



DMM and ABC+D-AAI coding systems compared: a study on an Italian sample

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Introduction

The assessment of adult attachment is a complex process that could be influenced in its results by both the theoretical model and the method. The aim of this research is to compare two different systems of AAI coding: the DMM (Crittenden, Landini, 2011) and the ABC+D model (Main, Goldwyn, Hesse 1982-2008). Recent studies in high-risk and clinical samples (Crittenden, Claussen & Kozłowska, 2007; Crittenden & Spieker, 2009; Crittenden & Newman, 2010; Shah, Fonagy & Strathearn, 2010) have suggested that the DMM may discriminate clinical population cases better than the ABC+D model. In particular, the ABC+D Disoriented/disorganised pattern (U/D), corresponds in the DMM to different and specific organized high-risk patterns (A+, C+, A/C), which are complex, extreme patterns with indicators of rapid shifts in arousal, useful for clinical practice (Crittenden, 2015). The aim of this study was to compare the DMM and the ABC+D model in the AAI coding process, and to explore their differences in discriminating low- and high-risk subjects. The results could be a boon for the use of the AAI as a guide in the organization of a tailored and effective treatment.

Methods

This study is a part of the Bologna Attachment Assessment Project, organized by the Attachment Assessment Lab of the Department of Psychology, University of Bologna, in collaboration with the Kore University of Enna, the Neonatal Intensive Care Units and the Gynecological Units of the Infermi Hospital of Rimini and the Civile Hospital of Brescia, Italy.

Sample

The AAI was administered to 100 subjects (50 male and 50 female) aged from 23 to 61 years ($M=35.77$, $SD=5.85$), and was coded using both DMM and ABC+D classifying models. The interviews originate from a sample of AAI administered to parents as a part of a research program exploring the influence of parental attachment and sensitivity on the psycho-motor development of the newborns. This research protocol involves the administration of various instruments, including the AAI. All subjects were couples of parents and came from Northern and Central Italy. Participants were contacted during a periodic consultation in the hospital immediately after the birth of their baby. Parents were informed on the topic of the study and completed a document stating that they agreed to participate in the research. Medical or psychiatric disorders were excluded by a preliminary clinical consultation. 10 interviews resulted incomplete or administered only to one partner, therefore they were excluded from the study.

AAIs administration and coding

The AAIs were administered at six months from the birth in a dedicated and quiet hospital room. All the AAI administrators had been properly trained. Subsequently, the interviews were coded by four different reliable coders, two following the DMM criteria (Inter-reliability, $k=0.94$, $t=14.40$, $p<.001$) and two following the ABC+D criteria (Inter-reliability, $k=0.88$, $t=12.71$, $p<.001$). All coders were blinded to the participants' histories and personal characteristics. The data were statistically analyzed, grouping in different ways the ABC+D codings (F/Ds/E/U; Secure Vs Unsecure) and the DMM codings (A/B/C; normative vs high-risk; presence of unresolved loss or traumas).

Statistical Analysis

The data were analyzed using χ^2 non parametric test and IBM SPSS® for Windows statistical package.

Results

No significant associations were found between the DMM and the ABC+D classifications.

		DMM				Total
		B	A	C	A/C	
ABC+D	F	19	24	7	6	56
	Ds	4	5	0	4	13
	E	0	2	3	2	7
	U	6	4	3	1	14
Total		29	35	13	13	90

Tab. 1 – Distribution of pattern (DMM vs ABC+D)

Tab. 1 – Comparing the AAI codings according to the two models showed a random distribution.

Fig. 1 – Compared to the DMM, the ABC+D model identifies the secure pattern more frequently (62.2 vs 32.2%) and the dismissing pattern less frequently (14.4 vs 39%).

Fig. 2 – Considering the DMM normative subjects as a group (B, A1-2, C1-2), they seems to correspond to the F pattern in the ABC+D, but this datum is not significant because the normative and the F interviews are not the same.

Fig. 3 – High-risk patterns in the DMM model (A+, C+, A/C) were confronted with U, but no association was evidenced.

Fig. 4 – Comparing the absence or the presence of unresolved loss or trauma modifier in DMM with the U pattern in ABC+D model, no association appeared.

