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

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# *Attachment patterns of the patient and the clinician*

- 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).
- Meta-analyses have shown that
  - Patient and therapist safety is related to the development of a valid working alliance (Dozier et al. 1994; Diener, Hilsenroth & Weinberger, 2009; Monroe & Diener, 2011).
  - The characteristics of the therapist explain 5-7% of the therapeutic variance (effect of 5-8 times higher than the type of treatment)(Baldwin & Imel 2013)
- 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

# Attachment, Working Alliance and therapeutic relationship: What makes a psychotherapy work?

**Franco Baldoni & Alessandro Campailla (2017)**

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**Abstract**

The results of the evidence-based research have confirmed that various models of psychotherapy produce very positive results, but no psychotherapeutic technique has shown a significant superiority compared to the others. A factor significantly related to patient satisfaction and to the final result of psychotherapy seems to be the quality of the therapeutic alliance or Working Alliance, and the attachment paradigm has been used as a key for interpretation and assessment of this dimension. Despite methodological limitations, and the variability of the investigated dimensions, research has shown that attachment security of the patient and the therapist positively influence the quality of the relationship, the therapeutic process and the outcome of the treatment, while insecurity in attachment, particularly preoccupied type, is associated with a lower quality and instability of the alliance and a decreased therapeutic efficacy.

# How to use the DMM (in psychotherapy)

- The DMM pays attention to the attachment patterns of the patient and the therapist and considers their matching
- By analyzing the configuration of attachment of the patient, the therapist may organize the most appropriate relational and therapeutic interventions (including interpretations) by considering the patient's (and his family) specific ability to process cognitive and affective information
- The therapist needs to be B in the clinical relationship, whatever is his attachment pattern

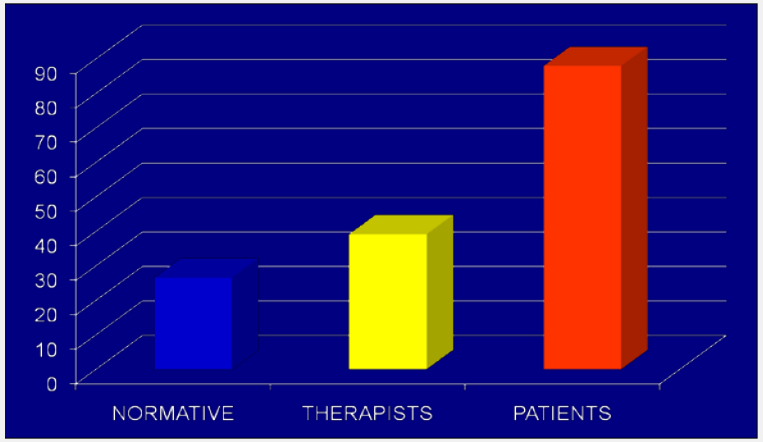
# Therapists' Attachment patterns

Tend to differ from those of the general population, with a higher proportion of insecure patterns and, in particular, unresolved trauma or losses (such as illness or death of a family member) that may be the basis of their motivation to choose a helping profession

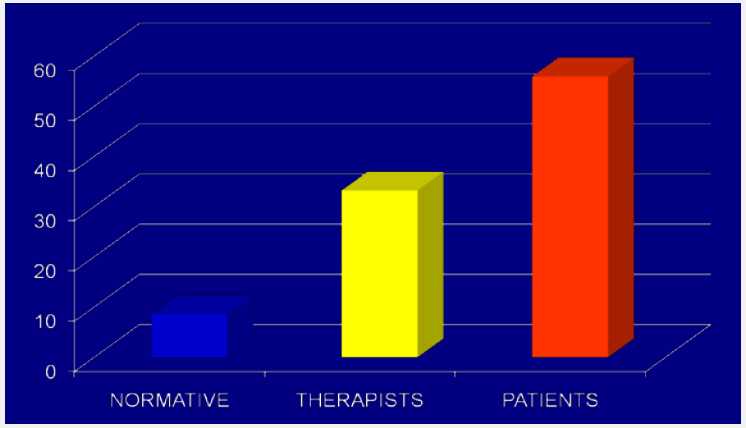
(Dozier, Cue & Barnett, 1994; Wilkinson, 2003; Lambruschi, 2008; Dinger et al., 2009; Holmes, 2009; Wilkinson 2003, 2008; Baldoni, 2010; Baldoni & Campailla, 2017).

