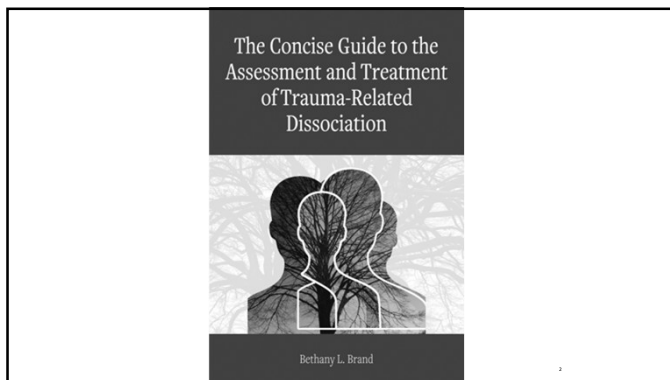
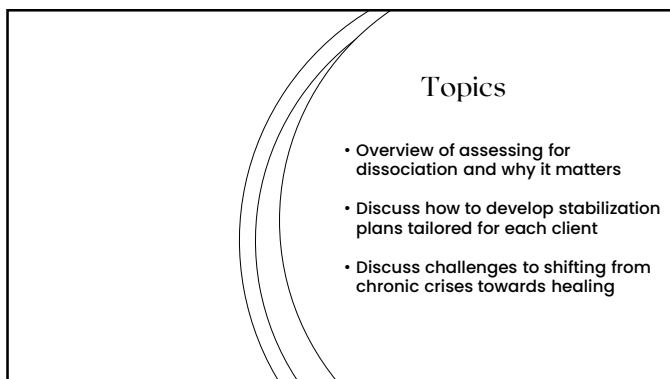


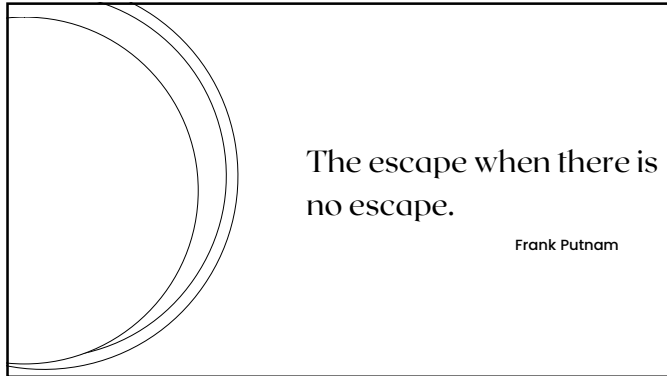
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4

What is Dissociation?

Disruption or discontinuity:

- Emotion – “went numb”
- Memory – amnesia
- Cognition – intrusive thoughts; “abuse my fault”
- Behavior – re-enact trauma
- Perception – “foggy”
- Somatic – chronic pain; “body not mine”

(DSM-5)

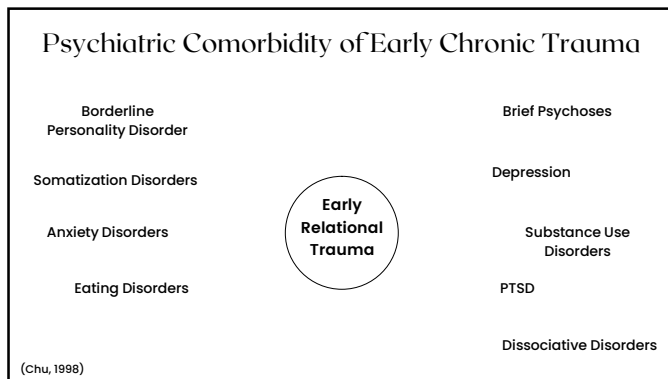
(Artwork by Rachel Elise)

5

What smoking is to cancer,
trauma is to
psychiatric problems.

Steven Sharfstein, M.D.
Former President, American Psychiatric Association
President and CEO, Sheppard Pratt Health System

6



7

Dissociative Individuals Present for Treatment of

- Depression
- Anxiety
- Substance abuse
- Difficulties with emotion regulation
- Somatic symptoms
- Interpersonal difficulties
- Self-injury
- Suicidality
- Eating disorders
- NOT dissociation!

