Unmasking Dissociation:

Mastering Diagnosis in a Complex Landscape

Bethany Brand, Ph.D.

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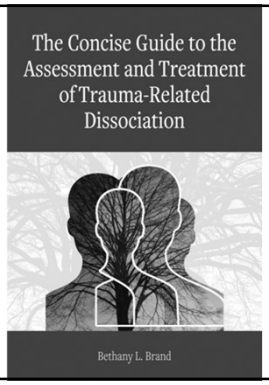

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What is Dissociation?

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)

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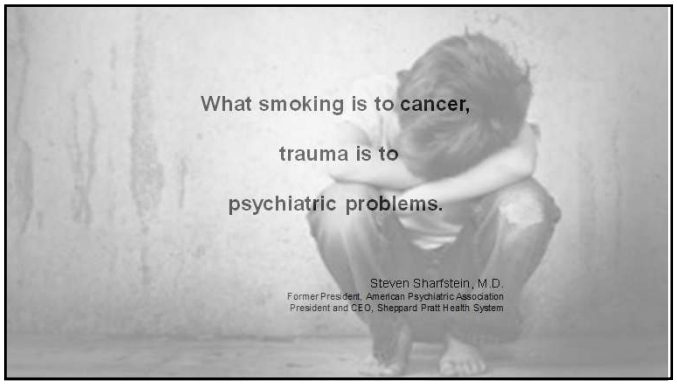

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Psychiatric Comorbidity of Early Chronic Trauma

Borderline Personality Disorder

Somatization Disorders

Anxiety Disorders

Eating Disorders

Early Relational Trauma

Brief Psychoses

Depression

Substance Use Disorders

PTSD

Dissociative Disorders

(Chu, 1998)

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Dissociation is Common

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(Lyssenko et al., 2018)

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SEVERE DISSOCIATION IS COMMON

4.3% OF U.S. POPULATION HAS PATHOLOGICAL DISSOCIATION

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

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	Inpatient	Outpatient	Community
Dissociative Amnesia	Mean: 2.9 (0.0-13.4)	Mean: 1.9 (0.0-9.8)	Mean: 3.0 (0.2-7.3)
Depersonalization Derealization Disorder	Mean: 1.2 (0.0-4.5)	Mean: 2.0 (0.0-4.9)	Mean: 0.8 (0.2-2.4)
Dissociative Identity Disorder	Mean: 3.8 (0.0-12.0)	Mean: 3.1 (0.3-7.5)	Mean: 0.9 (0.0-3.1)
Other Specified Dissociative Disorder	Mean: 6.6 (0.7-19.4)	Mean: 5.0 (2.0-8.5)	Mean: 2.8 (0.0-8.3)
Any dissociative disorders	Mean: 16.6 (1.7-58.3)	Mean: 12.5 (4.9-29.3)	Mean: 7.3 (0.3-18.3)

Dissociative Disorders are Common

(Brand, 2023; Chiu et al. (2017)

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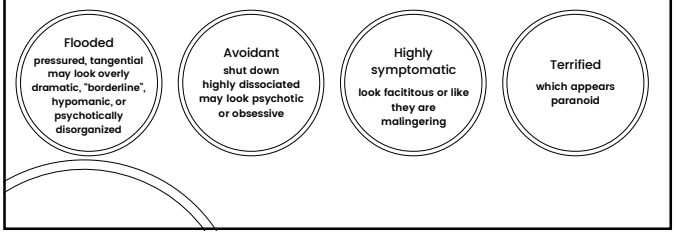
The Need for Trauma-Informed Assessment



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Clinicians need to know how to assess and treat dissociation.

- Yet few mental health clinicians have been trained in assessing and treating dissociation.
- Tremendous unmet need for treatment providers who can assess and treat dissociation.

(Nester et al., 2022)

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Dissociation is Often Misunderstood

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.

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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

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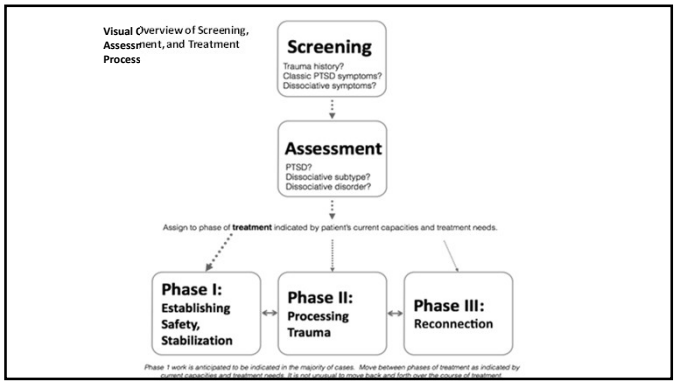

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Assessing Dissociation in Youth

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Assessing Dissociation in Youth

