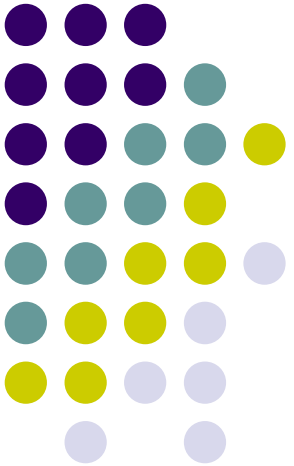
Dissociative Identity Disorder (Treatment)

Michael Maisano



PP7501 Adult Psychotherapy

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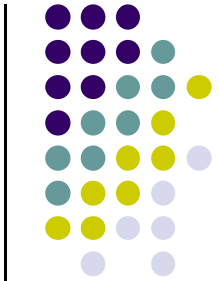
Diagnostic Criteria



300.14 Dissociative Identity Disorder

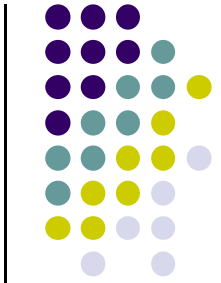
A. The presence of two or more distinct identities or personality states (each with its own relatively enduring pattern of perceiving, relating to, and thinking about the environment and self).

B. At least two of these identities or personality states recurrently take control of the person's behavior.

C. Inability to recall important personal information that is too extensive to be explained by ordinary forgetfulness.

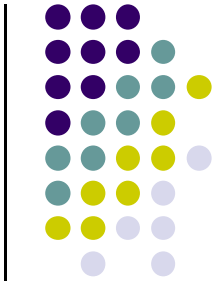
D. The disturbance is not due to the direct physiological effects of a substance (e.g., blackouts or chaotic behavior during Alcohol Intoxication) or a general medical condition (e.g., complex partial seizures).

Treatment Considerations



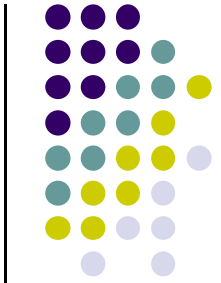
- Psychotherapy & Cognitive Therapy
- Hypnosis
- Psychopharmacological Interventions
- Electroconvulsive Therapy
- Adjunctive Treatments

Psychotherapy & Cognitive Therapy



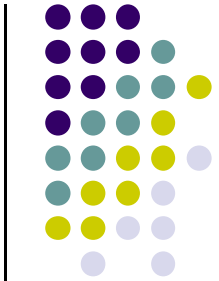
- **Goals**
  - Recognition that all the alters share one body is central to the treatment.
  - Becoming an “integrated person”.
- **Obstacles**
  - A very serious concern around sharing a body concerns safety. All alters have to learn that if one of them gets hurt, they all get hurt.
  - A huge fear of uniting alters is that in the unification, “someone,” that is, an alter, will die.
- **Desired Outcome**
  - Patients increasingly become able to bridge dissociative gaps by remembering the past while being consciously in the present and simultaneously aware of the varying moods and self-states occupied throughout the day. (Rothschild, 2009)

Hypnosis



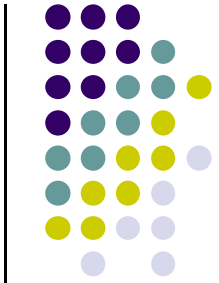
- Helpful in accessing specific alter personalities.
- Can alleviate self-destructive impulses.
- Can reduce symptoms; flashbacks, dissociative hallucinations, and passive-influence experiences.

Psychopharmacological Interventions



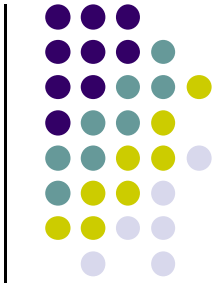
- Medications and somatic treatments for PTSD, affective disorders, anxiety disorders, and OCD.
- Medications for thought disorder.
- Medications for acute dyscontrol.
- Medications for sleep problems.
- Medications for self-injury, addiction.

Electroconvulsive Therapy



- Used to treat refractory depression with persistent melancholic features across all dissociative identity disorder alters.

Adjunctive Treatments



- Group Therapy
- Family Therapy
- Self-Help Groups
- Expressive and Occupational Therapies

Current Research

- Restoration vs. Integration
  - *Restoration* involves the installation of a particular alter as the unique owner of a body.
  - *Integration* of the various alters into one self, a single agent with a (unified) stream of consciousness and a unified psychological profile.

Bayne, T.J. (2002). *Moral status and the treatment of dissociative identity disorder*.

