

# Issues in DMM Integrated Treatment: Bumps in the Road to Change

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# DMM Integrative Treatment is:

the application of  
theory, assessment & clinical practice  
about attachment and adaptation  
to intervention and treatment

# IASA working group meetings

- Bertinoro 2008
- Firenze 2014
- London 2015
- Miami 2015

# Principles of DMM Integrated Treatment

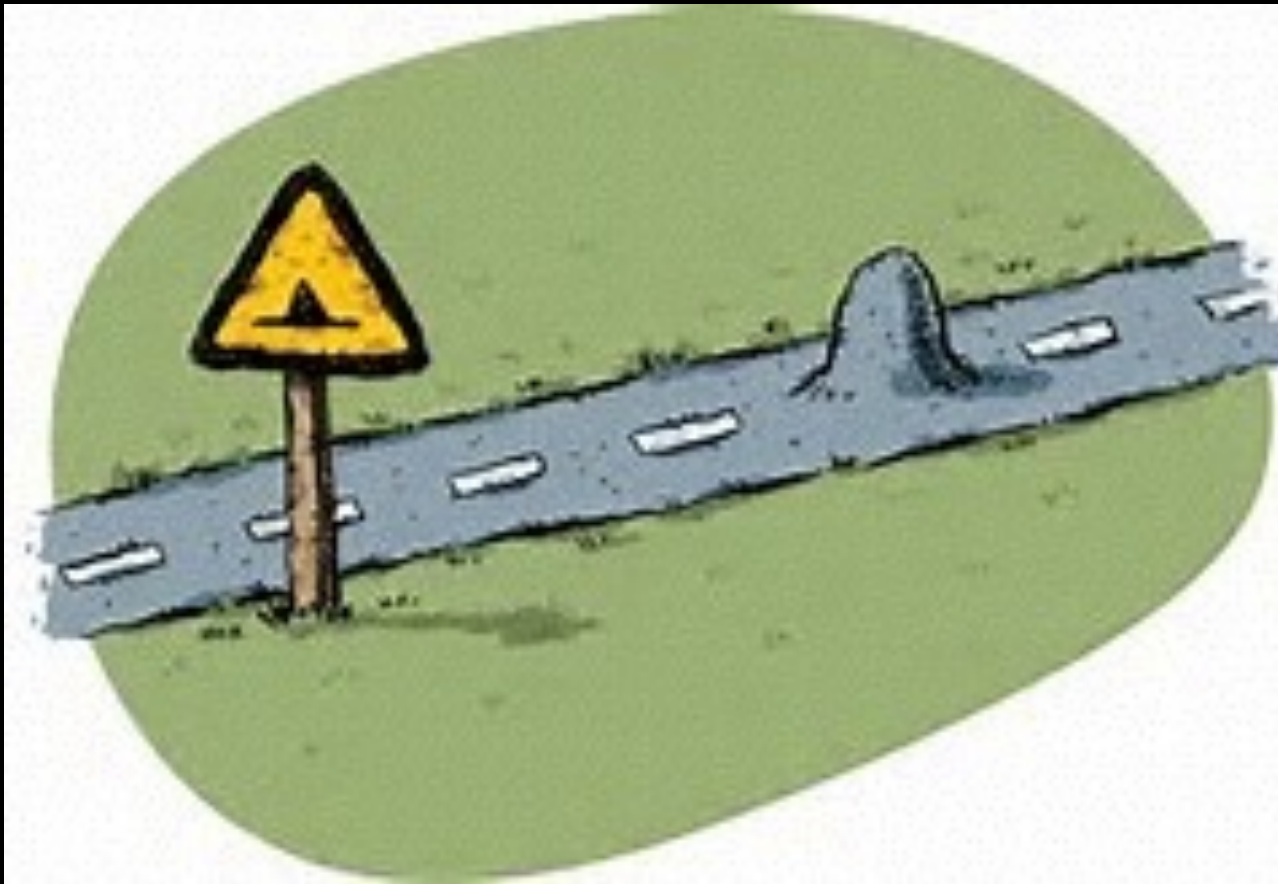
- 1. Construct a transitional attachment relationship**
- 2. “Repair” broken strategies**
- 3. Resolve past danger**
- 4. Increase the array of strategies**
- 5. Teach process of integration**

