IASA's 10-Year Celebration Abstract Book

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VENUE

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Edited by Franco Baldoni

Welcome to IASA's 10-Year Anniversary Celebration!

Our Celebration showcases the breadth of accomplishments of DMM clinicians, researchers, and theorists, all working together to improve treatment to people and families caught in the suffering that can follow exposure to danger.

The crowning achievement has been the articulation of the principles of **DMM Integrative Treatment**.

Underlying that is the work of many hundreds of clinicians and researchers. Clinicians of all types have explored ways to describe and assess maladaptive behavior (including mental health issues, child protection and criminality) that can lead to new and more effective forms of treatment. Researchers have tested the validity and generalizability of the observations of the clinicians. The result is a set of accomplishments that tie DMM practice to cutting edge science in the neurosciences, cognitive theory, developmental processes, sociological and cultural conditions, and treatment delivery.

Among our 10-year accomplishments, we highlight:

I. DMM Integrative Treatment

1. Articulation of the principles of DMM Integrative Treatment (Crittenden, Dallos, Landini)
2. Support for role of danger in dysfunction (ACEs, Filetti, 2009), with DMM adding protection/comfort, maturation, development and information processing (Crittenden)
3. Shifting to 'adaptation' as the outcome of effective treatment (from either mental health or attachment security)
4. New formulations of clinical conditions (autism, ADHD, eating disorders, PTSD, borderline personality disorder, sexual offending, somatic disorders, violent criminality) that can lead to new and more effective treatment (Brewerton, Crittenden, Dallos, Farnfield, Gullested, Haapasalo, Heller, Kozlowska, Kulbotton, Landini, Newman, Nørbech, O'Reilly, Ringer, Robson, Tooby, Wilkinson, Zachrisson)
5. New ways to adapt existing service structures to DMM advances (Darby, Nilsen, Quigley, Robson, Svanberg, Thomas, Tooby)
6. *IASA Family Attachment Court Protocol* (Allam, Baim, Carr-Hopkins, Crittenden, Farnfield, Grey, Landini, Oxford, Spieker, Whyte)

II. Publications to validate the DMM

1. Publication of a comparative DMM versus ABCD overview in Infant Mental Health Journal (Spieker & Crittenden)
2. 27 books (Baim, Baldoni, Barthel, Cena, Crittenden, Dallos, Elliott, Hautamäki, Hart, Landini, Landa, Letourneau, Sahhar, Sinkkonen, Stokowy, Vetere, Wilkinson)
3. Three Special Issues of *Clinical Child Psychology and Psychiatry* (Dallos & Vetere)
4. Ground-breaking research in the neuroscience of DMM attachment (Fonagy & Strathearn)
5. Ground-breaking research in intra-familial connections among self-protective strategies (Crittenden, Farnfield, Fonagy, Hautamäki, Kozlowska, Landini, Landi, Robson, Strathearn, Tooby)
6. 200+ articles in international journals (too many names to list here!)
7. Establishment of the *DMM News* (Blows, Baim, Crittenden, Letourneau, Baldoni)
8. DMM updates to attachment on Wikipedia (Farnfield)

III. DMM Assessments

1. Completion of a life-span set of DMM assessments for individuals and families (ICI, SSP, TCI, PAA, SAA, TAAI, DMM-AAI, Parents Interview)
2. Publication of validating studies for the SAA (Carr-Hopkins, Crittenden, De Burca, Farnfield, Kidwell, Kozlowska, Kwako, Landini, Noll, Putman, Robson, Tooby, Trickett, and more)
3. Publication of validating studies for the DMM-AAI (Allen, Baldoni, Crittenden, Fonagy, Hautamäki, Heller, Iyangar, Kim, Landi, Landini, Ringer, Strathearn, Zachrisson, and more)
4. Publication of 7 comparative DMM versus ABC+D studies, all of which validate the greater predictive ad explanatory power of the DMM (Claussen, Crittenden, Fonagy, Kulbotton, Rauh, Ahah, Spieker, Strathearn, Zachrisson, Ziegenhain)
5. Move from validation of assessments to use of assessments to understand human functioning

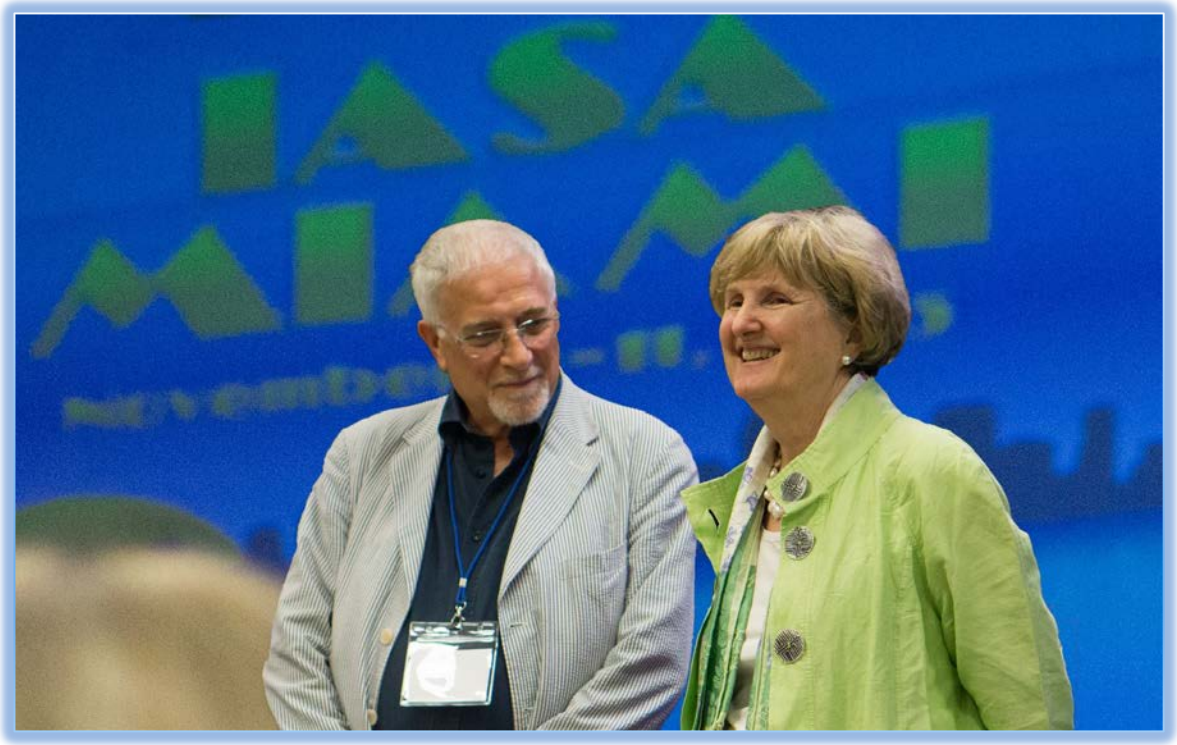
IV. University teaching of the DMM

1. Establishment of a Masters of Science program on DMM attachment at Roehampton University, London (Farnfield)
2. Establishment of university centers of DMM teaching at Plymouth University (Dallos), Roehampton University (Farnfield), and the Universities of Bologna (Baldoni), Chile at Santiago (Gonzalez), Helsinki Hautamäki), St. Petersburg (Pleshkova), and Seattle (Spieker).
3. The list of universities with DMM courses & text books grows.

As we look to the future, we hope to have more university involvement with teaching and research on the DMM, a more comprehensive DMM text book, more studies that formulate psychiatric disorders in familial ways that can improve treatment, more skilled and authorized people to carry out DMM court assessments, and more basic research on how cognition, affect, and somatic information are transformed by maturation and experience to yield the vast array of human adaptation that we observe in daily life.

More than anything, we hope to improve treatment to vulnerable individuals and families.

Patricia M. Crittenden and Rodolfo de Bernart (IASA's co-Chairs)



Courtesy by Vincenzo D'Innella Capano

Abstracts and Authors (alphabetical order)

Using the DMM to inform psychodrama psychotherapy techniques.

Clark Baim (UK and USA)

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Topic: Clinical practice

This presentation describes how I integrate the DMM in my work as a psychodrama psychotherapist. The presentation is based on a chapter I have written for a book about how psychodrama can be integrated with a range of models, methods, techniques and theories of treatment. In this presentation, I will briefly describe some of the key aspects of psychodrama as an approach to individual and group psychotherapy. I will then outline how the DMM can be integrated into assessment, case formulation, treatment planning and informing the moment-by-moment perceptions, reflections and decision-making of the therapist.

How it used the DMM
I will offer several short examples from clinical practice about how the techniques and methods within psychodrama have been adjusted based on DMM-informed understandings of individual functioning and group processes.

What it can contribute to the DMM
The presentation contributes to the clinical evidence that the DMM is an essential model for assessing and formulating our understanding of the client and informing purposefully eclectic decision-making and treatment planning in many treatment modalities.

Using the DMM to understand and respond to Developmental Trauma in Child Protection services.

