

Mentalisation-based therapy for Adolescents (MBT-A) provided by the Anna Freud Centre.

Completed training May 5th 2026 (3-days)

Clinical Psychologist - working in Children, Young People and Families service in Enfield, North London.

The three-day MBT-A training provided a therapeutic approach for adolescents experiencing emotional dysregulation, self-harm, impulsivity, low mood and interpersonal difficulties. It explored the developmental significance of adolescence and the role of mentalizing in emotional wellbeing, including how we understand our own and others' thoughts, feelings and intentions. The training considered how mentalizing can become compromised during periods of heightened emotional arousal, conflict or perceived threat, contributing to impulsive responses and relational difficulties. It introduced practical strategies to support emotional regulation, reflective functioning and self-esteem, emphasising a curious, collaborative therapeutic stance. The importance of involving parents and caregivers through a brief introduction Mentalization-Based Family Therapy (MBT-F) was also explored.

I am very grateful to Foundation for PSA for supporting my attendance at this training. Working within CAMHS, I regularly meet young people whose distress is expressed through self-harm, emotional dysregulation, impulsivity and difficulties in important relationships. These presentations rarely exist in isolation, often emerging within the context of developmental transitions, family dynamics, peer relationships, school experiences and, for some, trauma, loss or disrupted attachment. MBT-A has offered a valuable framework for understanding these complexities and strengthening my relationally-informed practice. One of the most useful aspects of the model is its recognition that our capacity to understand ourselves and others can diminish when emotionally activated. This has reinforced the importance of slowing down, remaining curious about a young person's experience and helping them to develop alternative understandings of difficult interactions. I have also valued the model's emphasis on the relationships surrounding the young person and supporting greater reflection and curiosity within these relationships to increase empathy, emotional understanding and connection.

The training complemented my existing attachment-informed, trauma-informed and systemic practice, bridging an understanding of the young person's internal emotional world with the wider relationships in which their difficulties develop and are maintained. It has also informed my thinking in multidisciplinary work, encouraging reflection on how professionals' own assumptions and emotional responses can shape their understanding of young people, particularly those whose presentations evoke uncertainty or strong reactions.

I intend to continue integrating MBT-A principles into my work within CAMHS. I would welcome further training and supervision to deepen my knowledge and develop my application of the model. I would recommend this training to clinicians working with adolescents, as it offers a thoughtful and practical way of understanding distress, strengthening therapeutic relationships and supporting meaningful change for young people and the networks around them.