**Logical & theoretical order  
of principles**

**versus**

**Recursive & concatenated  
process of implementation**

# Bumps in the Road to Change

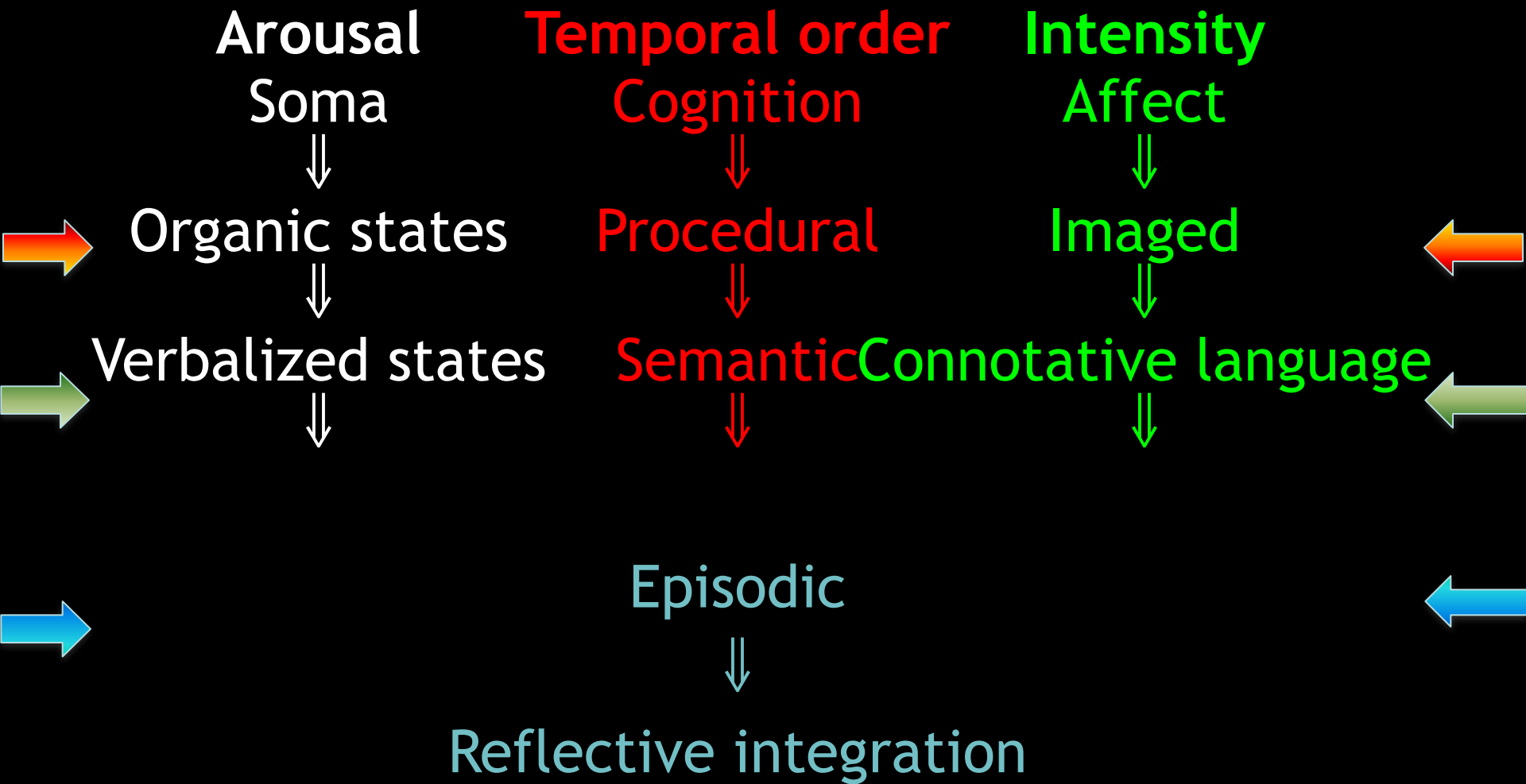


# People have multiple ways of making meaning

- Explicit or implicit
- Verbal or non-verbal
- Affective or cognitive
- Focused on self or focused on others
- ....



