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DMM-Informed Basal Exposure Therapy.

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Topic: Clinical practice

As a psychotherapeutic model, Basal Exposure Therapy (BET) is associated with 3rd generation of cognitive behavioral therapies. The patient's habitual avoidance of existential fear is seen as the cause of his or her mental disorder, and accordingly the solution will be exposure to fearful inner experiences. The focus in treatment is on how the patient *here and now* chooses to relate to his or her innermost fear, and how the BET-team can facilitate exposure and acceptance. Though mechanisms described in object-relational-oriented psychodynamic psychology may contribute to improvement of the psychopathological condition, the BET-patient is consequently seen and met as an accountable adult individual. At an inpatient unit for patients who present with severe mental disorders and excessive suicidal behavior we have through the last decade systematically used the DMM to provide an overall treatment context that counteracts behavioral disturbances and normalizes interaction. Furthermore, DMM is methodically used to inform the individual treatment processes. The BET-team uses DMM-information to facilitate

- a) therapeutically productive and goal-oriented communication and interaction with the individual patient (i.e. establish a therapeutic relationship and a sufficiently solid working alliance)
- b) collaboration regarding BET-specific treatment goals (i.e. promote acceptance of unpleasant inner experiences)

To establish DMM as a standard tool for informing the treatment processes the BET-team has developed and implemented

- 1) a cost-effective consensus procedure that the BET-team uses to identify the individual patient's use of attachment strategies and his/her alterations of attachment strategies in the course of treatment (observation, reflecting team, collective assessment)
- 2) specific and complementary therapeutic strategies for how to communicate and interact with respectively patients who use predominantly A- or C-strategy (both milieu-therapeutic and psychotherapeutic interventions)
- 3) a feedback-based therapy supervision format for skills-training and program-adherence enhancement

How it used the DMM

In the context of BET, the DMM informs the choices and adaptations of interventions in accordance with the BET-specific treatment goals. Information obtained from the referral and by observations of the patient in the initial clinical interview are used to make a tentative DMM "diagnosis". During the first days of inpatient treatment, systematic and coordinated observation of patient behavior and interaction are used to calibrate the DMM-evaluation. The treatment plan depicts the patient's typical attachment strategies and the specific BET-interventions that accordingly should be used to facilitate achievement of the predefined treatment goals.

What it can contribute to the DMM

All treatment models identify a *specific pathological mechanism* and a *set of interventions* that may alter this mechanism. The DMM *is not* a treatment model, but may be seen as an extremely advanced and comprehensive “diagnostic” classification system. As a DMM-informed treatment modality, BET may serve as *one* example on how DMM information can be used to enhance achievement of model-specific treatment goals. By presenting the DMM as a tool that facilitate the explicitly communicated ambition of a treatment model the academic field may become more open and attentive to the clinical value and potential of the DMM.