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Using the DMM in the treatment of troubled adults: three cases

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Topic: Clinical practice

A case conceptualization of three dual diagnosis (or co-occurring disorder) patients using drugs and particularly treatment resistant. These patients did different types of psychotherapeutic and psychosocial and medical treatments, some also following the guidelines of evidence-based literature matching the kind of diagnosis. Two of them has a Borderline Personality Disorder diagnosis according the DSM IV criteria and they did a Dialectical Behavioral Therapy and a residential treatment in a Therapeutic Community. One of them used methadon in maintenance therapy. The incidence on the psychopathological development of traumatic events, emerged clearly during the treatment. Thinking again about the conceptualization of the case using theories that explain how trauma change the way people react and cope with their lives was needful! These new lenses were effective but not enough to understand how these specific persons in a certain contest become the way they are and which kind of treatment they need to modify their mental illness. Reviewing the conceptualization using the DMM model, offered a more effective theoretical frame to understand how the different psychological variables intertwine and how identify a tailor-made treatment.

How it used the DMM

The principles of the DMM and primarily the exploration of the different contest of danger, the kinds of self-protective strategy and their purpose, the way the information was processed, was used in the therapy session during the clinical interview. The principles have become a mental map for the psychotherapist. The map oriented towards the following interventions: what specific question to do, what question to choose, what to observe to identify the procedural memory in action into the relationship, what kind of therapeutic interventions are more effective to promote integration.

What it can contribute to the DMM

One of the DMM main point, is how people protect themselves and adapt to danger. People who presents severe mental illness and abuses of substance suffer a history of trauma. The consequences of the trauma seem so embodies into personality traits, symptoms and so on that it is very hard to identify the core aspect of their illness using only one kind of theoretical lens or the combination of plus. This work wants to show how the DMM can offer a theoretical frame more inspiring in that cases. The greatest limitation of this work is not having used the AAI interview coding system.