

Issues in DMM Integrative Treatment: Bumps in the Road to Change

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DMM Integrative Treatment is the application of theory, assessment, and clinical practice about attachment and adaptation to intervention and treatment. This talk will review the ideas about treatment that emerged during the IASA Working Group meetings about DMM Integrative Treatment. A crucial notion was identifying the differences among family members' multiple ways of making meaning (that is, multiple dispositional representations or DRs) of experiences of danger, safety, and comfort. These can both reveal aspects of family functioning and also inform therapy. Assessing DRs systematically is a central to the construction of therapeutic relationships and treatment planning, particularly Family Functional Formulations (FFF). An FFF articulates hypotheses about the critical dangers that organize the interplay of family members' protective strategies and about the therapeutic approaches that might best expand and add flexibility to these. Further, good assessment helps to prevent iatrogenic harm from mis- or unguided treatment. Although planning is an explicit process, the therapist's implicit DRs largely regulate implementation during a therapy session.

Implicit representations can become explicit when there is a "bump in the road": an unexpected effect, a breach in interpersonal synchrony, a mistake, or a rupture in a therapeutic relationship. The discrepancy experienced by one or more participants in the intervention around the rupture can focus conscious attention on the interpersonal process and trigger reflective and integrative processes. Professionals' role in treatment might be conceptualized as carrying out explicitly agreed upon tasks in each family member's zone of proximal development. While doing so training oneself to perceive discrepancies, paying special attention to somatic and affective representations ("feeling" the ruptures) and using this knowledge to guide interpersonal

communication to repair the rupture. By keeping this process visible and explicit, professionals model for the families a process for adaptation.

A major goal is to re-activate the stalled or disabled self-organizing adaptive abilities of members of the family system; in contrast to patching up deficits. Restoring family members' trust in the ability of their mind to generate adaptive self-, spouse-, and child-protective strategies and to test their appropriateness in safe ways, may be the most cost-effective way to optimize resources.

Objectives

1. Discuss how to tailor treatment to self-protective strategies and symptom behavior.
2. Emphasize Family Functional Formulations (how the family system has adapted to danger) as crucial to promoting change.
3. Offer concrete ideas for treatment, including establishing transitional attachment relationships and working within family members' zones of proximal development.