| | | | ABCAC | | | | |
|---|---|---|---|---|---|---|---|
| | | | Type A | Type B | Type C | Type A/C | Total |
| 3 major groups | NORMATIVE | Count | 38 | 38 | 37 | 15 | 128 |
| | | % within 3 major groups | 29.7% | 29.7% | 28.9% | 11.7% | 100.0% |
| | THERAPISTS | Count | 17 | 13 | 11 | 10 | 51 |
| | | % within 3 major groups | 33.3% | 25.5% | 21.6% | 19.6% | 100.0% |
| | PATIENTS | Count | 34 | 0 | 29 | 37 | 100 |
| | | % within 3 major groups | 34.0% | .0% | 29.0% | 37.0% | 100.0% |
| Total | | Count | 89 | 51 | 77 | 62 | 279 |
| | | % within 3 major groups | 31.9% | 18.3% | 27.6% | 22.2% | 100.0% |

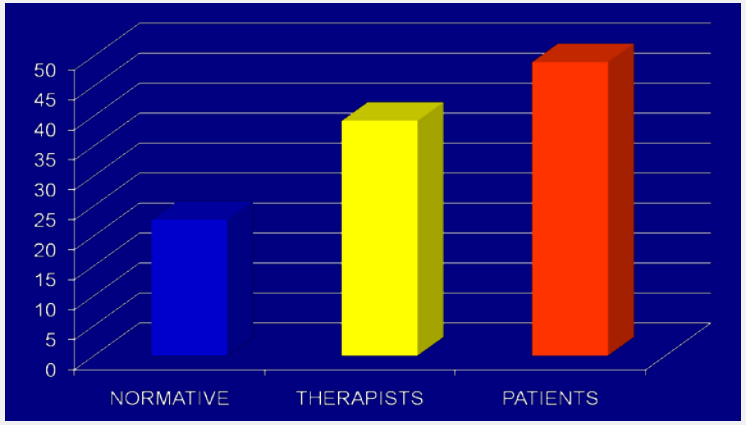
DMM-AAI - Italian sample, N: 279




Extreme Attachment Patterns




Unresolved Traumas




Unresolved Losses

(Lambruschi, 2008; Lambruschi et al., unupulished)



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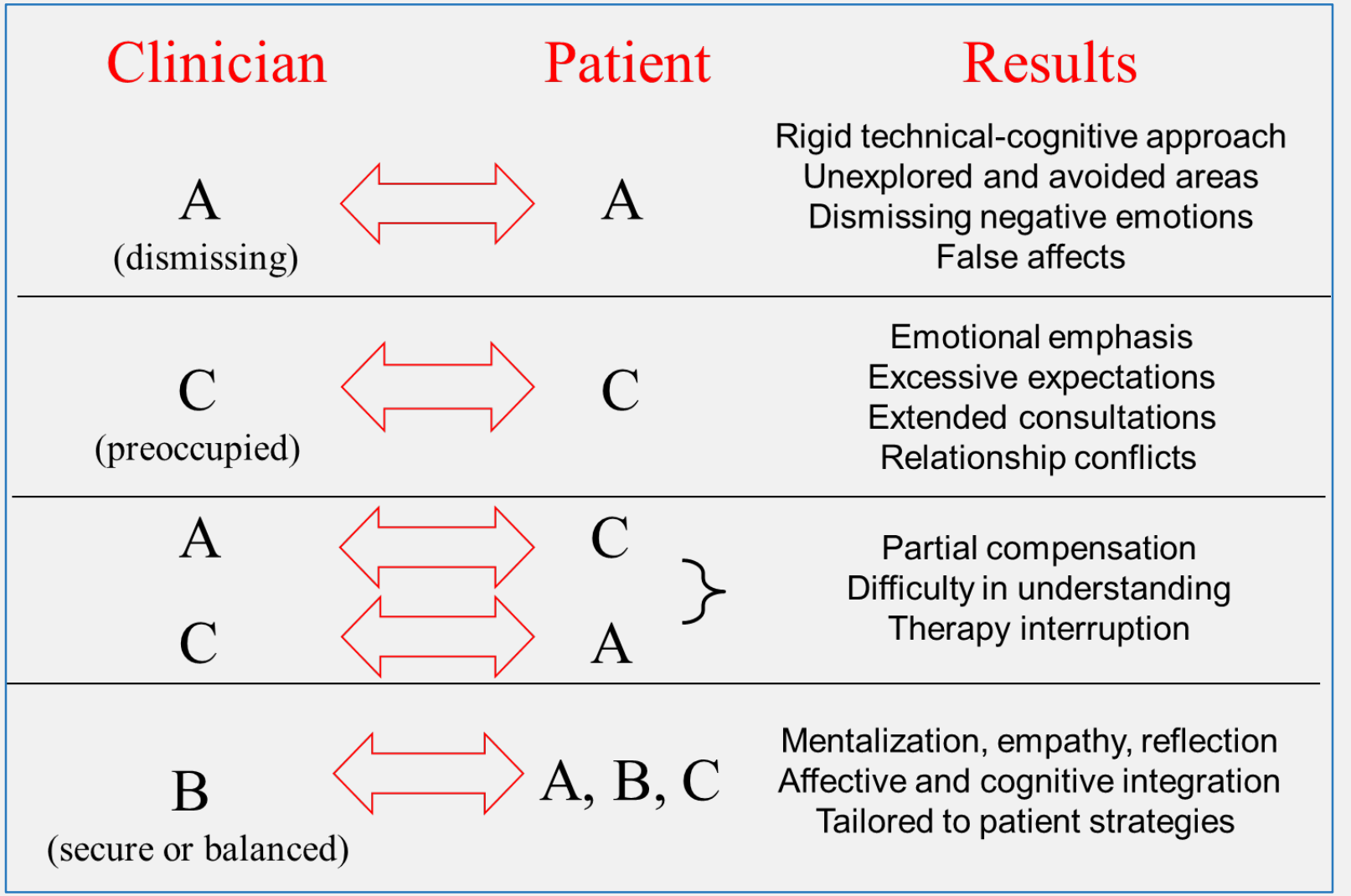
# The clinical matching