Aoife Bairéad (Ireland)

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Topic: Clinical Practice

Working in child protection is to work with a population who have experienced complex trauma in their early years, yet trauma is rarely a part of the service approach or interventions. In recent years studies of trauma provide us with an in depth understanding about how the brain processes and develops around negative experiences. Developmental trauma provides an explanation for the cohort of physical, emotional and behavioural symptoms that are seen in children who have experienced trauma and neglect. In child protection these symptoms are often treated independently, and the child is referred to various services to treat each in isolation. An absence of integrated treatment on behalf of child protection services severely inhibits the scope for meaningful psychological integration for the child. By recognizing that developmental trauma is intrinsically related to relational trauma experienced in the infant's formative years I have been able to use the application of DMM theory to my practice and treatment planning for children. As a developmental model, the theory of the DMM compliments developmental trauma theory and provides a more nuanced and compelling understanding of how the child has developed as they have.

How it used the DMM
Developmental trauma requires a developmentally informed model of treatment and the DMM has been especially effective in my work in this area. I primarily work dyadically with parents or carers and their children and have used the aspects of behaviour and developmental tasks from the Infant CARE Index to inform this work. This has resulted in the children and their parents or carers experience in the room becoming more powerful and engaged, and has allowed the parents and carers to develop a more reflective stance of understanding leading to greater responsiveness to their children.

What it can contribute to the DMM
In my role in child protection, interventions are always brief. The integration of the theory of developmental trauma into the DMM approach to family therapy in cases where there is a history of abuse and neglect should result in a reduction of developmental trauma symptoms and improved adaptive and integrated attachment strategies for children. I further believe that this will enrich and expand the therapeutic process for families and practitioners. Given this I believe that using the DMM as a framework to inform practice in Child Protection would improve practice and outcomes for children who have experienced abuse and trauma.

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

Franco Baldoni (Italy)

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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.

Using the DMM in the treatment of troubled adults: three cases.

Sandra Basti (Italy)

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Topic: Clinical practice

A case conceptualization of three dual diagnosis (or co-occuring disorder) patients using drugs and particularly treatment resistant. These patients did different types of psychotherapeutic and psychosocial and medical treatments, some also following the guidelines of evidence-based literature matching the kind of diagnosis. Two of them has a Borderline Personality Disorder diagnosis according the DSM IV criteria and they did a Dialectical Behavioral Therapy and a residential treatment in a Therapeutic Community. One of them used methadon in maintenance therapy. The incidence on the psychopathological development of traumatic events, emerged clearly during the treatment. Thinking again about the conceptualization of the case using theories that explain how trauma change the way people react and cope with their lives was needful! These new lenses were effective but not enough to understand how these specific persons in a certain contest become the way they are and which kind of treatment they need to modify their mental illness. Reviewing the conceptualization using the DMM model, offered a more effective theoretical frame to understand how the different psychological variables intertwine and how identify a tailor-made treatment.

How it used the DMM
The principles of the DMM and primarily the exploration of the different contest of danger, the kinds of self-protective strategy and their purpose, the way the information was processed, was used in the therapy session during the clinical interview. The principles have become a mental map for the psychotherapist. The map oriented towards the following interventions: what specific question to do, what question to choose, what to observe to identify the procedural memory in action into the relationship, what kind of therapeutic interventions are more effective to promote integration.

What it can contribute to the DMM
One of the DMM main point, is how people protect themselves and adapt to danger. People who presents severe mental illness and abuses of substance suffer a history of trauma. The consequences of the trauma seem so embodies into personality traits, symptoms and so on that it is very hard to identify the core aspect of their illness using only one kind of theoretical lens or the combination of plus. This work wants to show how the DMM can offer a theoretical frame more inspiring in that cases. The greatest limitation of this work is not having used the AAI interview coding system.

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.

Mark Baumann (USA)

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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.

Sensory Information Sensory Integration and Strategic Functioning.

Éadaoin Bhreathnach (Northern Ireland)

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Plenary talk

Our eight sensory systems provide us with information about the body self and the environment. The brain constantly selects which information it attends to, enhances, and inhibits, to enables us to function. How we process this information determines our behaviour and affects our capacity to engage with others. Sensory processing dysfunction may result in problems with detection, modulation, and interpretation of sensation. This in turn leads to the emergence of behavioural patterns and strategies. Consideration will be given to strategic functioning from a sensory processing perspective, and for the need to differentiate sensory-based behaviours from attachment-based behaviours in our assessments and interventions. The current practice is to assess sensory processing and attachment patterns separately. The emergence of integrating sensory coding and attachment coding into the same assessment is leading to a broader understanding of presenting behaviours of both parents and children. It is also helping the clinician to more accurately predict which activities dysregulate and which promote regulation.
Éadaoin Bhreathnach has developed an integrative model 'Sensory Attachment Intervention' (SAI) for children and adults who have suffered trauma and abuse. SAI focuses on the capacity to self regulate and co-regulate with others. It primarily draws from The Dynamic Model of Attachment, and from neurodevelopmental theories such as Ayres Sensory Integration, to inform clinical practice.

How it uses the DMM
The Dynamic Maturational Model is a key component in SAI as it looks at information processing from an attachment perspective. It provides a framework for assessment and intervention. The DMM patterns of attachment inform parents how the child organises his or her behaviour, in an attempt to predict and control the source of danger. This information helps to shift their dispositional representation of their child. Parents are invited to recall their own attachment history and discuss how they respond when their child is distressed or in need of comfort. This supports reflective functioning and the development of new adaptive behaviours

What it can contribute to DMM
DMM training is mandatory for professionals who wish to become certified practitioners in SAI. This has led the DMM to be introduced to new groups of professionals working in the fields of Health, Education and Social Care in Europe, Australia, USA and South Africa. SAI encourages an integrative transdisciplinary approach to analysing behaviour. Trained DMM coders have recently begun to consider how sensory processing disorder contributes to the child's behaviour during DMM assessments. Joint analysis of assessments is now taking place to ensure parents and children's behaviours are not misinterpreted. Correct analysis is vital when deciding choice of intervention.

Teaching mental health colleagues how their own attachment strategies may distort their clinical responses and judgements, by using video clips portraying child abuse.

Mike Blows (UK)

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Topic: Clinical practice

I have offered a wide range of health and social service colleagues, including students, an experiential insight into their own attachment strategies, and the possible outcomes. I show them 15 minutes of a UK commercial TV documentary, first shown in 1999, which focussed on the covert surveillance of parents with children, suspected of factitious disorder by proxy filmed in special USA and UK wards. The training session is introduced as '*potentially informing them about something important, including about themselves',* when dealing with serious clinical situations and child protection'. I note it is a commercial TV recording, on factitious disorder, and check who has seen it before ('noone' n=200+!). I stress that whilst they will learn something about factitious disorder, that is not the sessions' main purpose. I then watch with them, where the parents shown are clearly a) initiating vomiting by using their fingers to elicit a gag reflex, and in b) the parent smothers the child with their body to reduce oxygen saturation-and then both alerting and deceiving the staff. I then invite verbal responses from each of the group, as 'comments?' and write these on a board, together. The majority immediately provide denotative language; minimising, "*a bit*..", distorting, "*interesting*", and on a few occasions, "*no, it's made up-they are actors*". I go through highlighting the offered language effects of past tenses, semantic wraps, and occasional philosophical question. Sometimes, there are vivid first connotative responses-"*fucking hell*", and we discuss how the language differs in being led by feeling or thinking. The session concludes looking at historical media reported pattern of repeated missed cases and the professional responses.

How it used the DMM
For students this is a first introduction that they have a self protective strategy when faced with-allbeit- vicarious distress, and I introduce the DMM system of attachment; and for colleagues, a surprising reminder despite their experience, that they have mental representations impacting quickly and explicitly in changing/distorting ways. We discuss the findings of Lambruschi, that therapists tend to be A strategy-'who else would care to prioritise others' discomfiting distress, or their houses, but also that these same professionals are most at risk, of distorting or cutting off affective information when psychologically overwhelmed. *Victoria's legacy DMM NEWS 4 Sep 2008*.

What it can contribute to the DMM
The lessons of high profile cases are not sufficiently learned, despite Laming's (2003) erudite report on Victoria Climbie. The lesson of false positive affect, well understood by the DMM, is still habitually missed, and the crucial but predictable maladaptive professional response to stress is still hardly recognised. Stretched services described by Menzies-Lyth in the 1960's, continue to be organised around maladaptive responses - *"just a quick telephone triage risk call to see if you are OK after your recent suicide attempt"*. The DMM

offers an opportunity to understand these repeated maladaptive service habits, to offer a framework that there is a developmental psychopathology, as an alternative to reliance on nosology, that can assist in understanding. Maybe the DMM can identify the strategy to bridge the professional gap?

Is the TCI a valid method of assessing attachment? Comparing the TCI to the PAA.

Rebecca Carr-Hopkins (UK)

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Topic: Research.

