

A panoramic view of Florence, Italy, featuring the large red-tiled dome of the Florence Cathedral (Duomo) on the right, the Giotto Campanile tower in the center, and the city's red-tiled roofs in the foreground. The background shows rolling hills under a cloudy sky.

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

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# Three ways of using the DMM-AAI in individual treatment

- a tool for assessment to guide treatment
- a test of the effectiveness of psychological treatment
- a tool to overcome ruptures in the therapeutic alliance

# □ a tool for assessment to guide treatment (Crittenden & Landini, 2011, p.372)

The DMM-AAI can be used for assessment to (a) formulate the speaker's problem, (b) focus the treatment, (c) select a mode of treatment, (d) select a specific treatment techniques, (e) evaluate whether the individual can benefit from specific proposed treatment.

# □ a test of the effectiveness of psychological treatment

(Crittenden & Landini, 2011, pp.374-375)

- In order to test the effectiveness, not only a reliable **coder who is blind to a case** is needed, but also an interview which **retains the structure and process of the AAI** but, at the same time, **has different set of questions** so that it can surprise the mind of the speaker is needed.

# □ a test of the effectiveness of psychological treatment

(Crittenden & Landini, 2011, pp.374-375)

- **Form B of the AAI** (Crittenden, 2006) has been developed for this purpose.
- It retains some of the original questions while has new questions which surprise the speaker into accessing different recalled experiences and using these to understand current functioning.

# Case I : Aiko(Mikami, 2018)

- Aiko was a female and single client in her 30's who apparently had no intimate relationships so far. She felt depressed every year from the end of Autumn until the beginning of Winter.
- It was soon revealed that she had a traumatic experience in this season. One day she found out that her mother was not at home in the morning, and then her mother called her, saying that she wouldn't come back home anymore, and hanged up the phone just after saying 'Good Luck'.

# Case I : Aiko

- Although she came back home later, this experience had repeatedly flashbucked especially when she felt depressed. In her childhood, she always had to worry if her parents might have serious quarrels again.
- The DMM-AAI was administered after #5, and she told me that it reminded her of lonely look on her father's face after her mother left home. She also remembered that she thought she had to be strong, otherwise her family would fall apart.

# Case I : Aiko

- I told her that, probably, she had actually wanted a strong father but couldn't admit such a desire. She said that she had no intention to blame her parents but was always overly concerned about them.
- Gradually, she started linking her past attachment relationships to her present interpersonal relationships.