# Multiple dispositional representations



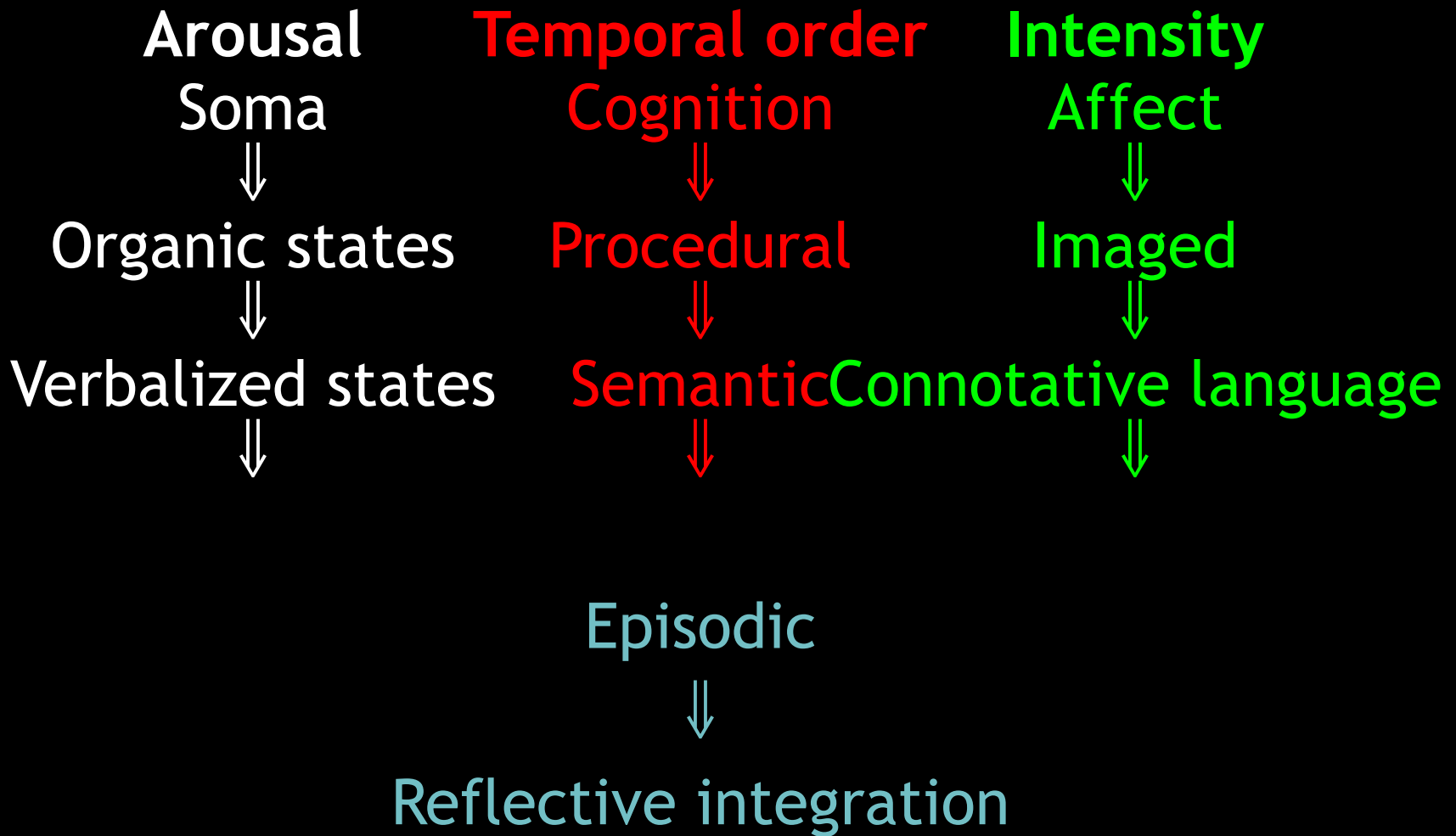
# People have multiple ways of making meaning

- **Dispositional representations** (DR) of danger, safety and comfort.
- Each DR disposes a different protective behavior.
- Experience teaches which DR best disposes adaptive protective behavior.
- DRs formed very early in life may be hard to connect to a specific context (this can be maladaptive).