This small-scale comparative research study is looking at whether adding a frustration task to the Toddler CARE-Index increases its validity as a method for assessing the security of a toddler's relationship with their caregiver. The Toddler CARE-Index was initially developed to assess how sensitive parents were to their toddlers in a 3-5 minute play interaction. Because the procedure is not usually stressful for the child it has not been as reliable a method for assessing security in relationships as the well validated Pre-school Assessment of Attachment (PAA). If the results of the comparison indicate validity of the TCI, the addition of the frustration task may result in the new procedure having greater relevance than the PAA because the focus is on parent-child hierarchy and authority rather than separation. As the TCI only takes five minutes to administer it would also have the added benefit of being significantly easier and quicker to administer than the PAA.
A Children's Services department in the South of England agreed to provide a research team and recruit study participants through one of their state run nurseries. The participants came from a non-risk and risk demographic due to the nursery's location in an area of high depravation and need. Over the course of three years thirty children and their parents, aged between aged two and five years, were visited at home by a member of the research team who filmed the TCI and made arrangements for them to attend a local Children's Centre for the PAA. The TCIs and PAAs are being coded by separate sets of reliable blind coders for each procedure.

How it used the DMM
If the study finds that the TCI to be valid as a method for assessing attachment it could result in the method and its underlying DMM theory becoming more widely used within child protection and research. This will not only benefit the development of the DMM but it also has the potential to improve the accuracy of assessments in child protection where it is unusual for scientifically reliable methods to be utilised.

What it can contribute to the DMM
The research team all spoke of benefitting from an increase in understanding through their participation in the project. For example, observation of a lack of interaction between one child and his parent was striking in the TCI and PAA. The mother engaged with him in only a very minimal way with no changes of facial expression and discouraged free movement, particularly in the home video where he was put in a 'baby' chair. This helped the nursery worker on the research team to better understand his delayed speech and physical development. They were then able to use this new knowledge to help the child in nursery and changed their approach with the mother.

Using the IASA court protocol. Challenges and successes working with children on the edge of care.

Rebecca Carr-Hopkins (UK)

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Topic: Court work.

As an independent social worker undertaking expert work within the UK family justice system, I have lots of experience of using the IASA court protocol in the UK. I also deliver a lot of attachment training throughout the UK which has led to a growing interest in DMM theory in many of the areas where I work. One such area has identified a group of 'attachment leads' and funded their attendance on Attachment and Psychopathology and training in the CARE-Index and Adult Attachment Interview (AAI). Through my supervision of this group, an exemplar case was identified to trial the value that using formal DMM assessment methods could add to working with families whose children were identified as being on the edge of care.
The family (2 parents and 6 children in total) had been known to Children's Services for over twenty years. It was accepted that despite almost continuous intervention, very little change had been effected and safety concerns about the domestic abuse and neglect of the children continued to be high with the children being deemed to be at risk of sexual exploitation (10 year old girl) and criminalization (14 and 16 year old boys). Both parents were given an AAI, and 3 out of the 4 children were given a SAA (1 refused to participate). A Parents Interview was also given. Utilization of the formal DMM assessment procedures both allowed for a more sophisticated understanding of the family's difficulties and provided clarity of how better to help. For example, the father's AAI revealed unresolved trauma relating to abandonment by his mother in a dismissed form. This seemed to link clearly to outbursts of aggression directed at the mother when she threatened to leave him. Both parents engaged in individual therapeutic work and have gained a greater understanding of how their functioning was effecting the wider family system. The parents have been supported by a small group of trusted professionals to take a hierarchal position with the children with significant benefits and change being reported by all of the professionals involved. For example, the ten year old girl's school have recently invited her to take part in a trampolining master class to reward improved behaviour.

How it used the DMM
The organization has been impressed by how application of DMM theory and assessment procedures has improved outcomes, reduced suffering, and saved money that would have been spent on court proceedings and costly alternative care arrangements for the children. A formalised 'pilot' rolling out this way of working with two other families they are 'stuck with' now looks very likely.

What it can contribute to the DMM
If the pilot goes ahead, it will add to a growing body of evidence promoting the cost and human benefits of utility of DMM theory and DMM informed treatment within services working with distressed children and families.

The DMM: Building cultural change in Australian child protection practice.

Frances Cheverton (Australia)

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Topic: Clinical practice

Changing the culture in any organisation is hard. Changing the culture in a Child Protection Service can be glacial. The legal obligations that govern the work of Child Protection are stringent and rightly so. However, for many decades now, cuts to funding, an increased focus on risk and greater individual accountability and liability of workers has led to 'downstream thinking'. This reactionary and blame-focused culture has become pervasive. The organisational culture parallels the way that Child Protection engages with the families they are mean to work alongside. Child Protection are often reported to be punitive and blaming of families, engaging in knee-jerk decision-making based on perceived risk, and seek greater accountability from families than ever before. Many have described the culture of Child Protection as toxic and unchanging.
Clearly though, Child Protection plays a fundamental role in our society. Protecting vulnerable children and supporting families in need. It's a vital service that has become sick. To use 'DMM speak', it is a service that may be using maladaptive strategies.

How it used the DMM
One year ago, Fran left her clinical position as a Child and Adolescent Mental Health clinician and entered into the world of adult education, providing professional development to the Child Protection sector. Although it is very early days, Fran is using the DMM to create cultural change, returning workers to the importance of relational approaches to practice that are underscored by re-building worker curiousity, creativity, reflection and care.

What it can contribute to the DMM
In this paper, Fran shares and reflects on her experience of introducing the DMM to Child Protection, and the subsequent impacts that the DMM has had on work practice and teams within the Child Protection system in Victoria, Australia.

The DMM as a Comprehensive Theory of Diagnosis & Treatment.

Patricia M. Crittenden, IASA Co-Chair (USA)

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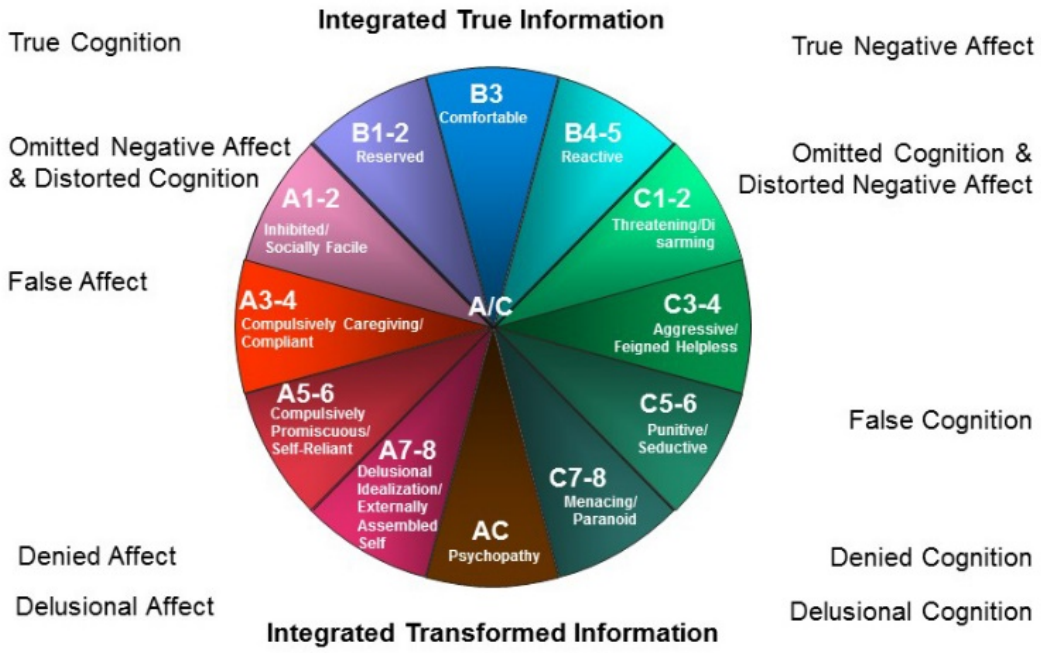
Plenary talk

This presentation considers the potential of the Dynamic-Maturational Model of Attachment and Adaptation (DMM) to provide an alternative diagnostic system that can guide treatment. The basis of the system is the individual's protective response to danger and restricted reproductive opportunity where protection includes self-protection, protection of a spouse, and protection of children. The diagnoses can be expressed categorically or dimensionally and can be condensed in ways that permit grouping or left in their initial elaborated form where, in adulthood, each diagnostic statement is essentially unique. Dimensionally, the diagnostic statements are defined along two axes: horizontally the extent of integration of cognitive and affective information and vertically the extent of transformation from truly predictive to delusionally non-predictive. Together these two dimensions produce the DMM circle of protective strategies.



These characteristics of processing information are learned and maintained in attachment relationships and most easily changed in such relationships, including relationships with psychotherapists (of many types). It is proposed that these variables, together with the protective strategies that they define, can direct the focus of treatment and suggest the level of abstractness (or conversely personalization) needed by the recipient of treatment.

How it used the DMM
This application uses the DMM model and assessments to generate Functional Formulations for both research and treatment applications.

What it can contribute to the DMM
Expansion of the DMM to a diagnostic method can bring the DMM into current research on dysfunction and treatment of dysfunction in a strengths approach.