***In A+ and C+ the results could be very different***

# A Therapist vs A Patient

- Their attachment strategies will probably collude
- More directive interventions focused on rational aspects (rigid technical-cognitive approach, cognitive-behavioral prescriptions, intellectual explanations of disorders, focusing on the somatic dimension)
- Avoidance of problematic areas that remain poorly explored (relational problems, depression, fantasies of death or suicidality, unresolved losses or traumas)
- Systematic dismissing of negative emotions with the tendency for both to express false positive affects (such as smiling or joking when facing painful or scary topics)

(Baldoni, 2008, 2010; Romano, Janzen & Fitzpatrick, 2009; Baldoni & Campailla, 2017).

# C Therapist vs C Patient

- Tendency for both to emphasize the emotions and foster excessive and unrealistic expectations of treatment.
- It will be difficult to maintain relationships within proper limits, with the tendency to extend the consultations after a correct time.
- At the beginning they could have the impression of being on the same wavelength (as if they were friends), but, over time, intense transference neurosis will tend to manifest (due to the disappointment of mutual expectations), with controversy, quarrels, relational conflicts and possible interruption of therapy.

(Baldoni, 2008, 2010; Romano, Janzen & Fitzpatrick, 2009; Baldoni & Campailla, 2017).

# A Therapist vs C Patient (or C vs A)

- A partial compensation can occur. Studies have shown, in fact, that this condition is often related to a satisfactory therapeutic relationship, especially if the therapist is dismissing (Meyer & Pilkonis 2001; Bruck et al. 2006).
- Countertransference enactments may also occur, along with omissions and misunderstandings concerning the neglected or problematic areas of mutual attachment patterns (such as affectivity for dismissing subjects and cognition for preoccupied), with the consequence that difficulty arises in understanding and sharing of the results (Mohr, Gelso & Hill 2005).
- Consequences may be poor therapeutic compliance or even the abrupt withdrawal of treatment.

(Baldoni, 2008, 2010; Romano, Janzen & Fitzpatrick, 2009; Baldoni & Campailla, 2017).

# B Therapist vs A or C or B Patient

- Integration of mentalization, cognitive information, affects and communicative skills with a good ability to analyze problems
- The therapist will address the clinical relationship in a more conscious way and will work to adapt better to the patient's strategy and its specific characteristics and requirements (Tailored treatment)

(Dozier, Cue & Barnett 1994; Shorey & Snyder 2005; Romano, Fitzpatrick & Janzen 2008; Baldoni, 2008, 2010; Baldoni & Campailla, 2017)

# A taylored attitude

- **Dismissing patients (A)** need to receive clear information and organize thoughts in a relatively rational way, but also be helped in the expression of emotions, especially negative ones.
- **Preoccupied patients (C)** the therapist is more careful not to collude with his mental state and acts more firmly maintaining a constant psychological containment attitude to improve the regulation of emotions (Meyer et al., 2001; Purnell, 2010; Baldoni, 2008, 2010).
- At the beginning of the therapy, the relational attitude of the therapist can be organized in a relatively **complementary** way, by avoiding exposing him too early to excessively anxious or overly confusing conditions.
- Subsequently, the patient's maladaptive expectations needs to be **gradually disconfirmed**.

(Millinckrodt, Porter & Kivlighan 2005; Holmes, 2009; Baldoni & Campailla, 2017)

# A "dynamic" attachment relationship (three phases)

1. Initial agreement by the therapist (acceptance of the role unconsciously assigned to him by the patient)
   - Intellectual and rational attitude with A (Dismissing) patients
   - Greater flexibility and emotional participation with C (Preoccupied)(slight violations of the setting, extra sessions, phone messages)
2. Subsequently, the patient's maladaptive expectations needs to be gradually disconfirmed
3. Psychological reorganization of the patient

(Millinckrodt, Porter & Kivlighan 2005; Holmes, 2009; Baldoni & Campailla, 2017)



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