

# Implementing and adapting AMBIT: using 'ripples in the pond' to identify professionals' non-mentalizing state

## The team

Delivers a specialist Child and Adolescent Mental Health Service (CAMHS) for young people up to 18 years old with moderate to severe mental health difficulties.

## The context

Within the team's shared multi-disciplinary team (MDT) office, two staff members were preparing to go into a meeting with a parent who felt angry about the care their child was receiving. The team members discussed the difficulties that they were experiencing in working collaboratively with the parent and their worries about the meeting.

## AMBIT tool and adaptations

A colleague in the office noticed the dysregulation in their colleagues and named this by making reference to the AMBIT idea of [ripples in the pond](#): "It sounds like you might be in the middle of the pond right now?".

They then explicitly mentalized their colleagues, and validated how difficult the situation sounded and gently suggested that perhaps no one involved in this challenging situation was able to think clearly. They then supported the two members of staff to mentalize the parent's reactions, which involved being curious about how the parent's emotional temperature might be impacting their responses.

## Time taken

5–10 minutes.

## What was the impact?

The staff members' emotional temperature reduced and were able to acknowledge how understandable the parent's responses were. They also recognised that their own mentalizing had been negatively impacted by the situation. One staff member acknowledged how sorry she felt for the parents in the situation, and both felt they could go into the appointment with more compassion and understanding.

## What helped it happen?

High levels of trust within the team meant team members could use AMBIT ideas without fear that this would be interpreted as shaming or judgemental. The team's culture recognised that non-mentalizing states of mind are inevitable, rather than a sign of weakness. The conversation was also initiated by a senior member of the team who had received AMBIT local facilitator training.



# Implementing and adapting AMBIT: adapting 'Thinking Together' to focus multi-disciplinary team meetings

## The team

A community child and adolescent mental health service that works with young people aged up to 18 with moderate to severe mental health difficulties.

## The context

The team found that their weekly multi-disciplinary team (MDT) meetings lacked structure and purpose, often being taken up with lengthy, unfocused stories about service users and their situation. This left the team feeling exhausted and demotivated. They felt AMBIT may be useful for helping make these meetings more focused and effective and in turn, positively influencing the direct work with the clients.

## AMBIT tool and adaptations

The team restructured the MDT meeting to include principles from '[Thinking Together](#)', adapting the tool to fit their needs. Clinicians came to the meeting with a clear question in mind for the team to consider together, which helped everyone understand what they needed to discuss and agree on.

If a team member hadn't prepared, the team or meeting chair would support them to [mark the task](#) before the conversation continued. Mentalizing of staff and those involved in the case was embedded in discussions about each dilemma. At the end of the meeting, the team used the 'return to purpose' step of Thinking Together to review their progress. They embedded this structure in the service's standard operating procedure, and shared their intentions with the whole MDT before the new structure took place.

## Time taken

The process of adapting the MDT meeting structure took place over several weeks.'

## What was the impact?

The team noticed a significant improvement in the efficiency and focus of their meetings. There is more clarity around the purpose of discussions and the specific issues that colleagues need support with, which has improved the quality of their decision-making. The team has managed to cut the time spent in their MDT meetings by half and morale around the meetings has improved.

## What supported implementation?

The team included a senior and experienced clinician who had delivered AMBIT training and was able to recognise the impact of the lack of clarity on the effectiveness of the meetings.

Sticking with the meeting structure required continual effort and was more difficult at times when mentalizing lapsed and emotions increased. As such, the meeting chair played a key role in maintaining focus and morale.



# Implementing and adapting AMBIT: conversational use of the dis-integration grid to increase collaboration

## The context

A team member was asked to support another part of their service with planning a young person's care. There was a significant disagreement across the multiple services involved with this young person's care, as well as between these services, the young person and their parents about how best to support them. The young person's parents had escalated their concerns to senior management in different organisations, which had caused high levels of anxiety for the staff involved.

## AMBIT approach used

The team member used and adapted the AMBIT [dis-integration grid](#), a tool for mapping out different people's perspectives within a particular network around a client, to support a mentalized understanding.

They arranged a meeting for a range of staff from one service, and the extent of the misunderstanding and conflict quickly became clear. They guided the group towards recognising this dis-integration and supported them to consider how they could increase integration and be more collaborative in care planning.

The team member invited the group to mentalize others in the network by sharing their best guesses of what each person might view as the problem, what should be done, who is responsible for doing what.

