

Assessing Complex PTSD and DID

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ASSESSMENT OF DISSOCIATIVE DISORDERS

- Dissociative Experience Scale (DES)
 - A-DES; Child Behavior Checklist
 - DES Taxon (Items 3,5,7,8,12,13,22,27)
 - Dissociative Disorders Interview Schedule (DDIS)
- Structured Clinical Interview for DSM-IV Dissociative Disorders (SCID-D)

ASSESSMENT OF DISSOCIATIVE DISORDERS

- Clinician Administered Dissociative States Scale (CADSS)
- Somatoform Dissociation Questionnaire (SDQ-20)
- Trauma Symptom Inventory
- Multidimensional Inventory of Dissociation (MID)

DSM-IV Criteria for Dissociative Identity Disorder

- Presence of two or more distinct identities or personality states
- At least two identities or personality states recurrently take control of behavior
- Inability to recall personal information; too extensive for forgetfulness
- Disturbance not due to direct physiological effects, substance abuse, or general medical condition

Mental Status Exam for Dissociative Disorders

- Richard Loewenstein, M.D.

Amnesia

AMNESIA SYMPTOMS

- **Blackouts/Time loss**
- **Disremembered Behavior**
- **Fugues**
- **Unexplained**

AMNESIA SYMPTOMS

- **Inexplicable Changes in Relationships**
- **Fluctuations in Skills/Habits/Knowledge**

AMNESIA SYMPTOMS

- **Fragmentary Recall of Entire Life History**
- **Chronic Mistaken Identity Experiences**
- **"Micro"-Dissociations**

AUTO-HYPNOTIC SYMPTOMS

- Highest hypnotizability compared to other clinical groups
- Display naturalistically phenomena consistent with that seen in “normal” high hypnotizables
- Possibility of different routes to hypnotizability
 - Fantasy prone
 - Compliance prone
 - Dissociation prone

AUTO-HYPNOTIC SYMPTOMS

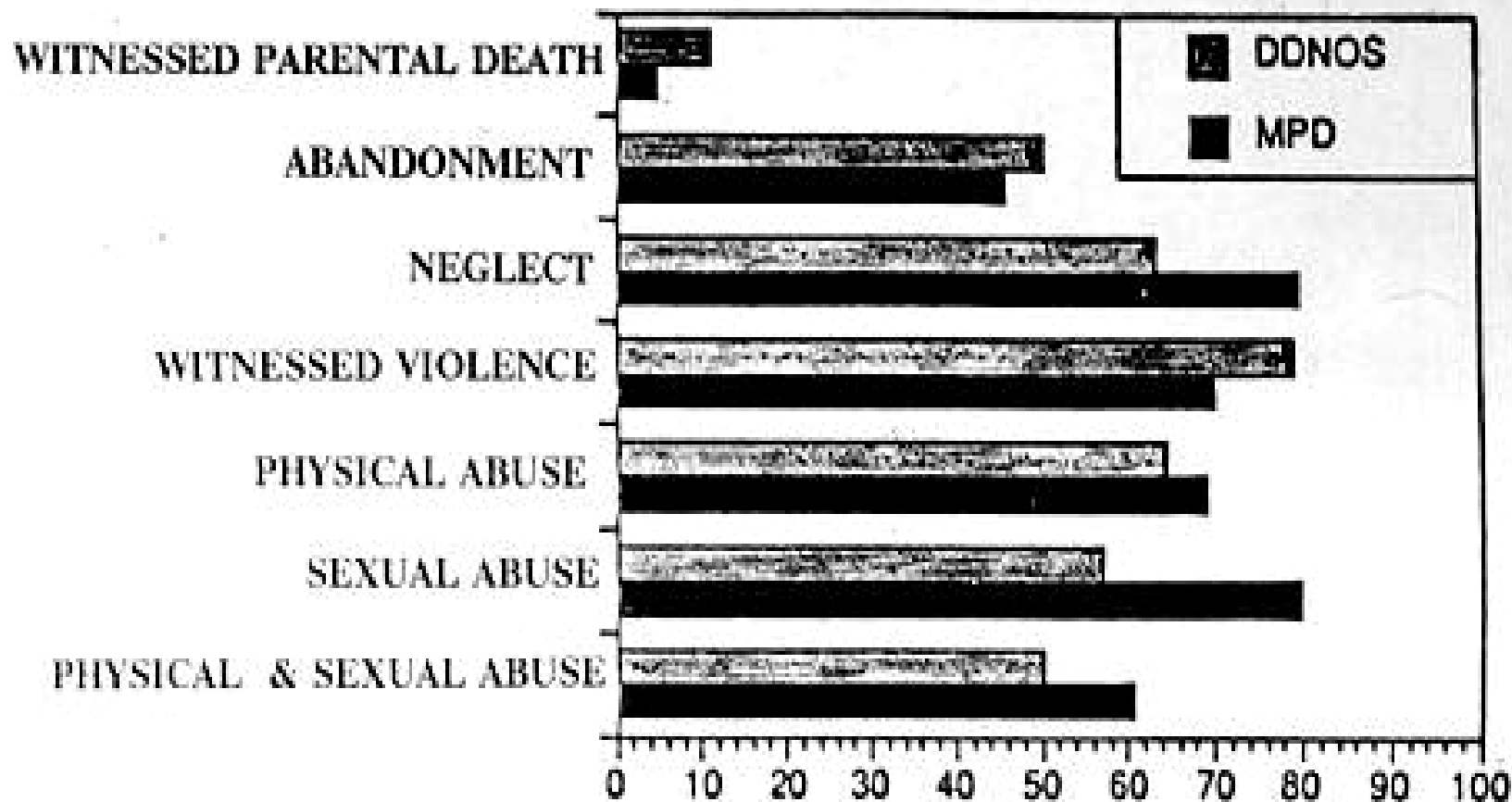
- **Spontaneous Trance**
- **Enthrallment**
- **Spontaneous Age Regression**
- **Negative Hallucinations**
- **Hallucinations/Pseudohallucinations**

