

Bevington, D; Fuggle, P; Fonagy, P; Target, M; Asen, E; (2013) Innovations in Practice: Adolescent Mentalization-Based Integrative Therapy (AMBIT) – a new integrated approach to working with the most hard to reach adolescents with severe complex mental health needs. *Child and Adolescent Mental Health* , 18 (1) 46 - 51. [10.1111/j.1475-3588.2012.00666.x](https://doi.org/10.1111/j.1475-3588.2012.00666.x).

ELECTRONIC APPENDIX

1. An Evidence-oriented approach

AMBIT has described itself as ‘evidence-oriented’ rather than ‘evidence based’ as to date there is no formal trials evidence of AMBIT, only emerging local outcomes evaluations. Although encouraging, these have no randomisation or control conditions for comparison. There are early plans for a randomised trial in East Anglia (AMBIT training and wiki-manuals applied as an augmentation strategy to a randomised selection of clinical social work units across a county, as part of an evaluation of a major service reorganisation.)

2. Understanding AMBIT’s wiki-based approach to Manualization

Developing evidence for AMBIT is also difficult because, in seeking to support systematic practice in clinical settings characterised by chaos and complexity, it strenuously seeks to avoid becoming “reified” as a static thing (or a commodity) with claims to universal applicability.

Instead, the AMBIT project (based at and supported by the [Anna Freud Centre](#) and sponsored by a number of other charities including Comic Relief, the City Bridge Project, and the James Wentworth Stanley Memorial Fund) seeks to offer a freely available and user-adaptable manualized framework (<http://www.tiddlymanuals.com>) that is nonetheless based on clear principles and practices, mostly drawn from existing evidence of what works for whom. It is already being used in a wide range of settings, both statutory and non-statutory, and in a range of services from both clinical and social care that manage a wide range of problems notwithstanding much overlapping these.

The effort of the AMBIT project is directed at developing low cost training and support for services whose training and supervision resources are often minimal. An increasing amount of the AMBIT training is now available as web-based videos, which are embedded (along with training slides and other downloadable material) within the freely-available open source manual mentioned above.

Each local service starting its own local version of the AMBIT manual is able (and is expected) to *adapt* that version to fit the shifting epidemiological, cultural and service needs of that specific local setting. This local editing of the manual is done iteratively, even in real time, as team meetings take place with the manual projected on the wall of the meeting room. Team discussions on approaches to clinical dilemmas that are likely to be recurrent can be minuted and uploaded directly into the wiki, so that the manual comes to represent an “institutional memory” for the team, as well as being an exemplar of transparent practice, and holding the team to account for its practice.

Likewise, instances of excellent local skills and practice may result in a team manualizing this, or even videoing role plays of these and embedding them as streaming video clips in their manual, so as to act as a teaching aid for other (or new) team members. Gradually, the team's wiki manual comes to represent the team's work, and to function not only as a "local search engine" for help in clinical matters, but also as a powerful induction tool for new workers, and even a measure of the identity of the team.

Thus, as much as possible, AMBIT seeks to support and influence practice in the background; rather than requiring fidelity to a rigid external model of practice, it seeks to foster a systematic approach towards the development of local excellence, one that is nonetheless influenced by the "core content" of the AMBIT manual that is curated by the AMBIT project authorial team. This core content attempts to synthesise the most effective components of practice drawn from a range of evidence-based modalities (CBT, Motivational and Family approaches to name but three.) Additionally, the AMBIT project monitors local versions for excellent local adaptations or innovations that might deserve to be shared more widely - in which case these may be incorporated into the core, so that they are automatically available to all the teams using AMBIT material.

3. What version of the manual might actually be TRIALLED?

When an RCT occurs it is possible to "lock down" the editing capacity of a wiki-based 'tiddlymanual' (so named because the new web-based software it uses is called Tiddlywiki.) In this way a fixed version of the manual may be tested, rather than the continually and iteratively changing record of current practice that a tiddlymanual seeks to document and influence. More information on tiddlymanuals can be found via the www.tiddlymanuals.com website (follow hyperlink [here](#).)

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