

DISSOCIATION WITH TRAUMA, NOW WHAT?

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UTAH CENTER
FOR EVIDENCE BASED
TREATMENT

Our Talk today:



Conceptual overview



Significance



Assessment



Treatment

Defined as...

- ▶ Dissociation is state in which consciousness, perception, memory and sense of self are not integrated.
 - ▶ Dell, 2013
- ▶ Dissociative experiences occur across diagnoses:
 - ▶ psychotic
 - ▶ trauma
 - ▶ Somatic Symptoms
- ▶ It occurs across a continuum of functioning.

Relevance

- ▶ Estimated prevalence of pathological dissociation between 2-3.3%
 - ▶ Underassessed, under-researched, and misunderstood
 - ▶ Spitzer 2006
- ▶ Dissociation as a marker of trauma severity and outcome
 - ▶ Peritraumatic Dissociation
 - ▶ Greater self-harm associated with greater dissociation.
 - ▶ Dell, 2009

History of Dissociation

- ▶ Early literature references possession by demons
- ▶ Gmelin (1791) publishes case of double personality.
- ▶ Janet (1859) => disability and sign of mental weakness
- ▶ Freud => ego defense
- ▶ The DSM-II (1968) *Hysterical Neurosis, Dissociative Type*.
- ▶ In 1980, got its own DSM category, split from somatoform.
- ▶ DSM-5: Combining of conditions



What is the normative spectrum of dissociation?

- ▶ Absorption
- ▶ Mind-wandering
- ▶ Dissociation in Videogaming
 - ▶ Gugliemucci et al., 2018

Using hypnosis instead of general anesthesia during some breast cancer surgeries

BY MICHAEL HARRY

Most people think of hypnosis as a stage trick, but a new clinical study shows it can help patients avoid general anesthesia during breast cancer surgery.

The study, led by Dr. Andrew, a general anesthesiologist, was testing the use of hypnosis as a substitute for general anesthesia during breast cancer breast cancer surgery.

The study was the first to be conducted in a hospital setting with the patient awake during surgery.

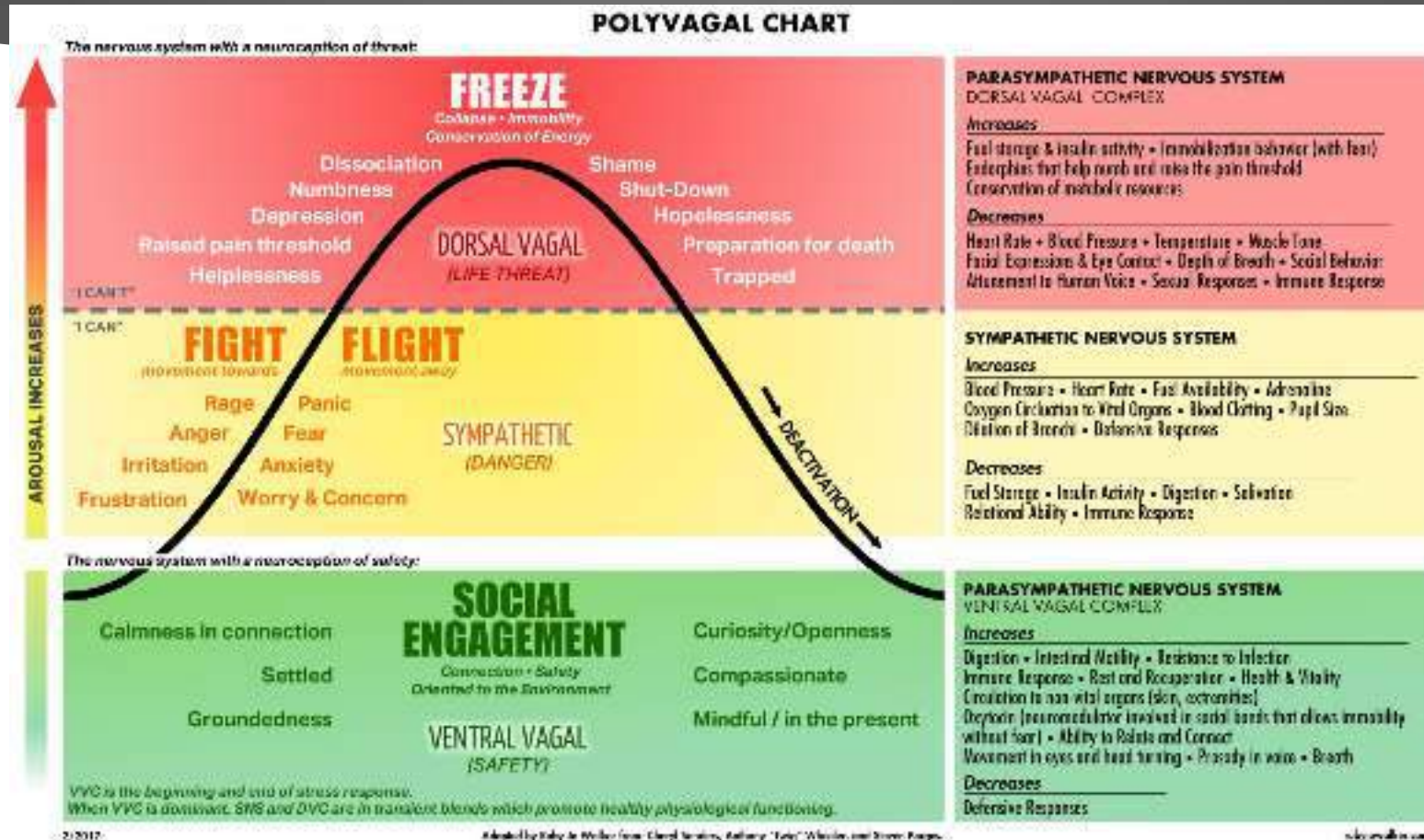
"People think that when you're in a hospital you have to be put under for the surgery, but this study was the first to put us on stage and show how patients can avoid general anesthesia and stay awake during breast cancer surgery," says Dr. Andrew, professor of [Psychiatry](#) and [Anesthesiology](#) at [Harvard Medical School](#).