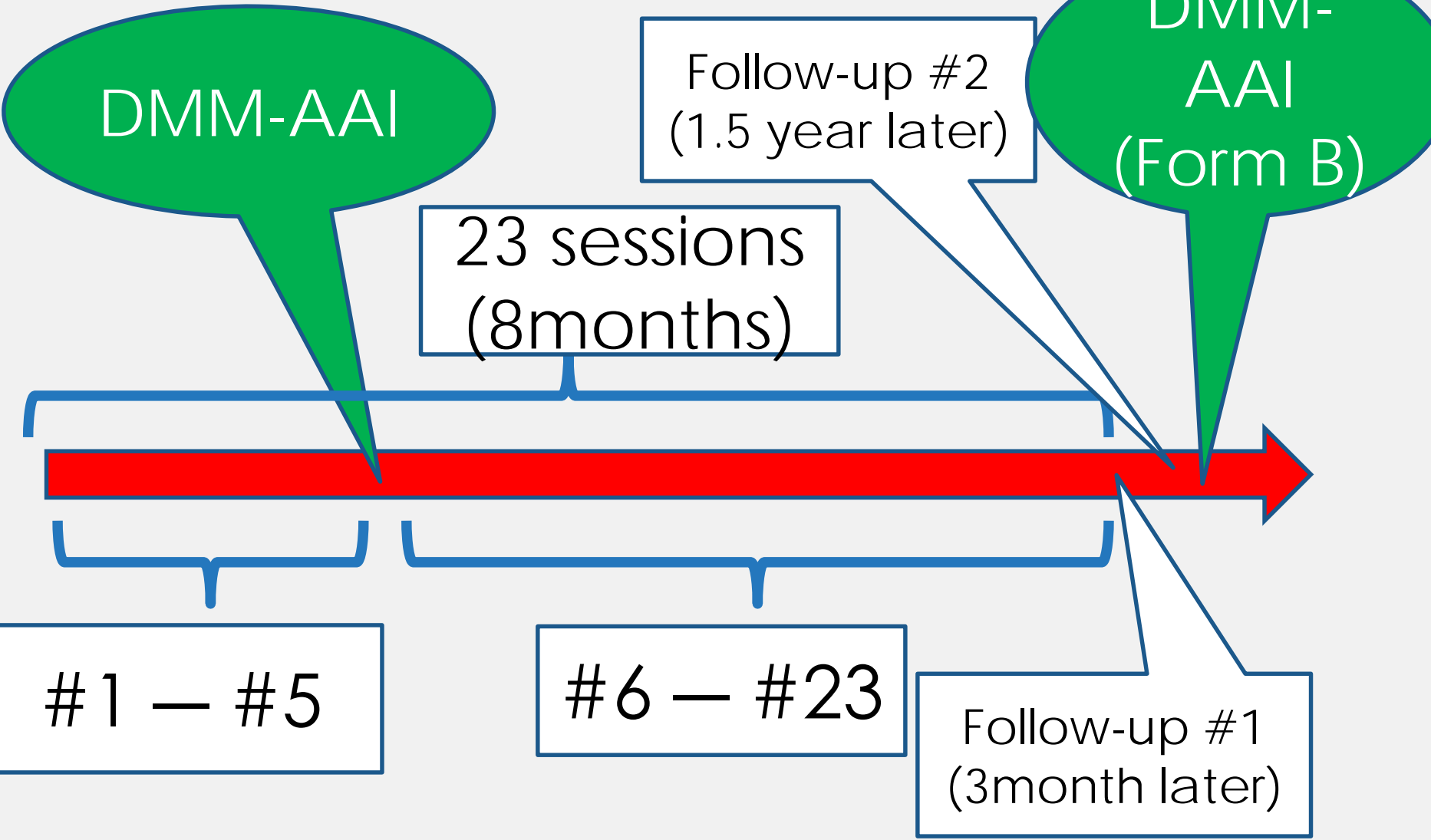


# Case I : Aiko

- For example, she told me she had repeatedly suffered from sexual harassments by her past bosses.
- She spontaneously linked this fact to her desire in which she had wanted a strong and gentle father, which then might have made her bosses misunderstand that she had seduced them.

# Case I : Aiko

- Because of her job, we had to finish this therapy at the #23.
- In the second follow-up session, most of her symptoms such as depression, sleep disorder, and flashbacks disappeared, and she seemed to do well in her job.
- Then the Form B of the DMM-AAI was administered.



# comparison of the two AAls

$IO(R) \square Utr(dn)_{PAN} A+(6)$



$Utr(dn \ \& \ dpl)_{PA-burn} R(Utr(dn)_{many} A+ \rightarrow A6 \rightarrow \square )$

This result suggested that, because most of her unresolved traumas were resolved by the therapy, **her dysfunctional A6 strategy was repaired**, which led to improving her symptoms.

# What the two AAIs suggests

- Also, it suggests that 23 sessions are probably **not long enough to change her strategy** from A6 to B.
- Thus, the DMM-AAI was not only useful for assessment but also seemed to capture **what had changed and what had not** in this treatment.

# □ a tool to overcome the ruptures in the therapeutic alliance (Mikami, under review)

- The third one might be particularly useful for individual treatment because individual treatment can be expected to be more often affected by transference and countertransference than family or group treatment which can eventually lead to the ruptures in the therapeutic alliance.

# Ruptures in the therapeutic alliance

- Safran and Muran (1996) pointed out that “ruptures often occur **when therapists unwittingly participate in maladaptive interpersonal cycles that resemble those characteristics of patients’ other interpersonal cycles,** thus confirming their patients’ dysfunctional interpersonal schemas or generalized representations of self-other interactions” (p.417).