DMM: Integrative Approaches to Family Treatment.

Rudi Dallos (UK)

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Topic: Clinical practice

The presentation offers a conceptual overview of developments in systemic family therapy and its integration with attachment theory. Family therapy has represented a move away from intra-psychic views of clinical problems. It offers as focus on processes in families that maintain problems including cycles of behaviours and inter-locking systems of beliefs. However, it has ignored the role of emotions and attachment and how the parents' own attachment histories construct a context that shapes family life and the development of problems. However, attachment theory has remained an essentially dyadic theory that struggles to offer a formulation or clinical interventions for triadic and larger systems that constitute families.
Reference is made to approaches that attempt integrations such as Steve Farnfield's ecological model and Kasia Kozlowska's model of somatic processes. I have also developed ANT (Attachment Narrative Therapy), a model which utilises parts of the AAI to develop 'formats for exploration' with families, for example regarding comforting and their parenting intentions (corrective and replicative scripts). These are employed as family conversations to facilitate reflective functioning and a revision of individual and shared family beliefs

How it used the DMM
The ANT approach uses DMM to offer a developmental framework and particularly the important emphasis on representational systems and conflicts and contradictions that can occur between implicit and semantic representations.

What it can contribute to the DMM
Though DMM includes reference to triadic processes, arguably it also lacks concepts to formulate and assess families in terms of triadic processes and needs to develop ways of formulating the dynamic triadic processes that take place in family therapy sessions. There is an invitation to develop DMM to offer a framework for formulation of dynamic triadic process in families based on observation. This could be based on family tasks and/or observation of the processes in family therapy sessions

Attachment and Adolescent Harmful Sexual Behaviour.

Bex Darby (UK)

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Topic Clinical practice

A pilot in the use of AAI, parents' interview and TAAI in assessment and intervention with adolescents who display harmful sexual behaviour. The setting is a specialist harmful sexual behaviour service within a national UK child protection charity (the NSPCC).
As the new manager of this multi-disciplinary team, which describes itself as attachment informed, I wanted to see how the DMM model of attachment and Family Functional Formulation could impact upon the assessments currently produced and interventions currently offered by this team.
One case/family was selected as a pilot whereby the AAI for each parent, the parents' interview and the TAAI for the 16-year-old child would be conducted, classified and integrated in to our multi-disciplinary report.
In the course of the pilot I wanted to understand:

- How well families would engage with the additional meetings and the particular style of the interview/s
- Whether referrers to our service would be willing to pay the additional cost/ establish their financial threshold
- How could the concepts and constructs of the AAI/TAAI and DMM be shared meaningfully with a team not yet trained in the model?
- How could the FFF be integrated in to our current assessment reports?
- Whether the new information was useful to referrers (usually social workers) and beneficial to families.

How it uses the DMM
All interviews were conducted by me as a standalone piece of work (i.e. none of the family met me in any other context).
Classification of the transcripts was provided by the DMM community via Pat Crittenden.
Interpretation of individual classifications and Family Functional Formulation was undertaken by me and discussed with the report authors and the wider team in our clinical meeting prior to inclusion in the written assessment.
Feedback would be obtained from the family and referral service once the report had been shared.

What it can contribute to the DMM
We hope it will provide evidence as to how beneficial the DMM can be in understanding the pathway to harmful sexual behaviour and where to focus intervention for the young person and their family and how it can introduce an agreed form of language for the network for describing attachment behaviour. We hope the evidence base could be reliable enough for small scale research in the future.
We commenced the interviews on 25th April and will only publish the full report in late May so the results remain to be seen and will be revealed exclusively at the IASA celebration!

10 Years of DMM Progress.

Rodolfo de Bernart, IASA Co-Chair (Italy)

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Plenary talk

This presentation describes how we created the DMM and how we made progresses during the first ten years. Many hundreds of clinicians and researchers contributed to this process. They described and assessed "normal" and maladaptive behaviour and proposed new and more effective models of treatment. Researchers have tested the validity and generalizability of the observations of the clinicians. The results tied DMM practice to neurosciences, cognitive theory, developmental processes, sociological and cultural contexts, and new models of integrated treatment, especially in cognitive constructive approach and in systemic therapy with individuals, couples, families and groups.

How it used the DMM
In order to make a diagnostic classification then used to create projects for different processes.

What it can contribute to the DMM
The presentation gives us the opportunity to know from what we started and where we arrived today, and also how we have differentiated our theory and practice from other models of attachment.

How DMM changed my Systemic Model in Individual, Couple and Family Therapy.

Rodolfo de Bernart, IASA Co-Chair (Italy)

itff@itff.it

Topic: Clinical practice

Many years ago, I was puzzled by the different results I could have with families which presented the same diagnosis and the same relational hypothesis. I thought it could be the model of treatment which was working with a kind of families and not with others. Reading books on attachment, I made the hypothesis that, possibly, this theory could explain the differences. I started a training on attachment with Patricia Crittenden on Strange Situation, CARE-Index and AAI, then I worked for three years with a group of researchers on a Family Interview (AAF). And I discovered where the difference was…

How it used the DMM
In order to develop a diagnostic classification useful to organize different approaches (Provocative vs Contenitive) for different insecure attachment patterns (A, Avoidant-Dismissing Vs C, Preoccupied-Ambivalent).

What it can contribute to the DMM
The presentation gives the opportunity to better integrate the DMM and the Systemic Approach in Treatment.

Using the CARE-Index as an assessment and intervention tool in a Family Residential Centre, and its reception in the court arena.

Calem DeBurca (Ireland)

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Topic: Clinical practice

The Bessborough Centre's Parent & Infant Unit offers residential-based therapeutic parenting capacity assessment to parents with co-occurring presentation of addiction, mental ill health, developmental trauma, intellectual disability or domestic violence. Over the past 4 years the CARE-Index has become a prominent feature in guiding assessment and intervention as well as educating staff on the quality of relationships and the degree of developmental risk between parent and infant.
Intervention-based residential assessment placement at the Parent & Infant Unit utilises a multidisciplinary approach to determine parenting and psychological baseline functioning before tailoring an individualised care plan based on formal/informal intervention to determine parental capacity during and at conclusion of the 12-16 week residential placement.

How it used the DMM
Usually administered at the mid-point of a residential placement, the CARE-index yields rich clinical information that provides parents with an understanding of the obvious and subtle interactional nuances within their relationship that signify an at-risk (or healthy) developmental trajectory in the context of their caregiving relationship through a formal feedback session with a clinical psychologist that is also disseminated to the wider staff team.

What it can contribute to the DMM
Whist undoubtedly of clinical use, the CARE-Index contribution to parental capacity assessment within the Irish Child Care legal arena, has been a topic of debate. This presentation will provide an overview of its use from a clinical perspective as well as discuss the common issues that arise with clinical use of the CARE-Index in legal proceedings.

The CARE-Index use in the forensic evaluation for the child protective project.

Lucia Di Filippo (Italy)

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Topic: Court work

The present work is a qualitative study for a little group of subjects. It draws inspiration from literature about the CARE-Index (Crittenden, 2005) and its use in addiction of other family informations gathered by forensic evaluation. The CARE-Index is a valid screening tool of the relational risk and it is useful in the decision making for child protection.
I present three cases, brought to Child Protection Service's attention by the Court for Minors in Milan.
In particular I describe how the functional information coming from CARE-Index and DMM model are useful with other information of forensic evaluations (personal history, psychodiagnostic and psychosocial evaluation for the adults, couple history, psychophysical infant well-being, etc.) for decision making in supporting project to the families and child protection. The taking charge of these cases is still ongoing.

How it uses the DMM
The DMM model is useful to distinguish the risk cases from those not at risk.
Moreover, it is useful to distinguish cases of protection from those needing support. Furthermore, it allows to understa nd at which level of the family system and concerning which needs it is opportune to provide support to adults and children.

What it can contribute to the DMM
The present work shows how the CARE-Index and the DMM model can give a valid assistance to forensic evaluation work, to minors' protection, to clinical and supporting work to the families brought to the attention of the Court of Minors.

Challenges and Opportunities of Putting the IASA Court Protocol into Clinical Practice.

Jennie Duprey (UK)

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Topic: Court work

The IASA Court Protocol provides the opportunity to set a gold standard on the quality of assessments used in future-oriented decision-making for highly vulnerable children. Yet there are frequently challenges inherent when applying standards and guidelines to the world of clinical practice, constrained by the current socio-political climate.
This presentation will draw on my clinical experience of using the IASA Court Protocol when preparing assessments for the family courts in the UK. It will open for discussion the way in which the Court Protocol can helpfully fit into this type of specialist work and the benefits of setting standards for such high-stakes clinical practice. The opportunities made available for more comprehensive, informative assessments that can lead to more effective decision-making will be discussed, as well as the challenges that arise when trying to work within an economically- and time-stretched justice system.

How it used and what it can contribute to the DMM
The talk will aim to provide food-for-thought for the IASA Court Protocol symposium; an opportunity for sharing good practice and brainstorming solutions to some of the challenges presented.

