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Challenges in the Treatment of Complex Dissociative Disorders

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Folie 2

Introduction

- "There are many walls to take down" – and this requires courage, candor and forthrightness, empathy, hope -- and close observation.
- People with complex trauma and complex dissociation are "difficult" –- and at the same time often creative and smart.
- They challenge us in every respect.

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Complex Dissociative Disorders and Their Diagnosis

- DID in particular is often underdiagnosed –
- But at the same time overdiagnosed.
- This is why the differential diagnosis plays a crucial role both in the early and later phases of treatment.

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Patient-Care Situation

- Too few qualified psychotherapists
- Gaps in the support network
- Patients are shuffled back and forth
- Inadequate reimbursement for treatment
- Ever changing succession of therapists is of little help, because patients need a continuous role model for re-constructing their personality system

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The Central Theme: Attachment

- Psychotherapy with complex dissociation takes a long time
- It is also attachment-intensive
- On the one hand, ensuring a "safe terrain": Creating a supportive and structured setting
- On the other hand, sensitivity and growth orientation: Fostering the personality system so that "all the pieces of the puzzle come together."
- Our patient population has the greatest propensity for "dropping out" and relapsing.
- Therefore: Seek to create and foster a secure and reliable attachment experience.

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„Hardware" and „Software"

- The stress systems of children who were traumatized early and often are structured differently (see Epigenetics).
- Damage incurred during the development of the PFC, left neocortex, corpus callosum, and hippocampus…
- Hyperreactivity in the implicit memory area
- Good news: Secure attachment and good psychotherapy have the potential for improving the structure of neuronal networks.

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Destructive Primary Attachments

- Are difficult to undo.
- It is not possible to work through trauma as long as traumatic attachments or a high level of conflict in attachment relationships are ongoing.
- In such situations, even stabilization is a Sisyphean task.

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Imitation of and Loyalty to the Perpetrator

- The more dissociative the personality, the more split off and initially unintegrated the perpetrator introjects.
- May manifest as: self injury, lack of self-esteem, perpetuation of abuse
- Helpful: The therapist queries these parts of the personality and draws them into the therapeutic discourse.

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Transference and Countertransference

- Transference-countertransference reactions highly intense in DD
- Despair, cynicism, over-engagement
- “A life or death quality“ (Herman)
- Perpetrator-Victim-Savior triangle
- Being a “powerless witness“
- Burnout and compassion fatigue
- Boundary violations and abusive behavior
- Help from supervision; legal sanctions for inappropriate behavior, if necessary
- “Exorcism“ of disliked parts of the personality

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Is Psychotherapy possible – now?

- Psychotherapists must decide whether or not.
- Exclusion because of contact to abuser?
- Ability to mentalize?
- Willingness to engage in inner work?
- Enmeshed in addictive/suicidal behavior? Blaming others? Skipping appointments? Unable to stay in the room?
- Simple socioeducational and basic therapeutic techniques necessary at first.

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Too Many “Construction Sites”

- The lives of highly dissociative people are frequently filled with social and internal crises. Ergo: Pragmatism is called for.
- Careful treatment planning, often requiring frequent adjustment, is very important.
- Learned helplessness must be countered, very small steps recommended (and be content with that!); build up resources; celebrate even the smallest successes.

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Why Not Work Through Trauma Material Immediately?

- The temptations are great because the pressure is so high – however, never confront trauma directly without adequate stability first!
- Stabilization criteria:

1. Life without acute trauma
2. Reliable safe places for vulnerable parts
3. Reorientation in space and time possible, at the therapist‘s request as well
4. Nothing in the personality continues to sabotage the integration of trauma material

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Individual or Group Setting?

- If the patient is sufficiently stable, individual psychotherapy is the method of choice.
- Group settings are often helpful, as long as they do not trigger (too much); rather, focus on resources, psychoeducation, work with (art) materials, focus on the nonverbal.
- Skills training specifically for complex trauma and/or complex dissociation (see Boon et al., 2011).

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Summary (1)

- Structural dissociation theory, good diagnostics, and knowledge of neurobiology help us to understand patients with complex dissociation.
- Simple therapeutic techniques and good support network promote safety in relationships, resource orientation, and stabilization.
- Initially at least, small steps are to be preferred to large ones (trauma

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Summary (2)

- Unfortunately, the lack of structure in the patient still finds analogs in a lack of structure and overall care: too much individualization, too little structured and coordinated support.
- Maturation of severely dissociated patients („Growing healed“) is possible!
- The situation is still completely inadequate, but considerably better than at the time of the first European conference (ISSD 1995 in Amsterdam).

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Summary (3)

- The following are helpful:

1. A safe and reliable (working) relationship; then (!) good diagnostics
2. Stabilization: Stimulate the power of self-healing; support network; change destructive attachments; mentalization
3. Working through: Support the patient from mentalization/understanding to integration; use simple techniques
4. Integration: Inner cooperation, co-consciousness. A great deal of integration occurs organically, and sometimes “as if by

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Summary (4)

- Maintain your boundaries and be of good heart as you enjoy watching your patients grow.
- Never forget your anger over social injustice and violence in our society.
- Be steadfast.
- May you always have the assistance of good collegues.
- Thank you for your attention.

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