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.

Anna Freud

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, unfocussed 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 focussed 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.

Anna Freud

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.

Anna Freud

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.[1]

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.

[1]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

Anna Freud

Implementing AMBIT in a crisis team for young people

The team

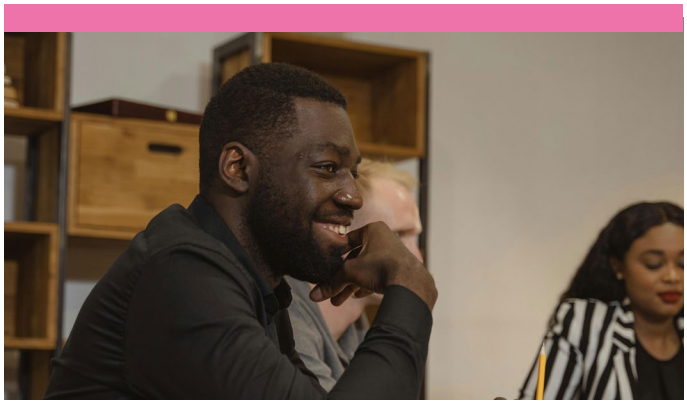
A crisis team that supports young people experiencing a mental health crisis and helps prevent the need for hospital admission. Many of these young people have multiple needs, including experiences of trauma, and require support from a range of services.

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.

Anna Freud

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 focussed, 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.

Anna Freud

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.

Anna Freud

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 focussed 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:

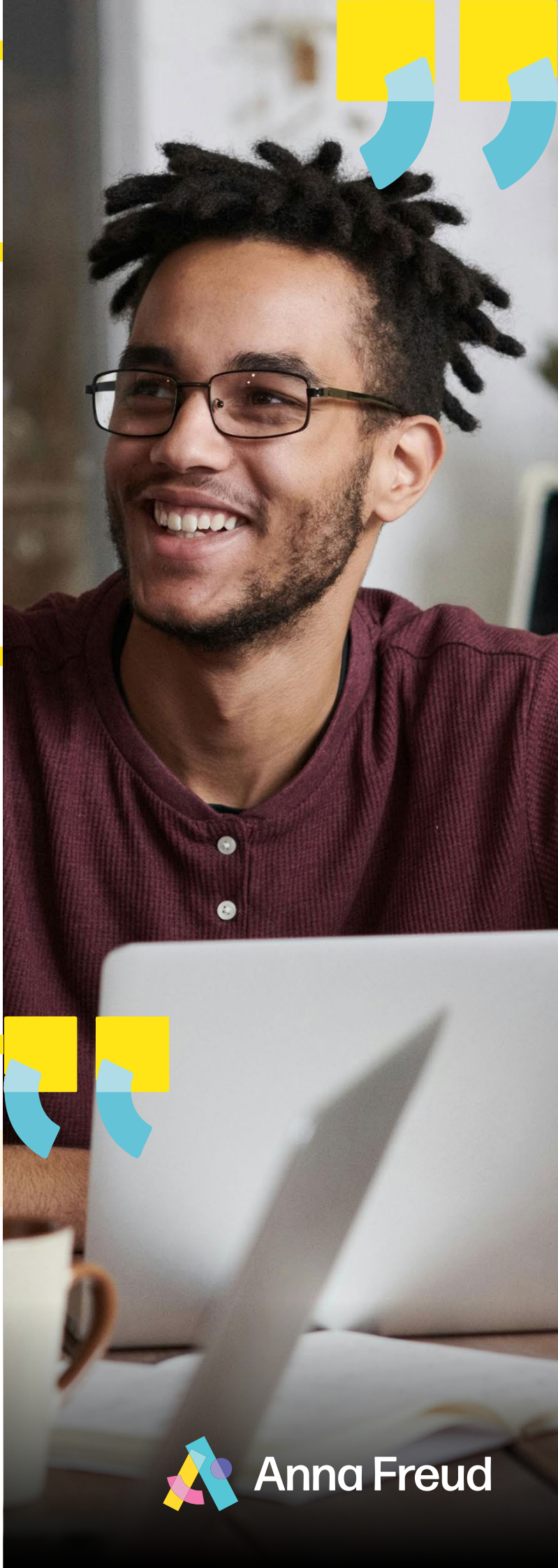
- recognise that differences and conflicts in networks are inevitable, and aren't necessarily a sign that professionals are 'getting it wrong'
- address differences and conflicts (known as dis-integration in AMBIT) through a range of approaches and tools based around mentalizing.