Attachment and vagal regulation of the heart in children and child therapists: an empirical study using respiratory sinus arrhythmia, the DMM-AAI and DMM analysis of narrative story stems.

Steve Farnfield (UK) & Natalie Prichard (Australia)

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Topic: Research.

This study assessed DMM attachment strategy and respiratory sinus arrhythmia (RSA) of 6 school age children and 2 trainee child therapists. Porges' polyvagal theory proposes that RSA or vagal tone is an indicator of how individuals regulate fight, flight and freeze responses during social engagement with other people. RSA provides a specific window into the functioning of the parasympathetic nervous system via the influence of the myelinated component of the vagus nerve (also referred to as the vagal brake) on cardiac reactivity. Six school age children with histories of abuse and/or neglect were interviewed using the narrative story stem procedure with concurrent measure of RSA. Two trainee play therapists gave the DMM-AAI (one deployed A+ the other C3). Therapist and child were then concurrently assessed for RSA during an average of 18 video recorded individual play therapy sessions (each therapist worked with 3 children). Both therapists had children using strategies similar to their own.
The study hypothesized that DMM Type A+ and C+ strategies would show different profiles and intrapersonal changes in RSA. Given the primacy given to the therapist-client relationship as the medium for change the study also hypothesized that periods of observed synchrony between therapist and child would show a connection at the level of heart rate and RSA. As predicted children using a Type A+ strategy showed high levels of inhibition (vagal braking) during the story stems. Children using a Type C+ strategy showed a more complex vagal pattern that may be consistent with the expression and exaggeration of anger. Periods of synchrony between therapist and child did show the predicted physiological connections but these were rare in these sessions conducted by two trainees. The therapists' own attachment strategy appeared likely to have a crucial outcome on the success of therapy.

How it used the DMM
No previous studies (DMM or ABCD) have assessed attachment behaviour and concurrent RSA.
Together with RSA this study used the DMM-AAI, DMM analysis of narrative story stems (The Child Attachment & Play Assessment) together with the CARE-Index mother (carer)/child constructs as a means of describing synchrony between therapist and child client. The therapist AAI-RSA data has yet to be analysed.

What it can contribute to the DMM

The polyvagal theory conceptualises information processing in terms of 'neuroception', that is how the nervous system uses sensory information to evaluate safety and danger. Attachment behaviour is dependent on the myelinated vagus which fosters calm behavioural states by inhibiting the influence of the SNS on the heart (a face heart connection). In this light the polyvagal theory provides the biology of the DMM. Although a small exploratory study the results strongly suggest bigger studies will strengthen the validity of both models. This is of particular concern given the current questioning of the attachment paradigm which largely overlooks the predictive power of the DMM.

Self-protective strategies of parents with ADHD and their children as mediated by sensitivity – a multiple-case study.

Airi Hautamäki & Milla Syrjänen (Finland)

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Topic: Research

The multiple-case study focused on the transmission of the self-protective strategies of parents with ADHD to their child, looking at parental sensitivity as a mediator. Firstly, the self-protective strategies of adults with ADHD were assessed. The sample consisted of nine adults (females=5; males=4; mean age 29.7 years; range 22.7-37.3). Respondents were recruited from Helsinki University Central Hospital, Department of Psychiatry, Clinic for Neuropsychiatry during a certain time period on the basis of the exclusive ADHD diagnosis, given by a psychiatrist. The goal was to ensure that the sample would exemplify ADHD and that the conclusions would not be inflected by other comorbid disorders. The adults were interviewed using the modified Adult Attachment Interview (AAI). Secondly, six adults (five mothers, one father) of the sample, who had children, were scrutinized. The sensitivity of these parents was assessed using the Infant and Frustration CARE-Index. Thirdly, the self-protective strategies of the children were assessed with the Infant Strange Situation Procedure (SSP) or the Preschool Assessment of Attachment (PAA).

How it used the DMM and what it can contribute to the DMM

The DMM assessment methods were used. The study showed a variation of the self-protective strategies of the adults with ADHD as well as those of their children as mediated by the degree of risk in the dyadic synchrony between the parents and their children. Three subgroups were formed on the basis of risk as indicated by Crittenden's (2016) gradient of transformation of information. The more complex the parent's self-protective strategy was, and the more it was modified by disorientation, the less sensitive was the interaction. All parents displayed indications of unresolved traumas, which impaired their sensitivity to the signals of their child and ability to engage in mutual regulation of arousal and emotion with their child as assessed by the CARE-Index. Some parents' need for self-protection undermined their ability to protect their child and decreased their sensitivity to their child.
Treatment of ADHD should take into account the self-protective strategies of the parents and that of their child, the traumas of the parents and modifiers, in particular, disorientation. All families would benefit from a family psychological assessment, assessments of the self-protective strategies of both the parents and children and a treatment tailored to the unique family needs.

Transmission of attachment across three generations – continuity and reversal.

Airi Hautamäki (Finland)

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Topic: Research

A low-risk Finnish sample (N total=135) of primiparous mothers, fathers, and maternal grandmothers was followed from pregnancy until the child was 3 years old. The modified Adult Attachment Interview was used to assess the self-protective strategies of mothers during the last trimester of pregnancy, as well as those of the fathers and grandmothers. The Infant CARE-Index was used to assess the sensitivity of mothers and fathers, as the infant was 6-7 weeks and 6 months old. The Strange Situation Procedure (SSP) was used to assess the self-protective strategies of the infants with their mothers, when they were 1 year, and with their fathers, as they were 1 ½ year. The Preschool assessment of attachment (PAA) was used to assess the protective strategies of the children with their mothers and their fathers at the age of 3 years (Hautamäki, Hautamäki, Neuvonen, & Maliniemi-Piispanen, 2010a).

How it used the DMM and what it can contribute to the DMM

The DMM assessment methods were used. There was continuity across three generations in regard to Type B. But reversal patterning could be found in regard to Type C and A. Particularly children of parents with complex self-protective strategies (A3-6, C3-6) may have to organize in in a reverse way to the parent's pattern in order to protect themselves. High-subscript classifications were more frequent among grandmothers from the scarcely populated, less wealthy regions in Finland – many of whom had lived through World War II as children. But even in this normative sample a model of secure matches and insecure meshed accounted for transmission of attachment across three generations (Hautamäki, Hautamäki, Neuvonen, & Maliniemi-Piispanen, 2010b).

The results showed the complexity of the transmission of attachment, in particular, if the parents' need for self-protection compromised their ability to protect their child. Interventions should take into account the various, also opposite ways that parents and children may frame their experiences, as they try to protect themselves from threat.

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.

Promoting child/parent attachment in Adoption- A trans-disciplinary approach utilising DMM and Sensory Regulation.

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Topic: Clinical practice

At an early stage in the adoption, this child was referred for adoption support. The DMM was used as a framework to support parents. The parents reported that this was helpful and things progressed well.
However, last year the parents reported significant changes in their child's behaviour, with him having regular and significant outbursts of aggressive and destructive behaviour. DMM [SAA, AAIs] and sensory processing assessments were completed.
These assessments indicated an intervention combining a DMM and Sensory Processing perspective might assist the parents' capacity to support the child's play/exploration and regulation. The parents and child were filmed in a room that contained a selection of equipment without any intervention from the OT. The footage from sessions was reviewed independently by the DMM practitioner and the specialist OTs, who consulted together, before reviewing the footage with parents. During the review sessions the focus was on highlighting and analysing the ways in which the parents facilitated the child's regulation and sense of success. However, parents were also curious to look at contingencies that led to less regulated and aggressive behaviour.
The intervention consisted of a total of 6 child/parent sessions – two sessions with both parents and two each with mother and father. These sessions were interspersed with reviews of the footage, which were attended by both parents and both therapists. From the second session the film clips demonstrate a significant shift in the child's ability to regulate and the parent's capacity to support this by adapting to the child's needs. Crucially, parents also reported how the sessions changed their understanding of their child's needs and that the child's behaviour was much improved at home.

How it used the DMM
Viewing the footage from a DMM and Sensory Processing perspective led to a shift in the parents' understanding of themselves and their child. The DMM provided the necessary framework to enable the parents to reflect on and to change their behaviour accordingly.

What it can contribute to the DMM
This trans-disciplinary approach has contributed to bringing the DMM model to a new population of professionals within the health and social care context. This case demonstrates how the DMM can really enrich and inform sensory processing, working on mastery/self/agency and the environment, within an attachment relationship.

DMM Integrative Treatment.

Andrea Landini (Italy) & Patricia M. Crittenden (USA)

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Plenary talk

The current conceptualization of the basic principles of DMM Integrative Treatment is:

1. ESTABLISH a personal relationship with each family member;
2. ASSESS TO FORMULATE how the family protects itself from its critical danger;
3. CRITICAL CAUSE of CHANGE: the most efficient therapeutic actions to re-activate family members' self-organizing abilities;
4. TRANSITIONAL ATTACHMENT FIGURE: therapist's protective and comforting function
5. SOMATIC AROUSAL: regulate to reach moderate levels, compatible with exploration;
6. REPAIR PROTECTIVE STRATEGIES: fit to current and past contexts;
7. COMPLETE LEARNING from past dangers by pruning excess information & accessing omitted information;
8. EXPAND the array of protective strategies available to family members.
9. WORK sequentially and recursively.
10. REFLECT on possible future challenges, highlighting the PROCESS OF ADAPTATION.

