DISSOCIATION

ATYPICAL PRESENTATION AND MANAGEMENT OF THIS SNEAKY SYMPTOM

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Therapy for adults and teens 14+ Intense anxiety, complex trauma, and dissociation Coordinated Couples Counseling with Klick Counseling Family Therapy Intensives (coming 5-2024)

AGENDA

Refine our focus
Identify sneaky symptoms
Address challenges effectively



BEFORE WE BEGIN



My theoretical orientation:

Cognitive

Object Relations

Psychodynamic



Disclaimer:

Thoughts contained in this presentation are my own

We're not talking about...

DSM-V

Dissociative Identity Disorder

Dissociative Amnesia

Depersonalization/ Derealization Disorder (DPDR)

Other Specified Dissociative Disorder (OSDD)

Unspecified Dissociative Disorder

Post-traumatic Stress Disorder, Dissociative Subtype



ICD-11

Dissociative neurological symptom disorder Dissociative amnesia Trance disorder Possession trance disorder Dissociative identity disorder Partial dissociative identity disorder

Depersonalization-derealization disorder

Other specified dissociative disorders

Dissociative disorders, unspecified



Non-pathological dissociative symptoms or experiences

Disruptions in psychological continuity

Numbing intolerable affect

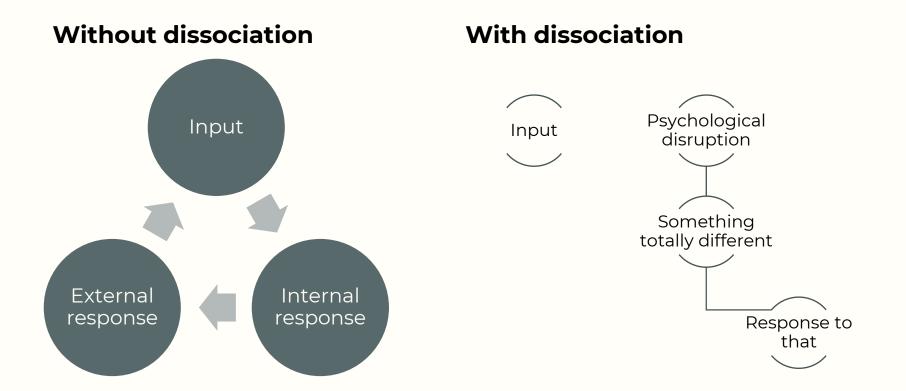
Symptoms of other disorders with dissociative aspects

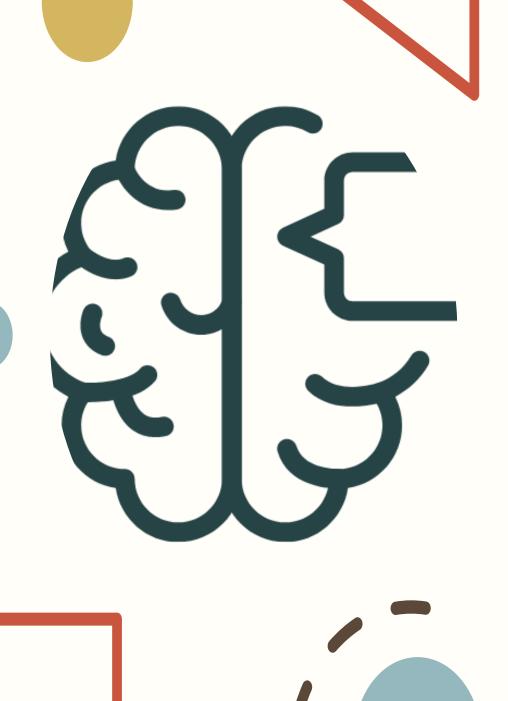
Dissociation mimicking other disorders

When unrecognized, may cause challenges in treatment

Why is this important?







