

AMBIT

*Adaptive Mentalization Based
Integrative Treatment*

An approach to
working with young
people with
complex problems
and a poor
relationship to help



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Badalona Day Hospital for Adolescents

- Catalan National Health Service.
- Adolescents between 12 and 18 years of age and their **families**.
- Intensive psychotherapeutic centre for crisis.
- Part-time stay, Monday to Friday from 9am to 5pm.





Badalona Day Hospital for Adolescents

Psychotic breakdowns

Suicide attempts

Severe behavioural disorders

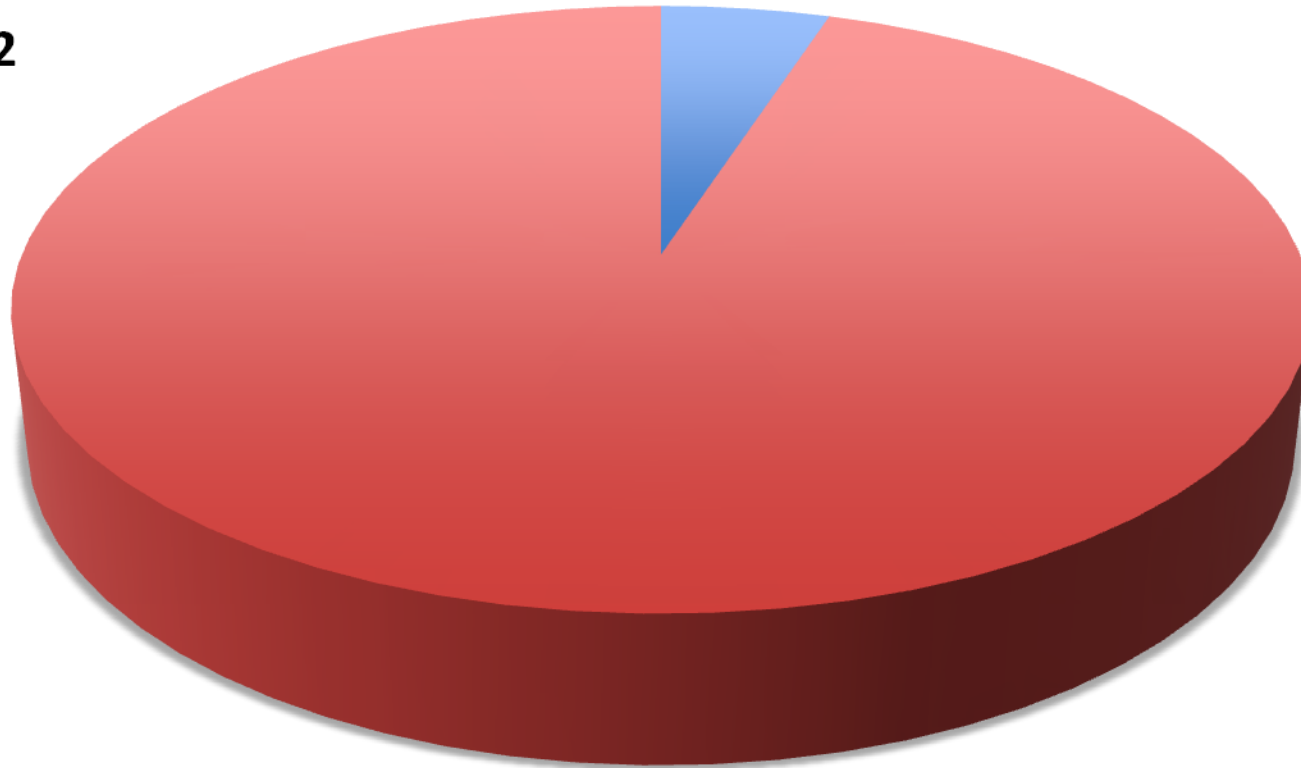
Severe depressive and anxiety disorders





Adolescents admitted to our Day Hospital who have suffered childhood adversities

N= 182

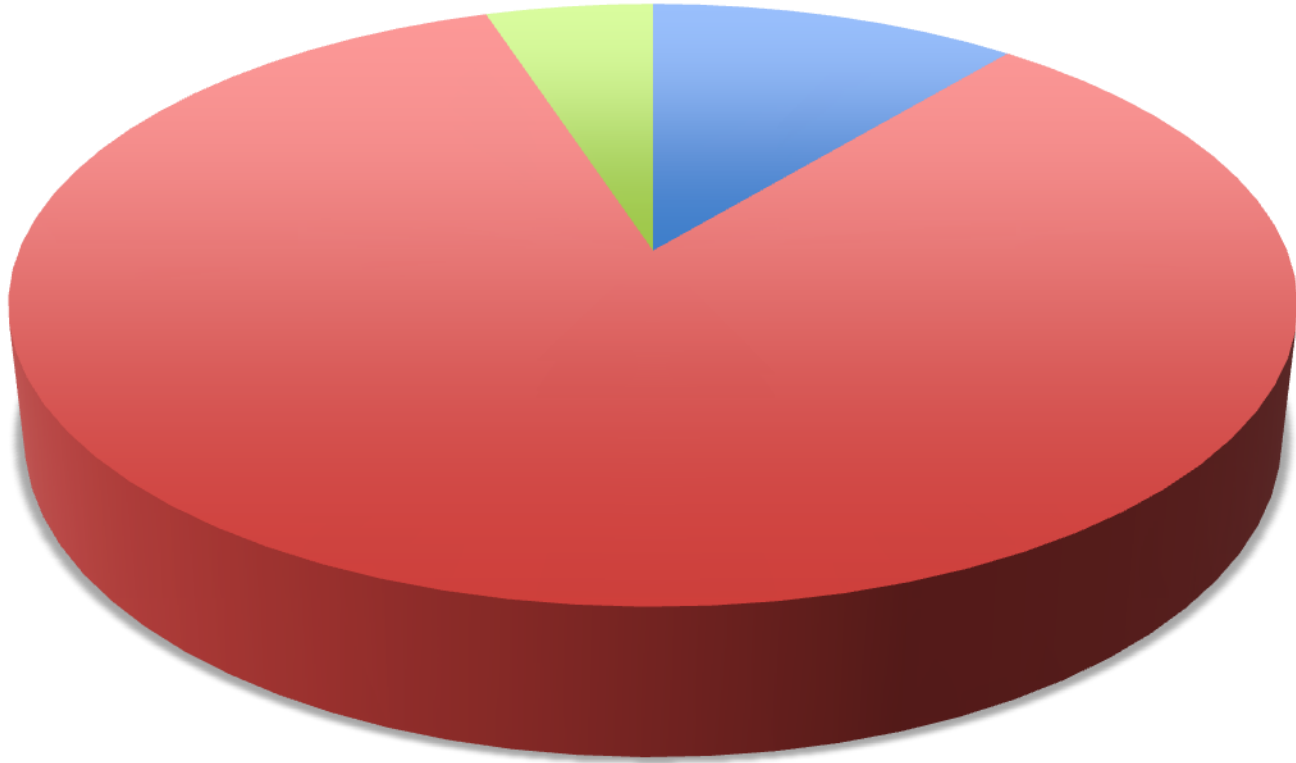


■ No childhood adversities 5% ■ Childhood adversities 95%

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*Transgenerational trauma:
parents who suffered childhood adversities*



■ No adversities 11% ■ Childhood adversities 84% ■ No data 5%

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Childhood adversities and psychopathology

- **Childhood adversities are extremely common experiences amongst those who develop serious mental health problems.**

(Goff, Brotman, Kindlon, Waites & Amico, 1991; Mullen, Martin, Anderson, Roamns & Herbison, 1993; Read & Fraser, 1998; Janssen, Krabbendam, Bak, Hanssen, Vollebergh, de Graaf & Van Os, 2004; Read, Van Os, Morrison & Ross, 2005; Bendall, Jackson, Hulbert & McGorry, 2008; Shevlin et al., 2008; Sorensen et al., 2010; Dangerfield, 2012, 2016; Varese et al., 2012)

- **Victims are typically reluctant to disclose their histories of abuse and practitioners are often reluctant to assess them.**

(Read, Hammersley & Rudegeair, 2007; Dangerfield, 2012)



World Health
Organization

30% of children
under 18 in
Europe have
suffered some
kind of abuse.

CHILD MALTREATMENT

There are about 190 million children aged under 18 in the WHO European Region

18 million have experienced
sexual abuse

44 million have experienced
physical abuse

55 million have experienced
mental abuse



90%
of all abuse goes
undetected

Prevent child maltreatment

- Help families at risk
- Promote positive parenting
- Implement home visits by nurses
- Decrease alcohol dependence
- Stop corporal punishment

www.euro.who.int/child-maltreatment-report

© WHO 09/2014

 World Health
Organization
REGIONAL OFFICE FOR
Europe

- The evidence for development of mental health disorders after child maltreatment is strong and indisputable.
- Few countries have reliable detection and surveillance systems, but even when they do, 90% of child maltreatment goes unnoticed.





World Health
Organization

- Adults who have suffered abuse as children are at increased risk of maltreating their own children.



Young people with complex problems and a poor relationship to help... why?



- They need a lot in many ways.
- Contact with their emotional needs is very threatening, as it destabilizes their very fragile survival system.
