing about the parent's thoughts and feelings, work to identify and label hidden feeling states
- Speak for the parent - sometimes parents have limited feeling vocabulary or limited experience putting their own feelings into words
- Speak for the child - verbalize the child's perspective and experience
- Tolerate uncertainty - avoid certainty (you are not the expert on them), fight the impulse to *do something*
- Hypothesize - offer possible ways of making sense of their or their child's experience, wait for moments when the parent is receptive, adopt a "what if" stance
- Repair - acknowledging their role

THE END

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