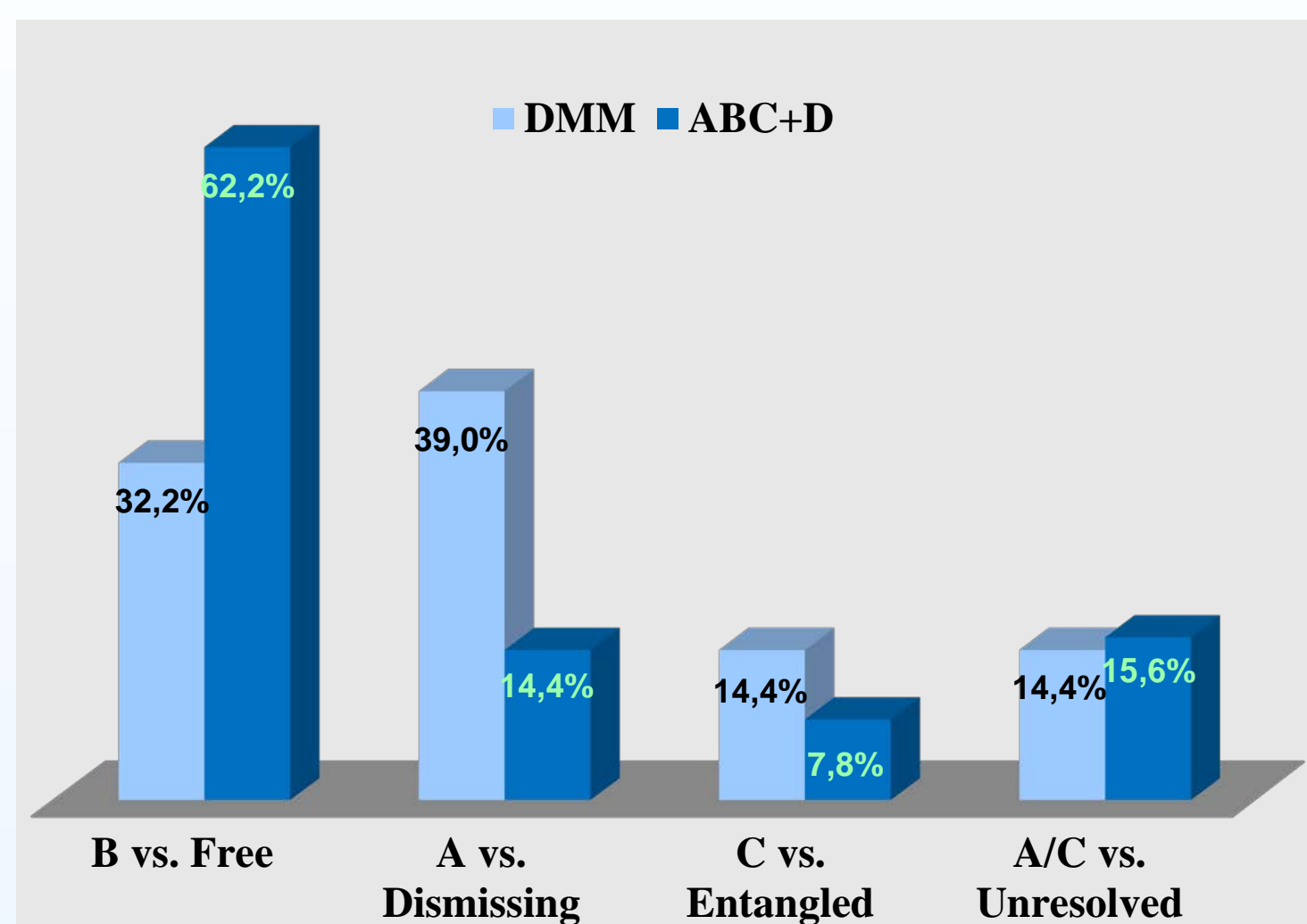


Fig. 1 - DMM (A,B,,C,A/C) vs ABC+D

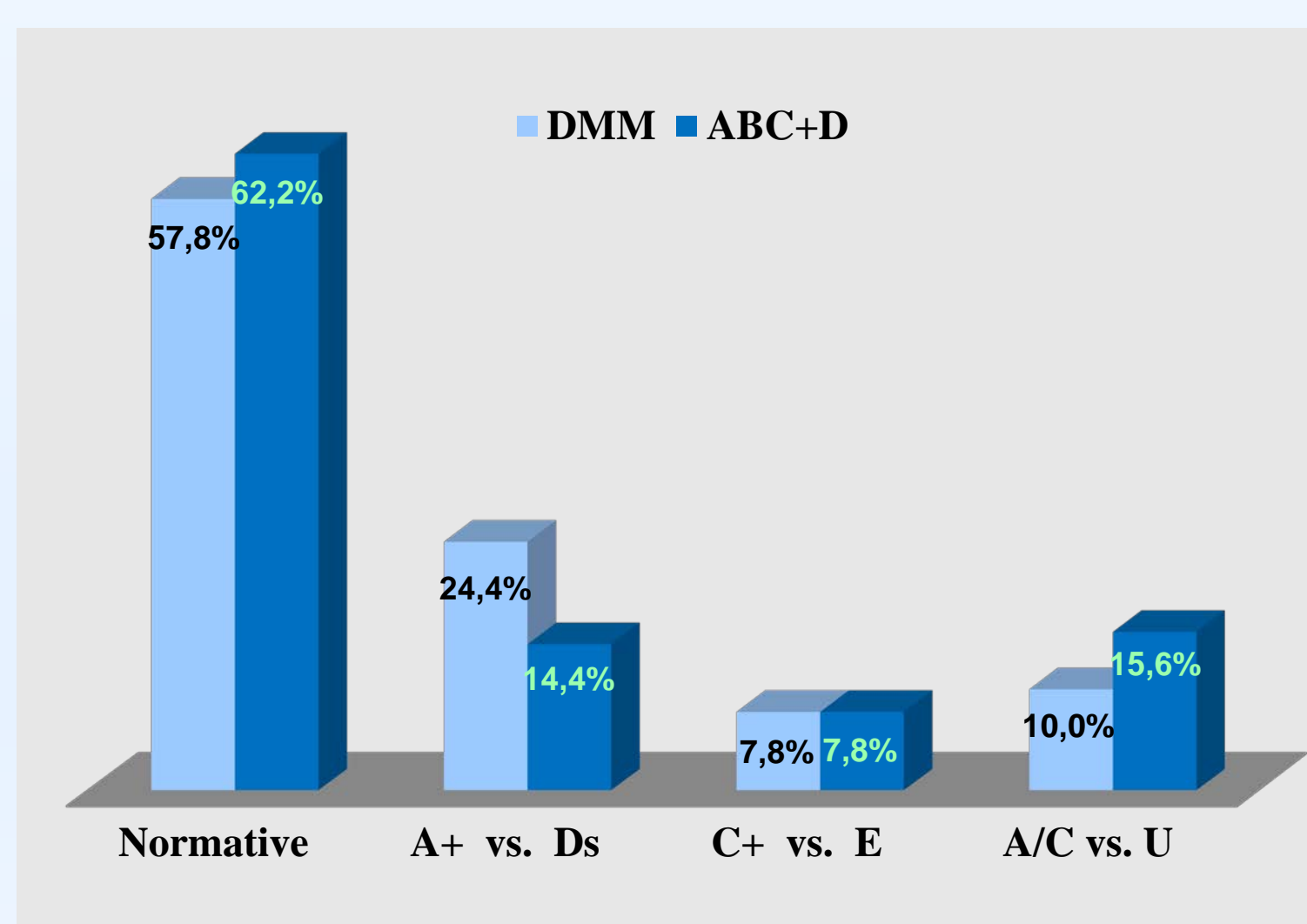


Fig. 2 - DMM (Normative,A+,C+,A/C) vs ABC+D

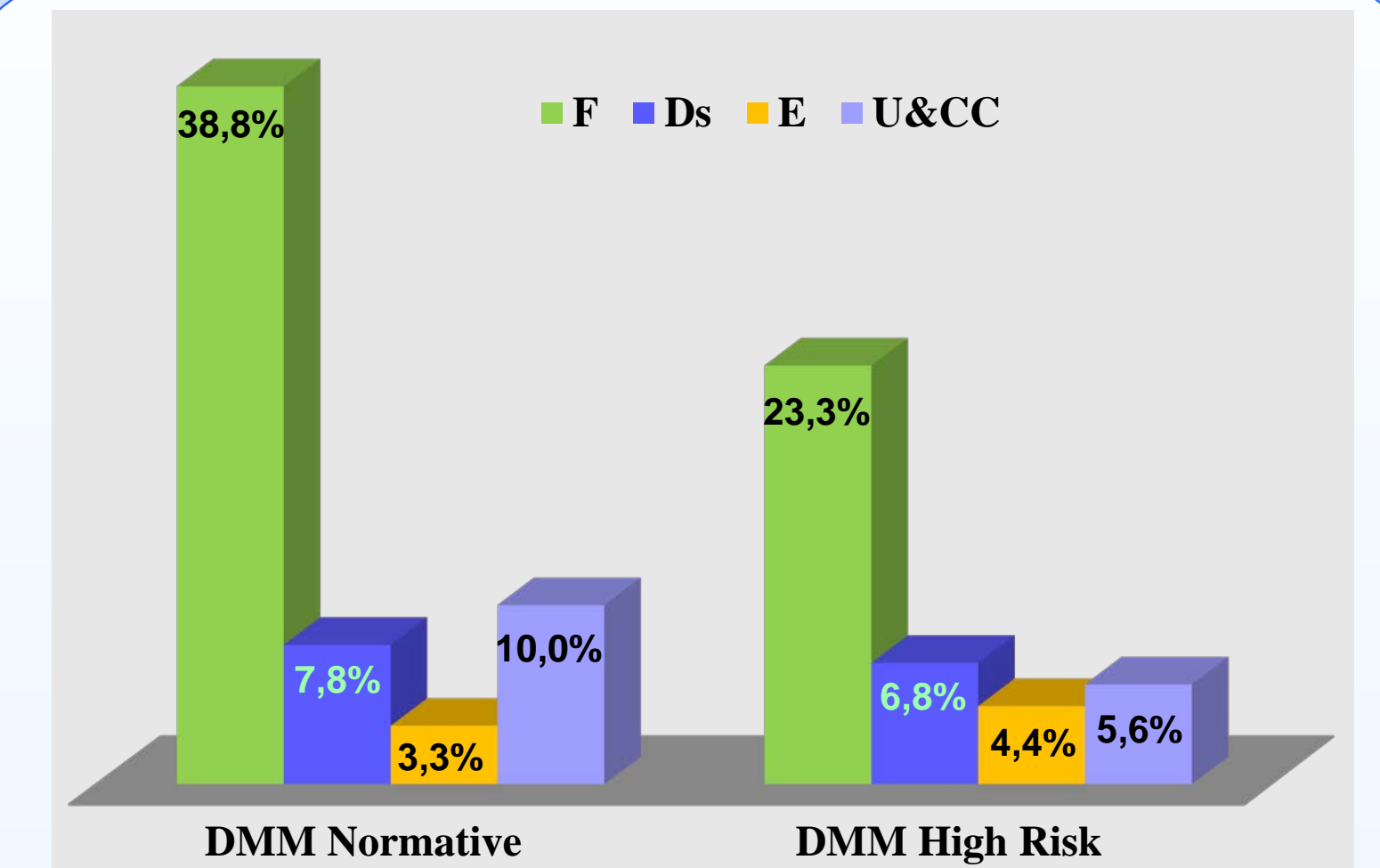


Fig. 3 - DMM (normative/high risk) vs ABC+D

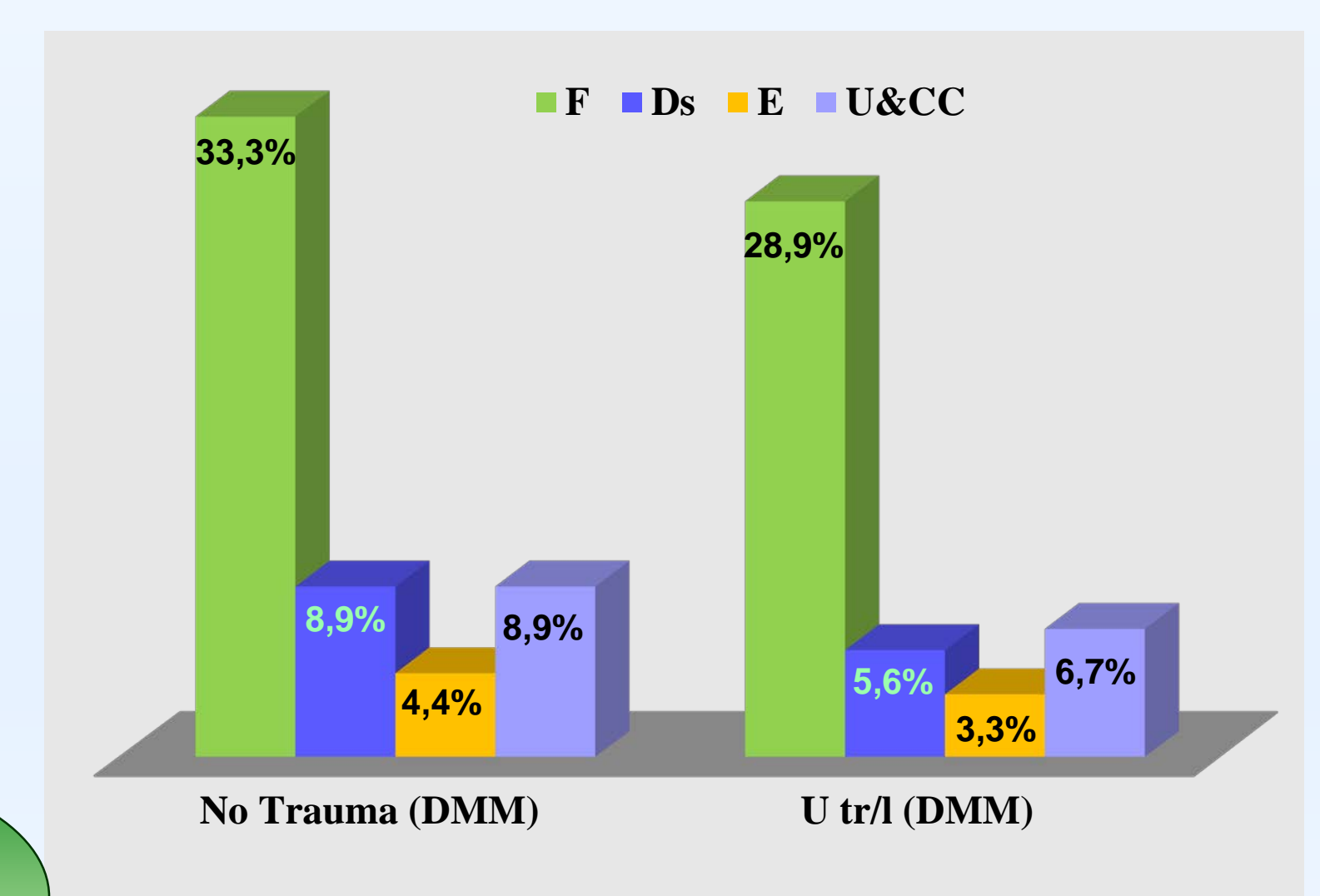


Fig. 4 - Utr/I (DMM) vs ABC+D

Discussion

In this study, no significant association between the adult attachment classifications based on the DMM criteria and those based on the ABC+D criteria emerged. For example, 6 out of 14 AAIs classified as unresolved in the ABC+D system were classified as B using the DMM, and, in male subjects, 6 out of 8 AAIs classified as unresolved were classified as normative (B, A1-2, C1-2) using the DMM. These results raise the following question: does the concept of attachment assume the same meaning when different approaches to its assessment are used? From the findings of this research, we cannot say that the DMM model is more effective in discriminating high-risk patterns, but the ABC+D model seems to attribute more frequently a Secure pattern. Using ABC+D, 62.2% of the AAIs have a Free (F) codification, while only 32.2% result B in DMM. This percentage rises to 57.8% when comparing F patterns with DMM normative patterns (B, A1-2 and C1-2 are the patterns with fewer clinical features), but this is not significant because the interviews are not the same. Moreover, the ABC+D model seems to detect less frequently Dismissing (Ds or A) patterns (14.4% vs 39%). One possible explanation of our findings is that DMM and ABC+D systems refer to different concepts of attachment assessment. The ABC+D model refers more to discourse patterns to identify mental representations of attachment, whereas the DMM model is more focused on the function of the attachment strategy and on the different use of cognitive and affective information. The clinical implications of these different approaches for the organization of an effective and tailored treatment are evident.

References

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