Alterations in Consciousness
- "blanking out"
- "went to to my treehouse"
- Lots of "daydreaming"

Hallucinations
- Feeling someone made him/her do something he/she didn't want to
- Imaginary or invisible friends
- Inanimate objects that can talk to him/her

Fluctuations in Behavior & Affect
- Focus on what the child finds surprising:
- Can do something some days and not others
- Baffled by different feelings/behavior towards family

(Silberg, 2022)

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Assessing Dissociation in Youth

Memory Impairment
- Forgetting pleasant events
- Unable to remember what they did when angry

Somatic Symptoms
- Feeling pain more or less than others
- Unexplained pain with no sign of injury or illness
- Feeling the body is not theirs

(Silberg, 2022)

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Considerations for Imaginary Friend vs. Transitional Identity

	Imaginary Friend	Transitional Identity
Experiencing fearfulness, night terrors, intrusive traumatic thoughts	No	Yes
Feeling compelled to follow directions against perceived will	No	Yes
Believing friend is "real"	No	Yes
Experiencing friend while happy or excited	Yes	No
Experiencing friend while angry	No	Yes
Amnesia for actions while experiencing identity's anger	No	Yes
Feeling multiple imaginary friends in conflict with one another	No	Yes

Myrick & Silberg in Brand's *Concise Guide to Assessing Trauma-related Dissociation*

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Selected Measures of Assessment for Youth

Adolescent Dissociative Experiences Scale (A-DES)	Armstrong et al., 1997	Ages 11+	Self-report
Adolescent Multidimensional Inventory of Dissociation (A-MID)	Dell, 2006 https://www.mid-assessment.com/mid/	Adolescence	Self-report
Child Dissociation Checklist (CDC)	Putnam et al., 1993	Not specified	Observational
Trauma Symptom Checklist for Children (TSCC)	Briere, 1996	8-16	Self-report
Trauma Symptom Checklist for Young Children (TSCYC)	Briere et al., 2001	3-12	Self-report

Myrick & Silberg in Brand's *Concise Guide to Assessing Trauma-Related Dissociation*

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Adolescent Dissociative Experiences Scale

1. I get so wrapped up in watching TV, reading, or playing a video game that I don't have any idea what's going on around me.
   0 1 2 3 4 5 6 7 8 9 10
   (never) (always)
2. I get back tests or homework that I don't remember doing
   0 1 2 3 4 5 6 7 8 9 10
   (never) (always)
3. I have strong feelings that don't seem like they are mine.
   0 1 2 3 4 5 6 7 8 9 10
   (never) (always)
4. I can do something really well one time and then I can't do it at all another time.
   0 1 2 3 4 5 6 7 8 9 10
   (never) (always)
5. People tell me I do or say things that I don't remember doing or saying.
   0 1 2 3 4 5 6 7 8 9 10
   (never) (always)
6. I feel like I am in a fog or spaced out and things around me seem unreal.
   0 1 2 3 4 5 6 7 8 9 10
   (never) (always)
7. I get confused about whether I have dones something or only thought about doing it.
   0 1 2 3 4 5 6 7 8 9 10
   (never) (always)
8. I look at the clock and realize that time has gone by and I can't remember what has happened.
   0 1 2 3 4 5 6 7 8 9 10
   (never) (always)

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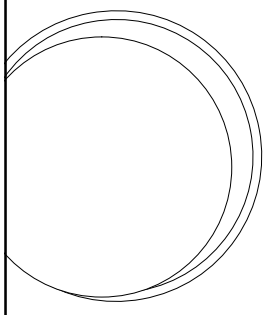

Interview research with members of online "plurality" communities has found that they are typically young, female at birth, and include a mixture of people clinically diagnosed with DID, people self-diagnosed with DID, and people who identify as "multiple" or "plural" but claim to have no trauma history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

(Ribary et al., 2017)

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How do you differentiate DID from self-diagnosed "DID" heavily influenced from social media portrayals?

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"Courtney", 19-years-old brings in a list of "alters in my system" aged 7 to 19 years old. These "alters" have different qualities that "help [her] with anxiety", particularly in social interactions. Courtney reports that her "alters" first appeared at age 12, after she learned about DID by watching "people with DID" on YouTube. She has only online friends. Her trauma history includes a car accident as a toddler and verbal peer bullying throughout her schooling. On the Multidimensional Inventory of Dissociation (MID) self-report inventory, she endorsed time loss and "coming to" experiences, but, unlike DID individuals, no internal struggle, emotional suffering, flashbacks nor persecutory self-states. Her self-states appear to be internal "helpers" who assist with her difficulties in social situations that have been developed from her exposure to social media rather than extreme, chronic childhood maltreatment.

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Although she appears to experience mild depersonalization and derealization, Courtney's "alters" seem to be largely imitative and a means of comforting herself as well as fitting in with online groups.

