# **Define “index of suspicion” and describe subtle clues that may indicate a dissociative process. Howell:**

## Due to the subtleness of the disorder (only 6% are florid) it is recommended that ALL clients be screened for dissociative disorders

## In addition to the subtleness, often times there are multiple symptoms that may overlap with other disorders

## The phenomenon of switching may occur less frequently than the phenomenon of intrusion – where other identity states intrude into current experience i.e. flashbacks, intrusive thoughts, intrusive emotions, and “made” behaviors

## Kluft 1987 – (Partial Dissociation) patients with DID endorsed 8 of 11 Schneiderian first rank symptoms that had been considered indicative of schizophrenia

### voices arguing

### voices commenting on one’s actions

### influences playing on the body

### thought withdrawal

### thought insertion

### made impulses

### made feelings

### made volitional acts

## Keep in mind there is a big overlap in symptoms with psychosis, BPD, schizophrenia

## Appearance (Lowenstein Article F-Q)

### Sunglasses to hide eye changes

### Dressing in different styles

### Hide scars of self injury

### Tone of voice changes

### State hates coffee, but arrives with a coffee cup

## Behaviors

### Subtle facial or body shifts

### Appear younger or older, shift posture

### Discrepancy between patient’s eyes and rest of body

### Eye findings (blinking, fluttering, full eye roll)

## Impact on Interviewer

### Clinician can notice dreamy, sleepy, blocked thinking, forgetfulness during the interview

## Amnesia Symptoms (1)

### Inability to recall certain information

### Blackouts/time loss

### Disremembered behavior (how you got somewhere)

### Fluctuations in skills, habits or knowledge

### Fragmentary Recall of Life History

### Chronic mistaken identity experiences

## Autohypnotic Symptoms (trance)

### Spontaneous Trances

### Enthrallment (hyper-focused with some degree of amnesia)

### Spontaneous Age Regression (childlike viewpoint, “little”)

### Negative Hallucinations (ability to not see/hear what is happening around them, make things disappear)

### Voluntary Anesthesia/Analgesia (absence of pain through voluntary analgesia, look for eye fixation)

### Out of Body Experiences/Depersonalization

### Trance Logic (tolerance and rationalization of incongruous or illogical perceptions during the hypnotic state) (safety from further physical abuse can only be ensured by self mutilation)

## Post Traumatic Symptoms

### 80% of DID patients will meet criteria for PTSD

### Psychological trauma

### Intrusive imagery, flashbacks, nightmares

### Reactivity to triggers, panic, anxiety

### Hyperaraousal, startle response

### Numbing, avoidance, detachment

## Process Symptoms (alters, their transitions and interactions between them)

## Passsive-Influence Symptoms/ Interference Phenomena (Schneiderian first rank symptoms) including inaudible thoughts, voices arguing, voices commenting on one’s actions…

## Hallucinations/Pseudohallucinations

### 80% cases DID patients experience voices or conversations within the mind

### Visual hallucinations and illusions are also quite common (flashbacks, literal visualization of other alters, etc.)

## Linguistic Usage

### (In the collective sense… “we”)

## Somatoform Symptoms

### Somatoform pain disorder

### Conversion disorder

### Pseudoseizures

### Somatic memory (trauma is recalled in sensory mode)

## Affective Symptoms

### Dysphoria/depressed mood, anxiety attacks

### Mood Swings

### Vegetative Symptoms

### Suicidal thoughts, attempts or self-mutilation

### Guilt

### Helpless/Hopeless

# **Explore various assessment tools for dissociative disorders**

## NOTE: if severe cognitive or memory problems seem to be present or if presentation does not seem to make sense, neuropsychological testing may be indicated. ALSO: severe somatoform problems should be addressed with a physical examination to rule out or assess medical contributions