- Tolerating dependence and the need for affection is often lived as catastrophic, because of a lack of trust in a sufficiently available and reliable relationship.
- The contact with the other implies the fear of a traumatic repetition of the experience of abandonment, rejection and/or abuse.

Young people with complex problems and a poor relationship to help... why?



- The experience of not existing for others: makes them live intense anger towards the world, something that also causes them terror.
- For an adolescent who has not known another option in this life, the world is unreliable and becomes an inhospitable place.
- A place where they survive by organizing an armour that holds them together and protects them, but that hides an enormous fragility and deficits on an emotional level.

Young people with complex problems and a poor relationship to help... why?



- Their emotional experience has not been recognized and contained, but despised.
- A relational experience that has damaged the organization and development of their thought processes, their ability to modulate emotions and their mentalizing capacities.
- All this has an anti-integrative function of their mind.

Young people with complex problems and a poor relationship to help... why?



- The work at this level is very difficult, especially for what it implies having to be available for receiving the massive projections of non-mentalized anxieties.
- An inner world full of pain without words.
- Offering real containment is a very hard and complex task.

Young people with complex problems and a poor relationship to help

- We often have the feeling that we are running late.
- Highly damaged young people that present psychopathological, social and often life-threatening high risk.
- Lack of a good enough prevention and early intervention.



Young people with complex problems and a poor relationship to help: How can we try to help them?

- Instead of what we usually do of focusing on the very smart things we must DO in order to change them, help them change.
- We should ask ourselves: “How must I change in order to trigger help seeking in non-help seeking adolescent?”
- What must I change in my mind, my team my service, our network in order to help this young person who doesn’t trust anything good coming from a human relationship.
- To help him feel I have him in mind.





Young people with complex problems and a poor relationship to help

- **Poor relationship to help:** we think this is intensified because we still offer what classical help means: clinicians in their offices and/or Mental Health teams in their Services working in a network.

(thought processes highly damaged, very limited ability to learn from experience, adhesive identifications, mistrust, etc.)

- Their closest relational environment **doesn't support or promote relationships with Mental Health Services** or other Network Services.
- We are still **asking them to fit our framework**, our external setting, when we should adapt ourselves to their very limited and damaged attachment capacities.



