Anna Freud
National Centre for
Children and Families

Dear Colleague

As a member of the Mentalisation Based Treatment (MBT) team you are eligible to work towards becoming a certified MBT Practitioner. This pack aims to summarise this process and support you towards submitting the evidence required.

Please find enclosed:

- A check list detailing the requirements needed to become a certified MBT Practitioner (page 2 – 3).

- A blank log book to record sessions undertaken and supervision attended (page 4 – 5).

- An anonymised example of a reflective statement required for each case worked with (page 6).

- A blank template of the supervisors report (page 7).

- A blank page for you to add your CV. Please include your employment history, core profession and any relevant CPD (page 9).

Once you have met and can evidence all of the requirements as detailed in the MBT Quality Assurance Manual you are required to submit the documents to the Anna Freud centre. Details of how to do this are included on the check list.

If you are interested in working towards and/or applying to become a certified MBT practitioner please let your supervisor know and they can review your current status and agree a plan to work towards any outstanding areas.

Kind regards

MBT Accredited Supervisor

MBT Practitioner course – Certificate level

Form: Obtaining MBT Practitioner Status

Please note:

1. This document applies to Mentalization Based Treatment for Personality Disorder only.

2. The specified training requirements can only be met through treatment of people with personality disorder using MBT adherent to the research model

To become a certified MBT Practitioner, you will need to evidence the following requirements detailed in the MBT Quality Assurance Manual:

1. MBT practitioner trainees must have an existing qualification in a mental health profession, good knowledge of mental disorders, particularly personality disorder, and previous experience of conducting psychological therapy with individuals and/or groups. ☐
2. MBT practitioner trainees must read the MBT manual and have attended a 3-day basic introductory course. ☐
3. Attended a recognised 2-day practitioner certificate course (formerly advanced course) ☐
4. Four individual patients or two groups or two individual patients and one MBT-G group must be treated using MBT as the primary intervention for a minimum of 24 sessions each. Patients (minimum of 2 or 1 group) should have a primary diagnosis of Borderline Personality Disorder. Delivery of MBTi does not count as a clinical case and is an additional requirement (see below item 5) ☐
5. Participation in or working knowledge of MBT-Introductory group or Socialisation to MBT model in individual sessions ☐
6. Supervision of the cases with an Anna Freud accredited supervisor. ☐
7. Supervision conducted initially either individually or in a group format. Each trainee must receive at least 4 hours supervision for each case. ☐

8. Some sessions of each treatment must be recorded (video). If video is impractical audio recording is acceptable if agreed with supervisor. A minimum of three 15 minute sections from different sessions from each treatment selected by the trainee will be submitted for formal review to supervisor with reference to MBT competencies. ☐

9. A reflective written statement must be produced on completion of each case. ☐

10. A satisfactory supervisor's report must also be provided. ☐

11. Evidence of continuing professional education in MBT, e.g. case presentation and discussion, conferences, workshops, e-learning. ☐

Please tick the box to indicate that you can meet each requirement and **provide either a certificate or reference/e-mail from your training institution or supervisor as proof. Without this information it will not be possible to certify you as a qualified MBT Practitioner.**

Once you have compiled all of the required certificates and references please email them, marking clearly which requirement each of the documents refers to, to Bella Campbell, Bella.Campbell@annafreud.org.

If you have any questions, please contact Bella.Campbell@annafreud.org

Signature:

Date:

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Supervision log book

With thanks to Rachael Line and Emma Hickey who drafted these forms for supervisors.

