Professional Training Program | Level III

Advanced Topics in Complex Trauma and Dissociative Disorders

Curriculum for 2026

Intended Participants: Licensed mental health professionals (psychiatrists, psychologists, clinical social workers, mental health counselors, accredited psychotherapists, etc.) who are interested in developing their skills in treating clients with complex trauma related disorders. Participants must have successfully completed From Complex Trauma to Dissociative Disorders to register for this course. Participants who have completed the previous "Standard course" before 2012 must have permission from the course instructor and one of the course directors.

Course Format: Nine, two and a half hour sessions of literature discussion, lecture, and discussion of your cases.

Course Materials: There are no required textbooks. All Materials will be provided at no cost via the online course portal. **Please note that time spent completing required readings is not eligible for continuing education credit.** Access to the course portal is available immediately upon registration.

Recommendation: We recommend that you join ISSTD. Membership in ISSTD gives you free access to every past issue of the Journal of Trauma & Dissociation and a wealth of clinical articles and discussions from past issues of The ISSTD Newsletter

Advanced Topics in Complex Trauma and Dissociative Disorders consists of nine sessions. Each session is “free-standing” in that it encompasses an entire topic to be covered in a single session.

Session One – An Introduction to Complex Trauma and Dissociation in Children and Adolescents
Content Level: Advanced

Session Description
Given that dissociative disorders such as DID and OSDD-1 generally begin in childhood, it is imperative even for clinicians treating dissociative adults only, to have an understanding of the etiology and presentation of dissociation in children and adolescents, as well as interventions and treatments that are indicated. While it is widely accepted that ongoing, severe trauma, abuse and neglect in childhood, are antecedents to developing dissociative disorders, this course will also delve into some of the parental factors that contribute to dissociation. There continues to be a paucity of research on the assessment and treatment of dissociation in children and adolescents, and no appropriate diagnosis for children and adolescents with developmental trauma disorder. In this session, we will explore the need for such a diagnosis, as well as review the current treatments for children and adolescents with pathological dissociation.

Objectives: After the completion of this session, participants will be able to:
1. Identify and discuss the impact of maternal emotional dysregulation on early childhood behaviors and the relevance to the development of dissociative coping strategies in children
2. Discuss the needs and recommendations for a diagnosis of “Developmental Trauma Disorder”, for children and adolescents
3. Review and discuss the current treatments for children and adolescents
4. Apply these topics to disguised case material of student’s clients

Readings

1. Lewis, J., Binion, G., Rogers, M., & Zalewski, M. (2019). The associations of maternal emotion dysregulation and early child dissociative behaviors. *Journal of Trauma & Dissociation, 21*(2), 203–216. https://doi.org/10.1080/15299732.2019.1647911
2. Ford, J. D. (2023). Why we need a developmentally appropriate trauma diagnosis for children: A 10-year update on developmental trauma disorder. *Journal of Child & Adolescent Trauma, 16*(2), 403–418. https://doi.org/10.1007/s40653-022-00496-0
3. Woolard, A., Boutrus, M., Bullman, I., Wickens, N., Gouveia Belinelo, P. D., Solomon, T., & Milroy, H. (2024). Treatment for childhood and adolescent dissociation: A systematic review. *Psychological Trauma: Theory, Research, Practice, and Policy, 16*(S3), S483–S491. https://doi.org/10.1037/tra0001692

Timed Outline
40 minutes: Discussion of Reading 1
40 minutes: Discussion of Reading 2
40 minutes: Discussion of Reading 3
30 minutes: Discussion of Readings 1-3 as applied to disguised clinical case material

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Session Two - Depersonalization and Derealization
Content Level: Advanced

Session Description
Despite depersonalization/derealization disorder occurring in approximately 1% of the general population (Hunter et al, 2017), those with this dissociative disorder are often misdiagnosed, leading to misunderstanding and inappropriate treatments. In this session, we will review the indicators and the assessment of depersonalization/derealization disorder, including the use of the Cambridge Depersonalization Scale. We will then explore the etiology of depersonalization/derealization, especially the role of fearful attachment in the primary relationship of caregiver and child. Finally we will discuss treatment, more specifically the use of cognitive behavior therapy (CBT) and the role of mindfulness in treating depersonalization/derealization clients.