Young people with complex problems and a poor relationship to help

- In the most severe cases - more services intervene.
- More services, often with poor coordination.
- The young person and their family are treated by professionals from different services, working with non-coincident goals and using various models of treatment or intervention.

Tower of Babel effect

- The young person and his family receive multiple input from multiple services: every professional offers implicitly or explicitly his explanatory framework.
- Different languages with different views to name a confusing and fragmented reality.



Tower of Babel effect

“I, a fragmented adolescent with my fragmented family, have to integrate what you all have not successfully integrated in many years...”



Young people with complex problems and a poor relationship to help





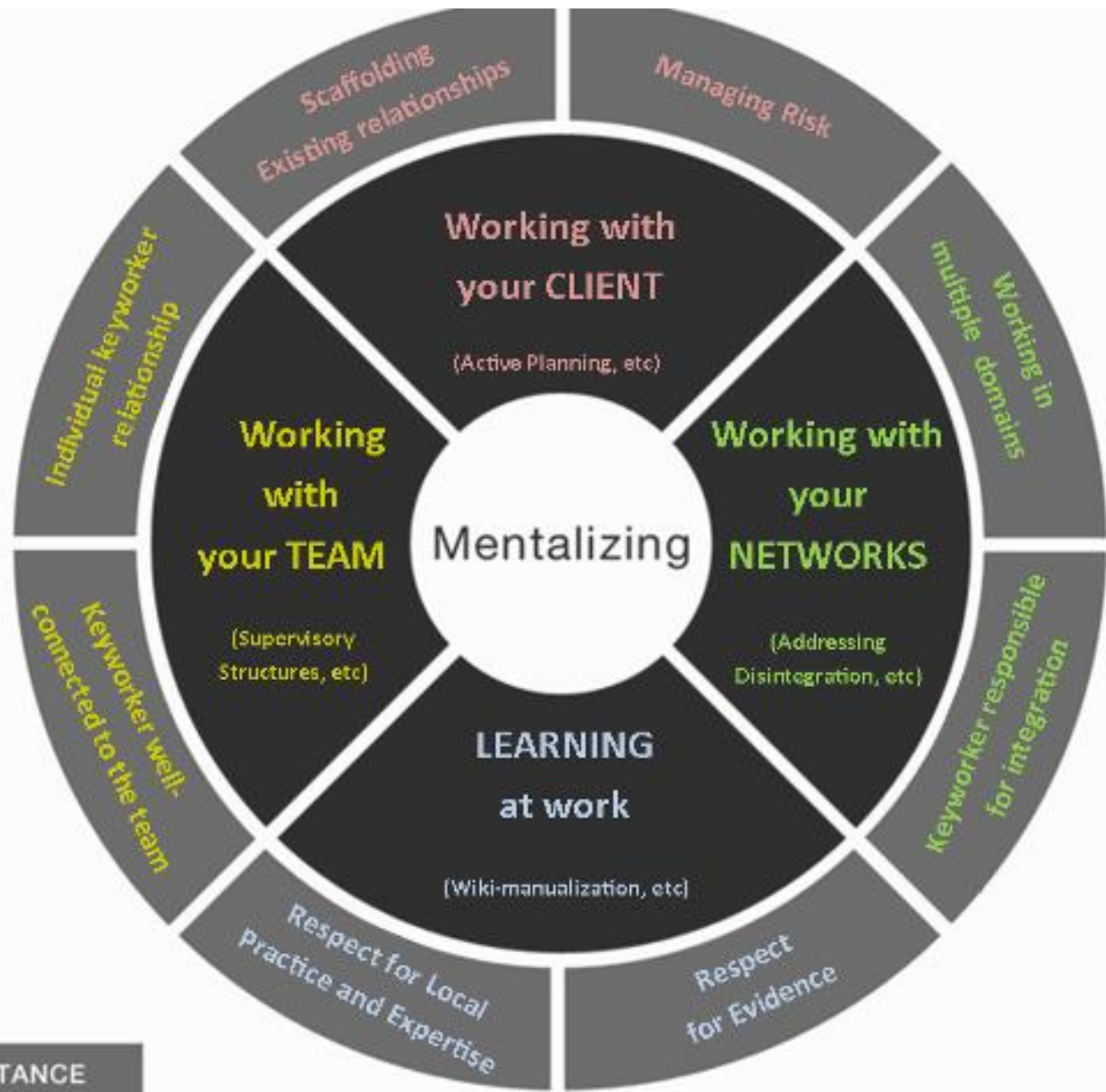
Young people with complex problems and a poor relationship to help

- These cases generate **intense anxieties** in professionals-team.
- Anxieties that are often **projected** between teams-services, accusing each other of not doing what we think the other should or accusing us (implicitly or explicitly) of doing it wrong.
- Overwhelming effect for the young person and the family: experience that can generate an **aversive experience** and distrust towards all services.
- Reissue of a **neglectful experience** in the care relationship.
- The services become usually witnesses of a deterioration and increased risk of chronic disorders.



Young people with complex problems and a poor relationship to help

- A 15 year old girl:
- We had a crazy meeting with 7 different agencies that were working with this girl.
- I told this girl I thought what we (all services) were doing was useless for her.
- “You have to come and see what happens in my house”.



**STANCE
& BASIC
PRACTICE**

What is AMBIT?

- AMBIT provides a simple solution: train and support a network of **field workers** who can provide accessible, approachable and most importantly immediate help to young people in crisis.
- It supports a new kind of **integrative outreach mental health practitioner**, trained in multiple treatment methods supported by close and robust supervisory structures.
- One of the core aims of this approach is to **reduce the number of professionals** directly involved in the case, in order to focus on maximising the productivity of the therapeutic relationship.