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."

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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."

Implementing and Adapting AMBIT: Creating a multi-team case discussion space using 'Thinking Together'

A child and adolescent mental health service (CAMHS), working with 5 to 18 year olds and their families. The service has a number of teams including general CAMHS, Crisis Response Team and an Eating Disorders Team.

What was the need?

Team meetings could feel time pressured and task focussed with low opportunity for reflection around case work. Teams were working quite separately with little space to connect and build relationships. Supervision traditionally happened within disciplines. Some specialist teams had not yet been well integrated into the wider service. There was a need for teams and workers from different disciplines to learn together and to be able to help each other with shared challenges in the work.

AMBIT tool

The service established a monthly 'Thinking Together' clinic. This was a space where all teams and service members were invited to come to help each other with dilemmas in their work using the 'Thinking Together' framework.

How was the tool adapted and what helped it to happen?

A core group of AMBIT trained workers from the different teams met together regularly to discuss AMBIT and consider how it could be used within the wider service. This was a key implementation factor, that a group of AMBIT enthusiasts shared the task and supported each other. The group of AMBIT workers gave presentations to the teams explaining core elements of AMBIT, mentalizing and the Thinking Together. These workers then took responsibility to lead the Thinking

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Together clinic, including encouraging other workers to bring dilemmas to the group.

Some workers expressed that it felt difficult to come to a meeting and talk about a challenge in their work and be 'mentalized' by people from different teams. This felt new for some people and the group considered how to support people to feel safe to seek help. To help this, sessions began with explanation of the Thinking Together framework. For the first few meetings, workers with experience of Thinking Together brought dilemmas to model 'being in the spotlight'. There were times when the structure was adapted to fit different workers' needs. For example, for some, sitting and listening from outside of the group circle felt too unusual, so they were included more actively in the conversation during the mentalizing parts.

The workers running the meeting learned they needed to challenge the culture of giving lots of details during case presentations and help people to stick to 'the bare bones'. They also worked hard to hold time boundaries meaning it was not possible to have space for the whole group to share their mentalizing in each case. Time was given to settle into the meeting first and time to check out and wrap up after the meeting had finished.

What was the impact of the AMBIT moment?

A number of workers reported they felt helped with their work, understood and validated in the meetings. People were able to come together and support each other from different teams. Some reported they felt more able to seek help from other workers outside of the meetings. Workers who had not known about AMBIT developed an interest and enthusiasm to use aspects of the model. There has since been requests to have more Thinking Together spaces within teams.

AMBIT moment: Using the AIM cards in a first session with a young person

The team

Team working with young people impacted by youth violence.

The context

The first session with a young person. The worker has to do a needs and risk assessment at this stage and used the 'AIM cards' as part of this process. The first session can be challenging for young people, as they often feel anxious about meeting a new worker and the basis for the referral is not always clear.

The worker uses the cards as they are an accessible, active process. The young person can hold the cards and have control over them. They are used across different spaces, including school and in the community e.g. cafés.

How is the AMBIT tool used?

The worker explains the process of organising the cards and the purpose of the activity. Young person puts the cards into piles, identifying 'strengths' ,'challenges' and things that are 'not relevant'. This is then used to inform the worker's assessment of risk and need, and tailors the intervention plan.