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"Fiona", a 13-year-old student, describes that she has been spending many hours a day since age 9 in a complex fantasy world, with imaginary friends based on internet characters. In the last two years she has noticed that some of these "friends" are being experienced as "parts of myself". Her list of "parts" includes imaginary friends, "helpers" (said to assist with productivity and social interactions), and "angry parts". Fiona's trauma history includes intrafamilial emotional and physical abuse, a home-invasion robbery at age eight, and bullying at school. She spends a lot of time on the internet and has only online friends. On the MID, she over-endorsed all validity scales (except defensiveness) and all dissociative symptoms.

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"Fiona's self-states appear to be a mixture of helpers, imaginary friends, and trauma-based entities. Thus, she appears to have a mixture of trauma-related self-states as well as possibly social-media influenced imitative self-states.

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Assessing Dissociation in Adults

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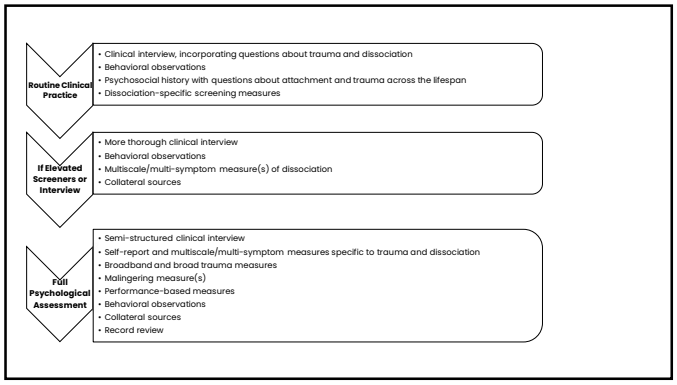

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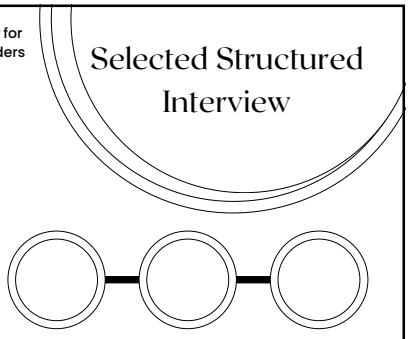
Semi-Structured Clinical Interview for Dissociative Symptoms and Disorders (SCID-D; Steinberg, 1994; 2023)

Selected Structured Interview

- **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**



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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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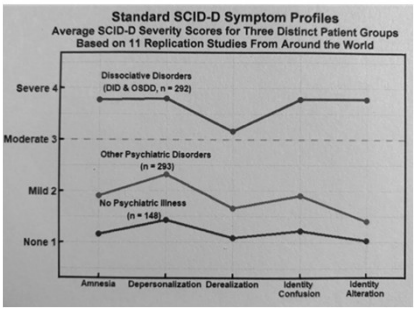

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ASSESSMENT VIDEO

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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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Differential Diagnosis: DES

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Dissociative Experiences Scale (Bernstein & Putnam, 1986)

- Most clinically used and researched self-report measure of dissociation
- Screens for dissociation
- Use as the basis for follow up interview, NOT diagnosis
- Average score of 30 or more correctly identified 74% of DID patients and 80% of those without DID in a large sample of psychiatric outpatients (Carlson et al., 1993)
- Taxon score (Items: 3, 5, 7, 8, 12, 13, 22, 27) and average score – available free of charge at http://www.isst-d.org/education/des-taxon-portal.htm

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DES Studies

- Average DES in Bipolar disorder = 8 - 21
- Average DES in Schizophrenia = 17 - 20
- Average DES in BPD = 26-31
- Average DES in DID = 45-52

(Lyssenko et al., 2018)

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Cases

Case A

- DES
  - average = 24.64
  - Low on the items suggestive of DID
- PCL-5:
  - moderate - severe intrusion & hyperarousal
  - severe avoidance
- BDI: severe depression

Case B

- DES
  - Average = 45.5
  - Taxon = High on the items suggestive of DID
- PCL-5:
  - moderate intrusion
  - moderate - severe avoidance
  - mild - moderate hyperarousal
- BDI : severe depression

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Case A

- parents had unresolved trauma yet loving
- Held hostage, raped; life threatened later

Case B

- Highly critical mother, uninvolved father
- Severe & chronic physical and sexual abuse

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Selected Self-Report Measures

MID

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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Distinguishing Dissociative Disorders From Other Disorders

From Brand (2024) The Concise Guide to the Assessment and Treatment of Trauma Related Dissociation