Date & MBT Accredited Supervisor	Video Presented Y/N	Duration	MBT Clinical Work Accomplished
16.10.2018 with Joe Bloggs	*N*	*90 minutes (group supervised)*	*Group: 40 sessions of a MBT Group (7 participants) Between 03/2019 and 03/2020* *Patient 1: 39 sessions of 1:1 MBT treatment (Between 03/2019 and 03/2020)* *Patient 2: 26 sessions of 1:1 MBT treatment (Between 10/2018 and 06/2019)* *Patient 3: 24 sessions of 1:1 MBT treatment (Between 03/2019 and 08/2019)* *Patient 4: 1:1 Treatment* *07/01/2020 to date (treatment ongoing)*

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MBT Practitioner status:

EXAMPLE Reflective Statement

I will name this participant Alejandra (pseudonym to maintain confidentiality). Alejandra was diagnosed with Borderline Personality Disorder and had a longstanding history with secondary mental health services concerning suicide attempts, serious self-harm, reckless behaviour, voice hearing, eating related difficulties among other difficulties. She was my first fully MBT treated patient under the supervision of a MBT accredited practitioner. Due to this, we decided to video record all our therapy sessions to monitor adherence to the model as well as enhance my learning and the quality of the therapy. This was certainly anxiety provoking and it required me to put myself in a vulnerable and "beginner" position, which was not easy for me as it involved challenging and reviewing some of my more "established" ways of working or thinking. Very early during our sessions, I was early able to identify the strengths and weaknesses of my usual practice. I got on well in engaging with her, building a therapeutic alliance and instigating some curiosity in her. However, it would often lose track of my own mentalizing and failed to address "psychic equivalence" effectively.

Although I would not challenge these states "head on" I probably devoted too much time to consider them or present different perspectives, when in fact, she was demonstrating little capacity to engage in such dialogue. This highlighted one of the areas that needed in my practice, which was that I sometimes tried to be "overambitious" or overestimate the patient's capacity to mentalize or engage in higher metacognitive processes. In effect, I had to slow it down and track interactions at a more micro level. This meant that my interventions started to become shorter and simpler. Things such as "what did just happen now as we speak about this difficult topic?" or "what is it like for you when you tell me you weren't loved?" became much more usual interventions during the treatment. There were many other developments throughout this treatment, such as improvements in stopping "pretend mode" narratives and repairing mentalizing ruptures by using empathic validation but overall the most important learning point was that it enhanced my mentalizing, my curiosity and my ability to be doubtful of my opinions or impressions. This was much harder done than written but it overall improved the treatment experience. My biggest learning point from this first experience was to make things easier, shorter and simpler, starting my interventions usually with empathic validation and then introducing minor challenges gradually.

Mentalization Based Treatment (MBT) Supervisor Report		
Name: **Organisation(s):**		
Clinical Supervision		
Name of MBT supervisor		
Number of hours supervision received		
Clinical work		
Number of individual clients seen for 24 plus sessions of MBT		
Number of individual clients with diagnosis of Borderline Personality Disorder seen for 24 plus sessions of MBT		
Number of MBT groups delivered for 24 plus sessions		
MBT competencies		
Description	Competent?	Comments
1. **Sessional Structure:** Engagement/warmth, identifying priorities, go around in group, identifying focus, closure of session		CPD Need:
2. **Not Knowing Stance:** authenticity, genuine interest, appropriate uncertainty /knowing, open questions, “what” rather than “why”, conversational		CPD Need:
3. Mentalizing Process: Empathic validation, acknowledging + mentalizing, managing arousal and form of session, contrary moves, parking in group		CPD Need:
4. Identifying and working on non-mentalizing modes: Psychic equivalence, pretend mode, hypermentalizing, teleological mode		CPD Need:
5. **Mentalizing affective narrative:** Clarification, affect identification, affect focus, affect & interpersonal events, clarification of group’s perspectives, interpersonal affect recognition in group		CPD Need:
6. Relational Mentalizing: Mentalizing the relationship Pt/Th/ Group Members		

Mentalizing counter-relationship Pt/Th/Group Members		CPD Need:
7. Mentalizing-focused Formulation: Appropriate elements of relational formulation, mentalizing process around co-construction, suited to Pt mentalizing capacity, reviewed as appropriate.		CPD Need:
Date of completion: **Signature of Supervisor:**		

CV

Please include an up-to-date copy of your CV in the space provided below.
Please include your employment history, core profession and any relevant CPD.