Managing Dissociative States

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Dissociative States

- May range from:
  - Momentary to Prolonged
  - Mild to Severe
  - Experiential to Enacted
  - Manageable to Disruptive
  - Awareness or Amnesia
  - Adaptive to Impairing
  - Common to Rare

Dissociative States

- Initial efforts to systematically evaluate the differential medical diagnosis are important
  - Substance abuse
  - Seizure (TLE) should be ruled out
  - Metabolic conditions

Diagnostic Considerations

- Careful and non leading assessment of dissociation is indicated for all patients due to the prevalence of undiagnosed dissociative conditions
- Appreciating the adaptive value of dissociative experiences allows for empathic connection
  - Adaptational framework to assessment and psychotherapy

Diagnostic Considerations

- Complexity is the norm
- Tolerating uncertainty is a helpful therapeutic capacity!
- Understanding the developmental history of the person is important
  - Trauma
  - Attachment experience
  - Medical history

Clinical Examples

Dissociative Disorder

- Essential feature is a disruption in the usually integrated functions of consciousness, memory, identity, or perception- DSM-IV-TR (2000)
- Dissociation involves the segregation of some subsets of information from other subsets of information in a relatively rule-bound manner- David Spiegel (1986)

Dissociative Disorders

- Dissociative Amnesia
- Dissociative Fugue
- Depersonalization Disorder
- Dissociative Disorder NOS
- Dissociative Identity Disorder

Dissociative Identity Disorder

- Inpatient Studies (internationally) demonstrate 4-6% prevalence
- Childhood onset, but usually diagnosed after age 40 (but this is changing)
- Average of 6-7 years after entering the mental health system before the diagnosis is made

Dissociative Identity Disorder

- Symptoms are generally covert, unless pt. is in crisis.
- “Window of diagnosibility”
- Most Common Presentation?

Psychotherapeutic Approaches to Managing Dissociative States

TREATMENT STAGES (HERMAN, 1992)

- Safety
- Remembering and mourning
- Reconnection

POSTTRAUMA TREATMENT MODEL (COURTOIS, 2009)

- Evolving consensus model
- Based on a triphasic treatment model (Janet, Herman)
- Stage specific goals, tasks, and outcome measures

EARLY PHASE

- Establish the treatment frame
- Development of the therapeutic alliance
- Informed consent
- Initial tasks and goals defined
- Focus on safety
- Self care
- Symptom stabilization

EARLY PHASE

- Development of skills and self functions
- Development of support systems
- Renegotiation of therapeutic contract if proceeding beyond early phase work

MIDDLE PHASE

- Deconditioning
- Mourning
- Resolution and integration of the traumatic experiences
- Follows only after careful assessment of goals and client variables

LATE PHASE

- Establishment and continuance of secure social relationships
- Continued self development
- Life reconsolidation and restructuring
- Development of non trauma focused lifestyle

Symptom Self Management

- The experience of effective symptom management allows for a sense of mastery over what was uncontrollable
- Enhances a sense of self efficacy over time…which provides:

HOPE!

Self Monitoring

- Many dissociative states are experienced as out of awareness
- 15 minute check-in assignment can bring degree of dissociation into awareness
- Screening tools (DES) can be useful

Grounding and Containment

- Allow the dissociative capacity to be utilized for therapeutic aims
- Grounding involves sensory awareness in the present
- Containment involves shaping the dissociative capacity to manage distress, intrusive recollections, and build mastery, and ego strengthening

Grounding Strategies

- Sensory focus on the present
- As many senses as possible
- Here and now focus (what do you see, hear, feel right now?)
- Mindfulness based exercises
- Competing sensory input may help
- Movement strategies

Containment Techniques

- Benign trance
- Safe place
- Time vault
- Cue words
- Screen imagery
- Rheostats
- Internal meeting place

DID Therapeutic Techniques

- "Talking over"
- Ideomotor signals
- Therapeutic writing tasks
- "Mapping" of the dissociative surface
- Teaching grounding and containment skills

Management of Dissociative States in Session

- Observing the dissociative process
  - Amnesia, abrupt changes, eye roll, spontaneous regressive behavior, trance like appearance, staring, immobility, lack of communication, etc.
- Comment and Inquire
- Track dissociative change to topics in session when possible
- In vivo use of grounding and containment

Management of Dissociative States in Session

- Therapists openness to the patients experience is necessary
- Observing and challenging awareness only within a therapeutic window
- Adaptational framework useful in discussion of dissociation

Management of Dissociative States in Session

- Identifying and tracking triggers of dissociative reactions is helpful
  - Mindful awareness is an ongoing process that slowly modifies the dissociative process
- Direct experience of safety in session challenges need for dissociation moment by moment

Management of Dissociative States in Session

- Therapists relatively consistency across dissociative states is a helpful intervention

Relational Frameworks

TRAUMATIC TRANSFERENCE (SPIEGEL, 1986)

- "The patient unconsciously expects that the therapist, despite overt helpfulness and concern, will covertly exploit the patient for his or her own narcissistic gratification"

TRANSFERENCE IN DISSOCIATIVE DISORDER PATIENTS (LOEWENSTEIN, 1993)

- Multilevel and simultaneous transferences
- Traumatic transference
- Flashback transference
- Scenario transference
- Projective identification

Crisis Intervention

PATHWAYS TO CRISIS

- Dissociation
- Use of tension reduction activities
- Substance abuse crises
- Affective dysregulation
- PTSD symptom crises

PATHWAYS TO CRISIS

- Suicidal crises
- Reenactments of traumatic experiences
- Reenactments of relational dynamics

CRISIS MANAGEMENT

- Focus on safety first
- Use of the therapeutic alliance
- Anticipate typical crises
- Focus on collaborative solutions
- “Crisis plans” in advance
- Symptom management skills
- “Lessons learned approach”

CRISIS MANAGEMENT

- Focus on trauma reenactment dynamics of the crisis
  - Reenacting of traumatic relational dynamics
  - Reenacting of traumatic events
- Monitor pacing of work on traumatic material

CRISIS MANAGEMENT

- Reframe crisis as an opportunity to work on goals
  - E.g.. Challenging cognitive distortions
- Emphasis on choices, mindfulness, and empowerment
- Flexibility

Discussion