Disruption in Psychological Continuity

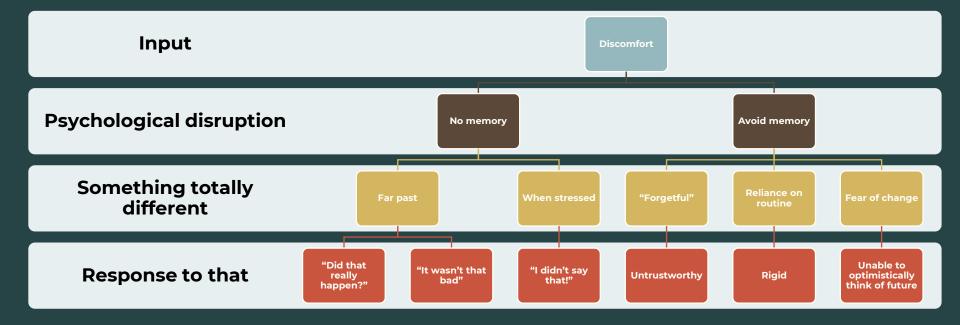
Surroundings Feelings Thoughts Time Memories Sense of self



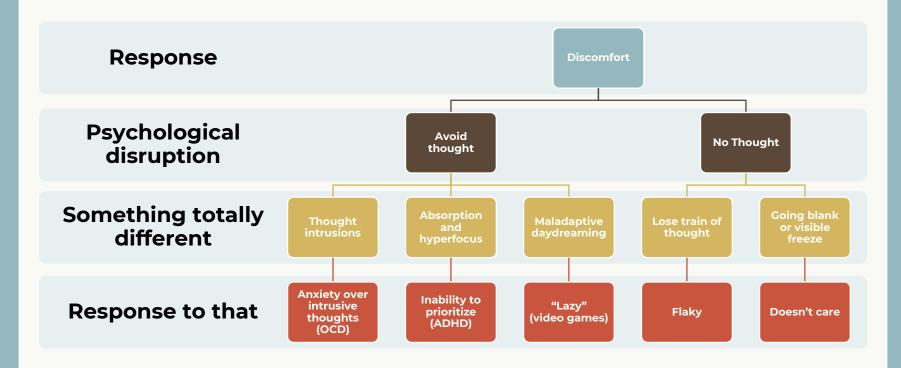
Sneaky Symptoms

Memory Disruptions



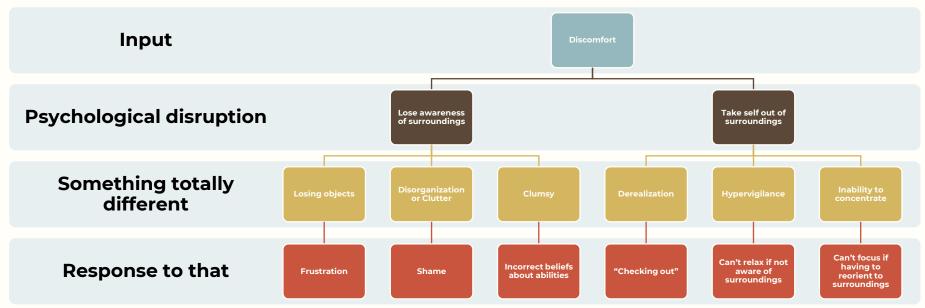






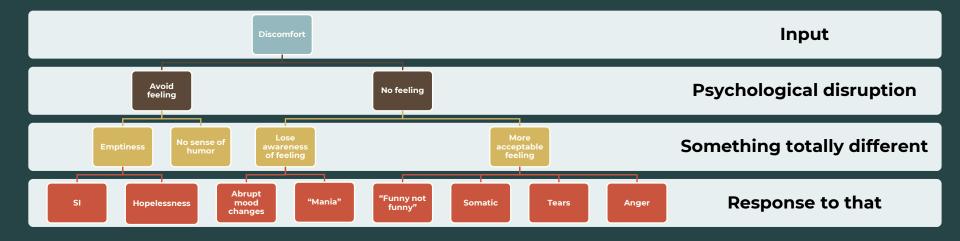
Surroundings Disruptions





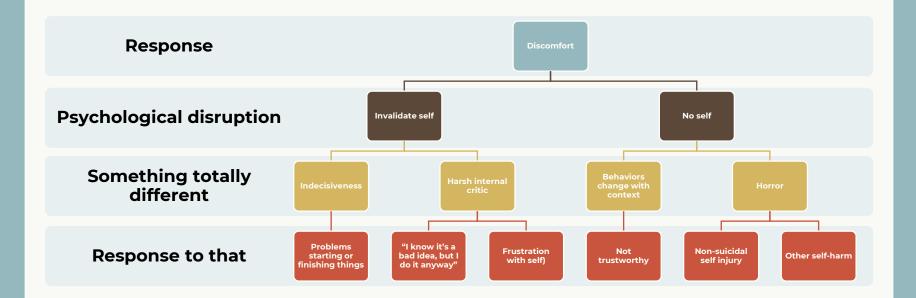
Feeling Disruptions





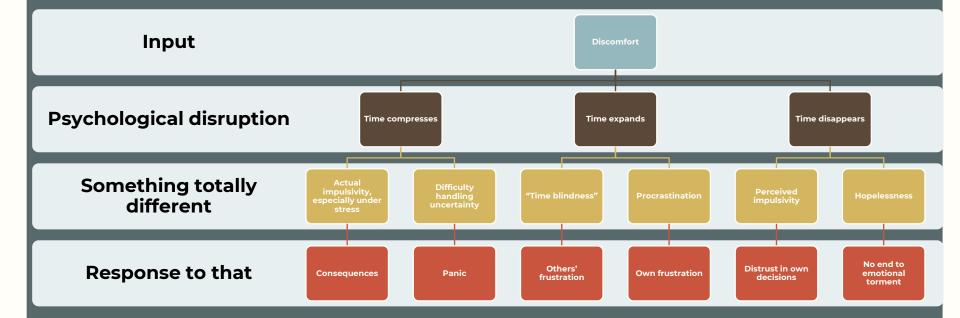


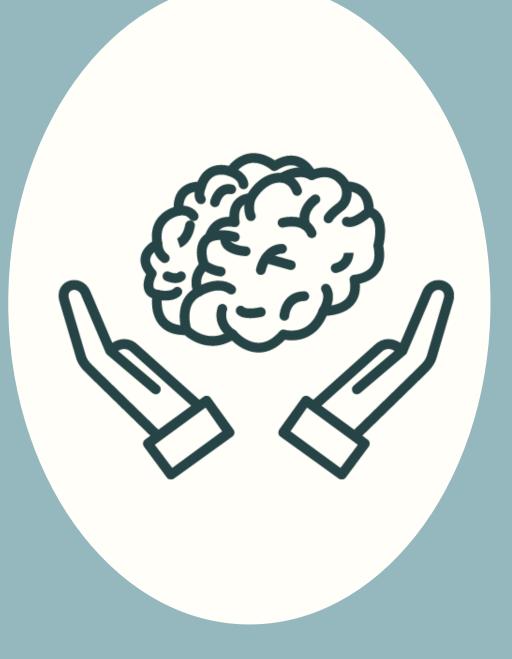
Sense of self disruptions











Managing Effectively

Signs in Session



"Onion Effect"

Very little connection to the body or awareness of emotion (alexithymia)

Gaps in personal narrative

Adherence to what they have been told about themselves despite evidence

Sleep concerns: restless, broken sleep; repetitive symbolic dreams

Family history includes challenges with caregivers

ADHD, autism, gifted, dyslexic, any mismatch between caregiver and child

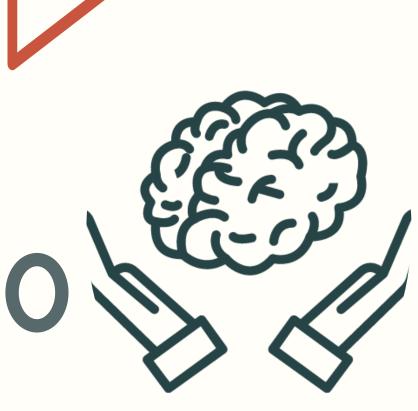
Member of a marginalized community

YOUR mind goes blank

Key Phrases to Listen For

- "It's like a switch flips"
- "I feel like I'm possessed"
- "I'm suddenly out of control"
- "I feel like I'm falling apart"
- "I don't know"

"I leave here and totally
forget what we talked about"



Strategies to Use

Working with Symptoms

- 1. Recognize dissociation
- Identify what cannot be felt or what cannot be known ("I can't be angry")
- 3. Take an indirect and inquisitive approach
- Reframe cognitive challenges into values statements
- 5. Address sleep hygiene
- Address substance use which may increase symptoms



ISST-D Guidelines:

- 1. ISST-D guidelines:
 - a) Establish safety, stabilize, and reduce symptoms
 - b) Identify, work through, and integrate traumatic memories
 - c) Facilitate identity integration and rehabilitation (client has a more complete sense of self)

When to Worry





Significant memory issues



Marked difference in appearance



Non-substance related blackouts lasting for hours or but less than days (not fugue)



"Trapped" in one feeling state / persistent return to one feeling state



Significant shifts in personal narrative



That funny feeling in your gut

That funny feeling in your gut



Questions?

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