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

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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.