(e.g., Brand et al., 2009; Ellason et al., 1996; Foote et al., 2008; Rodewald et al., 2011; Saxe et al., 2002)

8

SEVERE DISSOCIATION IS COMMON

4.3% OF U.S. POPULATION HAS PATHOLOGICAL DISSOCIATION

(National Comorbidity Study-Replication data; Simeon & Putnam, 2022)

9

Does it matter if a person is highly dissociative?

High dissociation is associated with:

- higher rates of childhood abuse and neglect
- broader, more severe range of symptoms that require clinical attention
- greater risk for self-harm & suicidality
- more functional impairment

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Dissociation is Often Misunderstood

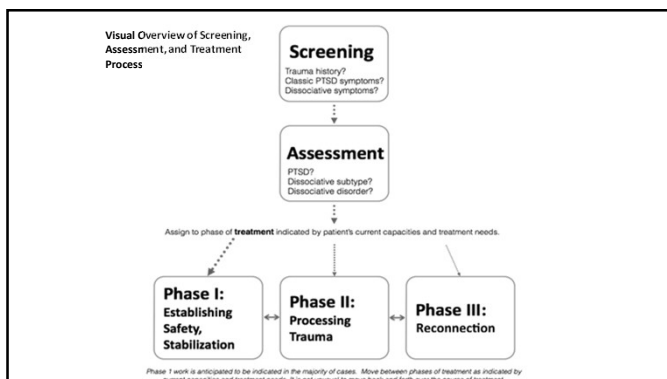
Undergrad & graduate psych textbooks do not provide adequate evidence-based information related to trauma and dissociation (Brand, Kumar et al., 2019).

Only 8% of students from APA approved doctoral programs having been required to take a trauma course (Foltz et al., 2023)

Fewer than 25% of doctoral-level clinicians accurately diagnosed a patient demonstrating DD symptoms (Dorahy et al., 2005).

DID patients in treatment 6 - 12.5 years before DID is correctly diagnosed.

11



12

Listening for Dissociation

Body

- "saw myself like I was watching a movie"
- "not my body"

Surroundings

- "dream like"
- "hazy"
- "far away"
- "unreal"

Behavior

- reenact past trauma
- watch themselves do an action that they can't stop

13

Watching for Dissociation

What couldn't the person tolerate?

Feeling

- Remembering
- Knowing
- Thinking about

Telling others about

14

Selected Self-Report Measures

DES


Dissociative Experiences Scale

- 28 items
- Interpret the average score
- Average >30 follow up, asking about examples of items most suggestive of possible DID: 3, 4, 5, 9, 11, 13, 16, 22, 23, 25, 26, 27

- Bernstein & Putnam, 1986
- <http://traumadissociation.com/des>

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Selected Self-Report Measures




Multidimensional Inventory of Dissociation

- Dell, 2006
- <http://www.mid-assessment.com/>
- 218 item measure of pathological dissociation
- Includes subscales that may signal psychotic, borderline or other characterological issues, and PTSD symptoms
- Only self-report measure that assesses for possible overreporting
- Gives a diagnostic impression for PTSD, DPTSD, OSDD, and DID, as well as no pathological dissociation
- Takes 30-60 minutes to complete

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Selected Self-Report Measures



Trauma Symptom Inventory

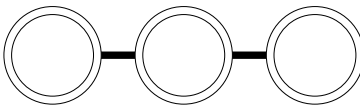
- TSI-2; PAR
- Broadband measure of possible trauma symptoms
- Includes 2 validity scales
- 10 item Dissociation subscale (doesn't assess for DID symptoms). It assesses for depersonalization, derealization, trance, and amnesia
- Also assesses depression, PTSD symptoms, suicidal thoughts & behaviors, problematic sexual behavior and beliefs, and self- as well as relational difficulties

17

Semi-Structured Clinical Interview for Dissociative Symptoms and Disorders (SCID-D; Steinberg, 1994; 2023)