# People have multiple ways of making meaning

Getting used to a specific way  
of making meaning about danger  
= attachment strategy.

# Multiple dispositional representations



# Multiple ways of making meaning in each family

## Each family member:

- makes a unique strategic contribution to the safety and comfort of the family.
- needs to be protected and comforted in a different way.
- contributes, with their behavior, to the context of strategic learning in the family.

# Assessing multiple ways of making meaning in a family

A DMM framework and DMM assessments

# DMM assessments

- CARE-Index: Infancy
- CARE-Index Toddlers with Frustration & Repair task: Toddlerhood
- Strange Situation: Infancy
- Preschool Assessment of Attachment (PAA): 2-5 years
- School-Age Assessment of Attachment (SAA): 6-13 years
- Transition to Adulthood Attachment Interview (TAAI): 16-25 years
- DMM-Adult Attachment Interview (DMM-AAI): adulthood
- Parents' Interview

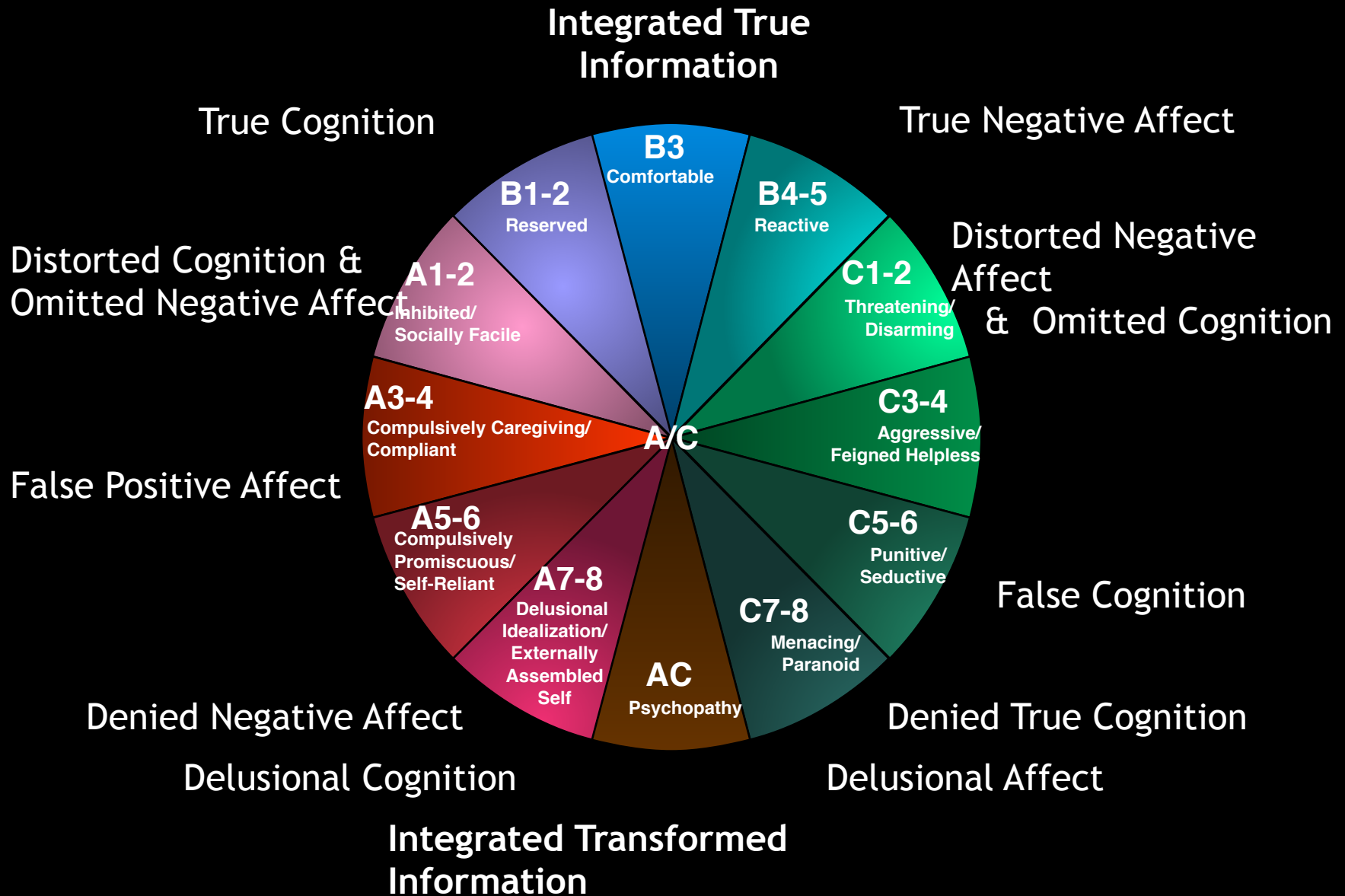
# Assessing multiple ways of making meaning in a family