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Feature	DID/DDNOS1	Psychotic Spectrum Disorders	Bipolar Disorder	BPD
Trauma	Typically report early onset, severe, chronic childhood trauma[45] High number of traumatic intrusions on Rorschach[46]	Less likely to have severe, chronic childhood trauma Significantly fewer traumatic intrusions on Rorschach compared to DID[46]	Less likely to have severe, chronic childhood trauma	Although may report a history of childhood trauma, significantly less severe than for DID[45] Do not differ significantly from DID on traumatic intrusions on Rorschach[46]

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Dissociative Symptoms	DID/DDNOS1	Psychotic Disorders	Bipolar Disorder	BPD
Dissociative symptoms	Endorse high levels with intact reality testing. Prefer to feel numb than to have strong feelings. May self-harm to induce a state of dissociation. When dissociating, may be involved in elaborate inner world involving identities, some related to past traumas.	Endorse mildly high symptoms with poor reality testing.	Lower dissociation scores expected	Endorse moderate symptoms but significantly lower than DID[45] with intact reality testing. Not significantly different from DID on derealization and depersonalization, but significantly lower on amnesia, identity confusion, identity alteration[45] Often find it distressing to feel numb and may self-harm to end an episode of dissociation. When dissociating, are merely "trancing" or depersonalized. Do not have an inner world of identities.

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Feature	DID/DDNOS1	Schizophrenia and Psychotic Disorders	Bipolar Disorder	Borderline Personality Disorder
Transformations in identity	May admit to transformations in identity (e.g., "There's a part of me that is a scared child and another part is critical and yells like my abuser did.") Endorse current day amnesia for some out-of-character behaviors	May admit to transformations in identity but with magical or delusional beliefs. (e.g., "I had to become the prophet David and then had to fight myself when I became the devil.") No current amnesia (except when recalling periods of florid psychosis)	None, although state changes in mood occur	May experience identity changes related to polarized mood changes (e.g., "I was the loving, happy me when I was dating my boyfriend but when he left me, the depressed, angry me took over.") Little if any significant current amnesia outside of drug and alcohol use. If there's time loss, it is when patient is "trancing". May have less detailed recall for behavior in mood states different from the current one, but not true amnesia.

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Feature	DID/DDNOS1	PSD	Bipolar	BPD
Hallucinatory experiences	Often hear voice(s) but are aware of the "as if" quality ("I know they're not real but I hear a child crying as she gets yelled at by a man."). The voices' opinions and values are often in conflict Hearing "thoughts that aren't mine" or "arguing thoughts". Most often, voices are experienced inside their head. May have elaborate conversations with voices, sometimes conversations are in writing. May have multiple conversations going on at the same time. May experience brief periods of "seeing" past traumatic events in flashback or "seeing" identities yet with reality testing otherwise intact. Auditory and visual hallucinations relate to high hypnotizability.	May report voices without awareness of the hallucinatory quality. Voices are not involved in elaborate, ongoing interrelated discussions. Voices are not related to past abusers and/or hurt children. May have visual hallucinations and reality testing is not intact. Hallucinations are due to psychotic process. Are not highly hypnotizable.	Experience hallucinations only during episodes of psychotic mania or depression In psychotic depression, the voices are typically solely persecutory (e.g., no child voices). Voices are not in conflict with one another	If has hallucinatory experiences, they are brief and distressing and occur during significant stress. If endorses voices, they are polarized, internalizations of their own polarized thoughts. They do not dramatically differ from patient's typical values and opinions. [45]

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Feature	DID/DDNOS1	PSD	Bipolar	BPD
Affect	Typically experience a range of sometimes inexplicable, rapid mood changes that may be triggered by internal or external precipitants (e.g., sad to angry to helpless and afraid). Many mood shifts can occur per day. Rarely complain of "emptiness". Instead, their inner world is "full" of conflict, identities, and inner struggles. Typically avoid affect and are obsessive, intellectualized.[48]	Flat, inappropriate affect. Affect less modulated than in DID[46]	Shifts in mood state occur more slowly (take at least 12 hours to shift mood state and usually much longer than that).	Affect is significantly less modulated than in DID[46] and shifts according to external precipitants. Often the most frequent affects are emptiness and intense anger.

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Treatment Implications

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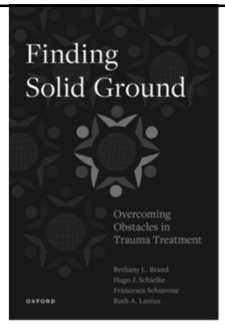

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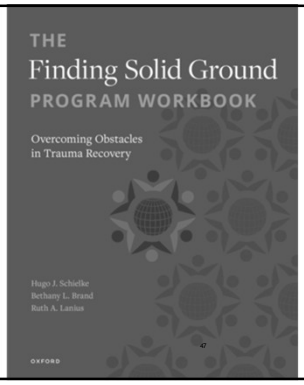

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Take Home Messages

- 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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