- Meta-analysis showed SCID-D can differentiate DDs from other disorders and from feigned presentation
- (overall score effect size 3.12; Mychailyszyn, Brand et al., 2020)
- Rate each subscale from absent to severe (scores from 1-4); total score ranges from 5-20

Selected Structured Interview



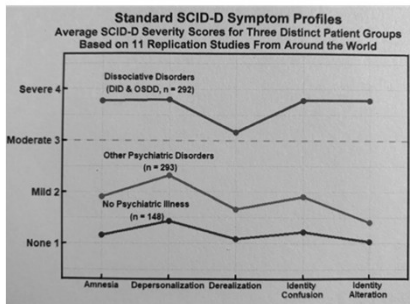
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SCID-D 5 Core Symptoms & Definitions

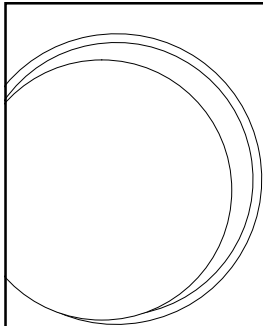
•Normal Dissociation
vs.

- Derealization
- Depersonalization
- Identity Confusion
- Dissociative Amnesia
- Identity Alteration

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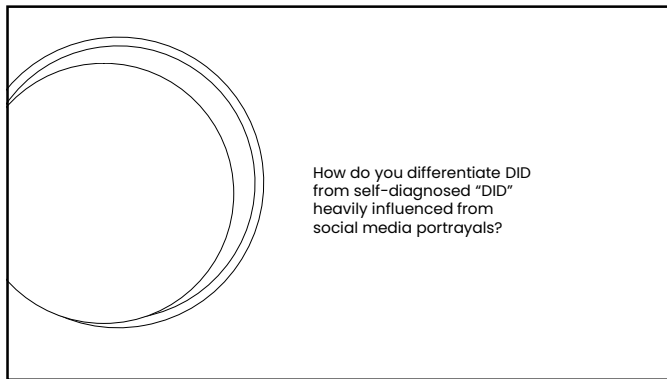
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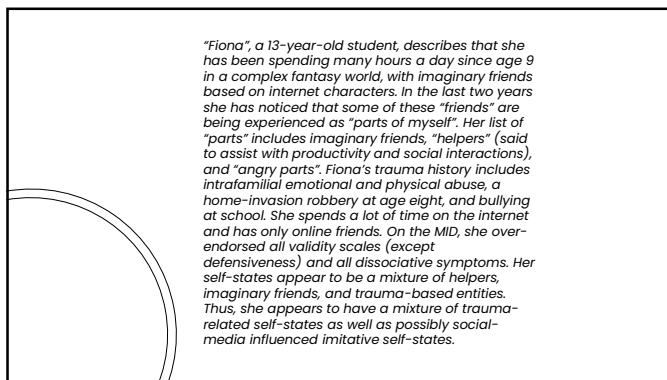
Interview research with members of online "plurality" communities has found that they are typically young, female at birth, and include a mixture of people clinically diagnosed with DID, people self-diagnosed with DID, and people who identify as "multiple" or "plural" but claim to have no trauma history or dissociative symptoms.

(Ribary et al., 2017)

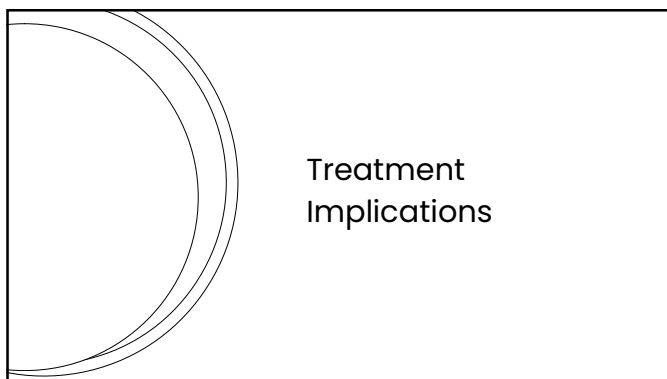
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Finding Solid Ground Program