Example



The Autonomic Nervous System



Cues for possible dissociative d/o

- ▶ Apparent amnesia or forgetfulness about matters of concern or abrupt changes in the subject of discourse.
- ▶ Derailing conversation by the patient appearing spacey, perplexed, or surprised by what is coming out of his or her mouth.
- ▶ Changes in the attitude, emotions about, and stance taken toward matters under discussion.
- ▶ Fluttering of eyelids or rolling of the eyes
- ▶ Distraction by attention to internal stimuli.

Cues for possible dissociative d/o

- ▶ Certain aspects of facial expression being discordant with other aspects.
- ▶ Eyes unfocused, blank, glazed look
- ▶ Silent, compliant, helplessness
- ▶ robotic language, repetitive phrases
- ▶ Long monologues, stream of consciousness, without perspective taking

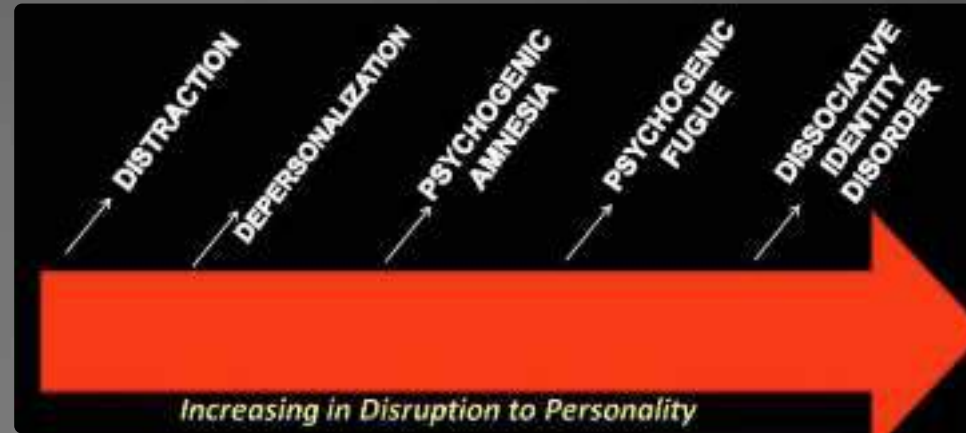
Source: From Diagnosing dissociative identity disorder, by R.P. Kluff, 2005, *Psychiatric Annals*, 35, p. 637. Copyright 2005 by SLACK Inc.

The Five Core Components of Dissociative Disorders



Source: Handbook for the Assessment of Dissociation:
A Clinical Guide, Spiegel, D. (Ed.)

<http://traumadissociation.com/dissociative>



Categorization of Sx

Controversy and misinformation

- ▶ Myths
 - ▶ Most dissociative symptoms are readily observable.
 - ▶ Dissociation is only caused by trauma.
 - ▶ Clients are usually unaware when they will dissociate
 - ▶ **DID** doesn't exist, is overdx, an iatrogenic effect of tx,
 - ▶ fMRIs will clarify the issue
 - ▶ No consistent biomarkers in studies of severely abused women...
 - ▶ Daniels et al., 2018

Best Practices for Assessment

Assessment Considerations

- Time
- Validity Scales
- Interview format
- Type, level, timing, frequency
- Before Dx