# Case II : Takako (Mikami, under review)

- Takako was also a single and female postgraduate student in her 30s.
- Takako sought therapy because she wanted to understand herself in order to change her workaholic life style.
- Her father was frequently violent toward her mother. Takako had often found her mother crying in the kitchen.



# Case II: Takako

- Since her childhood, she was often told by many people that she was always smiling which she wasn't aware of.
- Takako had two long term relationships with her past boyfriends, which lasted about 10 years for each but ended up breaking up eventually.

# Case II: Takako

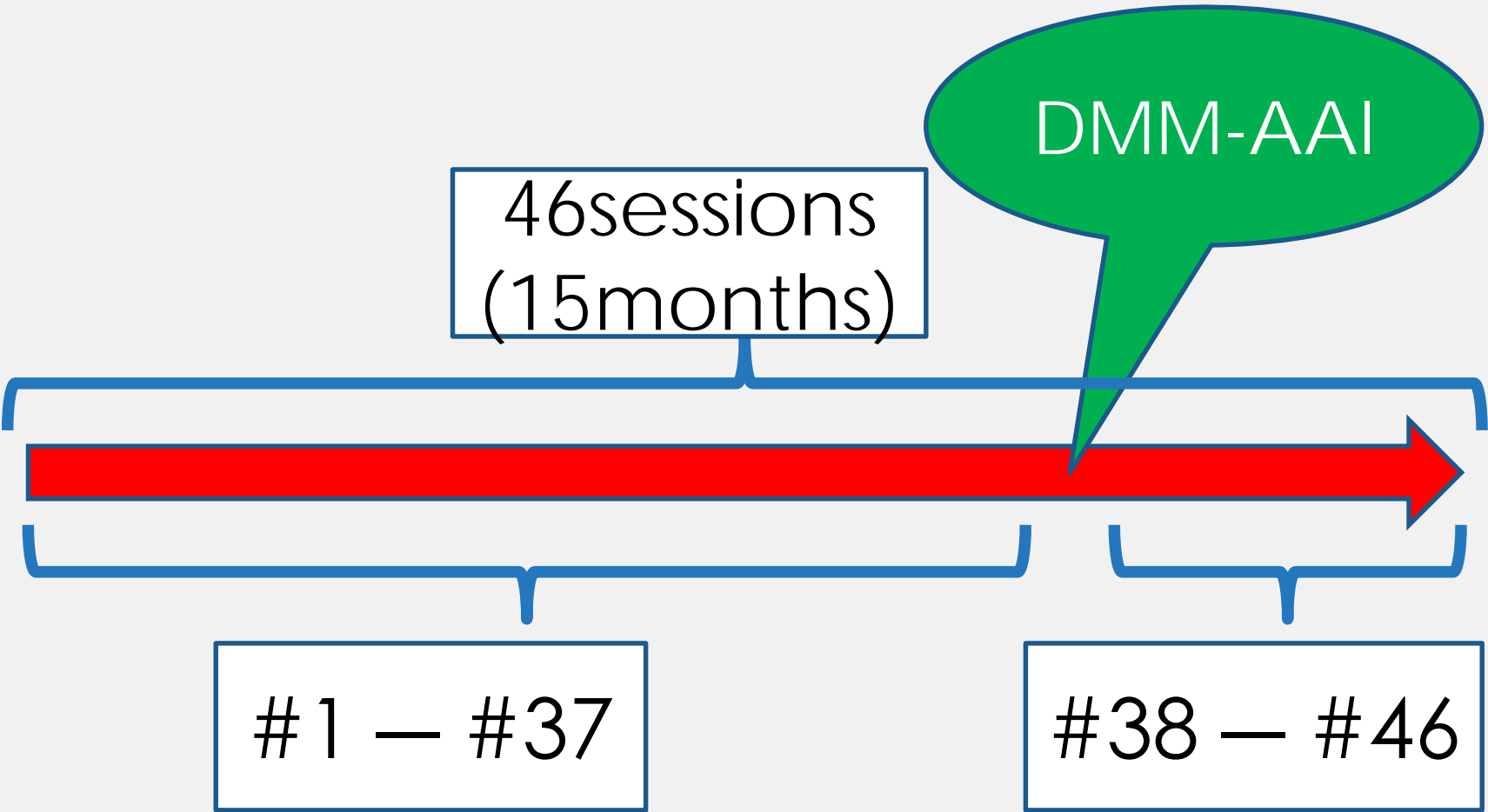
- Once the therapy started, she soon developed love transference toward me. Also, she was often worried about whether she was bothering me.
- At first, I tried to accept and empathize with her feelings.

