Towards mentalizing systems: an introduction to Adaptive Mentalization-Based Integrative Treatment (AMBIT)

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Disclosure

No conflicts of interest
High arousal leads to non-mentalizing
Non-conventional help seeking patients challenge mentalizing

Non-mentalizing leads to self-perpetuating circle of unhelpful actions
Non-mentalizing induces non-mentalizing systems

Patient in crisis

Reinforces distrust and prevents agency

Undermines mentalizing, both patients and therapist

Renewed aversive experience for patient

Mental health care system in crisis

Crisis is controlled, not understood

Iatrogenic, non-mentalized action

Failing relationship, desintegration and damage

System:
More rules, more protocol leading to rigidity
Towards mentalizing systems: AMBIT

[Diagram showing various aspects of mentalizing systems, including working with your client, working with your team, working with your networks, learning at work, individual keyworker relationship, supervisory structures, respect for evidence, respect for local practice and expertise, managing risk, scaffold existing relationships, and working in multiple domains.]

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‘Hard to reach’ patients

Introducing ‘Conny’

32 year old highly intelligent woman

Severe neglect and oppression in childhood by dominant and bullying father, withdrawn mother

History of severe alcohol misuse and addiction, severe suicidality
Traumatized by multiple compulsory hospital admissions

Multiple failing treatments (SCM, SFT) and broken treatment relationships, leaving every therapist anxious, exhausted and devalued behind
What makes this work so hard?

- Offers of Help are Rejected (& often ineffective)
- Workers become Anxious & ashamed
- Cases are Complex & care dis-integrates
- Adapting & Learning is harder than continuing as we are
Rejection and mistrust are often purposeful (and must have had adaptive value).

This work should make us workers anxious and shame only reduces help-seeking.

Dis-integration is the natural resting state of complex networks (not result of malice, laziness etc).

Learning is essential & not a luxury extra (and learning what to do is easier than how to be).

Making sense of problems.
Rejection and mistrust are often purposeful
How the engine works: Trust and making sense of each other and ourselves

• Most patients don’t have a positive relationship with ‘help’

• Without (epistemic) trust there is no capacity for learning and change

• Mentalizing is the ‘key to the door’
Transmission of social information over generations

Epistemic Trust
Distinguishing Information

Reliable, benevolent communicative source

≈

Unreliable, uninformed, misleading, malevolent communicative source

Epistemic Vigilance
Adversive experiences destroy trust
Adversity is not restricted to childhood
Epistemic Mistrust

Overinterpretation of motives through hypermentalization
Misattribution of intentions as malevolent

I hear you
but I'm not listening
Unsafe attachment has evolutionary value
Conny is epistemically ‘petrified’

• In Conny’s world it makes very much sense to be hypervigilant.

• The first year of treatment she only has fights with the AMBIT team, she especially disavowes the teammembers and every contact with her is a long litany of all we did wrong.

• After one year of trying to make contact, we identified this as therapy undermining behavior and problematized this to Conny, who reacted of course furiously.

• We then engaged another professional from her past with whom she had had a trustful relationship. This finally helped to establish some kind of working relationship.
Personality Disorder Explained

• https://www.youtube.com/watch?v=_UUpMPSXLKQ&feature=youtu.be
We SHOULD be anxious
How it feels to work with Conny

mentalizing

stress
Who is holding my rope?
Feeling of competence

Whole team trained in mentalizing
Shared caseload
Supervision & consultation

Mark the task

State the case

Mentalize the moment

Return to purpose
Dis-integration is the natural resting state
‘Hard to reach’ patient
Dis-integration

• Inevitable

• With BEST intentions

• Confusing for patients
  • *Negative experience with ‘help’*
  • *Increases mistrust*
## Dis-integration Grid – map the key Connecting Conversations

<table>
<thead>
<tr>
<th>LEVELS OF DISINTEGRATION</th>
<th>Young Person</th>
<th>Parent/carer</th>
<th>Other agency (actual person)</th>
<th>Other agency (actual person)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Explanation</strong></td>
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<tr>
<td>‘What’s the problem?’</td>
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<tr>
<td>(Why is it happening?)</td>
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<tr>
<td><strong>Intervention</strong></td>
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<tr>
<td>‘What to do?’</td>
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<tr>
<td>(…that might help…)</td>
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<tr>
<td><strong>Responsibility</strong></td>
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<tr>
<td>‘Who does what?’</td>
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<tr>
<td>(who’s responsible for doing this?)</td>
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Learning is Essential

- Working with your CLIENT (Active Planning, etc)
- Working with your TEAM (Supervisory Structures, etc)
- Working in multiple domains
- Network responsible for integration
- Learning at work (Wiki-manualization, etc)
- Respect for Local Practice and Expertise
- Respect for Evidence

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AMBIT
AMBIT Manual and TV

https://manuals.annafreud.org/ambit/index.html

Whats the Problem (that might need AMBIT)?

1,930 weergaven • 2 jaar geleden

Describing the nature of the difficulties that AMBIT has been developed to help with, in a co-production between academics, clinicians, and practitioners in multiple teams across the UK and worldwide.
Making sense of problems

Mentalization Based Treatment

- MBT training
- Weekly intervision/supervision
- Shared caseload

- 5 Locations embedded in local social network
- Building a ‘therapeutic web’

- Making sense of problems
- Gathering and record local knowledge
- Innovation
Conny now

- Can still be very hostile

- Is in low frequent individual (MBT) psychotherapy with a therapist and her key worker together for over a year now

- She stops therapy about every month, but she starts it also again

- We are hanging in there, but making super baby steps in trust

- What is the limit in trying?
THANK YOU
FOR YOUR ATTENTION