AMBIT is an approach that you take to young people wherever they are

- AMBIT is a **highly flexible** therapeutic approach that can be delivered in street settings, cafes and sitting in the park, as well in the family home.
- AMBIT seeks to work in **whatever setting** the young person defines as safe.
- It aims to enable young people to move from more destructive states of mind to more functioning and adaptive ways of being in the world.

What is **AMBIT**?

- A Mentalization based approach.
- An approach for young people with severe and complex problems.
- An approach for young people who may have a very poor or negative relationship to help: a model designed to talk to young people who don't want to talk to us.
- An outreach approach, but one which can be adapted for other types of service delivery.
- An intervention with a strong emphasis on initial engagement.
- An approach that emphasises relationship building and uses ideas from attachment theory.
- A team approach rather than an individual therapy.
- A manualized framework with a strong emphasis on supporting local adaptations and further development of the basic method.



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PRACTICE**

A working definition of mentalization

Mentalizing in a form of imaginative mental activity, namely, perceiving and interpreting human behaviour in terms of *intentional* mental states (e.g. needs, desires, feelings beliefs, goals, purposes and reasons).

Mentalizing

- MBT was developed in the early 1990s to treat patients with BPD.
- In recent years it has developed and progressed considerably: MBT, MBT-A, MBT-F, AMBIT ...
- Combining the framework of psychoanalytic theory, attachment theory, and aspects of research on social-cognitive development, a group of mental health professionals led by Peter Fonagy have proposed a relatively new frame of reference for psychopathology and psychotherapy.



- There is nothing new in mentalizing and it could be considered to be a key ingredient of all effective therapies or helping approaches
- It is a conscious attempt to group knowledge from different academic disciplines and clinical practices.
- It creates a common language, a terminology, giving great importance to research and evaluation of therapeutic intervention.



Value of Mentalizing

- However, there is something useful about giving a name to this key ingredient so we can start notice when it is happening and when it is not happening (and work out how to get it back when it's not present)

Mentalizing: further definitions

- Mentalizing is the ability to understand one's own and others' actions in terms of thoughts, feelings, hopes and desires.
- It is a human capacity that underpins everyday interactions.
- To see ourselves from the outside, and others from the inside.
- Understanding misunderstanding.
- Having mind in mind.
- Mindfulness of minds.
- Introspection for subjective self-construction – know yourself as others know you, but also know your subjective self.

Mentalizing: further definitions

- It is a process and not a content.
- A process according to which we try to make sense of the world around us, attributing mental states to ourselves and others.
- This allows us to anticipate and understand our own behaviour, other people's behaviour and interpersonal relationships.
- It is an innate ability to represent the minds of others
- That depends on the environment.
- On the fact that we have been adequately mentalized in our early relationships.

Early attachment relationships and mentalizing: it is in early attachment relationships where children learn to mentalize.

There is strong evidence to support the notion that mentalizing is not inherited biologically, but rather develops in the context of attachment relationships.

(Fonagy, Gergely, Jurist & Target, 2002)



Mentalizing implies

1. Capacity for self-observation, introspection.
2. Ability to empathize: it is a choice, that puts us in a vulnerable situation, because in order to connect authentically with the other, I have to connect with something within that knows this emotional state (not sympathy, or false empathy of the professional that “plays being empathic”).
3. Ability to learn about what happens at the emotional level in interactions: The emotional dimension of interactions.

Different dimensions of mentalizing



Effective mentalizing

- **Curiosity** about own and others' mental states.
- Awareness of the **emotional impact** of what we say and what we do on others.
- Awareness that **mental states are opaque**.
- Ability to take **different perspectives** on the same reality.
- A non-paranoid attitude.
- **Trust** in others.

Mentalizing is fragile

- The human being is not too good at mentalizing.
- We are designed to lose this ability very often.
- It is very easily overwhelmed and is never entirely stable, consistent or one-dimensional.
- We all have more difficulty in mentalizing in situations of higher anxiety, while the ability to recover Mz in these situations makes us more resilient.
- We must remember that our work makes us feel anxious.

Mentalizing is fragile

- Faced with an emotional impact that affects our ability to mentalize:
We try to find an attachment figure that calms us and gives us confidence, to recover, or
- To the reliable internal objects (good enough relational experiences that we have introjected) that accompany us from within and allow us to find certain calmness that allows us to recover our mentalizing capacities.

When mentalizing goes off...

- Greater difficulty in understanding one's own emotions.
- Greater difficulty in understanding other people's behaviour.
- Higher levels of anxiety, anger and despair.
- Greater presence of paranoid feelings and fear of losing others.
- One of the feelings that causes more intense suffering and a greater risk of both self-harm and destructive actions is feeling bad, feeling destroyed from within.
- Overwhelmed by intense self-hatred and thoughts like, "I'm horrible, I hate myself, I should be dead, no one will miss me."



When mentalizing goes off...

- Lack of capacity for mentalizing leads to a sense of fragmentation, loss of coherence and loss of agency about one's own life.
- The search for the figure of attachment does not offer containment (severe neglect or absence).
- No possibility of containment from the inside, but rather a predominance of the "alien self" that increases despair.



Need to regain control: action and assumption replace thought

- The adolescent with mentalizing deficits that does not feel understood, can feel the world against him, something that attacks and destroys his sense of "self" which, in addition, is in the process of formation.
- This destroys what he is and unleashes fragmentation anxieties: an unbearable reality that pushes him to action.



Need to regain control: action and assumption replace thought

- Self-harm or destructive behaviour.
- Violence as a shield against catastrophic anxieties, as an illusion of regaining control over catastrophic feeling (not just an evacuation of discomfort).
- Need to regain control over the spiral of confusing and catastrophic anxieties that invade the young person, so he resorts to acting as a desperate way of feeling that he regains some sense of agency over his own life.