During this process, the team member wanted to avoid imposing a way of working on the group or using terms or tools staff were not familiar with. As such, the team member adapted the tool. Rather than using the grid template itself, they used the ideas in an informal, conversational way, making it more accessible.



## What was the impact?

Those involved in the meeting fed back that this approach helped them to clarify and make sense of points of conflict with one another and between others involved. This helped the team clearly identify safeguarding concerns which were previously masked by the sense of chaos and conflict, and take appropriate steps to address these. A new perspective also gave staff more confidence to go into conversations with the young person's family, applying the same starting point of acknowledging and exploring the different positions of all the people involved in care planning.



# Implementing AMBIT in a community substance use service for young people

## The team

A community-based team working with young people aged 11-18 with substance use disorders. The team includes a child psychiatrist, nurse practitioners and substance use workers.

## Reason for AMBIT

The team is one of the first AMBIT-influenced teams and has developed many of the ideas in the AMBIT model over the last 15 years. Their approach was developed to create a strong team culture that supports staff to meet young people's needs.

In recent years, the team has used AMBIT to develop its routine outcome measurement, which falls within the [Learning at Work quadrant](#). Alongside measuring the impact of their work on young people's substance use through the Treatment Outcomes Profile (TOP), the team wanted to capture the impact of the support they provide around a broader range of needs. They used the [AMBIT Integrative Measure](#) (AIM) to do this.

## The training

The team has been implementing AMBIT for many years, and has periodic refresher trainings to familiarise new staff members with the way the team works and refresh practice. AMBIT is now routinely embedded within their approach to client, team and network work.

## What impact did AMBIT have on the team's work?

The team began to collect AIM data alongside their routine TOP outcome data collection to help understand the impact of their intervention on a young people's multiple, intersecting needs. From reviewing this data together as a team, they learned that cannabis and alcohol use significantly reduced by the end of their intervention. There were also improvements for overall functioning in young people, including for anxiety, depression, attendance at school and engagement with pro-social peers. These results have been formally published in a series of research papers.<sup>1</sup>

## What supported implementation?

In the service, substance use is firmly understood as being a part of the multiple needs of the young people who attend the service, with equal importance being given to supporting improved functioning of the young people in all aspects of their lives. Findings from the outcome measures confirmed the impact of this approach. The routine use of the AIM at the beginning and end of the intervention ensures that multiple needs are recognised and that all types of functional improvement (not just substance use) are seen as important.



<sup>1</sup>Fuggle, P., Talbot, L., Wheeler, J., Rees, J., Ventre E. et al. (2021). Improving lives not just saying no to substances: Evaluating outcomes for a young people's substance use team trained in the AMBIT approach. *Clinical Child Psychology and Psychiatry*. 26(2). <https://doi.org/10.1177/1359104521994875>



# Implementing AMBIT in a crisis team for young people

## The team

A crisis team that supports young people experiencing a mental health crisis and helps prevent the need for hospital admission. Many of these young people have multiple needs, including experiences of trauma, and require support from a range of services.

## Reason for AMBIT

AMBIT made sense for the team given the multiple needs of the young people they support. Many agencies are often involved in their care, and the coordination of different inputs was often hard to manage. Two key leaders in the service felt that AMBIT was relevant to the service's needs and wanted to develop the approach.

## The training

Training was led by a senior clinician within the service who was also a member of Anna Freud's AMBIT training team. The team has been trained organically with a rolling internal training programme. A key principle of this approach was that people had to opt in to receive AMBIT training, rather than being instructed to attend. The aim of this was to support learning through building relationships and trust – known as [epistemic trust](#). Team members became curious to learn more about the AMBIT approach from what they heard and saw from who had attended the training.

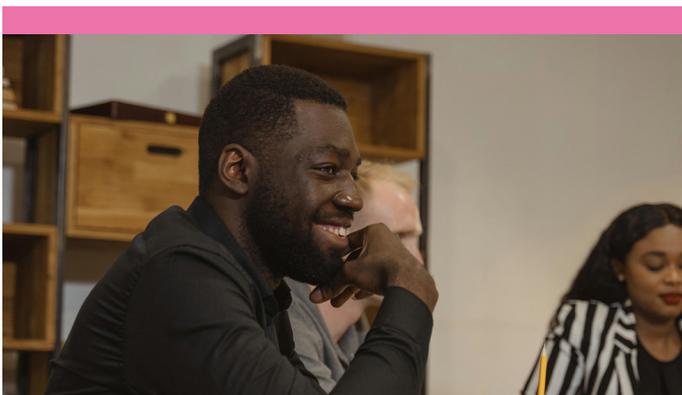


## What impact did AMBIT have on the team's work?

The training has influenced the team's direct practice with young people, as well as how they function and relate to other services. Team members often suggest using AMBIT tools such as [Thinking Together](#) or the [Pro-gram](#), as well as applying mentalizing principles to support teams to work together around the needs of a young person. The team is keen to engage senior leaders in AMBIT to support the sustainability of their approach, and they intend to offer training in due course.