## A DMM framework and DMM assessments

- DMM classificatory system for individuals:
  - protective strategies
  - modifiers
  - unresolved dangers
- Information processing meaning of classifications:
  - how DRs are organized
  - how DRs dispose behavior



# DMM self-protective strategies in adulthood



# Assessing multiple ways of making meaning in a family

Formally or informally?

- Intuition vs procedures (DMM assessments)
- “Slick” vs. “Thick” therapists



Slick as Sherlock Holmes ?



“Thick” as Lieutenant Columbo ?



# DMM Assessment outcome

## Family Functional Formulation (FFF).

How does each family member's strategy contribute to family functioning for protection and comfort?

# Family Functional Formulation

- **Critical dangers**
  - Organizing the family
  - Common interests vs. conflicts of interest
- **Critical causes of change** (Crittenden & Ainsworth, 1989)
  - Entry points to the family system
  - Working in multiple Zones of Proximal Development

# Effects of DMM Assessment

- **On the therapeutic relationship**
  - starts work on protection from danger
  - shows patients how the therapeutic attachment relationship works
- **On the planning of treatment**
  - Increases empathy for all family members
  - Minimizes iatrogenic harm by focusing on dangers





# DMM Assessment allows therapists to represent in their minds:

- A past that families cannot articulate
- A future that the families cannot yet imagine

Between past and future there is a road to change.



# But

In the road to change,  
there are **bumps**.

# A bump in the road to change

**Bumps** = an error, a misunderstanding, an unexpected effect, a disappointing event, a rupture in a relationship, a breach in interpersonal synchrony...

An opportunity for an implicit problem to become an explicit solution.

# A bump in the road

## The bump can:

- be perceived as dangerous and defended against
- focus attention on the interpersonal process
- initiate reflection on the experienced discrepancy
- lead to greater understanding

# Choosing a route to change

The therapists' contribution:

- treatment planning
- treatment implementation

# Explicit treatment planning

## Principles of DMM Integrated Treatment



- 1. Construct a transitional attachment relationship**
- 2. “Repair” broken strategies**
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- 4. Increase the array of strategies**
- 5. Teach process of integration**

# 1-Construct a transitional attachment

- Danger as focus of therapeutic relationships
- Personalized & contextualized therapeutic actions
- Getting to know each other through assessment
- Family as unit to be assessed (FFF)
- Therapists as attachment figures for the family

## 2 - Repair broken strategies

- Regulate chronic imbalances in arousal
- Contextualize strategy failures

# 3 - Resolve past danger

- How dangerous is the current context?
- When safe, examine information about past danger
- Put past dangers in the past
- Acknowledge present danger