Need to regain control: action and assumption replace thought

- Not just an evacuation of unbearable mental states that cannot be processed.
- An intense violent experience creates a focus and contains fragmentation, since it makes the young person feel that he regains control (instead of chaos and emptiness).
- These actions are clear symptoms of deficits in mentalizing capacities, as well as desperate attempts to free the self from the "alien self". (Fonagy et al., 2002; Bateman & Fonagy, 2004)



Need for control: Action and assumption replace thought

- We feel sure that we are right: certainties, generalizations, labelling and acting.
- We feel confident about what someone is feeling and / or thinking.
- We assume that others feel exactly like us.
- That is, we try to control what we feel is out of control.



Why does it matter?

Epistemic Trust

Communicating Shared Knowledge in Infancy

*Egyed, Kiraly, Gergely
(2013)*

*Psychological Science
vol. 24 no. 7 1348-1353*

Epistemic trust



Mentalizing, epistemic trust and helping

(Fonagy, Luyten & Allison, 2015)

- The experience of being mentalized is a necessary **trigger** for the ability to **receive and learn social knowledge** that might change our perception of ourselves and our social world
- “The **greatest benefit** from a therapeutic relationship comes from **generalizing epistemic trust beyond therapy** such that the patient **can continue to learn** and grow from other relationships” Peter Fonagy

- The MBT model is based on the idea that a central problem for many patients is their vulnerability to loss of mentalizing.
- This vulnerability is associated with an interpersonal sensitivity that triggers emotional deregulation and impulsivity.
- MBT has as main objective to address this vulnerability, trying to improve the mentalizing capacity of the adolescent and his family.
- Treatment is relationship-based and the therapist is seen as an active participant and contributor to the emotional impact on the patient.

Epistemic trust

- Specific type of trust required to allow learning from another person.
- Epistemic trust is a particular kind of trust in the fact that human knowledge and human information communicated by other human beings is reliable.
- Fonagy describes how in the therapeutic relationship this trust is based on or is stimulated by the patient's knowledge of the fact that the therapist has connected with authenticity and empathy with him, feeling himself especially understood in his suffering.

Epistemic trust

- It is what will allow the patient to learn about himself through the mind of someone he trusts.
- Adolescents who have suffered adversity: in their relational history experiences have led them to close this path of learning.
- Their ability to learn through emotional experience with others is damaged, being more inflexible and rigid to change.
- Epistemic mistrust or epistemic hyper-vigilance: towards the teacher, the therapist, the friend, etc.

- The severely neglected adolescent can not go to the object, it is the object that must go towards him.
- Clinician's active role, as well as the need to be authentic with adolescents: explicitly authentic and warm.
- Mentalization based treatment on is not only a set of techniques, but above all a way of being with the young person.

- Offer a relationship where they can have the experience of someone who is genuinely interested in them, someone who has their mind in mind, who makes them feel that they matter as human beings and that we try to respond contingently in a wide range of different situations .
- This relational experience can have a therapeutic effect because it favours a change in their availability and mental attitude towards relationships: more open to being influenced by possible benign and benevolent relationships that they may already have in their environment but which they were unable to see and take advantage of.
- This is what can help them. The power to open the door to epistemic trust: to stop living dominated by epistemic hyper-vigilance and epistemic mistrust.

Introduction to **AMBIT**

Adaptive Mentalization Based
Integrative Treatment

What's the problem, and what might help?

AMBIT exists to recognise and address:

1. The anxiety implicit in this work
 - Reduce rates of *worker burnout*
 - Improve workers' scope to balance *reflection/action*
2. The complexity of our clients
 - Address problems across *multiple domains*
 - Acknowledge *evidence-based practice and its limits*
3. The hard-to-reach nature of clients
 - Improve *engagement*
 - Support development of clients' *Trust & Learning*
4. The pressures that prevent organisations from being learning-enabled
 - Help teams learn from experience
 - Balance evidence based practice with practice based evidence





**STANCE
& BASIC PRACTICE**

AMBIT is not a therapy

AMBIT supports the creation of a context - *of mentalizing, epistemic trust and learning* - where work with people with complex problems might be effective