## What supported implementation?

Training was delivered by a senior clinician who had credibility in the local service and who was trusted by senior managers. Asking staff to opt in to training meant that AMBIT ideas were embedded organically, and in the end had a greater reach. In addition, one team member became an AMBIT trainer at Anna Freud, which created a connection with the AMBIT team that supported ongoing thinking about implementation as issues came up.



# Implementing AMBIT in a project to prevent entrance into the criminal justice system

## The team

A team made up of two organisations that deliver a range of interventions to prevent young people aged 11–19 entering the criminal justice system.

## Reason for AMBIT

AMBIT training took place as part of a region-wide programme, initiated by the Integrated Care System. The programme aims to develop a trauma-informed system around young people at risk of becoming involved with the youth justice system with training in three models of care, including AMBIT. AMBIT training was provided to strengthen multi-agency teams who deliver interventions to young people with complex needs.

## The training

Training boosted the team's confidence and validated their practice. They liked the flexibility of the trainers, who were able to adapt the training to suit specific contexts and needs. Training helped build trust and gave the team time together to think and try new approaches.



## What impact did AMBIT have on the team's work?

Since implementing AMBIT, the team uses a range of AMBIT tools including the [AIM cards](#). These provide a more holistic picture of a young person's strengths and needs, and provide a focus for conversations with young people. Similarly, the [Thinking Together](#) tool helps keep team conversations around care planning focused, and therefore more effective.

The team has noticed a shift in the way they work with the network of professionals around young people. They feel equipped to more readily see the perspectives of other professionals, and to regulate their own responses to frustration.

## What supported implementation?

Having passionate individuals in the team helped the team to implement AMBIT approaches in everyday practice. The team has a culture of trust and openness to learning, which cultivates longer-term implementation of AMBIT approaches. Follow-up monthly supervision helped the team reflect on their progress, and enabled signposting to AMBIT tools that may help with any ongoing challenges.



# Implementing AMBIT in an adolescent mental health inpatient service

## The team and client group

A multi-disciplinary team that supports young people aged 13–18 years old with staff from a range of mental health backgrounds.

The team provides treatment on a voluntary and involuntary basis, for example whilst involuntarily detained under the Mental Health Act. There are two wards within the unit, a General Adolescent Unit (GAU) and a Psychiatric Intensive Care Unit (PICU).

## Reason for AMBIT

The team identified AMBIT as a potentially useful shared framework based on experiences of staff who had attended AMBIT training in previous roles. They hoped AMBIT would help the team to support the range of needs presenting in the diverse group of young people, while also allowing consistent and coherent working between team members, and supporting the development of a shared language.

## The training

Six members of the team participated in four days of online learning, followed by another six team members. Reception to the training was enthusiastic and the team felt that everyone who attended was on board with the idea of implementing AMBIT in the service. Others were concerned about fitting training into their busy working days.

## What impact did AMBIT have on the team's work?

- Since implementing AMBIT, the team: holds regular AMBIT implementation meetings where thought is given about how to make service processes more AMBIT-influenced and how to embed AMBIT principles within routine

- practice, such as care planning and supervision
- holds a weekly AMBIT meeting, using an adapted version of the [Thinking Together](#) tool
- developed a booklet containing six key AMBIT tools from which practitioners can choose based on their needs
- started developing an AMBIT-informed resource pack to support one-to-one sessions between young people and their key nurse
- is adapting a board version of the [AIM cards](#) to use as an engagement and assessment tool with young people
- is embedding the theory and language of mentalization in everyday language on their unit
- started developing a sustainability plan for training new members of staff.

The team has had unanimously positive feedback about the impact of this approach on staff, as well as on their work to support young people.

## What supported implementation?

The team benefited from the AMBIT supervision package. Endorsement and promotion of the approach from leadership within the service and from local commissioners was key to keeping the torch burning through staff changes.