The 'not relevant pile' can highlight areas of difference between the young person's view and the reason for referral. This has been useful to assess motivation and open conversations about how the intervention might be focussed, potentially addressing any barriers from the start.

The 'challenges pile' has led to interesting conversations about different difficulties a young person might be experiencing. Through the process of identifying what they see as their difficulties, the worker has more context through which to build the intervention plan, so it feels as helpful as possible. The worker commented that 'This is what youth-led work should look like.'.

The worker stated that some of the standard assessments don't fully capture the young person's strengths. The cards enable this, which helps build a sense of self-efficacy and empowerment. The cards feel collaborative. They give the young person space to reflect on themselves and recognise that they are experts in their own lives. ''it's their formulation of themselves''.

The cards feel non-confrontational, as young people have control, which really gives them a voice. They also help the worker write the needs assessment and intervention plan more effectively and efficiently.

Anna Freud

How long does it take?

It varies but the cards can take most of a session to get through

Most young people get through all the cards in one session.

What impact have they had?

The worker has found them particularly helpful in understanding young people's relationships, an area that is not covered in other assessments. Many of the young people have intervention from social services, due to difficult family dynamics, so having an opportunity to reflect on their family experiences and relationships using the cards adds valuable context.

One young person did the cards and it was the catalyst for them talking about things they'd not shared previously, which felt key to understanding their behaviour, despite it not being on the referral. It felt powerful as they got to tell the story themselves.

A young person who the worker had been meeting with for over a year did the cards and was able to identify a number of strengths. They found this empowering, as the strengths were not present at the start of the work – this helped mark progress and they could see how far they had come. The young person's feedback was that they wished the cards had been used at the beginning of the work.

One young person did the cards and that led to a decision for the worker's team to step back, as the needs identified by the young person were being met elsewhere.

What helped it happen?

The worker's effort to set up the cards in a positive way – telling the young person that there is no 'right or wrong' way to sort the cards. Explaining to them that the purpose of the cards is to help the worker understand them, so that the intervention feels as helpful as possible.

The worker's approach and efforts for the sessions to be 'youth led'.

AMBIT moment: Using an adaption of the 'emotional temperature' to encourage mentalizing with a young person and family

The team

A local authority Emotional Wellbeing Team that supports interventions with young people who are on the 'edge of care' or already in care. The team supports other workers in young people's networks and does direct work with young people and families.

The context

Direct work over a period of weeks with a young person and parents. The goal was to increase parents' capacity to support the young person and improve relationships at home by helping family members reflect on how their emotional states impacted others. The young person was experiencing a range of risk factors, including difficulties with school attendance and mental health. The young person and parents' capacity to trust professional help had also been impacted by previous experiences.

Which AMBIT tool was used and what happened?

The practice of reflecting on the 'emotional temperature' using red, blue and green 'temperature zones' was adapted using a paper plate to create an emotional barometer plate.

Session 1 – Worker made a barometer plate and the parents made theirs; worker explained the ideas and the goal of matching/mirroring/'good enough' mentalizing of their child. Worker used their barometer to imagine the child's perspective and used some scenarios that had been stressful, e.g. 'getting ready in the morning'. Each person used the plate to reflect on their emotional temperature and the connections between these.

Session 2 – Made and used plates with the young person and one parent to think about a particularly difficult time of day - getting ready for school. Plates were used to mark emotional temperature and explore the interaction between parent and young person.

Session 3 – Worker met with the main contact in school and Learning Assistants that support the young person. Showed them the plate and gave them an insight into how they could help.

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What was the impact of the 'AMBIT moment'?

Session 1: parents recognised that they weren't mentalizing their child enough. The visual aspect helped them see it, rather than just talking. It gave them an experience of the worker mentalizing them, which helped to build trust.

Session 2: Young person came up with a solution that was aimed at reducing stress, which both were able to try. Parents began using the barometer at home.

Session 3: Staff in school started using the plates/ideas to attend to the young person's emotional temperature.

