



Silvana Milozzi, PhD

How I use the DMM for diagnosis and treatment with children and families: *A perspective from Argentina*

I had my first contact with attachment theory in 2001 when I was training to be a Post-rationalist Cognitive Therapist. I was particularly impacted by Vittorio Guidano's ideas about attachment being a self-referential process which is necessary for the construction of a stable sense of self. Through Guidano's writing, I became fascinated with attachment theory. I loved reading Bowlby, and soon became particularly interested in Crittenden's DMM.

In recent years, I have trained in the DMM and incorporated the model into my clinical work with patients and my teaching. I integrate Cognitive Therapy with the DMM and I find the DMM particularly useful in my work with families.

When I work with children and their families, I include DMM assessments (ICI, TCI, PAA, AAI) so I can understand what is going on in that particular family, leading to a case formulation. The case formulation offers hypotheses about the reasons why symptoms emerge, and how environmental, interpersonal, and intrapersonal factors shape them. This formulation makes it more likely that the therapist will adapt techniques to each family and each family member's circumstances — including how interventions are chosen and implemented, and how progress is evaluated. Having a well-founded formulation also permits us to foresee what obstacles may appear in the treatment and suggests pathways to overcome therapeutic dilemmas.

The DMM has given me an invaluable tool that allows me to reformulate the problem the parents bring me on the first interview. I try to help the parents understand how their child's symptoms function strategically — for example, as a strategy to make the parents more

emotionally available. Together, we collaborate to make that family's environment safer for the child.

In addition to the work with the parents, I also work with the child with behavioral or cognitive techniques which are selected according to the problem and the age, interests, and zone of proximal development of the child. Working with the DMM as a framework has been helpful in different ways. In the first place, using the DMM, we move beyond the idea that the child is the only problem. For example, we can easily see that when the parental environment changes, the child also changes.

I have found the AAI especially helpful. It provides a lot of information about parents' self-protective strategies, and it also helps me to be more understanding and empathic towards them. I usually discover that those parents who had a difficult childhood are better with their children than their own parents had been with them. And more importantly, when we are able to understand the parents, we can help them provide a safer environment for their child. This makes the changes more stable.

A case example (names are pseudonyms):

Blanca's parents were referred to me by her previous therapist when Blanca was 24 months old. They had begun psychotherapeutic treatment for Blanca, which had been recommended by Blanca's neurologist because she had difficulties in self-regulation, pulled out her hair, and knocked her head against the wall when she was upset. Notably, these behaviors were manifested only in the presence of her parents; Blanca behaved cooperatively in kindergarten, with her grandparents, and with other adults who looked after her. The psychotherapy they had tried before did not

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work, probably because the therapist treated Blanca's behavior as being maladaptive and used techniques to modify Blanca's behavior, while ignoring the strategic function of her behavior.

After two interviews with both parents, where they introduced me to the problem as they saw it and we talked about their family functioning, I suggested a TCI. This clearly showed Blanca's C strategy and how highly aroused she got when her emotionally withdrawn mom did not respond to her.

After that, I arranged a series of sessions where Blanca's mother learned how to respond to her contingently. I also helped the parents to make some changes in the family's functioning such as structuring schedules, getting up at a regular time, and regular meal times. Blanca's mother also decided to reduce her working hours, because she currently worked nine hours each day and she arrived home too exhausted to have energy for caring for Blanca. I also helped Blanca's mother and father to set limits with her in a consistent and loving way.

The result was wonderful. Blanca's parents understood why she behaved as she did. Blanca was no longer a mystery to them or labelled in their minds as somehow 'sick.' With this more accurate understanding, they could respond in more attuned ways, and Blanca did not need to hurt herself anymore. She became more cooperative with her parents, as she was with other adults, and her parents felt a lot better as well.

I have worked as a therapist for 17 years, done many trainings and studied a lot about theories of personality. I feel that DMM theory and assessments give us a comprehension of human problems that no other theory does. I have found that the DMM can be integrated well with many therapies such as cognitive therapy, and is essential when we work with children, teenagers, adults and families.

Silvana Milozzi, PhD is a cognitive psychotherapist and trainer in Argentina. She is an associate professor at Universidad del Salvador and Universidad Salesiana. She has also trained and mentored cognitive therapists since 2007. Contact: smilozzi@yahoo.com.

References and related reading:

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IASA and FRI Forum

The DMM has influenced the thinking and work of a global community of practitioners and academics. Together, through our diversity of background, we bring knowledge, curiosity, and a deep appreciation for the complexity of human adaptiveness. However, as we live in so many countries, it can be difficult to connect, collaborate, and share ideas.

Therefore, IASA and FRI are introducing a new online forum. The forum will provide a space for (1) peer-to-peer discussion and (2) answers to factual questions by DMM experts. IASA and FRI are in the process of establishing a panel of experts who will answer your questions. Often, they will do so in short videos that will be uploaded to YouTube and disseminated with the forum community, as a source for learning and further discussion.

Stephanie Wilson and Alexander Jack are Outreach Editors for DMM News



Alexander Jack



Stephanie Wilson



Clark Baim
DMM News Editor

How are You Using the DMM?

In this issue of DMM News, we are excited to bring you a fascinating article and case study from Silvana Milozzi, based in Argentina. Silvana's article beautifully illustrates how the DMM and DMM assessments can be helpful in improving the accuracy and effectiveness of therapeutic interventions with children and families. It is a highly recommended read.

Stephanie Wilson and Alexander Jack are continuing to develop some really exciting online resources.

They mention the IASA and FRI Forum, and there will be much more in store in the coming months that will help to bring the world-wide DMM community together in a more cohesive way.

If you would like to share your experience and your thoughts about how you are using the DMM, please contact me using the details below, and I will be pleased to consider your writing for the DMM News. I am eager to hear from you!

Clark Baim, DMM News Editor

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