The presentation will also consider some of the growing edges of the topic, especially: a) degrees of precision and uses of the Family Functional Formulation, b) trauma as signal of need for completion of learning from past dangers; c) process of adaptation as changing both patients and therapists.

Judges taking "Attachment and Psychopathology".

Andrea Landini & Giuliana Florit (Italy)

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Topic: Court work

We invited all the judges from the Court for Minors in Milano to a 3-day introduction to DMM theory and practice. About 15 of them participated in the three days of lessons and discussions. They took the test of 72 multiple choice questions at the end of the course as the professionals from other disciplines did. Informal discussion in the breaks revealed: 1) the judges' need for principles to decide on family matters in the best interest of children; 2) their lack of ways to evaluate the recommendations of experts, which are too often formulated in non-transparent ways. We recommended the judges request more clarity from the attachment experts, both in terms of their evaluations and recommendations and in terms of transparency about the process used to formulate those.

How we used the DMM
The DMM was used to formulate principles (for example: attachment relationships are not interchangeable) and to show how to implement developmentally appropriate assessments.

What can be contributed to the DMM
An increased awareness of the need for disseminating information about self-protective strategies and how they can clarify family functioning. This dissemination needs to use language and communication strategies that can talk to law personnel, administrators and policy makers.

Using DMM Family Functional Formulations in interventions for children with neurodevelopmental disorders.

Andrea Landini, Beatrice Bertelli & Silvia Moniga (Italy)

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Topic: Clinical practice

A diagnosis based on the neuropsychological profile of the child doesn't predict reliably the results of theoretically indicated treatments, based on the second and third authors' experience with rehabilitative treatment of neurodevelopmental disorders. We decided to compare treatment as usual with treatment informed by a DMM family functional formulation (DMM-FFF). The caseload of two centers in northern Italy was assessed for family variables, and success of treatment, both measurable and perceived (by family and treatment team). Then we applied DMM assessments to incoming new cases, sharing the formulation with the treatment team. The results of the treatment (after a suitable time interval) will be assessed for the second group of patients as for the first one. The patients include a range of diagnoses varying for degree of impact on family life (from speech disorders to mental retardation, Down syndrome and autism). There is no "new" treatment involved in our project; instead, the DMM-FFF is supposed to help the treatment team to prioritize the usual interventions to make them more fit to the family needs. The project is now in the second year. We will report on the progress and on some of the observed effects of adding the DMM assessments to the basic array of neuropsychological assessments.

How we used the DMM
The DMM-FFF, added to the assessment of the neuropsychological aspects of the observed problem, changes the way families are perceived by the treatment team, including the reversal of meaning of some observed aspects of family compliance. Namely, some of the families that refused certain aspects of the treatment offered were the families who were best able to reflect and integrate new information. Worries about the perceived rigidity of these families were challenged by the DMM family formulations.

What can be contributed to the DMM
A study of the clinical utility and feasibility of the most complex and complete form of DMM assessment, the DMM-FFF. We are also exploring how different degrees of completeness of the DMM family assessments, due to the degree of availability of the families to the assessment procedures, are impacting the coherence and clarity of the DMM-FFF.

Using AAI and TAAI in student-parent counseling around academic-difficulty.

Cuilian Liu, Yuhong Yao，Wang Yin, Qian Liu & Weiyin Fang（China）

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Topic: Clinical practice

With the China's fast development, many people are having high anxieties and adjustment difficulties, especially those having academic anxiety and high expectations on their off springs. Using AAI and TAAI in student-parent counseling around academic-difficulty. These students have serious academic difficulties and most of them has serious Internet addictions, most of them unable to complete normal learning, almost got expelled. These parents often live with their adult children in university's hotel or rent a house around campus or visit frequently to guarantee their children to fulfill the high-education, they are Chinese-style accompany-study-parents. They have conflicts with each other with "study "topics and "accompany" ways.

How it used the DMM
A total of 6 cases of interviews, in some cases, interrupted interviews, interviews in different periods of the counseling into a different theme, done multiple times. In some cases, once completed. Some interviews done by the counselor alone, and others led by assisting interviewer.

What it can contribute to the DMM
AAI and TAAI for this special group of parents and students displayed Personal and family history, Sign of the Times, culture shock and the Cultural Revolution trauma, facilitated assessment and Intervention Plan, it is a Clinical Application of exploratory of the DMM-AAI and TAAI in Chinese.

Responses to SAFE: an intervention for families of children with autism.

Rebecca McKenzie (UK)

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Topic: Research

Families of children with autism are often characterised by mental health problems, stress and poor coping skills. The reasons for this are unclear. It is proposed that parents of children with autism have often experienced trauma and insecure attachment in their own childhood which has an impact on their coping strategies and parenting models. This paper explores SAFE, an intervention designed specifically for these families. SAFE is based on attachment theory and systemic practice.
We developed and used SAFE based on principles of attachment theory including DMM with families of children with autism. In particular we used the Adult Attachment Interview as a precursor to therapeutic intervention. We discuss why SAFE is needed and how an attachment based intervention, including the Adult Attachment Interview is received by families where a member has a diagnosis of autism.

How it used What it can contribute to the DMM
Consequently, we reflect on how families might perceive and respond to interventions which are informed by attachment theory including DMM and how we can work with families to develop further work in this area.

The clinical usefulness of the DMM-AAI in individual treatment.

Kenichi Mikami (Japan)

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Topic: Clinical practice

I have recently started using the DMM-AAI for my psychotherapy with my clients and found that the DMM-AAI is a powerful and useful tool not only for research but also for clinical practice. In the context of individual treatment, the DMM-AAI can be used in three ways. Firstly, it can be used as part of the assessment at the beginning of the psychotherapy. Secondly, the form B of the DMM-AAI can be used as a tool to evaluate the effectiveness in the end of the psychotherapy. Finally, the DMM-AAI can be used in any stage of the psychotherapy process to facilitate reflective processes in both client and therapist, particularly when the therapeutic alliance is at risk. I will present two clinical cases of psychotherapy to illustrate how the DMM-AAI can contribute to individual treatment.

How it used the DMM
Aiko was a female client in her 30's who presented depressive symptom because of family traumatic experience. The DMM-AAI was administered at the beginning and the form B was administered after the end of the psychotherapy. The analysis of these DMM-AAIs suggested that, because her unresolved trauma was resolved, her A6 strategy started functioning again, and therefore, her symptoms were improved. Takako was also a female client in her 30s who soon developed love transference toward the therapist. Because of this, the alliance was almost ruptured. However, the administration of the DMM–AAI facilitated the reflective process of both the client and the therapist which led to overcoming the therapeutic ruptures.

What it can contribute to the DMM
I think these two cases can contribute to the DMM as they showed that the DMM-AAI could objectively assess the self-protective strategies of the clients which help the therapist to make functional formulation as well as evaluate the effectiveness of the psychotherapy. Also, the DMM-AAI could not only facilitate the reflective process of the clients but also the therapist's reflective process, especially when it is difficult for the therapist to reflect on what is going on the therapy because of the countertransference.

Multi-problem families: How can Dynamic-Maturational Model (DMM) guide healing processes?

Bente Nilsen (Norway)

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Topic: Clinical work

The infant and toddler team at our Mental Health Clinic (BUP Ringerike) Vestre Viken Hospital Trust, has its base in DMM when doing assessments and therapeutic interventions with multi-problem families. Coping with life events and life adversaries are often a transgenerational issue, in which the on going process of how adapting self to a problematic life not only affect the individual. Maladaptive family processes with harmful effects on children are often motivated by intentions of ensuring safety and doing well. The mismatch between good intentions and harmful effects are, by observers, mostly focusing on the effects and less on the intentions of doing good. In our work we are conscious regarding how this dichotomy represents two different stories in order to be able to guide parents and families towards self-healing processes. Avoiding feed the blame and shaming phenomena that often functions to deepen the cleft between clients and help-systems/therapists is important in order to establish trust that can bring families into curiosity to these discrepancies. Parents struggling in their interactions and upbringing of their children need to become aware of how these adaptive processes become potentially harmful to their family due to degree of danger (real, anticipated and/or imagined) they are exposed to. Our experience with these families underlines the need of the social support systems, who often can function as additional threat to these families to be in an on going collaboration with the mental heath services.

How it uses the DMM
DMM developed Crittenden keeps attention to discrepancies between intention and effect. Individual, dyadic and family adaptive processes are understood and offered in DMM-integrative approach to treatment as a constructive framework to guide treatment. In our work we use CARE-Index as a screening tool for every referred case. For some families the video feedback based in the interaction works fine as an intervention. Our experience is however that the PAA/DMM is the most powerful guide to treatment within the attachment relationships. The laboratory setting catches in a powerful setting for understanding how information, communication and emotional transactions functions in families.

