

Implementing the AMBIT model in multidisciplinary case work with difficult cases of children at risk in Bulgaria

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Know-how Centre for Alternative Care for Children, New Bulgarian University



Mission: to integrate academia, practice and policy in supporting children and families in vulnerable situations.

- Founded in 2011 to support the government in the process of deinstitutionalisation of state child care
- Create knowledge in partnership with all stakeholders
- Integrate knowledge into practice
- Promote a culture of learning from the changing environment
- Guarantee the rights of all participants
- Increase the capacity of professionals working in the field of child welfare

Fields of work



1. Increasing the capacity of helping specialists

Upgrade existing and create new methodologies and tools in the field of social work

- Manuals and methodologies for practice application in **schools and social services**
- Multi sectoral coordination on local level for supporting the **development of children with complex needs**
- Multimedia tools for **teachers** (Firefly project)
- “Children in Families in Bulgaria System Map” with Nexial Systems to stimulate **radical redesign of the system**

Fields of work



1. Increasing the capacity of the helping specialists

Train and supervise professionals in the social, educational and health sectors

- **Risk assessment** for children and families
- **Prevention methodologies** for school drop-outs
- **Prevention of violence**
- Children and youth in **alternative care**
- **“Psychosocial interventions for children and families”** MA program at NBU
- **AMBIT** with Anna Freud National Centre for Children and Families, London

Fields of work

2. Academic Research



- Childcare Deinstitutionalisation process – unique data on the progress, challenges and outcomes of the **reform over a 10-year period**
- **DataCare Project** (Eurochild with support from UNICEF comprehensive mapping of child protection data systems across the 27 Member States): analysis and access to data on the situation of children in alternative care in Bulgaria
- Mapping **Children's Participation and Activism** in Bulgaria
- Mapping **Parent Activism**
- Defining **profiles of children with complex needs**

Fields of work



3. Consulting and advocacy for supporting reforms in child protection

- Consulting governmental institutions for **national policy and programme development** (European Child Guarantee, Social Services Act, Child Protection Law, Strategy for the Child and the Family, etc.)
- Coalition “**Childhood 2025**”
- [Transforming Children's Care](#) network
- Eurochild
- Childhub
- Parent advocacy network
- “Present and Future: a push for the empowerment of child human rights defenders in Bulgaria” with ChildRights Connect

AMBIT

Adaptive Mentalization Based Integrative Treatment

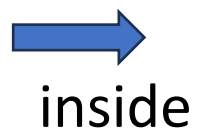
- Based on Fonagy's theory of mentalization
- Developed by Anna Freud Centre, London, UK

The approach:

- System approach for work practice and study in the field of psycho-social support
- Individualized care: the focus is on the whole individual and their environment; it aims at the development of the individual.

Mentalization

“Mentalization, or better mentalizing, is the process by which we make sense of each other and ourselves, implicitly and explicitly, in terms of subjective states and mental processes. It is a profoundly social construct in the sense that we are attentive to the mental states of those we are with, physically or psychologically.” (Bateman & Fonagy, 2010)



The ability to look at yourself from the outside and others from the inside

AMBIT

- Developed for children and people who, due to the failure of key adults in their early years to develop in them the ability to understand the mind of others and their own mind, experience a blockage in their ability to read the messages and behavior of others.
- Determines the direction of our interventions so that the client overcomes this temporary, due to stress and loss, or permanent, due to inappropriate response to messages at an early age, blockage in the mentalization ability (to understand the mind of others and of himself).



Children and young people with multiple needs – “difficult cases”

- Serious problems rarely exist in isolation
- Multiple issues intersect
- Multiple needs attract multiple helpers
- Multiple helpers create a problem with providing effective care
- Large overlap of needs between services
- Separate responsibilities but overlapping issues

AMBIT

The aim of the approach is to support the specialist working with a difficult case of a child by providing special time and space for her/him to explore her/his experience and experiences at all levels of relationships in the system:

- a) relationships with the client,
- b) relationships with the service team,
- c) relationships with the supporting network around the client - other services, organizations, communities and
- d) reflection on the experience - own and that of other specialists - and making sense of it for the purposes of improving work relations and the organization of work (Bevington et al., 2013; Bevington, Fuggle, & Fonagy, 2015; Fuggle et al., 2016).

The AMBIT wheel



Methodology

1. Summary of the results achieved after AMBIT implementation in Bulgaria in the context of multidisciplinary and interinstitutional case work on difficult cases of children at risk.
2. Standard package of training and supervision was provided to the participants according to the requirements of the Anna Freud Center (40 hours from which 24 hours interactive presentation of the approach and 16 hours work on cases).
3. Trainers are members of Know-How Center and other partners organizations. They are licensed trainers for this approach.
4. The evaluation of the applicability of the approach in Bulgaria is based on training and supervision of **75 participants** in **3 trainings** (two 40-hour and one 8-hour) and **12 two-hour supervisions**. A total of **18 cases** of children and families at risk, **2 cases** of team supervision and **1 case** of discussion of the team's work with the local community were reviewed and followed up.