AUTO-HYPNOTIC SYMPTOMS

- **“Hidden Observer” Phenomenon**
- **Trance Logic**
- **Voluntary analgesia**
- **Eye-roll, etc. with switching**

PTSD SYMPTOMS

- >80 % of DID patients will meet diagnostic criteria for current or lifetime PTSD
- Usually several types of trauma before age 5
- Most common: childhood maltreatment before age 5
- Non-maltreatment forms of trauma also occur, e.g., medical trauma
- Lack of comfort, caring, soothing



PERCENTAGE OF CASES

TRAUMA AND ABUSE HISTORIES

N. L. HORNSTEIN, M.D AND F. W. PUTNAM, M.D.

J. AM. ACAD. CHILD ADOLESC. PSYCHIATRY, 1992, 31, 6: 1077-1085

PTSD SYMPTOMS

- **Psychological Trauma**
- **Flashbacks/Behavioral Re-experiencing**
- **Revivifications/Intrusions**
- **Nightmares & Sleep Disruptions**
- **Reactivity to Triggers**
- **Hyperarousal**
 - **Specific**
 - **Startle Response**
 - **Non -specific**
 - **irritable**

PTSD SYMPTOMS

- **Panic**
- **Numbing/Detachment**
- **Avoidance of Triggers**
- **Amnesia for Trauma**
- **Other Associated Symptoms**
 - **Sense of foreshortened future**
 - **Survivor guilt**

SOMATIFORM SYMPTOMS

- Multiple types of somatoform symptoms associated with trauma
- More trauma associated with a more-or-less reproducible group of somatic symptoms
- Unclear relation between somatoform and “medical” symptoms

Somatoform Symptoms

- **Conversion & Pseudoneurological Symptoms**
 - Seizure-Like Episodes
- **Somatization disorder/Briquet's Syndrome**
- **Somatoform Pain Symptoms**
 - headache, abdominal, musculoskeletal, pelvic pain
- **Psychophysiological symptoms/disorders**
 - Asthma & breathing problems
 - Peri-menstrual disorders
 - IBS, GERD
- **Somatic “memory”**

Data from SEPH TDU

(Loewenstein, Putnam, & Libbero, 1996, unpub'd)

- **N=148**
 - **Female: 86.5%**
 - **Caucasian: 95.9%**
 - **Married: 32.4%**
 - **Single: 44.6%**
 - **Div/Sep: 21.6%**
 - **Widow: 1.4%**

Data from SEPH TDU

(Loewenstein, Putnam, & Libbero, 1996, unpub'd)

<u>DIAGNOSIS</u>	<u>#</u>	<u>%</u>
NO DD	4	2.7
DDNOS	12	8.1
DID	132	89.2
PTSD	96	64.9
SUBSTANCE	79	53.4
MDD	145	98.0
BPD	98	66.0

Data from SEPH TDU

(Loewenstein, Putnam, & Libbero, 1996, unpub'd)

- **83.9% reported physical abuse as a child**
- **91.2% reported sexual abuse as a child**
- **94.6% reported either physical or**
- **Sexual abuse in childhood**
- **Subjects reported a mean of 5.9 types of sexual abuse experiences**
- **Mean of 2.8 different sexual abusers &**
- **Mean of 2.8 different physical abusers**
- **38% reported sexual assaults as adults**

Data from SEPH TDU

(Loewenstein, Putnam, & Libbero, 1996, unpub'd)

- **Mean age onset of physical abuse**
- **was reported as: 3.2**
- **Mean age of reported end of**
- **physical abuse was: 21.1**
- **Mean age onset of sexual abuse**
- **was reported as: 4.1**
- **Mean age of reported end of sexual abuse**
was: 20.2

Data from SEPH TDU

(Loewenstein, Putnam, & Libbero, 1996, unpub'd)

- **98% of sample met criteria for a DSM-IV somatoform disorder.**
- **41 (27.7%) met criteria for SD**
- **54 (36.5) met criteria for DSM-IIIR SD**
- **104 (70.3%) met criteria for undifferentiated somatoform disorder (USD)**

Data from SEPH TDU

(Loewenstein, Putnam, & Libbero, 1996, unpub'd)