What it can contribute to DMM
We use DMM as a guide to work in close collaboration with the community health, social and support systems in order to make the systems aware of how multi-problem families adapt to life adversities with self-protective strategies, and how this effects change. Processes towards a better life are not necessarily shared, experienced as helpful or met with trust. Our own efforts also need to deal with the stretch between our intentions and the effect we have on families and their children. People don't change just because they know they are doing the wrong things or because someone told them to.

Two different interventions with two children who have opposite strategies, but similar psychological traumas.

Verter Pregreffi (Italy)

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Topic: Clinical practice

Two children were followed with two different attachment/adaptation configurations but a similar parental context for separation. The Luigi's parents (10 years, Utr (p) separation parents C1-2), bring us a situation of concern for the management of the child and some of his behaviors with "excessive fears" (to enter school in the morning, to break away from their mother to go to their father) who took over, in their opinion, particularly after their separation, 8 months ago. With Luigi after having explored other evolutionary issues (less frightening than the trauma), the topic of separation is subsequently addressed. The concept of style of attachment/adaptation and trauma is progressively returned to the parents.
The Davide's mother (12 years, Dp, Utr (ds ..) separation parents, A +), asks for advice to manage and help the child. She sees difficulties with respect to relationships with his classmates, unsafe, and teased. It may happen that Davide does not want to go out in the afternoon and that in the evening he shows sudden rage during the moments of the meal all together (with him, his mother and two sisters). The learning level is okay, but as a result of these difficulties with the classmates, the mother decided to change school. She believes that Davide is missing the male figure (his father has been absent for 3 years). Davide shows a low initial activation, the number of words used in the session is low, the latency times in answering are quite long.

How it used the DMM
We know that among the first goals of the DMM therapeutic approach there are the work on broken strategies and the resolution of past dangers that are not yet resolved, in a context of proximal development zone, both with the little patient and with his family. How can modulate these goals in session so that the therapist is progressively perceived as a transitional attachment figure? How to decide when to enter the trauma and/or the strategist modifier?

What it can contribute to the DMM
With Luigi, who presents a basically functioning strategy, the relationship with the therapist is "warm" on the emotional level and after having explored the themes related to the different evolutionary skills expected, guiding him a bit with respect to the time sequences, we can afford to enter more directly on the topic of unresolved trauma for the separation of parents. The procedural is spontaneous and lively and it initially activates the therapist and the child (proximal zone). The therapist at some point decides to direct more towards the exploration of the trauma. They are ready. With Davide, who instead presents a partly "broken" strategy, it takes more time and more initial attention on the procedural level from the therapist, compared to Lugi. It is not possible to "heat up" the relationship immediately, (this is dangerous!), nor to show yourself too close, emotionally, with respect to the theme of separation or the lack of a father figure. Only later, when routines have been created in

the taking of the shift of communication, becoming these habitual in their sequences (proximal zone), describing everyday situations, and gradually exploring the underlying emotions, it is possible to direct the young patient to goals more related to Trauma. This mental condition predisposes to a proximal work with the patient.

Regulatory disorders and parent-child-relationship.

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Topic: Research

The pilot study assessed parents (n=24) and their infants (age of 0-18 months), who suffered under regulatory disorders (excessive crying and/or sleeping problems) and participated in an ambulant parent-child-therapy in the Social Pediatric Center (SPZ) Traunstein (Germany) as well as 19 healthy parent-child-dyads.
The goal was to analyze the associations between the infants' regulatory disorders and the level of parental stress and parent-child-relationship, and to evaluate the effectiveness of intervention.
The main point of interest of the study discusses the association between existing regulatory disorders and the level of maternal sensitivity as well as the dyadic quality of interaction based on valid DMM assessments. We predicted, that an individualized approach, combined with establishing a secure base in the therapeutic relationship, improves the intervention.
As expected, mothers in the clinical group showed increased levels of stress, depression and aggression before treatment. Also the interaction quality between parents and children in the clinical group was seriously impaired at the beginning of the treatment; mothers showed a significantly decreased level of sensitivity and infants showed a significantly lower degree in cooperation.
The dyadic behavioral aspects, such as sensitivity and cooperation, were associated to the degree of parental-stress and severity of maternal depression.
The individualized intervention proved to positively influence the child´s regulatory disorder, the parental level of stress, as well as the level of maternal sensitivity and the quality of the dyadic relationship in the clinical group. In the control group no differences were noticed between the two time points of assessments.

How it used the DMM
The analysis included an evaluation of standardized and video-taped play-interactions between mother and child, based on the CARE-Index (Crittenden, 1997, 2007). So it used a valid DMM assessment as a diagnostic and therapeutic instrument to understand and improve the mother-child-relation. The patterns of the CARE-Index and the DMM were used to support parents in understanding their child´s perspective as well as to reflect on their own relational behaviour and history.

What it can contribute to the DMM
The present study shows that the DMM is a valuable model to understand distressed parent-child-relations and should guide intervention in early development, especially with regulatory disorders or increased parental stress and crucially also improves mother-infant-relation. So the study demonstrates that the CARE-Index as the earliest DMM assessment is a useful and valid instrument for planing diagnosis and treatment in early development.

Family therapy based on DMM for an adolescent with psychosomatic problems: a case report.

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Topic: Clinical Practice

In this case, the identity patient was a 17 years old student in year 11. He came to my clinic with insomnia headache and stomachache. He had been to the general hospital to see the psychiatrist and was diagnosed depression and was prescribed anti-depressants. As the parents refused to give medication to the boy, the doctor refers them to receive family therapy.
According to the symptoms, I used the regular systemic family therapy to the boy, his symptoms relieve after 4 sessions. When the therapy interval was prolonged to 2 weeks, the boy's symptoms recurred.
According to my reassessment, I found that the emotional bonding between the boy and parents was still not established. Then I spent 1 session to do PI and 2 sessions to do AAI to both father and mother individually to explore the attachment strategies of the parents. After that I spent 1 session to explain the attachment strategies to the boy and his parents based on the DMM and taught them about the importance of attachment and how to establish emotional bonding between parents and the boy.
Six months later, when the boy came to my clinic to follow up, the symptoms were all relieved. Besides, he told me that his attention, memory have all been improved.

How it used the DMM
I used the DMM to explain the attachment strategy to the boy, and parents together. When we reviewed the parenting history of the boy, we found the boy was parented by paternal grandparents since birth to 5years old, and he never got help and comfort from parents after he came back home to stay with parents. According to Parents' AAI, I supposed that the mother was type A and father was type B. As the father was absent most of time, the boy developed type A strategy under the interaction with mother.

What it can contribute to the DMM
After this case, I almost use DMM to assess and understand every family in my clinical work. It was found that the DMM is very useful to help Chinese family while combined with systemic family therapy.

Attachment Centred Therapy: A method of integrative therapy centred on the Dynamic Maturational Model of attachment.

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Topic: Clinical practice

I have evolved a method of integrative therapy that uses the DMM AAI as the centerpiece of therapy. I apply this method with most of my clients. Their issues generally have to do with poor esteem, addictive disorders, failed relationships, family dysfunction, depression, anxiety, and other related complaints. I use the AAI to identify distortions of information processing. The discourse markers help me and the client to understand how their distortions operate, and how to correct it. We identify when their info errors are operating in the here and now, and use a variety of interventions in order to correct the errors. We work through the AAI together in order to understand the dynamics at work in their remembering of events. We then apply this to here and now circumstances with which they deal. The initial phase of therapy is both educational and explorational. Skill building is integral using REBT, NLP, Maslow's Hierarchy, Gottman's and Notarius and Markman's relationship techniques. Gottman and Adler's child rearing techniques, and so on. Bibliotherapy and journaling are used. Hypnotherapy, Time Line Therapy, and dreamwork are used to deal with the unconscious mind. Affirmations, breathwork, and meditation help to recalibrate the default settings of the polyvagal system. I use the DMM strategies in order to motivate and facilitate change. For example, the C3-4 strategy can be seen as evolving into C5-6 when the client contemplates taking revenge on her erstwhile lover by telling all to his current fiancée. She can then 'see' in the progression of the strategies how her info errors are motivating her to move in the wrong direction, and then choose to do otherwise. The DMM and Maslow's Modified Hierarchy, along with communication skills development and emotional self-management all help to keep the client operating in the zone of proximal development.

How it used the DMM
The DMM provides the framework for understanding current behavior. For example, understanding how an alternating strategy of A3-4 and C4 keep the client stuck helps her to develop strategies for dealing with challenges. Various modifiers help to understand impediments to functioning. The important thing is to be able to use effective interventions. Using the B3 description as the Holy Grail gives one something to aim for. The highly delineated strategies of the DMM give me and my clients criteria for discerning in which direction the client is moving.

What it can contribute to the DMM
I'm not sure. I think it can provide feedback to the DMM evolution by comparing case histories with classifications. It can provide clinicians a very directly relevant use for the DMM in clinical practice. It can make clinicians better by learning about the various discourse markers and how they apply in daily life. It can provide a way to use the power of the AAI DMM in more than a theoretical way by providing a practical methodology with practical solutions to recalcitrant problems. Above all, I think it should inform further DMM elucidation.