Teaches patients 4 crucial skills:

1. *Grounding*
2. *Separating past from present*
3. *Healthy ways for emotion regulation*
4. *Getting healthy needs met safely*

(Brand et al. 2022; Schielke et al., 2022; Loewenstein, 2006)

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8 Modules - Finding Solid Ground

<p>Grounding <i>Prevent getting overwhelmed by learning how to help yourself when feeling too much or too little</i></p>
<p>Separating Past from Present <i>Noticing when the present is safer than past, being aware of current resources, learning how to contain traumatic intrusions</i></p>
<p>Additional Foundations <i>How best to help yourself make progress towards getting and feeling safer</i></p>
<p>Getting and Feeling Safer, Part 1 <i>Getting healthy needs met safely; learning how to recognize and interrupt patterns that can contribute to risky, unhealthy, or unsafe behavior, or get in the way of getting and feeling safer</i></p>

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8 Modules - Finding Solid Ground

Addressing Trauma-Based Thoughts

Learning how to shift trauma-based thoughts to healing-focused thinking

Getting and Feeling Safer, Part 2

Learning more ways to help yourself recognize, interrupt, and reduce patterns that can contribute to risky, unhealthy, or unsafe behavior

Improving Your Relationship with Emotions, Body Sensations, Aspects of Self

Sticking with the Process and Building on Progress

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Finding Solid Ground (FSG) Randomized Controlled Trial (RCT)

- 293 therapists participated with one patient and both reviewed FSG educational materials
- They watched 30 short (10-15 minute) educational videos
- Each video matched with journaling & practice exercises
- Therapist-patient teams had access to FSG for 1 year

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(Brand et al. 2022; Schielke et al. 2022)

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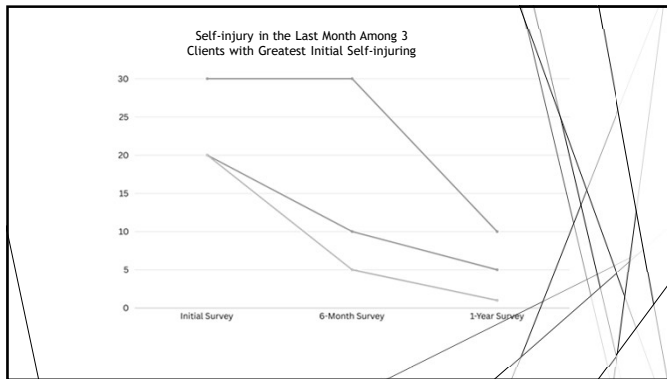
Design of FSG RCT Study

- Therapist-patient teams went at individualized pace
- Patients had to continue in individual therapy to stay in the study
- Therapist-patient teams randomly assigned to get immediate access to FSG program, or to 6-month waitlist
- Those in the waitlist continued with "treatment as usual" then after 6 months, they also got access to the FSG program

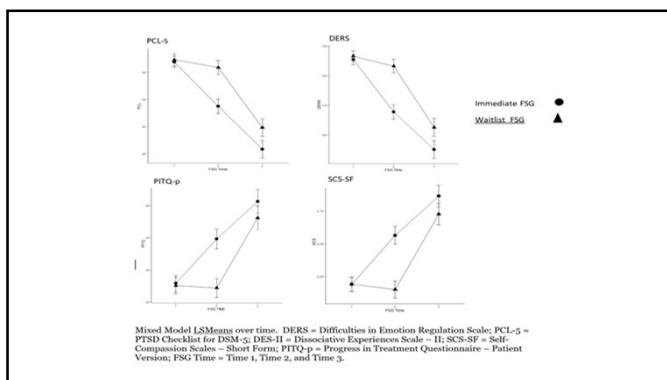
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(Brand et al. 2022; Schielke et al. 2022)

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What can therapists do to help stabilize patients' safety?

1st: Learn the functions and triggers of self-harm

Nester, M.S., Bol, C., Brand, B.L., & Schielke, H.J. (2022). The Reasons Dissociative Disorder Patients Self-Injure. *European Journal of Psychotraumatology*.

