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Can the DMM Solve Thomas Insel's Problem?

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with Rudi Dallos, PhD, Andrea Landini, MD, Susan Spieker, PhD, & Lane Strathearn, MD, PhD

Thomas Insel, a leading neuroscientist, psychiatrist, and former Director of US National Institute of Mental Health, said **there has been no improvement in mental health treatment in 25 years**; others concur^{1,2,3,4}. The stagnation probably exists since the introduction of psychotropic medication a half century ago. Insel noted that DSM-5 did not provide a new paradigm. He concluded that: *"We first need to get the phenotype right.... Perhaps we are not even ready to know what genotype to look for because we don't yet have the behavior or the cognition right. We need to know what ecological behavior looks like."* Ironically, he failed to mention development even though he noted that all serious dysfunction begins in childhood⁵. He went on to say that **"Intervention has been a series of silos. No one has tried bringing them together."**

The DMM addresses exactly these issues:

1. **Phenotype with ecological validity: The DMM describes learned strategic responses to threats to survival and reproduction and how these responses can become maladaptive.** The DMM ties adaptation to maturation and experience (the past context of brain organization)

and to the present context (the basis for current adaptation). The DMM describes learned psychological patterns of information processing that underlay protective strategies. Moreover, the DMM has a life-span set of assessments based on individuals' behavior and words (rather than clinical opinion or patient report). The DMM offers both a behavioral phenotype of dysfunction and also links the phenotype to both prior experience and consequent neurological organization^{6,7,8,9}.

2. **Paradigm shift:** After decades studying genetic, cellular, and neuroimaging bio-markers for mental illness, Insel abandoned each as the potential paradigm shift because "bio-markers are at least as complex as behavioral markers." True, but Insel failed to take the systemic step of integrating levels of information around evolutionary goals. The DMM focuses on the ultimate cause (species survival) and proximal causes (individual safety and reproduction) as they affect adaptation. Brain development is viewed as the interactive link between genetic potential and actual experience, with attachment relationships providing the context for brain development^{7, 10,11,12}.

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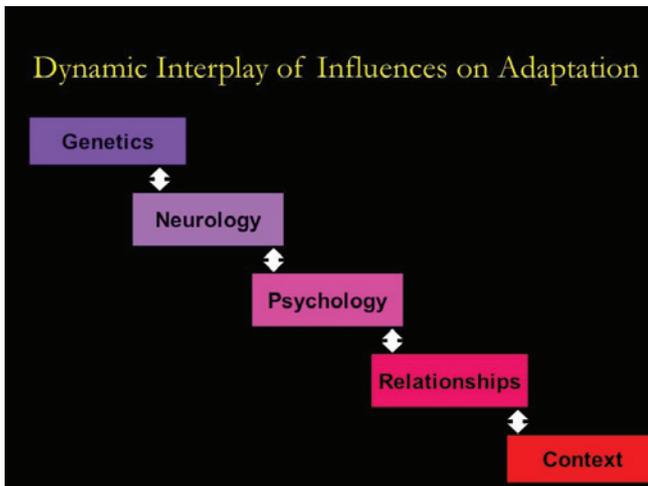
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"Until we fix the diagnostic system, we probably will not be able to fix the therapeutics."

Thomas Insel
2018



Simply put, survival depends upon dynamic integrated processes from genes to culture. This is not, however, a theory of everything; it is a parsimonious theory of organized functioning to promote survival (see Figure).



The DMM constitutes a paradigm shift in how to answer questions about maladaptation: what it is, how it comes to be, and how its detrimental impact can be lessened. Rather than focusing on hypothesized medical diseases or attachment insecurity, the DMM addresses the conditions that promote adaptation. It posits a dynamic interaction between levels of organization (from genes to culture) that repeatedly coalesce as protective strategies for threats to survival at given moments in time in the context of specific personal and interpersonal resources. These strategies continuously reorganize as individuals mature, resources change, and new threats appear. Crucial to this shift in perspective are (1) the move from individual disorder to the systemic embedding of individuals in layers of influences, (2) the emphasis on attachment relationships as promoting immediate survival and long-term learning of how to survive, and (3) recognition of the multiple entry points at which change can be initiated. Casualties in adaptation are reframed as mismatches between context and competency that can be modified.

3. **Integrative treatment:** DMM Integrative Treatment^{7,13, 14,15} draws from all treatment theories and modalities, requiring only that the effects of each treatment act be understood sufficiently to permit designation of what the intervention can do, for whom it can do it, and under what conditions. DMM protective strategies define crucial differences among the recipients of treatment and DMM developmental and information processing theory provides a basis for considering the order of treatment approaches for individuals and families.

It seems that the DMM has the rudiments of a solution to a half century of stagnation in mental health treatment^{16, 17, 18, 19, 20}. Our problem is getting the news out and engaging top scientists in testing hypotheses drawn from DMM theory. Can you help accomplish this?

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Diagnostic Systems and Efficacy of Treatment: The DMM is the Answer

The results of decades of research in an evidence-based perspective have confirmed that psychotherapy is moderately effective for a series of mental diseases. However, this effect seems associated more with non-specific factors (such as the personality of the clinician or the quality of the clinical relationship) and with the severity and complexity of the symptomatology rather than with a specific diagnosis or a particular therapeutic technique (*Recognition of Psychotherapy Effectiveness*, American Psychological Association, 2012). The development of hundreds of psychotherapy models and years of research on therapeutic techniques have therefore produced limited results. At the same time, research into genetic, molecular or cellular factors associated with mental illness has also produced disappointing therapeutic results with too complex data. Recently, the psychiatrist Thomas Insel, former Director of US National Institute of Mental Health, has suggested that **the limitation of the efficacy of the treatments could derive from a lack of a valid and fixed diagnostic system**, capable of describing and conceptualizing the ecological behavior (the phenotype) and, consequently, enabling the genetic characteristic (the genotype) of a particular patient with mental disease to be identified. Moreover, Insel stated

that no one has tried to bring together and integrate different models of diagnosis and intervention.

In this issue of DMM News, **Patricia Crittenden and her colleagues discuss Thomas Insel's ideas** and demonstrate how **the DMM shows the way to resolve this problem and improve the efficacy of treatment**. "Rather than focusing on hypothesized medical diseases or attachment insecurity," they observe, "the DMM addresses the conditions that promote adaptation." Following a real biopsychosocial perspective, it considers a dynamic interaction between different systems and different levels of organization (from genes to culture) and identifies the patterns of information processing that characterize that particular protective strategy, considering maturation, experience and the specific life context. In this way, integrating different theories and techniques, the DMM can be a valid guide for tailored treatment approaches for individuals and families, indicating "what the intervention can do, for whom it can do it, and under what conditions."

At the end of the issue, some information is provided on the **IASA's 10-Year Anniversary Celebration** in Florence, Italy, June 12-14, 2018.

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IASA's 10-Year Celebration in Florence

June 12 - 14, 2018, Florence, Italy

The Location

Istituto di Terapia Familiare di Firenze

Via Masaccio, 175, 50132 Firenze

YOU are invited!!!

To register, go to:
<https://www.iasa-dmm.org/conference/florence>

For more information on dates, locations and prices of the workshops and courses on The Family Relations Institute website: www.familyrelationsinstitute.org.



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