Chu Chapter 12 The Rational Treatment of DID

4 Areas of therapeutic difficulty in treating DID clients

1. Etiology and Diagnosis
	1. Etiology: Kluft
		1. Patient has capacity for dissociation
		2. Precipitating traumatic experiences that overwhelm a child’s non-dissociative coping capacity
		3. Specific structuring of DID parts
		4. Lack of soothing and restorative experiences.
	2. Diagnosis:
		1. Presence of 2 or more parts
		2. Trauma history
		3. Episodes of amnesia, depersonalization and derealization
		4. Hearing voices
		5. Deep shame or guilt to hide abuse from others
2. Treatment Goals and Staging
	1. Integrated functioning: an undoing of all aspects of dissociative divisions
	2. Fusion: merging 2 states surrendering sense of separateness
	3. Staging treatment and pacing to the tolerance of the patient
	4. Watch for premature attempts to integrate and fuse.
3. Working with parts
	1. Focus on system as a whole instead of specific parts
	2. Confront trance logic (all have same body, if kill one part all are dead)
	3. Pitfall: therapist does the work with the parts instead of the host who is amnestic
	4. Internal cooperation and co-consciousness is essential in treatment
	5. Parts may emerge not promoting internal cooperation and can get out of control. This can induce shame/fear. Parts of themselves may not be ready to reveal themselves or not ready to cope yet.
	6. Mapping: only use to clarify relationship of the parts, may be used best later in treatment. If used early clients might not understand their system yet. \*Don’t actively elicit parts for purpose of mapping. Let them naturally come forward with the issues at hand.
4. Treating the DID system
	1. Work with small number of parts that represent the current issues and conflicts to be resolved
	2. Therapist can become highly involved or overinvolved in emotional experience with patient.
	3. Don’t treat parts as individuals, treat as a part of the entire system
	4. Don’t join with patient against a part, instead validate part of system, they are not bad they are just compelled to behave in a way based on past events.
	5. Don’t treat child parts like children, ask them to ask for help inside. Have to conform to the reality the patient must function as an adult for the most part outside of therapy. Child part can’t rely on therapist as primary source of gratification and nurturing. Re-parenting should come from within the patient
	6. DID phenomenology
		1. Don’t get caught up with the fascination of DID dx.
		2. Help patient cope with existing symptoms, don’t encourage switching to avoid. Goal is to decrease dissociation
		3. Therapist shouldn’t name parts, instead refer to “the one who deals with\_\_\_”
		4. Don’t encourage further fragmentation.