The team also instated AMBIT champions at every level within the service, who held AMBIT and continuous learning and development in mind. It was essential that a multi-disciplinary group, including registered and unregistered staff, received the training and that there was a clear willingness and openness to learn throughout the team.



## Working with professional networks: reflections from trainees

Working with the network around the client can pose challenges for professionals supporting clients with multiple and intersecting needs. Networks are made up of professionals and services focused on meeting their client's needs, but sometimes different approaches, priorities and pressures can cause friction. Whilst some trainees find the network quadrant of the training challenging because it confronts entrenched ways of working, it can also be the part of the training that transforms practice most.

### AMBIT's approach to working with networks is to:

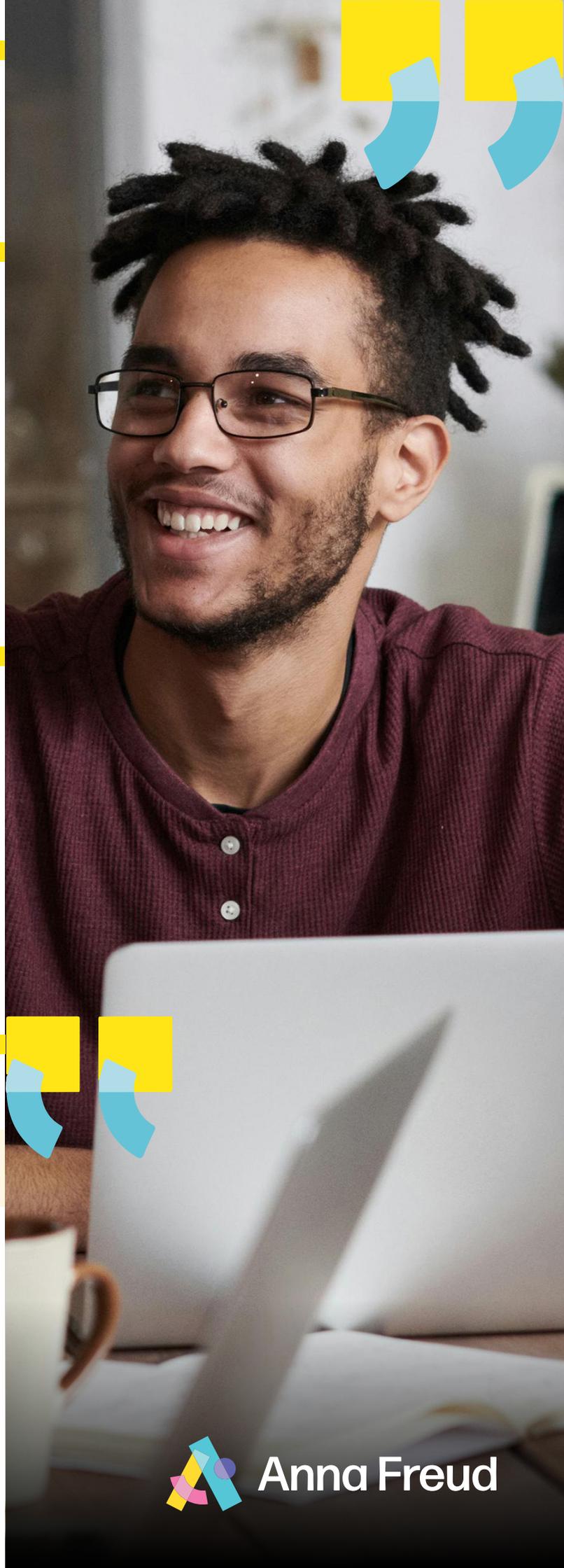
- recognise that differences and conflicts in networks are inevitable, and aren't necessarily a sign that professionals are 'getting it wrong'
- address differences and conflicts (known as dis-integration in AMBIT) through a range of approaches and tools based around mentalizing.