Methodology

- Group 1 – multidisciplinary and interinstitutional group in a regional town.
- Group 2 – teams of the social services of one NGO in the capital city.
- Group 3 – interinstitutional group of representatives of local or central government.

The effects of the AMBIT approach on the case work with difficult cases of children at risk were evaluated using the verbal feedbacks of the participants after each event; written questionnaire at the end of the trainings; meeting with the management of the organizations; self-reflection of the training team; observations and protocols of the trainers from the training sessions; supervision sessions by the Anna Freud Center with the training team; final reports.

The results of the participants' practical achievements and obstacles are presented following the four elements of the AMBIT wheel.

Results: 1. Working with the client

- **Working with involuntary clients** – mentalizing the child's condition when entering the service; professionals became more sensitive to the child's, and their parents', reasons for behaving or thinking in this way.
- **Lack of trust in the child towards specialist** – it was validated as situationally adaptive behavior. This deeper understanding allowed professionals to further consider their own responses by anger, frustration, insecurity, attempts at control and sanction, and to look for new opportunities to build a safe and calm environment for each particular child.
- **How do emotions affect the child's behavior** – specialists were able to understand in a systemic way the deep meaning of his behavior in the context of what was happening with the adults and between the adults around him.

Results: 1. Working with the client

- **Overcoming their personal disappointment from child's behavior** – when the achieved with the child was lost to be able to keep their capacity for mentalization.
- **Overcoming labeling and “correction” approach** - the specialist should take time to understand the child.
- **Listening to the child and actively seeking their perspective** on what would help them most and what resources they relied on to deal with their problems were some of the key skills that the professionals developed.

Results: 2. Working with the team

- AMBIT works to build a **professional team** within the organization itself **around the key specialist** who maintains contact with the client.
- AMBIT introduces tools for **structuring teamwork** that are based on **asking for and receiving help** when dealing with difficult clients. When they are followed:
 - participants from one or different organizations manage to work on the discussed case in a coordinated manner, successfully mentalize not only the client, but also the key specialist and look for the causes of difficulties in the relationship with the client in a gentle and supportive manner, without showing behavior of learned helplessness, expressing anger towards the system, bureaucracy, etc.
 - in the team discussions, the specialists managed to stay focused on better understanding of the specifics of children and the teams' communication culture transformed from culture of competition to culture of mutual support and respect of different expertise.

Results: 3. Working with the network

- In this task, the approach helps in three directions: a) achieving consensus, synchronicity in work and mutual support between partners in the network; b) expanding the support network, understanding the overall picture of the complex networks around the child and joint action planning; c) overcoming negative, competitive and stereotypical attitudes and experiences between partners.
- **Coordinate their efforts with other institutions in collecting and obtaining more information** about the children they serve and about their families and close environment. Often during the supervisions the teams discovered new sources of information and support that they had not thought about in the course of their daily practice.
- **Discover new partners and resources** – Specialists began to think on a larger scale and to see and consider the influence of the entire system around the child. Thus the identification of new services and resources, as well as referrals to other services, became an important part of the skills of the teams, which in most cases work for themselves and only when necessary have rather formal and sporadic links with other services and institutions.

Results: 3. Working with the network

- **Reconsidering the relationship of the service with local Roma communities and the schools** – new ways to develop their trust were discussed.
- **Working with the natural resources around the child and in particular with parents and relatives** – Specialists developed skills to also mentalize the situation and experiences of the parents of children at risk and make efforts on the one hand to consider them as a resource in the child's situation and on the other hand to include in work plans and prevention of further risks for the child also working with the parents themselves beyond the usual informing or advising them.
- **Clear boundaries of tasks and responsibilities** – better skills for negotiation with the partners.
- **Better skills to understand and support their partners** – overcome the feelings of competition, distrust and blaming.

Results: 4. Learning at work

- **Increased respect for knowledge** gained through practice
- the need was felt and **communication** was initiated **between all hierarchical levels** in the protection system
- Identified and discussed problems regarding the absence or non-compliance with **ethical and professional standards**
- better **definition of the limitations** of their own expertise and of the service.

Conclusion

As results of the AMBIT implementation the following developments were achieved:

1. An environment of learning and mutual trust among specialists was created;
2. The teams' communication culture transformed from culture of competition to culture of mutual support;
3. In the team discussions, the specialists managed to stay focused on better understanding of the specifics of children;
4. To engage colleagues/organisations in coordinated case work with children with multiple needs;
5. Better to define the limitations of their own expertise and of the service.

Conclusion

The piloting of the AMBIT model showed its applicability in case work with children with multiple needs and vulnerabilities and their families, as well as in the training and supervision of interdisciplinary and multi-sectoral teams and in counseling the specifics of the individual profile of the social services.

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Thank you for your attention!

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