Current Research

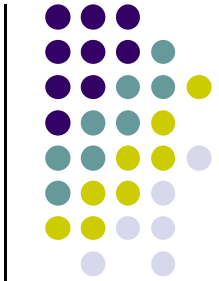
- Assimilation Model

  The Assimilation Model for a client diagnosed with DID does not suggest the loss or suppression of any part of the self; rather it describes a process of change in which problematic voices are identified and heard. Assimilation is achieved by:

  - Negotiation among alters.
  - Dialogue between alters.

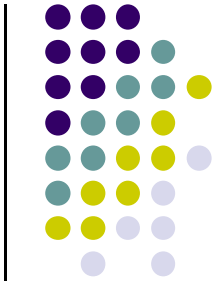
Humphreys, C.L., Rubin, J.S., Knudson, R.M., & Stiles, W.B. (2005). *The assimilation of anger in a case of dissociative identity disorder.*

Special Populations



- Diagnosed 3 to 9 times more frequently in adult females than in adult males.
- Females tend to have more identities than males. Females average 15 or more, Males average 8.
- More common among first-degree biological relatives of persons with the disorder.
- Research from other countries such as Germany, China, Japan and the Netherlands, report similar prevalence rates to the United States.

Proposed Revision of DSM-V



A. Disruption of identity characterized by tow or more distinct personality states or an experience of possession, as evidenced by discontinuities in sense of self, cognition, behavior, affect, perceptions, and/or memories. This disruption may be observed by others or reported by the patient.

B. Inability to recall important personal information, for everyday events or traumatic events, that is inconsistent with ordinary forgetfulness.

C. Causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

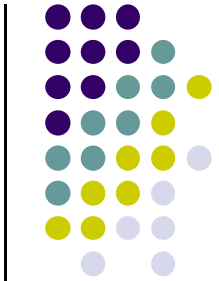
D. The disturbance is not a normal part of a broadly accepted cultural or religious practice and is not due to the direct physiological effects of a substance (e.g., complex partial seizures).

(www.dsm5.org/ProposedRevisions)

Psycho education

- Recommended readings:
  - **The Bifurcation of the Self:** The history and theory of Dissociation and its disorders. Robert W. Rieber.
  - **Exploring Dissociation:** Definitions, Development and Cognitive Correlates**.** Anne P. DePrince, PhD, Lisa DeMarni Cromer, PhD – Editors.
- Websites:
  - www.dissociativeidentitydisorder.net
  - www.psychcentral.com
  - www.isst-d.org International Society for the study of trauma and dissociation.

Case Example 1

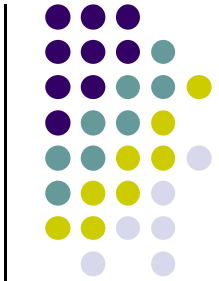


A twenty-two year old female ‘Alice’ reports sleepwalking since the age of six. For the past four years she has reported episodes of amnesia which last anywhere from several hours to a few days. She has no recollection of what has happened during these amnesia episodes. Friends and family report she takes on the persona of a middle aged woman; outspoken and demanding, named ‘Norma’. This persona differs from the young woman’s normal behavior; normally described as introverted and meek.

‘Alice’ reports being sexually assaulted right before her sleepwalking episodes began. The assailant was a male family friend. When she reported the episode to her parents, they reacted with denial. The male was arrested for molestation while ‘Alice’ was in high school. Her family expressed remorse for not believing her story. ‘Alice’s’ amnesia episodes began shortly after graduating high school, when she went away to college.

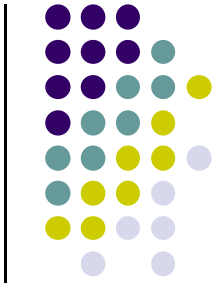
During her amnesia episodes, her friends report ‘Alice’ is protective of her female friends, to the point she has physically defended them from over aggressive men. This is atypical of her normal behavior.

Case Example 2



- Ms. A is a 30-year-old woman. She had a history of severe physical abuse by her father during childhood. The patient had two alternate identities consisting of a 17-year-old female and a 23-year-old male. The alternate identities had different names and characteristics that contrasted with the primary identity. Her personality would suddenly alternate among the three personalities. She sometimes turned into an aggressive 23-year old male and her voice changed to that of a man. When she turned into a regressive 17-year-old female, she complained of anxiety and auditory hallucination of the 23-year-old man's voice.

Test Questions



1. Describe the differences between *Restoration* and *Integration* when treating a patient with Dissociative Identity Disorder.
2. List three(3) possible treatment options for Dissociative Identity Disorder.
3. Women tend to have an average of _____ alters, versus men who average _____ alters. A) 5 & 2, B) 3 & 6, C) 15 & 8, D)3 & 1

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