# Case II : Takako

- However, gradually, I started feeling that our occasional meetings were becoming a burden as though her “self-fulfilling prophecy” was becoming actualized in this therapeutic relationship. Also, I started feeling irritated when she showed her smile when she was talking about her problems.
- Because of my countertransference, eventually I suggested to her that, because she seemed to get improved, we could terminate the therapy, which, obviously, was too early at that stage.

# Case II : Takako

- Because she had felt scared by exploring her past, she almost agreed with the termination but also showed some anxiety.
- Thus, both of us tried to escape from the therapy, leading to collusively seeking for the termination of the therapy.
- However, because I finally realized that she felt anxiety and loneliness in the face of possible termination, I decided to use the DMM-AAI to overcome this rupture.





# Takako's classification of the DMM-AAI

DO Utr(dx)<sub>PAEN</sub> & uncertain parentage A4C3(5)Δ

- The DMM-AAI revealed that there's such a complex self-protective strategy behind her problems.

## *Effect of using the DMM-AAI to overcome the ruptures in the therapeutic alliance*

- After the DMM-AAI, she realized that she was trying to terminate the therapy overly early in order to reduce the shock of separation from the therapist in the same way that she had done with her former boyfriends.
- Also, she stopped showing her usual smile after the AAI; for the first time, I felt I was able to feel her true feelings.

## *Effect of using the DMM–AAI to overcome the ruptures in the therapeutic alliance*

- Also, the AAI helped me to reflect on my countertransference and recover my empathic attitude toward her.
- After several years, she contacted me to let me know that she changed her place of work, that she was not as busy as before, and that she had finally married a new partner.



# Discussion

- I think these two cases can contribute to the DMM as they illuminate the possibility of clinical usefulness of the DMM-AAI.
- Firstly, both cases suggested that the classifications of the DMM-AAI were useful **to capture their complex self-protective strategies** which wouldn't have been possible with the M & G method.
- Thus, the DMM-AAI can be used to assess the client's self-protective strategy in the beginning and, also, to evaluate the effectiveness of treatment in the end with the form B.

# Discussion

- Secondly, the DMM-AAI was useful to **facilitate the reflective process of the client.**
- Because of its well-structured questions as well as the interviewer's attitude of just listening to story without interpretation or intervention, the AAI allowed my clients to explore the attachment experiences which were too threatening for them to think about before having the AAI.
- This wouldn't be impossible if the self-report questionnaire of attachment style was used.

# Discussion

- Finally, the DMM-AAI was useful to **facilitate the reflective process of the therapist** as well, especially when the therapeutic alliance was at risk.
- It would allow for a pose in which no action was taken and give both client and therapist an opportunity to reflect on new information gained from the DMM-AAI.
- Traditionally, countertransference has been regarded as a useful tool to overcome such ruptures by reflecting on how the client's past attachment relationships are being enacted in the therapeutic relationship.

# Discussion

- However, considering that love transference can confuse a therapist's feelings more easily than other types of transference (Baba, 1997), it wouldn't be always easy to utilize countertransference.
- In such a difficult case, the DMM-AAI could be an *additional* therapeutic tool to overcome ruptures in the therapeutic alliances.



*Bertinoro, 2008*



*Cambridge, 2010*

*Thank you!*

To download program materials, click here

<https://www.iasa-dmm.org/iasa-conference/>



*Frankfurt, 2012*



*Miami, 2015*