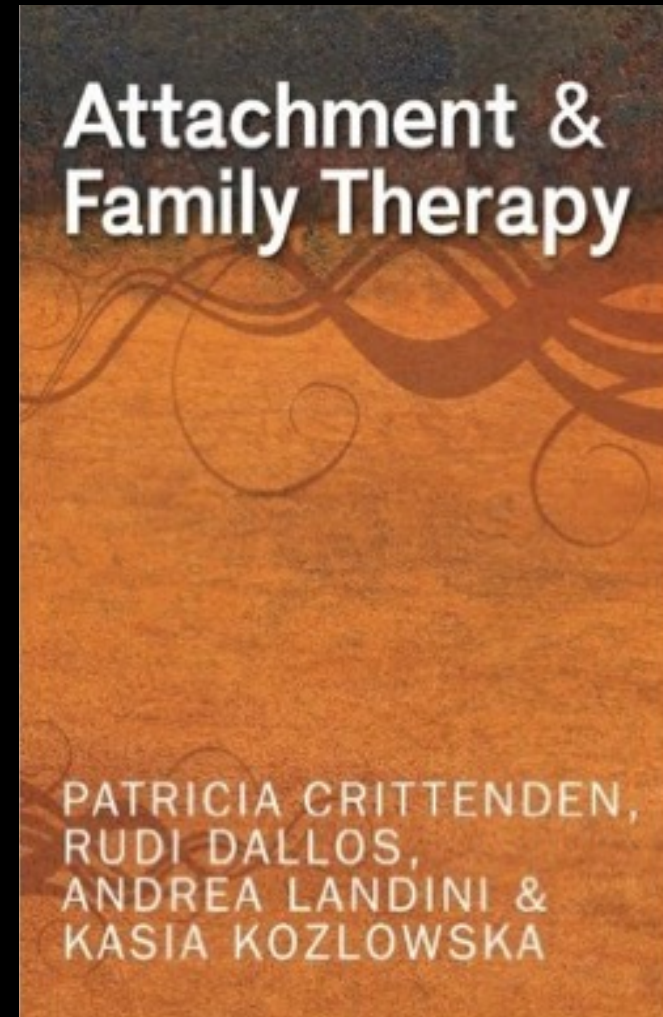
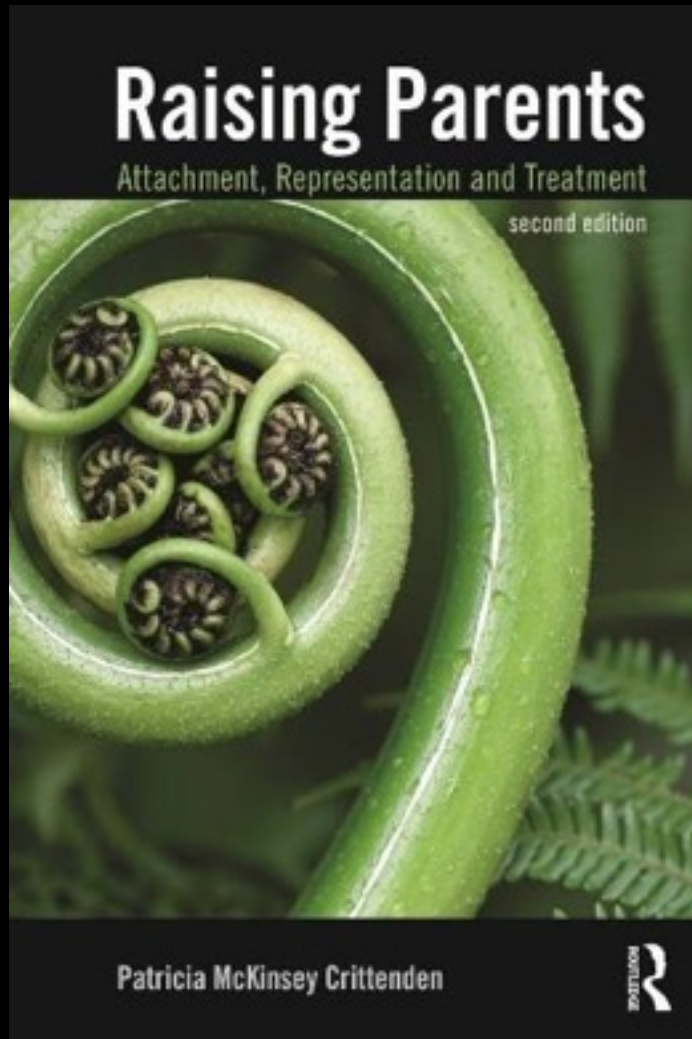
# 4 - Increase the array of protective strategies