TABLE 38.1

Assessment Procedures and Protocols

- I. Initial Interviewing
 - A. Office Mental Status Examination
 - B. Screening
 1. Adult Attachment Interview
 2. Dissociative Experiences Scale (DES)
 3. Gudjonsson Scale of Interrogative Suggestibility
 4. Hypnotic Induction Profile (HIPS)
 5. Millon Clinical Multiaxial Index (MCMI)
 6. Somatoform Dissociation Questionnaire (SDQ)
- II. Diagnostic
 - A. Dissociative Disorders Interview Schedule (DDIS)
 - B. Multiscale Dissociation Inventory (MDI)
 - C. Multidimensional Inventory of Dissociation (MID)
 - D. Structured Clinical Interview for Dissociative Disorders-Revised (SCID-D-R)
- III. Ongoing Screening
 - A. Dimensions of Therapeutic Movement Inventory (DTMI)
 - B. Structured Inventory of Malingered Symptomatology (SIMS)
 - C. Structured Interview of Reported Symptoms (SIRS)
- IV. Enriching Assessment Instruments
 - A. Minnesota Multiphasic Personality Inventory-2 (MMPI-2)
 - B. Rorschach Inkblot Test
 - C. Thematic Apperception Test (TAT)
 - D. Wechsler Adult Intelligence Scale-4th Edition (WAIS-IV)

For descriptions of these procedures and protocols, see 38.4, App

Multidimensional Inventory of Dissociation

- Item 21: "Pretending that something upsetting happened to you so that others would care about you (for example, being raped, military combat, physical or emotional abuse, sexual abuse, etc.)."
- Item 38: "Pretending that you have a physical illness in order to get sympathy (for example, flu, cancer, headache, having an operation, etc.)."
- Item 75: "Hurting yourself so that someone would care or pay attention."

Figure 4g. Validity Scales (detail)

Validity Scales				
A)	Defensiveness:	0 of 12	passed	Mean = 34.2 of 100
B)	Rare Symptoms:	3 of 12	↓	Mean = 3.3
C)	Emotional Suffering:	5 of 12		Mean = 41.7
D)	Attention-Seeking:	1 of 7		Mean = 18.6
E)	Factitious Behavior:	2 of 7		Mean = 8.6
F)	Manipulativeness:	n/a		Mean = 12.5
G)	"Ten" Count:	0 of 218		
H)	BPD Index:	11.2		

Multicultural Considerations

Universal Factors

- Dissociative disorders have been documented in every continent (except Antarctica).
- Cultural/discriminatory Trauma can lead to diss. symptoms.

Relativistic factors

- The disturbance must not be a normal part of a broadly accepted cultural or religious practice.
 - *DSM-5*: Experiences of being possessed are a normal part of some spiritual practices, not dissociative disorders.

Developmental Trauma Interview

Developmental Trauma Assessment

Adapted from Felman et al., 2017

Type of Trauma	Age 0-1	Age 1	Age 2	Age 3	Age 4	Age 5	Age 6	Age 7	Age 8	Age 9	Age 10	Age 11	Age 12	Age 13	Age 14	Age 15	Age 16	Age 17	Age 18	Age 19-22
Sexual assault				***																
Family Overcrowding								---	---	---	---									
Parental relocation to another country (or parent or caregiver relocation due to work)																				
Death of a loved one																				
Domestic violence or neglect																				
Witnessing violence or neglect																				
Separation from a parent or caregiver		---	---																	
Domestic Abuse																				
Witnessed or by parents	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

Example Developmental Tasks, ages 0-22 years

Ages	Learned Tasks
0-18 months	<ul style="list-style-type: none"> If basic physical needs are met, ability to trust begins to develop Development of specific wants, i.e. pursues a favorite toy Believing that their needs are important If child experiences loving touch, ability to love and feel loved and worthy of being cared for begins to develop
Ages 18 mo – 2 years	<ul style="list-style-type: none"> Becoming more independent and learning to be more self-sufficient Beginning to see themselves as separate from the parent "Owning things" – this age group does not like to share (even things that are not their own!)
Ages 2 – 6	<ul style="list-style-type: none"> Learning how to plan out and engage in a task Continuing to explore their world and discover how it works Learning to play independently

