

Dissociation and DID: Recognition, Assessment, and Treatment Considerations

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1

Dissociation

Dissociated experiences are not integrated into the usual sense of self, resulting in discontinuities in conscious awareness. There are five main ways in which the dissociation of psychological processes changes the way a person experiences living:

Depersonalization: not feeling real or not in one's body

Derealization: not feeling the world is real

2

Dissociation

Amnesia: memory loss outside of ordinary forgetfulness

Identity confusion: separation of thoughts/sensations/feelings/knowledge/behaviors

Identity alteration: sense of being markedly different from another part of self

<https://www.isst-d.org/resources/dissociation-faqs/>

3

Questions?

4

Thoughts on etiology of DID

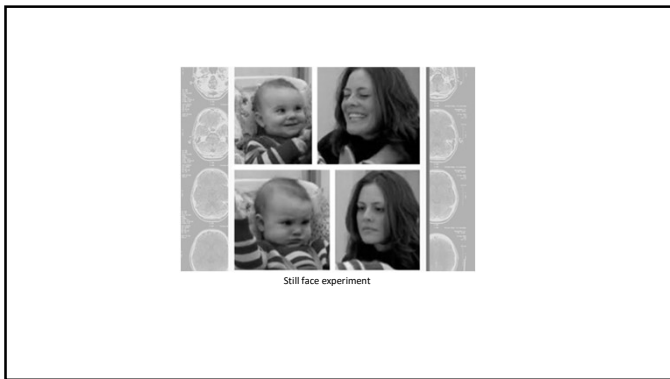
- "Baby Watchers" in the 1970's: brain states and state switching
- Early attunement (still face experiment) and attachment
- Effects of trauma - trauma memory consolidation, shame, powerlessness, isolation

5

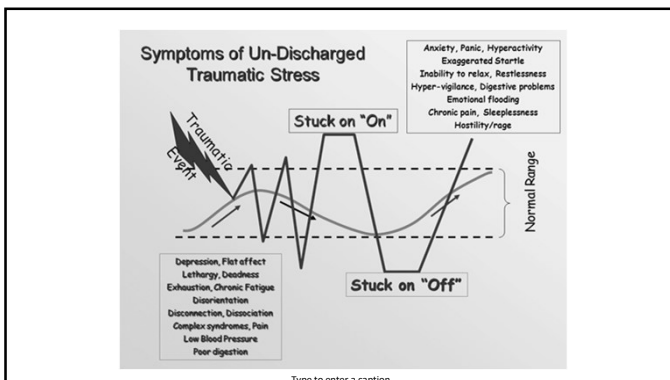


Baby Watchers experiment

6



7



8

Questions?

9

Standardized measures

- Screening measure: Dissociative Experiences Scale II (DES II)
<http://traumadissociation.com/downloads/information/dissociativeexperiencescale-ii.pdf>
- Diagnostic measures:
 - Multidimensional Inventory of Dissociation (MID) <http://www.mid-assessment.com/>
 - Structured Clinical Interview for DSM IV Dissociative Disorders (SCID-D R)
https://www.appi.org/structured_clinical_interview_for_dsm-iv_dissociative_disorders_scid-d-r

10

Dissociative Experience Scale sample questions

24. Some people sometimes find that they cannot remember whether they have done something or have just thought about doing that thing (for example, not knowing whether they have just mailed a letter or have just thought about mailing it). Select the number to show what percentage of the time this happens to you.
(0% Never, 100% Always) 0% 10 20 30 40 50 60 70 80 90 100%

25. Some people find evidence that they have done things that they do not remember doing. Select the number to show what percentage of the time this happens to you.
(0% Never, 100% Always) 0% 10 20 30 40 50 60 70 80 90 100%

26. Some people sometimes find writings, drawings, or notes among their belongings that they must have done but cannot remember doing. Select the number to show what percentage of the time this happens to you.
(0% Never, 100% Always) 0% 10 20 30 40 50 60 70 80 90 100%

27. Some people sometimes find that they hear voices inside their head that tell them to do things or comment on things that they are doing. Select the number to show what percentage of the time this happens to you.
(0% Never, 100% Always) 0% 10 20 30 40 50 60 70 80 90 100%

28. Some people sometimes feel as if they are looking at the world through a fog, so that people and objects appear far away or unclear. Select the number to show what percentage of the time this happens to you.
(0% Never, 100% Always) 0% 10 20 30 40 50 60 70 80 90 100%

11

MID sample questions

15. Having difficulty swallowing (for no known medical reason). 0 1 2 3 4 5 6 7 8 9 10

16. Having trance-like episodes where you stare off into space and lose awareness of what is going on around you. 0 1 2 3 4 5 6 7 8 9 10

17. Being puzzled by what you do or say. 0 1 2 3 4 5 6 7 8 9 10

18. Seeing images of a child who seems to "live" in your head. 0 1 2 3 4 5 6 7 8 9 10

19. Being told of things that you had recently done, but with absolutely no memory of having done those things. 0 1 2 3 4 5 6 7 8 9 10

20. Thoughts being imposed on you or imposed on your mind. 0 1 2 3 4 5 6 7 8 9 10

12

Questions?

13

Differential Diagnosis Considerations
Schneiderian First Rank Symptoms

Delusional Perceptions
Flashbacks, triggered memory fragments

Auditory Hallucinations
Voices - self states, introjects, memories

Delusions of thought interference
Thought insertion - self state communicating
Thought withdrawal - suddenly do not know what you were talking about, no thoughts; self state switching or protective response
Thought broadcasting - extreme fear; flashbacks, abuse related beliefs

Delusions of Control
Control of the following by an external force:
Impulses - depersonalization self state intrusion
Actions - depersonalization; self state intrusion or switching
Feelings - depersonalization; flashbacks, self state intrusion of held traumatic memories
Somatic Passivity - somatic memories and depersonalization

14

Differential Diagnostic Considerations

Mood based brain state switches (rapid mood, affective changes)

Symptoms do not improve with use of medications

History includes extensive, early, chronic childhood trauma

Inconsistent information/beliefs/ideas/memories/thoughts

15

Questions?

16

Treatment Considerations

- Not all parts or people want integration as their goal of therapy
- Be patient
- Meet the client where they are mentally, even between parts.
- Reassure them that you believe what they are saying, and remind them and new parts that are present what HIPPA & mandate reporting is.
- Allow them to present memories, and explain themselves in numerous ways (Drawing, art, poems, writing, etc)
- If you are confused by contradicting statements, ask them for clarification in a way that gives them the benefit of the doubt because they may be learning about their own trauma from different parts at the same time as they are explaining it to you.

17

Thank you for attending the presentation!

Sue and Julian

18

References

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International Society for the Study of Trauma and Dissociation
<https://www.isst-d.org/>