Qualitative analysis of data from 156 TOP DD patients answering a question about 3 reasons for self-injury.

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Triggers for Self-Harm

Theme 1: Trauma-Related Cues (62.18%)	Theme 2: Emotion Dysregulation (51.92%)
"situation in which there's yelling, fighting, abuse and/or trauma bonds exist"	"anger" "feeling overwhelmed" "shame"
"dealing with racing thoughts/nightmares/flashbacks"	"I want to feel pain, I feel I deserve it."
"noises that are of sexual nature"	"when I have feelings I don't think I'm allowed to have"

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Treatment Implications: Unsafe Behavior


- Work towards building awareness and identification of triggers
- Safety plan
 - Explore triggers
 - Plan for managing triggers of various forms
- Focus on reducing trauma symptoms & improving containment skills
- Enhance repertoire of coping and grounding skills
- Improve emotion regulation capacities

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FINDING SOLID GROUND

MODULE 1: GROUNDING

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Why doesn't FSG focus immediately on safety or emotions or parts?

• Feedback:

"It is overwhelming to focus on this before they learned more skills for regulation!"

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GROUNDING

HEALING FOCUSED SKILL


HELPS WHEN FEELING
TOO MUCH OR TOO LITTLE

- overwhelmed by emotions
- numbing or disconnected
- losing track of time in ways that can be scary
- worry about bad things happening again

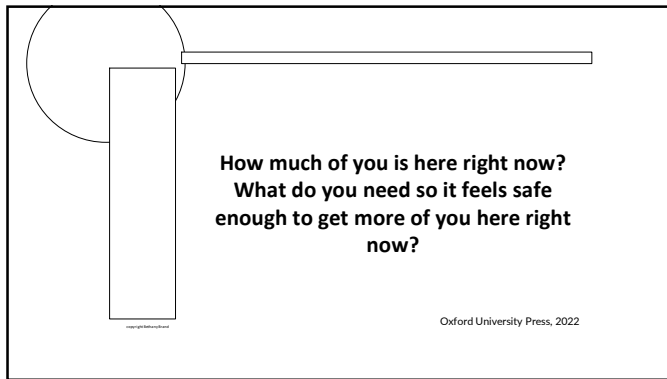
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**BEING GROUNDED
ENHANCES SAFETY**

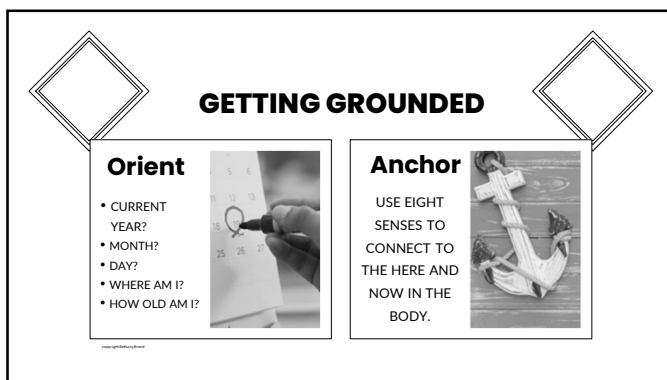
- increases ability to think clearly
- increases awareness of what is happening
- increases awareness of options, choices, and resources available