How long did it take?

2 x 1 hour home visits. 1 x school visit.

What helped it happen?

The EWB Team had integrated AMBIT principles, tools and language into their approach. Previous use of the 'Dis-integration Grid' here has highlighted disconnection between the family and professional network. This disconnection was identified as a need creating openness in professionals to input from the EWB Team.

The workers effort to build trust with both parents and young person, through home visits and a mentalizing approach alongside work with the school environment were trust building and enabling factors.

AMBIT Moment: Using an Egg and Triangle to create a shared focus for work with a 7-year-old child

The team

Adoption agency in the charity sector, providing support to parents and children. The worker is a qualified social worker employed to deliver therapeutic work.

The context

The worker had previously supported the child's adoptive placement. The child had a history of trauma and neglect. The work was initially focussed on helping the parent to understand the child's behaviours. The worker began meeting with the child when they were aged 7 to do life story work and provide support around expressing emotions.

The child had engaged in sessions using art and play. They expressed they had feelings on the inside and the outside - and that they didn't show the inside ones and that they wanted to 'explode' these feelings.

What happened?

In a session with child and mother, the worker saw a spontaneous opportunity to use the 'Egg and Triangle'. The worker wanted to demonstrate their understanding of the situation so far and to work out a shared direction of travel for the work. The worker was making lots of effort to show she was thinking about the child, who was doing a drawing. The worker drew out an Egg & Triangle as the child was drawing their own picture.

The worker's Egg and Triangle included words the child had used and the worker's best effort to capture how things were, with a focus on the 'inside and outside feelings'.

The worker then showed the child and invited them to make any corrections. The child crossed off one bit on the 'Egg' that related to the 'inside feelings' and the worker was able to explore this with the child. The child ended up saying that the worker had got that bit right, but they didn't want it written on the paper. This felt helpful for the worker to understand and enabled them to explore this more.

The 'Triangle' then provided an opportunity to think about what the worker and the child could focus on in relation to helping with their feelings. The child was able to say what they wanted in a very specific way, e.g. "you've got it partly right and partly wrong... I want to understand the 'inside feelings' better, but I don't want them to be on show all of the time".

Anna Freud

What was the impact?

It felt like the child being able to see the worker's understandings written down visually made a difference. It seemed the child had a real sense of being held in mind. This enabled an agreement about how the worker would be helping around 'feelings' - which had been a 'no go' area previously.

The child was able to talk about feelings in subsequent sessions. Having it on paper meant that the worker and child could come back to it. It was an opportunity to review and maintain a focus and put a marker or 'anchor' around the work.

The child said that they wanted the worker to show their Egg & Triangle to other children, as it might help them.

What helped it happen?

The worker took time to build comfort in the relationship. The child found difficult to talk about family history or emotions, but enjoyed expression through art and play, so the worker was influenced by this.

The worker made an effort to involve both parent and the social worker, to help them understand the pace that the child needed to go.

Using 'Thinking Together' to facilitate discussion of a young person with multiple needs

The team

A CAMHS specialist team who focus on providing support for young people in complex situations and who are part of a Vulnerable Young Person's Pathway.

The context

The Pathway has a 'complex case discussion' space, which is compulsory for workers. Sometimes it can feel difficult to facilitate or contain the discussion. Sometimes people don't volunteer a case.

There is not a set 'leader' for the meeting, although the AMBIT Local Facilitators often act as leads. In the situation described here, a worker volunteered to facilitate the discussion using 'Thinking Together'.

There were 10 people in the meeting. The presenting clinician had prepared a formulation using the 5Ps. Everyone read the 5Ps , then 'Thinking Together' was used.

What happened?

Lots of people in one team had heard about the case and there was possibly a perception that the case had been discussed too often. This had the potential for making it hard to manage the emotional temperature in the discussion. The case was a young person who is already 18 and at transition point, so there were additional layers of need.