- Observe current strategic functioning
- Put it in words:
  - Describe
  - Generalize
  - Interpret
- Generate alternative strategies
- Experiment with new alternatives

# 5- Teach process of integration

- Discrepancy: source of information
- Attend to possible discrepancies
- Perceive discrepancies
- Reflect on discrepancies
- Act on new reflection
- Seek feedback on actions

# Further reading:



**Implicit treatment  
implementation**

**Therapists' procedures  
and images**

**&**

**Therapists' personal  
self-protective strategies**



# Therapists' procedures and images

- Economic (pre-conscious, automatic)
- Taught by experience
- Reflect what the therapists do well
- Bumps can jolt therapists out of auto-pilot mode, into exploratory mode
- If this is allowed!

# Therapists' personal self-protective strategies

- How dangerous is treatment for therapists?
- Risk for therapists (or their families)
- Danger perceived without threat
  - “Wounds” in the therapists’ family of origin (Whitaker)
- Information processing biases

# Therapists' training & supervision

- Focus on experienced danger
- Focus on therapists' DRs
  - professional
  - personal
- Personalized
- Self-exploration becoming procedural and imaged

**How are bumps in treatment  
generated?**

**As families and therapists  
collaborate in treatment  
each doing their jobs.**

# Families' Job #1 Therapists' Job #1

Present a problem, as precisely and completely as possible.

Never take what a family says at face value.

## Possible bump

“They don't understand what the real problem is!!”

# Families' Job #2 Therapists' Job #

Refuse  
treatment that  
seems  
dangerous.

Prevent danger,  
even if this  
causes distress.

## Possible bump

“It’s too dangerous  
to do/not to do this!”

# Families' Job #3 Therapists' Job #

Refuse  
impersonal,  
“one size fits  
all” treatment.

Offer tested  
therapy that  
reflects good  
professional  
standards.

## Possible bump

“They don't understand that this  
could/could not work!”

# Families' Job #4 Therapists' Job #4

Keep therapists interested, but not interfering.

Keep families committed, but not dependent.

## Possible bump

“You care too much/too little!”



# Families' Job #5 Therapists' Job #

Seek to know  
what the  
therapists really  
think.

“Tell all the Truth  
but tell it slant-  
Success in Circuit  
lies”

Tell all the Truth but tell it slant-  
Success in Circuit lies  
Too bright for our infirm Delight  
The Truth's superb surprise  
As Lightning to the Children eased  
With explanation kind  
The Truth must dazzle gradually  
Or every man be blind-

EMILY DICKINSON

# Families' Job #5 Therapists' Job #

Seek to know  
what the  
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“Tell all the Truth  
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Success in Circuit  
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## Possible bump

“Why did they say/did that?”

# Families' Job #6 Therapists' Job #

Keep information about danger in its proper place (at the forefront, or tucked away).

Show families new places to put information or to look for information.

## Possible bump

“Why don't we deal with you/we feel?”

## Families' Job #7 Therapists' Job #

Use resources  
parsimoniously.  
Not too much  
treatment.

Let families  
handle problems  
they are ready  
for, not more.

### Possible bump

“Couldn't we deal with this  
on our own?”

# Families' Job #8 Therapists' Job #

Use resources  
efficiently.

Not too little  
treatment.

Go to the heart of  
the problem,  
finding the critical  
link between past  
and present.

## Possible bump

“Isn't it time to finish/continue?”



# How to best handle bumps?

- Should we try to avoid bumps?
- Or seek them, even try to create them?
- Who is in charge of getting back on the road after the bump has been hit?
- How should responsibility for what happened be attributed?



# Professionals' roles in treatment

- Stay alert for discrepancies
- Pay special attention to somatic and affective DRs (“feeling” the ruptures)
- Facilitate interpersonal communication
- Assist repairing processes
- Model this adaptive process for the families by keeping it visible and highlighting it.

# Restoring self-organizing abilities of a family system

Restoring trust of family members **in their own minds** to:

1. Produce adaptive protective strategies

2. Test them safely



**How should bumps  
be dealt with?**

**With excitement and  
interest,  
as an opportunity  
for exploration.**