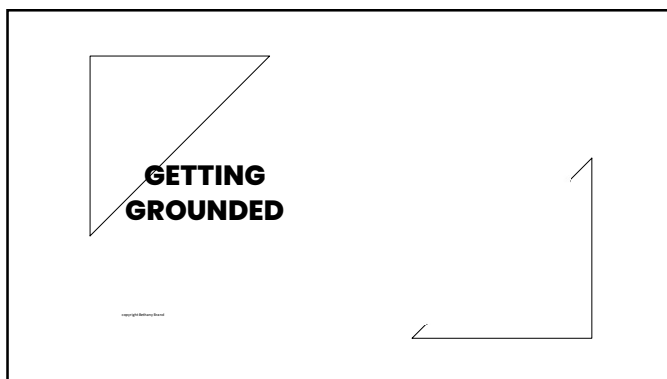
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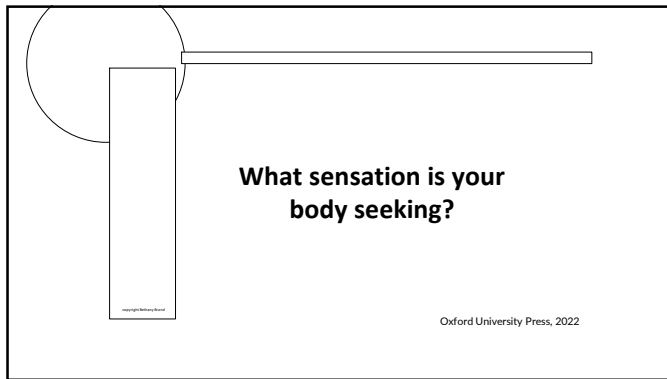
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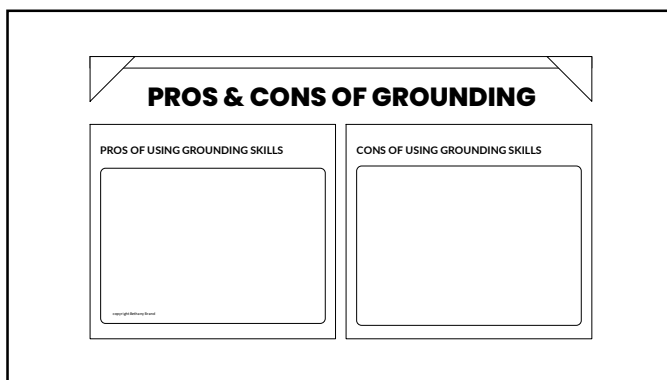
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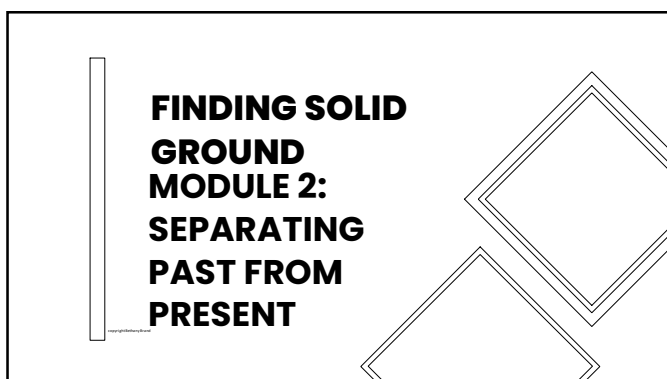
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SEPARATING PAST FROM PRESENT

- Confusion of "here and now" with "then and there"
- Can range from another situation feeling "just like" a traumatic situation to flashbacks



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Nicolás Rodríguez M.D.'s Testimonial about FSG

EMDR accredited consultant, Past President of the EMDR Chile Association, Faculty at the Trauma and Dissociation Unit of the Department of Psychiatry, School of Medicine, Pontificia Universidad Católica de Chile

You have given us a great evidence-based treatment. Sincerely, I think *Finding Solid Ground* will mark a before and after in the treatment of trauma and dissociation. It systematizes therapeutic interventions, allowing the therapist to improve his or her skills and confidence, and to finally help put an end to so much suffering of people who have unjustly experienced trauma.

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Take Home Messages

- Clinicians need to assess for trauma, and, if present, dissociation, as a routine part *of all clinical and forensic assessments*. If dissociation is present, need to assess for DDs.
- Clinicians must be trained in evidence-based information about dissociation and DDs
- Individuals living with severe dissociation can benefit from treatment, but only if clinicians "see" and treat it in accordance with expert consensus guidelines and emerging evidence-based research about interventions that help (e.g., *Finding Solid Ground*)

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It is time to stop making individuals living with dissociation pay for the lack of training about trauma and dissociation among mental health professionals.

(Brand, 2023)



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