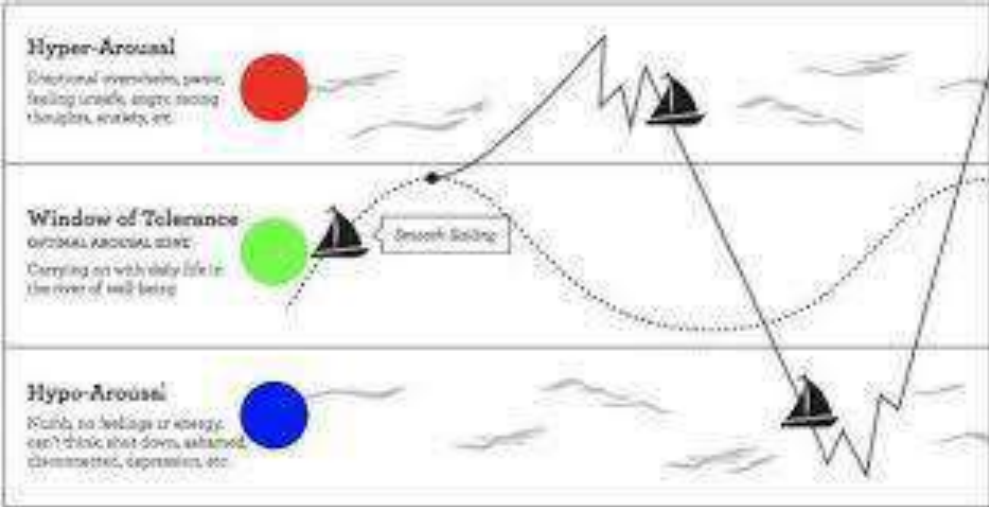
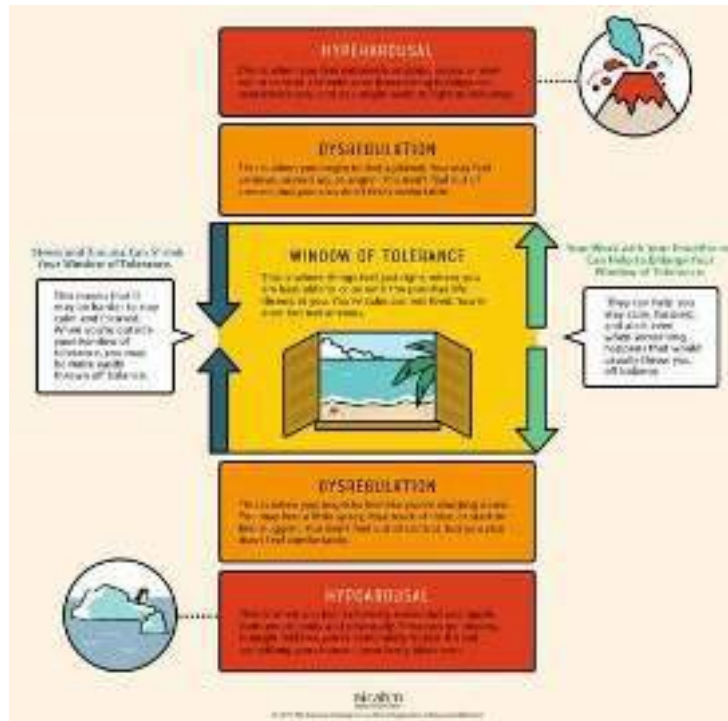
Treatment Recommendations

- ▶ What not to do:
 - ▶ Group therapy
 - ▶ suggestive/memory recovery techniques
 - ▶ ECT
 - ▶ Traditional mindfulness
- ▶ Meds:
 - ▶ What about psychopharm for dissociation?
 - ▶ No official medication, mechanism is targeted
 - ▶ Mood Stabilizers, Anti-psychotics, SSRI's, Prazosin
 - ▶ Ianis et al.2018

Motivation: Pros/Cons

Positive aspects of dissociation	Negative aspects of dissociation
1. Biologically mediated, not voluntary control	1. Can become a pattern, addictive, default setting, obsessive
2. Anaesthetises physical and psychic pain	2. Leads to isolation, traumatic loneliness, lack of friendships, and intimacy
3. Survival strategy	3. Relationships suffer as not emotionally present
4. Compartmentalisation	4. Can lead to imaginary/unrealistic and dichotomous thinking, and unrealistic expectations
5. Can sharpen focus in short term	5. Reduces attention span and impedes learning
6. Allows person to get on with daily life without being overwhelmed by traumatic experiences	6. It can limit change and growth
7. Allows for a degree of functioning in everyday life	7. Can endanger personal safety, and that of children, pets, or dependents

Need for psychoeducation



Psychotherapeutic techniques

- ▶ Reducing arousal and counter acting diss. reactions.
- ▶ Effective methods, but barriers to implementation.
- ▶ Communication skills for kids and family tx to avoid reinforcement.
- ▶ Alexithymia as target to reduce dissociation
 - ▶ Recognizing and naming emotions
 - ▶ Zorzella et al., 2019

Sleep and dissociation link

- Insomnia
- Sleep Apnea
- PTSD & Nightmares



Take Home Points

- ▶ It's complex: be wary of anyone who has it figured out.
 - ▶ Collect practice based data on your client...
 - ▶ Assess and re-assess
- ▶ Psychoeducation, awareness, and emotion regulation are key
- ▶ Consult frequently
- ▶ Target most influential variables

Resources on www.ucebt.com

- ▶ Developmental Trauma Interview
- ▶ Link to the MID
- ▶ Other Trauma links
- ▶ Copy of Slides



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