STANCE
& BASIC
PRACTICE

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AMBIT



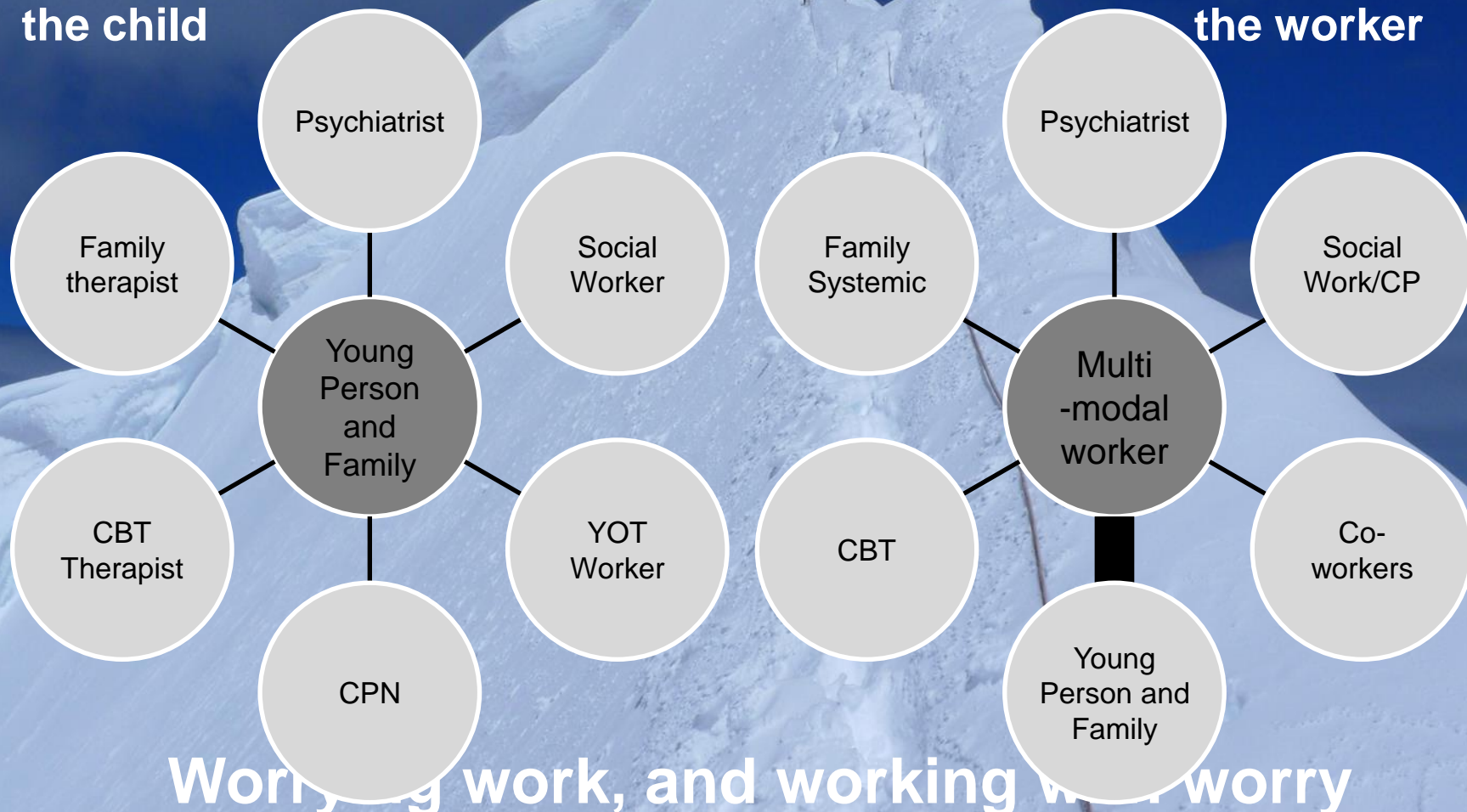
Worrying work, and working with worry

Team around the Worker:

A shift of emphasis

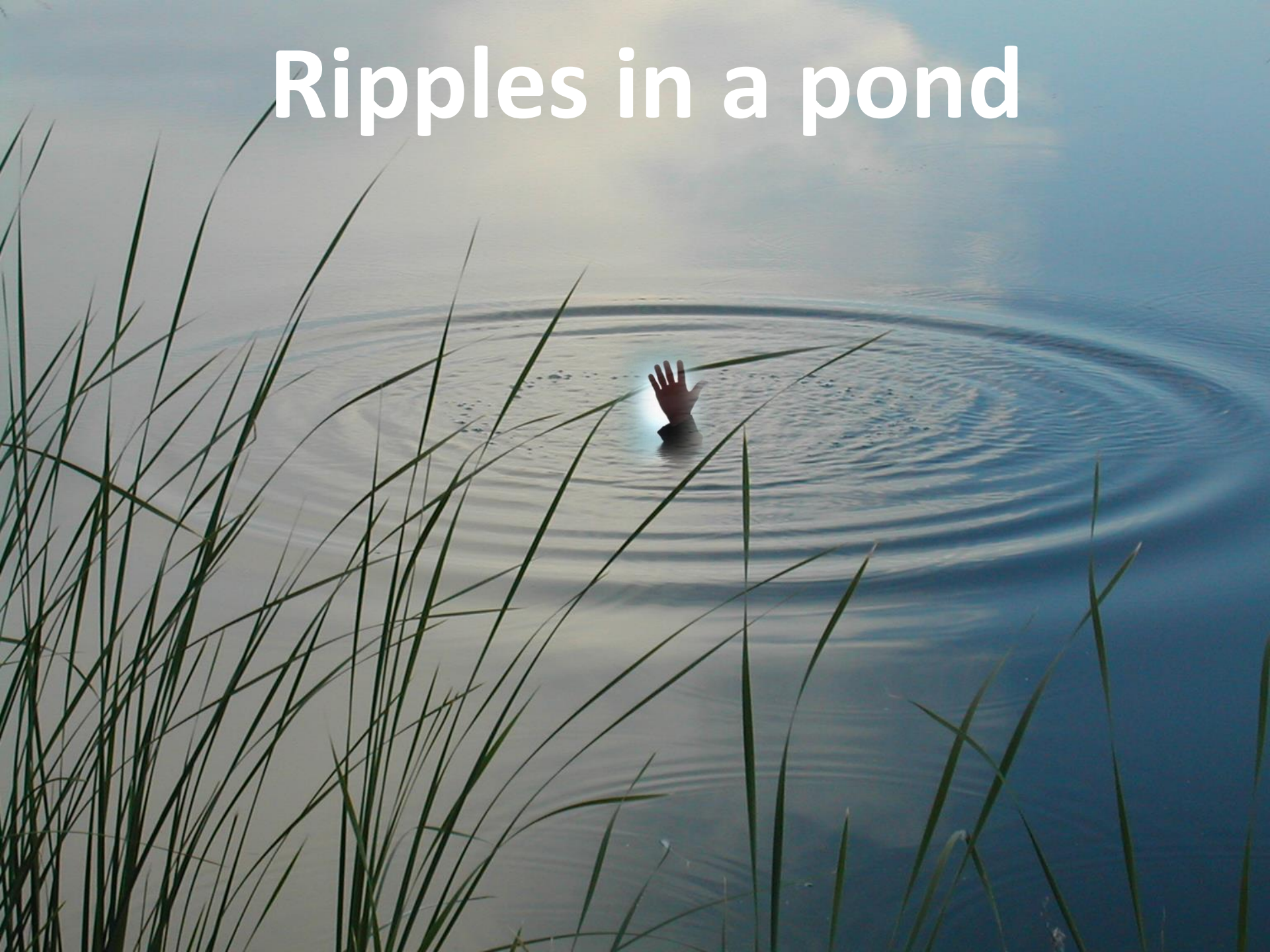
Team around
the child

Team around
the worker



**Mentalization as our basic *therapeutic stance*, AND
our shared responsibility: sustaining *our colleagues'* Mentalizing**