Using the structure of Thinking Together provided the opportunity to process the responses from the group.

'Marking the task' felt possible. The task was "to check how the clinician was feeling about the case; and how this might be impacting on their responses".

Once the worker had begun giving the 'bare bones', some people began to offer solutions. The Thinking Together structure enabled the facilitator to respond to the more 'red zone' responses and remind the group to stick with the structure. Coming back to the task also enabled the facilitator to contain the conversation and really pick out the 'bare bones'.

At the 'Return to purpose' stage, it was clearly marked that the clinician might have already had their own ideas and not need ideas from the group. This felt helpful.

Anna Freud

What was the impact?

If Thinking Together had not been used, there was a risk that the task wouldn't have been well defined and people might have got into problem solving or repeating past conversations, impacting engagement.

Another worker involved in the case fed back that the discussion gave them new ways to think about the case. They said it felt different from previous conversations about the situation.

There were some lovely moments of mentalizing, including workers being able to acknowledge their own emotions; and the breadth and depth of mentalizing about the young person.

The facilitator wrote notes during the session and met with the worker after to review them. The worker reflected they now felt less alone with the case and that they were able to identify any reinforcement or unhelpful behaviours between workers that might be impacting progress.

How long did it take?

50 minutes

Anna Freud

Implementing and Adapting AMBIT: Developing an AMBIT lead role and AMBIT Champions in a team to embed the AMBIT approach

The team

This is a Keyworker team in the North of England. They work with young people with multiple needs, including mental health, neurodiversity and learning needs. They become involved with young people and families when they are in inpatient care or 'on the edge' of an admission. Their role is to foster connection and integration between the professional network, as well as promoting the voice of the young person and family. They aim to reduce the need for inpatient admission and decrease admission time where possible. The team uses AMBIT as their organising framework.

The context

The team has been growing and changing. There is awareness of the challenges of implementation of any model following training and a recognition that the team were at different stages in their AMBIT journey. Some were new and hadn't had AMBIT training, others wanted more help and support to embed AMBIT principles.

Implementation strategy

The team recruited an AMBIT lead role. This was someone with previous AMBIT training, expertise and experience within the local area. They were given a 1 day per week role to explicitly support AMBIT implementation. The lead built relationships and trust with the team over time and set up a number of structures involving AMBIT principles. These included a regular 'Thinking Together' space for workers, 'deep dive meetings' using mentalizing for cases and leading team development days that focussed on AMBIT tools and practices. The AMBIT lead is closely connected to the wider management team and helps develop implementation plans and influence how AMBIT is threaded through day to day working e.g. team meeting agendas focussing around the AMBIT wheel, modelling use of AMBIT tools and language.

A key part of this work included the introduction of 3 AMBIT champion roles. These are keyworkers who have protected time in job plans to support AMBIT and connect closely with the AMBIT lead. Each champion is part of a spoke (area) team. Within their spoke the champions share AMBIT in different ways e.g. sessions to look at and practice tools live, creating videos of themselves using a tool, linking case work to AMBIT principles and modelling their own use of AMBIT practices. They attend 'Thinking Together' meetings and AMBIT supervision and run AMBIT sessions on team development days.

Anna Freud

What has been the impact of this?

AMBIT is widely recognised and has been sustained as a core framework for the team over the last 5 years. The AMBIT lead role is recognised as being a central part of maintaining and developing AMBIT. The team have fed back that Champions' contribution is supportive and empowering and an essential part of helping us use AMBIT meaningfully. Champions are approachable, reliable, and always on hand when advice is needed''. They appreciate having a "go to" person who can offer ideas, support the use of AMBIT tools.

What helped the roles to work

Champions being embedded and having trust within their spoke teams. Having protected time that is valued across the service and marked in appraisals and job plans. Having each other to support, share ideas and rope-hold. Links with the AMBIT lead have been essential.

The Champions continue to develop their role based on what workers tell them is helpful, gathering feedback and acting on this.