### Here's what trainees told us:

#### AMBIT helped make sense of professional conflict

*"Everybody blames the other parts of the system. AMBIT really addresses some basic attitudes, and I think this is huge."*

*"The natural resting state [of a network] is dis-integration. I thought that idea was ace. And if you assume that, you can then start from a different place and actually probably be more helpful more quickly to teams."*





### **AMBIT improved relationships between teams in a network:**

*“When we’re thinking about professionals, where maybe people would have annoyed me in the past, I try to think about what’s going on for that person in a meaningful way, what’s going on for them? Thinking about where they’re coming from and their ethos really helps keep me in the Green Zone a little bit.”*

*“The work with other professionals was the hardest thing for me about my job. Partly because maybe they didn’t know the remit of our project and work, but it then made it really frustrating because we’d get someone who would just expect us to do all their work too, or they would deem our work as not as important. Whereas now, we think ‘why is this happening? What do they know about us? What’s going on for them?’ And I’ve noticed a really big shift in relationships with the professionals and their knowledge of our project as well, maybe because we’ve gone in less defensive.”*

### **Using mentalizing in networks helped keep the client at the centre of the work:**

*“Whenever I’m in meetings and they start to drift, and it becomes the ‘blame game’, I won’t join in with that, collude. I try and remember that network element of the training, and I think, this is where we’re not actually making any difference to the family. [...] We’re not supporting this family now. [...] So I found that really useful in just getting me to reflect on how I work.”*

### **Using AMBIT tools helped structure more effective conversations between professionals in a network**

*“Thinking Together gave me a road map. So just say I’m having an informal consultation with a social worker about a foster carer that they find a challenge to work with. It gave me a place to start and finish, which I didn’t have before. Before I would do it intuitively, rather than actually having a plan.”*



# What helps to implement AMBIT after training: reflections from trainees

Professionals in a range of fields have successfully implemented AMBIT. We gathered feedback from trainees about what helped them use AMBIT in their everyday work. Here's what they told us:

## Develop an AMBIT implementation plan

During your training, the trainers will support you to develop a bespoke AMBIT implementation plan for your team. A clear, actionable implementation plan gives you a solid foundation to work from. This might include big changes to the way you work, or small, incremental steps – whatever is right for your service.

*“We did a local plan about what would be the first steps, and one was to share with the wider team about mentalization and Thinking Together. We did that on a team away day because the theme was about reconnection - we had a lot of new colleagues and it was the first time we were able to get together face-to-face. So we did a lot of activities about helping people feel connected and that was one of the things that I shared.”*

*“We had some bullet points that we can work from, and I've got it all stored ready in a file to be able to build into our staff development approach, to say this is what we're trying to achieve - and that was really useful.”*

*“At the moment the organisation has just introduced a task and finish group for trauma-informed practice. So my role on that task and finish group is to promote AMBIT to our senior leaders, to get them to actually go on AMBIT training. And then at the next task and finish group after that, we look at how we can actually embed some of this in our work. They can decide then at what level to roll that out across the place to our different partners.”*

## Identify AMBIT Champions

Consider identifying key members of staff who feel particularly connected to and can champion the AMBIT model. Who is going to work together to help progress the AMBIT implementation plan? When and how will they connect to do this?

*“Lots of [staff] have been on this training and there [are] champions wanting to keep those conversations alive.”*

*“I would say I'm a driving force behind the AMBIT stuff. I'm quite passionate about it and I just think it's interesting. I do local training on trauma-informed care as well, so it's always on my mind.”*

*“People don't like change, do they? So, it's just getting them to overcome their fear of change and know that this is a positive step and it's not a massive change. It's just a few tweaks, you know – different words and maybe thinking about things in a bit of a different way.”*



## Use your AMBIT post-training supervision offer

Make the most of the post-training supervision offer. Supervision offers a safe space to talk openly about using AMBIT in practice and be reminded of all the tools and approaches at your disposal. Supervision can be adapted to fit your needs.

*“The supervisions are very helpful because the supervisors are going to ask what’s been happening for you over the last month. And then they’re also reminding you of what tools to use as well - you might be seeing natural areas of conflict or whatever, and they’re reminding you what tools you can use and bring out the manual.”*

*“I felt validated. I left supervision with clarity and actually emptied my jug because my jug was brimming. But actually, after that, I definitely left feeling better, clearer.”*

## Continue to evolve and share your AMBIT learning locally

Maximise the investment in training by considering ways to maintain and cascade the learning through your team or organisation. This could include:

- reflective practice sessions
- short trainings for new staff members
- embedding AMBIT tools into your processes and systems.

*“Newcomers to the team are very committed to AMBIT, which is a very good sign of the sustainability we have reached because it is four years since our initial training.”*

*“I think we all think about it, and when we have our team meetings, we try to bring it back to AMBIT. So we wouldn’t necessarily say what we have been doing for AMBIT specifically but we would, if someone gives an example of work which feels quite AMBIT-y, we would then say that’s a great example of AMBIT. We all take ownership of doing that.”*

