DMM Clinician tools from a lawyer's perspective: A clinicians circumplex, a Cognitive-Affective Aspects and Facets Worksheet, a DMM Danger List, and a DMM-based Change Process Model.

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Topic: Court work

I am a lawyer operating a private divorce and domestic violence litigation practice. I think the primary duties of my staff and I are to protect clients from danger and facilitate optimal decision making. To do this, we informally classify all parties involved in the dispute, and relate to them based on their apparent DMM patterns. To assist us, we developed several tools including a DMM Danger list, a clinical-oriented DMM circumplex (Conflict Model), a DMM-based Change Process Model, and a Cognitive-Affective Aspects and Facets worksheet (CAAF, v.5.2) which identifies 24 aspects of DMM self-protective strategies and describes 48 facets (24 each) for the opposite-functioning A and C strategy of each aspect. The tools are written for professional and client use. *Prevalence research study:* We informally assessed a cohort of clients (n=32) and all of their partners (total participants n=64) using a using a simplified 4-quadrant circumplex model (cognitive vs. affective and secure vs. insecure). We judged only one person to be potentially using B strategies. Two other notable findings: a majority of couples were an A-C pair, and domestic violence cases can be seen as usually involving an A-C pair (A-victim and C-perpetrator).

The *Cognitive-Affective Aspects and Facets* (CAAF) worksheet briefly identifies qualities the DMM sheds light on and how each quality, or aspect, presents differently in opposing strategies. Aspects include cognition, affect, self/other focus, causation, care, rescue, and rule handling. We hypothesize that shame and humiliation are distinct feelings and are critical qualities to understand and address for conflict management.

We experimented with having clients use the CAAF as a tool to assess their partner. This helps us, and allows the client to see that their partner has predictable, and therefore manageable, danger-related thoughts and behaviors. Results for predicting C-strategy use has been excellent, but not yet so for A-strategies.

How it used the DMM

The clinician's circumplex (which we are calling the Conflict Model) includes cues for essential DMM issues. It includes in one diagram category names and short quotes lying at the heart of the primary categories, 13 aspects and facets from the CAAF, identifies the odd-even dimensions of A and C strategies, and highlights the aggression-disarm oscillation in C strategies. It also has cues to show increasing or decreasing amounts of risk, information transformation, and integration.

The danger list helps us more quickly find unseen dangers that could be driving intense self-protective strategies.

We also created a *change process model* that incorporates cognitive and affective-oriented thinking, to guide us in staying present, patient as the client initially processes the problem with their own strategy, and then prepared to find the moment when the client is able to exceed their

zone of proximal development and incorporate information from the opposite mode of information processing.

What it can contribute to the DMM
Tools such as these help clinicians by making the DMM more accessible, and more quickly orient to basic DMM patterns that interfere with information processing, memory access, narrative quality, communication, and decision making, and help to identify relevant dangers.