2.3. Knowledge of attachment and mentalisation and their relevance in an inpatient context

- An ability to draw on basic knowledge of attachment theory, which describes:
  - the development of an 'internal working model' that shapes the child/young person's expectations and beliefs about themselves, and themselves in relation to others, and the degree to which they construe:
    - others to be trustworthy
    - themselves to be of value
    - themselves to be effective when interacting with others
  - links between attachment status (i.e. secure versus insecure) and cognitive, emotional and social development
  - the development of parent–child, sibling and peer relationships
  - the development of resilience (i.e. the ability to cope with stressful and adverse experiences, including difficult interpersonal experiences)

- An ability to draw on basic knowledge of mentalisation – a person's capacity to:
  - make sense of mental states, and so make sense of and interpret their own and others'
  - interpret behaviour in terms of intentional mental states (e.g. needs, desires, feelings, beliefs, goals, purposes and reasons)
- An ability to draw on knowledge that children learn to mentalise when their caregivers offer accurate and congruent feedback about their experience, which helps them:
  - experience a mind that has 'their mind in mind' (able to reflect on their intentions accurately without overwhelming them), and so help them:
  - learn how to pay attention to and understand what they are experiencing
  - reflect on and understand their own (and others') states of mind, and how these states of mind link to their behaviour

- An ability to draw on knowledge that developing a capacity to accurately observe mental states depends on a healthy and consistent emotional interaction between children and caregivers, which only occurs when secure attachment is present

- An ability to draw on knowledge that when mentalisation breaks down (e.g. because the person is overwhelmed by the intensity of their emotions), non-mentalising modes can come to the fore – e.g., where the person:
  - equates their internal experience with reality (e.g. making it hard to even consider alternative explanations or perspectives)
  - struggles to create a bridge between inner and outer reality, making it hard for them to make a meaningful emotional engagement with the external world
  - focuses on understanding others in terms of physical rather than mental actions (e.g. needing to be hugged in order to feel that the other person has positive feelings for them)

- An ability to draw on knowledge of the importance of a capacity for mentalisation for the development of emotional wellbeing and self-regulation
- An ability to draw on knowledge of the relationship between difficulty in mentalising and vulnerability to mental health difficulties

- An ability to draw on knowledge that attachment can be a helpful lens through which to consider children/young people's behaviour and reactions, towards staff and other children/young people in the unit, e.g.:
  - a child/young person who is very attentive to the time staff members spend with other children/young people, but rejects staff who try to make contact with them
- An ability to draw on knowledge of the importance of staff maintaining the unit as a 'safe' space, within which the development of relationships with others can be discussed thoughtfully with all parties