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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 re-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.