Ripples in a pond



Thinking Together

Consultation

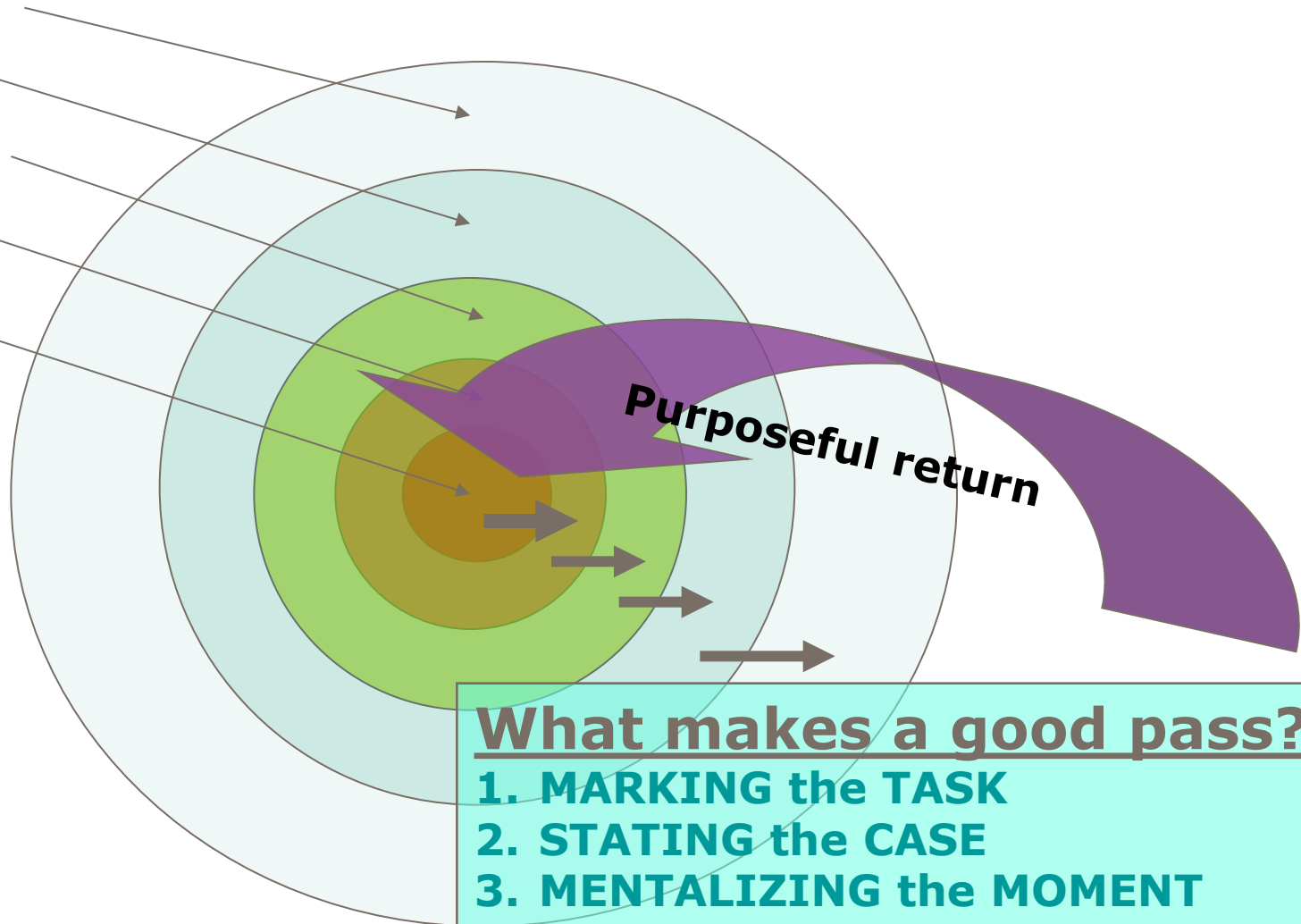
Reflection

Co-working

KeyWorker

Chaos

& enacting



What makes a good pass?

- 1. MARKING the TASK**
- 2. STATING the CASE**
- 3. MENTALIZING the MOMENT**
- 4. RETURN to PURPOSE**

MENTALIZING



**Mentalizing
in
invalidating
environments**

Marking the Task

Kick starting mentalizing... What are we doing and why?
What do YOU need, my colleague, to help me with this task?

State the case



Return to Purpose

MENTALIZING the MOMENT

CONSULTING COLLEAGUE

HOLDS THE BOUNDARIES

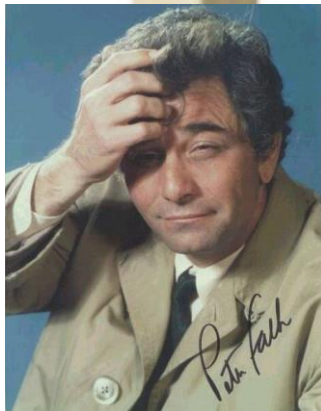


**STANCE
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AMBIT

Mentalizing stance



Inquisitive,
not-knowing,
curious



Punctuating
Non-mentalizing



Highlighting
mentalizing



Holding the balance(s)

Go find the young person wherever they are

- Where they feel like a safe place.
- Outreach work: of the referring clinician with educator or social worker.
- Dialogue between professionals in front of the boy: we model that we ALL need help.
- Outreach work helps assessing young person and family and also helps establishing a relationship with key worker.



