

Dissociation Treatment Guidelines

Dissociative disorders encompass a range of symptoms and behaviors that result from a disruption in the normal, integrative functions of consciousness, memory, identity, and perception.

- **Dissociative identity disorder (DID):** Characterized by the presence of two or more distinct personality states or identities that recurrently take control of behavior, accompanied by an inability to recall important personal information.
 - **Dissociative amnesia:** Marked by gaps in memory for personal information beyond what can be explained by ordinary forgetfulness.
 - **Depersonalization/derealization disorder:** Involves an ongoing or recurrent experience of feeling detached from one's body or thoughts (depersonalization) and/or a sense of unreality of one's surroundings (derealization).
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Treatment options for DID

Psychotherapy

The cornerstone of treatment, ideally involving a phased approach:

- **Phase 1: stabilization**—focus on safety, symptom reduction, and developing coping strategies.
- **Phase 2: trauma processing**—addressing the traumatic roots of dissociation through approaches like trauma-focused cognitive behavioral therapy (CBT) or eye movement desensitization and reprocessing (EMDR).
- **Phase 3: integration and rehabilitation**—working towards a coherent sense of self and improving relational and functional capacities.

Supportive care

This includes educating the patient and family about the disorder, enhancing social support, and managing day-to-day stress.

Pharmacotherapy

No medication is approved specifically for DID, but adjunctive use can help manage comorbid conditions such as depression, anxiety, or post-traumatic stress disorder (PTSD) symptoms.

Hypnosis and identity access

Hypnosis may facilitate access to different identity states, allowing for improved communication, stabilization, and interpretation. Some therapists actively engage and interact with these identities to encourage integration, helping the patient move toward a unified self.

Gradual exposure to traumatic memories

Modified exposure techniques may be used to gradually desensitize the patient to traumatic memories. This approach allows patients to process traumatic experiences in manageable fragments, reducing the distress associated with these memories.

Treatment options for depersonalization/derealization disorder

Psychotherapy

Effective treatment of depersonalization/derealization disorder addresses not only the stresses related to the disorder's onset but also any earlier traumas, such as childhood abuse or neglect, which may have predisposed the patient to develop these symptoms later in life.

Several psychotherapeutic techniques have shown success for some patients:

- **Cognitive techniques:** These help block obsessive thoughts about feeling detached or unreal, which can reduce fixation on these sensations.
- **Behavioral techniques:** Engaging patients in tasks that distract them from feelings of depersonalization and derealization can help refocus their attention and lessen the intensity of symptoms.
- **Grounding techniques:** Using the five senses (e.g., listening to loud music or holding ice) can help patients reconnect with themselves and the world, making them feel more present and real.
- **Psychodynamic therapy:** This approach helps patients address negative emotions, conflicts, or past experiences that contribute to dissociation by making certain emotions intolerable to the self.
- **Moment-to-moment tracking:** Tracking and labeling emotions and dissociation as they arise in therapy can help some patients become more aware of these states, aiding in their management.

Medications

Although no medications are specifically approved for depersonalization/derealization disorder, some patients find relief with medications that target coexisting psychiatric conditions, such as anxiety or depression. Medications that may be helpful include:

- Selective serotonin reuptake inhibitors (SSRIs)
- Lamotrigine
- Opioid antagonists
- Anxiolytics
- Stimulants

While these medications may not directly treat depersonalization or derealization, they can alleviate symptoms of related mental health conditions, potentially reducing the severity of dissociative symptoms.

Treatment options for dissociative amnesia

Supportive environment

For mild cases, especially where only a short time period is forgotten, creating a safe and supportive environment is often enough. This approach allows for gradual recovery without necessarily revisiting painful memories.

Psychotherapy

Psychotherapy is essential to address the issues tied to traumatic or stressful memories. Therapy helps patients process underlying conflicts and create meaning around the events that triggered amnesia, supporting emotional healing and helping them to move forward.

Hypnosis or medication-induced semihypnotic state

When memory recovery is urgent, or a supportive environment alone does not help, more intensive methods may be used. Patients may be questioned while under hypnosis or in a medication-induced semihypnotic state using barbiturates or benzodiazepines. This approach should be handled gently, with questions carefully phrased to avoid suggesting false memories.

Verification of recovered memories

The accuracy of recovered memories should ideally be corroborated externally. While the historical accuracy may vary, reconstructing missing memories can help patients restore continuity in their identity and life story.

Addressing trauma and amnesic episodes

Once the amnesia lifts, further therapy supports patients by:

- Helping them find meaning in the trauma or conflict underlying the amnesia
- Resolving challenges that arose due to memory loss
- Empowering them to move forward and develop a cohesive life narrative

Treatment for dissociative fugue

In cases of dissociative fugue, psychotherapy combined with hypnosis or medication-facilitated interviews may help restore memories, though success is not guaranteed. Therapy also guides patients to explore their reactions to conflicts and emotions, fostering healthier responses and reducing the likelihood of future fugue episodes.

Clinical considerations

- Care should be tailored to the individual's symptoms and personal history.
- Treatment should be flexible, respecting the patient's pace and psychological boundaries.
- A multidisciplinary approach may be beneficial, involving psychiatrists, psychologists, social workers, and if applicable, other medical specialists.

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