Promoting sensitive caregiving: A primary prevention model.

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Topic: Research

Early sensitive care-giving predicts more positive development in infancy and early childhood. This presentation outlines the development, implementation and evaluation of a clinical program that used a targeted prevention approach following a universally-offered screening of parent–infant interactions in one region in the UK. Dyads were screened and then assigned to low, medium and high risk groups, and interventions were tailored each risk group.

How it used the DMM
The DMM CARE-Index was used to screen and assign dyads to risk groups, and the CARE-Index was also the basis for individualizing the focus intervention received by each dyad from community health workers or psychologists, depending on the level of risk. The results on maternal sensitivity and infant attachment in the intervention and comparison conditions will be presented.

What it can contribute to the DMM
The significance of the study was its demonstration that universally offered screening and levels of intervention provided within a public health service, were beneficial and potentially held a cost savings. Limitations to the research and recommendations for next steps will be presented.

How the DMM-AAI predicts brain and behavioral responses of mothers and their infants.

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Topic: Research

Infancy is a time of rapid neural development, in which repetitive, attuned social experiences—most often involving facial expressions—are transformed into neural connections and pathways that become the foundation for social behavior. Likewise, pregnancy, childbirth, lactation and caregiving experience appear to prime a mother's brain to respond to infant face cues by engaging specific neuroendocrine systems.

How it used the DMM and what it can contribute to the DMM
Our research, using DMM-AAI, has demonstrated that mothers with Type B patterns of attachment show greater brain reward response when viewing their own infants' faces, and increased release of the hormone oxytocin during mother-infant interaction. This is accompanied by more attuned maternal behavior, including verbalization regarding the infant's internal state, and mother-to-infant gaze during infant distress.
These behavioral responses may be mediated by the mother's oxytocin and dopaminergic brain responses and increase the likelihood of Type B attachment in childhood. Of equal importance is the potential effects of maternal psychopathology, including addiction, depression and unresolved trauma, on mothers' neuroendocrine responses and child development.

The part the DMM plays in the delivery of a Parent-Infant service for High risk Families.

Catherine Thomas & Richard Pratt (UK)

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Topic: Clinical practice

The presentation outlines the delivery of the Parent Infant Mental Health Attachment Team (PIMHAT) a distinctive service (Smith et al 2017) that delivers intensive therapeutic support to families where the infant is at risk 1) of harm and as a consequence 2) of removal from the birth family. Given the extent of inter-generational developmental trauma experienced by the families the DMM was invaluable in establishing an understanding of the needs of families and hence inform interventions taken. Outcomes were positive given the prediction at referral that a significant number of the infants would be taken into care (McPherson et al 2018) in that 1) the majority of infants remained in the care of their birth parents 2) there was a reduction in safeguarding concern for a significant proportion of infants. The distinctive features of the service is that it is offering therapeutic input in a Safeguarding context and that this approach (which is informed by DMM) is successful because it seeks to address understanding and change at a number of levels from the organisational (recognising differing appraisals and responses to risk) to the dyadic and individual level. The presentation illustrates the significance of the DMM in the delivery of the service through case examples.

How it used the DMM

PIMHAT was informed by the DMM on account of its ability to offer a sophisticated and nuanced account of attachment strategies that have bearing upon outcomes for "at risk" infants. The service made use of DMM theory and specific methods such as CARE Index, the Meaning of the Child Interview as well as to a lesser extent the DMM coding system for the Adult Attachment Interview. The model and related measures helped the service to formulate and identify treatment approaches as well as contributing to a distinctive understanding of risk that proved helpful in dialogues with families and social workers in a safeguarding context.

What it can contribute to the DMM

PIMHAT is an example of how DMM can help to inform clinical practice particularly in the context of vulnerable high risk populations. It offered a model that helped to establish the dynamic way in which parental attachment strategies inform and respond to emerging infant strategies. DMM is more elaborated in terms of assessment and understanding and this service helps to highlight how it can be used and developed to inform therapeutic interventions. Services like PIMHAT helps to establish the validity of the DMM. This

presentation highlights 1) current uses of DMM in service 2) the benefits, challenges and limitations of the DMM so far in context 3) proposes further integrating and developing the DMM in services such as PIMHAT e.g. finding ways of informing workforce sufficiently so that DMM can help to inform understanding and decision making.

Mother-infant and father-infant play-interaction 10 weeks after birth: differences in sensitivity, unresponsiveness and control.

Agnes von Wyl, Aureliano Crameri, Barbara Bachmann, Andrea Studer, Thomas Wirz & Sven Wellmann (CH)

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Topic: Research

Fathers can be attachment figures to their children. For example, the longitudinal project by Grossmann and colleagues (2002) found that fathers' sensitive and challenging play is an essential variable for the attachment representation later in children. Still, most of the literature focuses on the mother-child relation. In our study, we examined similarities and differences in infant-mother and infant-father interactions, when the infant was 3 month old.

Methods: This study included 40 families with a healthy preterm ($31^{0/7}$ – $34^{6/7}$ weeks gestation) and 30 families with a term infant ($38^{0/7}$ – $41^{6/7}$ weeks gestation). The Salmon's Item List German Language Version was administered to evaluate the maternal and paternal subjective birth experience. Depressive symptoms were assessed with the Edinburgh Postnatal Depression Scale. Sensitivity in play interactions were explored in videotaped play sessions coded with the CARE-Index.

Results: Mothers were more depressed and disappointed with the birth experience and more sensitive in the play interaction than fathers. Furthermore, mothers were more controlling but also less non-responsive than fathers. An Anova showed that neither the mothers' nor the fathers' depressiveness had a negative impact on the sensitivity.

Discussion: We discuss the noticeable control of the mothers and the non-responsiveness of the fathers in regard to current research.

Understanding childhood trauma with The Child Attachment and Play Assessment: evidence from a physiological perspective.

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Topic: Research

This PhD research project investigates the utility of The Child Attachment and Play Assessment (CAPA) as an assessment tool for childhood trauma. CAPA follows the narrative story stem procedure which traditionally focuses on attachment strategies. Current project collected data from both community samples and referrals from Social Care services. The participants are children between the ages of 3 and 8 years, with no known learning disabilities. Data on the children's attachment strategies, presence of unresolved trauma, trauma and care history, auditory language proficiency, and results of a psychometric trauma symptom checklist was collected. Additionally, the children's heart rates were monitored during the CAPA, and their saliva samples were collected to provide further information on their physiological arousal, both at the time of assessment and on a baseline day.
It is hoped that the project can provide evidence that CAPA can be reliably used as a trauma assessment tool as well as attachment assessment. The physiological measures could also shed light on how trauma manifests in the context of different attachment strategies.

How it used the DMM
The CAPA was developed with DMM as its major theory basis. DMM theory is the underpinning principle to the analysis of the result in this project to understand how trauma can alter children's physiological states in both short term and long term, to explain the links between behavioural traits and attachment strategies, as well as the seemingly non-strategic elements.

What it can contribute to the DMM
It is the goal of the project to add to the evidence in DMM related research and practice regarding younger population. The physiological elements of the project will extend the understanding of how altered arousal states can influence neurological development and thus attachment behaviours.

IASA's 10-Year Celebration – Florence, Italy, June 12-14, 2018

PROGRAM

Event	Timetable	June 12	June13	June 14
	8:45-9:15 9:15-10:15	**Rodolfo de Bernardt, MD** Welcome A decade of DMM accomplishments **Infant & child research:** **Natasha Pleshkova & Peter Schernhardt** Carr-Hopkins, von Wyl, Zhang, Schernhardt	**Andrea Landini, MD** DMM Integrative Treatment **Adolescent & Adult research:** **Lane Strathearn** Farnfield, Hautamäki, Strathearn	**Eadaoin Bhreathnach, MsC** The DMM & sensory integration **IASA Court Protocol:** **Giuliana Florit & Andrea Landini** Spieker, Carr-Hopkins, Baumann, Landini
	15-minute break			
	10:30-11:30	**Treatment for Multi-Problem Families:** **Bente Nilsen & Bex Darby** Nilsen, Spieker, Pratt	**DMM Integrative Treatment: Child Individual** **Verter Pregreffi & Becky Mckenzie** Pregreffi, Johnson, Bairead, Mckenziei	**DMM Integrative Treatment: Adult Individual** **Nicola Sahhar & Ken Mikami** Baim, Baldoni, Shults, Mikami
	30-minute Break			
	12-13:00 13-13:30	**Treatment for Multi-Problem Families (continued)** Darby, De Burca **Patricia Crittenden, PhD** Paradigm Shift: The DMM as an Integrative Diagnostic Theory for Integrative Treatment	**DMM Integrative Treatment: Families** **Rudi Dallos & Shiqin Shen** Dallos, De Bernart, Landini, Cheverton/Baim, Liu, Shen **Introducing IASA's Board:** Past, Current, Ad Hoc	**DMM Integrative Treatment: Adult Individual (continued)** Heggdal, Basti, Blows, Sahhar **Rodolfo de Bernart** Closing plenary