Working with your Networks

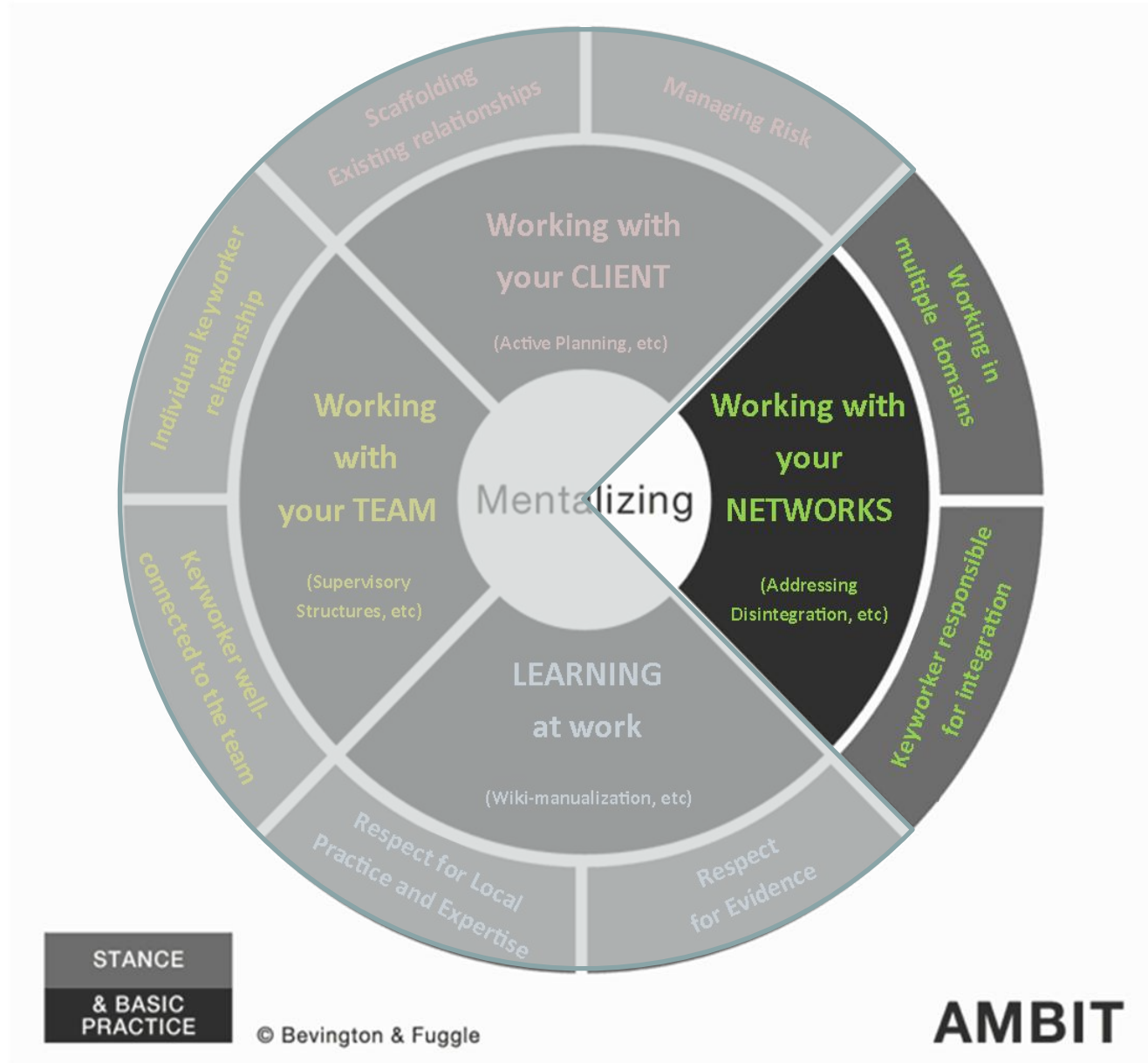
Sculpt and disintegration grid

Intervening in multiple domains...



Dis-integration

- Inevitable
- Out of good intentions
- Confusing and frustrating for clients, and us



Three levels of disintegration

1. Explanation

What's the problem? Why?

2. Intervention

What to do? What could help?

3. Responsibility

Who does what?

LEVELS OF DISINTEGRATION	Client	Parent/carer	School (actual person)	Worker (add ...)
Explanation 'What's the problem?'				
Intervention 'What to do (that might help)?'				
Responsibility 'Who should do what?'				

Disintegration grid

- We use it if we get stuck with a young person. It might help.
- Also with a young person itself: draw out what the young person believes the different workers or services think about him.
- If we do it ourselves it is interesting to see how many question marks there are: how many things we don't know.
- Also in a multi team meeting, use it to try to understand if I have understood what other people think. And then other people can help to fill in the grid.

Working with your Networks

*Complexity and dis-integration:
the natural state of things*

Complexity

- Often, the young people who we see are experiencing multiple problems, in multiple domains of their functioning
- Mental health problems, histories of abuse & neglect, substance use, CSE, gang involvement, school exclusion, physical health problems, poverty, housing problems, offending behaviour...
- These problems interact in multiple directions which makes it difficult to know how best to intervene and in what order
- Such complexity is associated with poorer long term outcomes

Learning at work

Tiddly manuals

