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The clinical matching: interactions between patient's and therapist's attachment strategies in a DMM perspective.

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Topic: Clinical practice

Despite many methodological limitations and some conflicting results, research has evidenced that attachment patterns of the patient and the therapist significantly influence the therapeutic process and the outcome of the treatment (Baldoni & Campailla, 2017). By analyzing patient's attachment strategy, therapist may organize the most appropriate interventions, considering the patient's specific ability to process cognitive and affective information. A therapeutic attitude complementary to the patient's attachment pattern seems particularly important at the beginning of treatment, if it comes to signify a gratification of the patient's needs fostering a valid working alliance. With time, however, this complementary attitude can become collusive leading to avoidance of problematic areas. Therefore, the clinical task requires continuous adaptation to the patient's mental states and needs. Clinicians' attachment strategies, however, tend to differ from those of the general population, with a higher proportion of unresolved traumas or losses. These features may underlie their choice of a helping profession (Wilkinson, 2003; Lambruschi, 2008), but they inevitably influence the clinical relationship. If a Type B therapist is more able to modify his behavior depending on the characteristics and needs of the patient, unresolved Type A or C therapists might be relatively adequate only in treatment of patients with opposite attachment configurations, since a partial compensation of the respective ability to treat cognitive and affective information occurs. Studies have shown, in fact, that this condition is frequently related to a satisfactory therapeutic relationship, especially if the therapist is dismissing. But enactments may also occur, along with omissions and misunderstandings concerning unresolved trauma and losses or the neglected areas in information processing (such as affectivity for A subjects and cognition for C). One of the consequences may be poor therapeutic compliance or even abrupt withdrawal from treatment.

How it used the DMM

The DMM was used to discuss the clinical matching between the attachment strategies of the clinician and the patient, considering its influence on the clinical relationship, and on the therapeutic process and outcome. Therapists using B strategies may be advantaged in their capacity to adapt their behavior to the patient's needs, but also adaptive attitudes in the interaction between Type A or C clinicians and Type A or C patients can be explored.

What it can contribute to the DMM

The DMM approach places the individual and their family in their context and in the life span, considering the function of human behavior (normal or pathological) and the specific way cognitive and affective information is processed to protect from danger and to improve adaptation. Analysis of the interactions between the attachment strategies of clinicians and therapists is a relatively new field of study, neglected by other attachment-based theoretical models, that can foster efficacy of a treatment based on the DMM, offering health professionals and psychotherapists important information for the analysis of clinical problems and the organization of the intervention.