## DES – Dissociative Experiences Scale – a 28 item self-report measure

### Scored by adding the answers (Lickert scale) and dividing by 28

### Scores above 30 indicated high likelihood of DID and further inquiry should occur

### DES correlates .78 with SCID-R which is considered gold standard assessment for DID

### DES is a screening measurement only and scores below 30 could still be indicative of DID

### Discussion of DES questions can be an important part of clinical discussion

## DES-T – Dissociative Experiences Scale Taxon

### A shorter version of DES that pulls out several dimensions of dissociative experience

### Specific questions from DES make up Taxon: 3, 5, 7,8 ,12, 13, 22, 27

## A-DES – Adolescent Dissociative Experiences Scale

### 30 item self-report, designed for people age 11-18

### Adolescents with DID typically score between 4 and 7 although scores below 4 still warrants additional investigation

## CDC – Child Dissociative Checklist – a 20 item checklist

### Scored by summing the item scores

### Scores range from 0 to 40 cutoff score of 12 or higher indicates pathological dissociation

## SDQ-5 – a self-report screen

### Addresses several somatoform experiences

### 5 point Lickert Scale; scores 5 to 25 by summing item scores

### Scores >7 = high possibility of dissociative disorder

### Correlates well with SDQ-20

## SDQ-20 – 20 question self-report

### Measures severity of somatoform dissociation

### Lickert Scale (5 point), score calculated by summing item scores

### Score more than 28 indicates somatoform dissocation

## MID – Multidimensional Inventory for Dissociation

### 208 item self-report assessment

### 23 dissociation scales

### Takes about 1 hour to administer

### High correlations with DES (.9), SDQ-20 (.75), SCID-D-R (.78)

### Only measure of dissociative disorder screening or assessment with a validity scale and screens for defensiveness, rare symptoms, attention-seeking behavior, and neurotic suffering

### Also yields information about prominence of certain identities – i.e. persecutor, child, etc.

\*\*This and any other questionnaire that refers to traumatic experiences can be triggering to fragile clients

# **Discuss the use of structured interviews in assessing dissociative disorders.**

## Remember the hippocampus (which creates narrative memory) does not come online until around age 3. With that in mind stay attuned for gaps in memory throughout childhood - Howell:

## Clinical interview

### Large gaps in autobiographical memory

### Logical inconsistencies in narrative

### History of abuse

### Experiences of depersonalization/derealization

### Affective dysregulation

### Somatoform dissociation

### Be aware of and inquire about changes in appearance/behavior

1. Client dresses very differently one session to another
2. Voice changes in session
3. Predominantly right handed, then left handed or ambidextrous
4. Different vision acuity (sometimes needs glasses, sometimes does not)

## SCID-D-R – Marlene Steinberg (1994) – Gold Standard for DID

### 277 item interview

### Assesses 5 symptoms of dissocation

1. Amnesia
2. Depersonalization
3. Derealization
4. Identity confusion
5. Identity alterations

### Requires considerable familiarity with dissociative symptoms and specific training

## DDIS - Dissociative Disorder Interview Schedule (Ross, 1997)

### Easy access, less time to administer, and less training required

### Can be downloaded at <http://www.rossinst.com>

### 132 item structured interview that asses symptoms of 5 dissociative disorders

### Also assesses somatization disorder, borderline personality disorder, major depressive disorder, substance abuse with a .95 sensitivity for diagnosis of DID

## MMPI-2 – Minnesota Multiphasic Personality Inventory 2

### Patients with DID can often have a high F (validity scale, indicating exaggeration of symptoms and Sc (schizophrenia scales) due to trauma and dissociation linked questions

### Without the advantage of knowledge of dissociative disorders, these scores can indicate a different degree of and type of disturbance than is the case

## Clincial MSE (Mental Status Exam) Lowenstein:

### Symptoms are grouped into 6 categories (see Table 1. Symptom Clusters..)

1. Process symptoms
2. Amnesia symptoms
3. Autohypnotic symptoms
4. PTSD symptoms
5. Somatoform symptoms
6. Affective symptoms

### Consider finding a question or 2 in each category that feels most genuine to you and incorporate in clinical interview

# **Apply theory from previous sessions to cases of Harold**