- **Mean number of somatoform symptoms endorsed = 15.72 (median=16; range 0-34)**
- **SD patients had a mean of 22.4 somatic symptoms (median=21; range 8-34)**
- **USD patients had a mean of 13.53 somatic symptoms (median=12; range 2-31)**

Data from SEPH TDU

(Loewenstein, Putnam, & Libbero, 1996, unpub'd)

- *MEDICAL UTILIZATION FOLLOW-UP DATA*
- **37/55 (62.8%) reported seeking ER treatment for any reason (medical, psych, detox) during the prior 6 mos.**
- **Reported a mean of 2.36 ER visits during past 6 months for medical or detox.**

Data from SEPH TDU

(Loewenstein, Putnam, & Libbero, 1996, unpub'd)

- Medical utilization follow-up data
- **8/42 (19%) reported an emergency med/surg hosp'n in the prior 6 months**
- **Those hospitalized reported a mean of 5.3 days of inpatient care**
- **7/54 (13%) reported a non-emergency medical or surgical hosp'n in prior 6 mos.**

Data from SEPH TDU

(Loewenstein, Putnam, & Libbero, 1996, unpub'd)

- MEDICAL UTILIZATION FOLLOW-UP DATA
- Those hospitalized reported a mean of 2.7 days of inpatient care
- 57 respondents reported a mean of 7.09 outpatient medical visits in the previous 6 months.

Process Symptoms

- Alter Attributes
 - Definitional Issues
 - Types of Alters/Typologies of Alters

Process Symptoms

- **Alter Attributes**
- **Hallucinations/Pseudo-hallucinations**
- **Passive Influence Symptoms/Interference Phenomena**

Process Symptoms

- **Dissociative/Posttraumatic Thought Disorder**
 - **Cognitive Distortions**
 - **Thought Process Abnormalities**
 - **Trance Logic**
 - **Disorganization due to switching, passive influence**
 - **Other kinds of thought disorder**
 - **Linguistic Usage**
- **Switching (state transitions)**

Personality

(From Putnam, 1989)

Highly discrete states of consciousness organized around a prevailing affect, sense of self (including body image), with a limited repertoire of behaviors and a set of state dependent memories

Personality

(From Kluft, 1988)

A disaggregate self state (i.e., personality) is the mental address of a relatively stable and enduring particular pattern of selective contents. mobilization of mental contents and functions, which may be behaviorally enacted with noteworthy role-taking and role-playing dimensions and sensitive to intrapsychic, interpersonal, and environmental stimuli. It is organized in and associated with a relatively stable (but order effect dependent) pattern of neuropsychophysiologic activation, and has crucial psychodynamic

Personality

(From Kluft, 1988)

It functions both as a recipient, processor, and storage center for perceptions, experiences, and the processing of such in connection with past events and thoughts, and/or present and anticipated ones as well. It has a sense of its own identity and ideation, and a capacity for initiating thought processes and action.

The Switch Process in DID

(from Putnam, 1988)

State change (“switching”) is defined as “the psychobiological events associated with shifts in state of consciousness as manifested by changes in state related variables such as affect, access to memories, sense of self, cognitive and perceptual style, and often reflected in alterations in facial expression, speech, motor activity, and interpersonal relatedness

Mapping of Switches in DID

- **Switches are rapid (Occur in under 5 minutes)**
- **Most patients show eye-rolls/blinking with switching**
- **This is followed by a “blank” stare**
- **Disturbance in autonomic regulatory rhythms such as heart and respiration rates**

Mapping of Switches in DID

- **Diffuse motor discharge**
- **Rearrangement of facial musculature**
- **Shifts in posture**
- **New state differs in affect, speech, voice tone, sense of self, perception, memory, cognition.**

Order Effects & Mixed States

- **Specified order to reach specific alters**
- **Certain alters are likely to be preceded or followed by specific other alters**

Order Effects & Mixed States

- **Psychophysiological variables may vary as a function of an alter as well as the order in which the alter appears (e.g., immune function, heart rate, etc.)**
- **Interference, overlap, co-consciousness, and co-presence are extremely frequent in DID**

Affective Symptoms

- **Depressed mood/Dysphoria/Anhedonia**
- **Hypomania**
- **Mood Swings/Lability**
- **Vegetative Symptoms: Sleep, Eating, Energy Problems**
- **Suicidal Thoughts/Attempts/Self-mutilation**
- **Guilt & “Survivor Guilt”**
- **Helpless/Hopeless**

Depersonalization & Derealization Symptoms

- **Depersonalization**
- **Out of Body Experiences**
- **Derealization**
- *Déjà Vu, Jamais Vu, Déjà Veçu*

Differential Diagnosis of DID

- **Comorbidity versus differential dx**
 - **Affective disorders**
 - **Psychotic disorders**
 - **Anxiety disorders**
 - **Personality disorders**

Differential Diagnosis of DID

- **Organic and epileptic disorders**
- **Somatoform disorders**
- **Factitious disorders**
- **Malingering**

Differential Diagnosis of DID

- PTSD
- DDNOS
- Other disorders

Discussion