Objectives: After the completion of this session, participants will be able to:
1. Identify the signs and symptoms of depersonalization and derealization as part of an assessment of clients with dissociation, including using the Cambridge Depersonalization Scale
2. Discuss the etiology of depersonalization and derealization, especially the role of fearful attachment in clients with DP/DR
3. Discuss the impact and efficacy of cognitive behavior therapy (CBT) for clients with depersonalization and derealization
4. Explain the use of mindfulness with clients with depersonalization and derealization

Readings

1. Hunter, E. C. M., Charlton, J., & David, A. S. (2017). Depersonalisation and derealization: Assessment and management. *BMJ, 356*, j745. https://doi.org/10.1136/bmj.j745
2. Simeon, D., & Knutelska, M. (2022). The role of fearful attachment in depersonalization disorder. *European Journal of Trauma & Dissociation, 6*(3), 100266. https://doi.org/10.1016/j.ejtd.2022.100266
3. Hunter, E. C. M., Wong, C. L. M., Gafoor, R., Lewis, G., & David, A. S. (2023). Cognitive Behaviour Therapy (CBT) for depersonalization-derealization disorder (DDD): A self-controlled cross-over study of waiting list vs. active treatment. *Cognitive Behaviour Therapy, 52*(6), 672–685. https://doi.org/10.1080/16506073.2022.2156336

4. Levin, K. K., Gornish, A., & Quigley, L. (2022). Mindfulness and depersonalization: A nuanced relationship. *Mindfulness, 13*(6), 1479–1489. https://doi.org/10.1007/s12671-022-01964-4

Additional Materials
1. Cambridge Depersonalization Scale

Timed Outline
30 minutes: Discussion of Reading 1 and Cambridge Depersonalization Scale
30 minutes: Discussion of Reading 2
30 minutes: Discussion of Reading 3
30 minutes: Discussion of Reading 4
30 minutes: Discussion of Readings 1-4 as applied to disguised clinical case material

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Session Three - Institutional Betrayal and Institutional Courage
Content Level: Advanced

Session Description:
Institutional betrayal refers to the impact on the individuals or groups when a trusted institution (e.g. educational, medical, religious, and governmental institutions and the military) fail to adequately protect, or respond to, or create a hostile, or unsupportive environment, following victimization (often sexual) to a member of its community. This impact exacerbates the trauma, resulting in further traumatization including PTSD symptoms, dissociation, anxiety, etc. As with any betrayal, it erodes trust in the institutions in which the victimization took place. *Institutional courage* refers to the moral actions that prioritize the safety and needs of the individual (or group), despite those actions making the institution vulnerable to both short-term (e.g. negative press coverage, financial costs) and long-term (e.g. legal actions, retaliation from hostile government) consequences.

In this session, we will discuss aspects of institutional betrayal, including who is most vulnerable to betrayal after reporting sexual victimization. We will also address institutional cowardice, an aspect of institutional betrayal, whereby the institution, while presumably acknowledging the wrong-doing, neglects its responsibility to address and correct it, and chooses to maintain the status quo. Another form of institutional betrayal falls under the concept of “cultural betrayal trauma theory”, (Gomez, 2024), pertaining to the intersection of racism and sexual violence, and its impact on black women and girls, when the perpetrator is a member of the black community.

Growing out of institutional betrayal, institutional courage can attenuate to the impact of victimization, including trauma symptoms, by acting ethically to protect and take action, within the institution. Finally, we will discuss what sorts of actions are part of institutional courage, in the face of racism and violence, with concrete institutional change.

Objectives: After the completion of this session, participants will be able to:

1. Discuss the concept of institutional betrayal and institutional cowardice, and how they apply to victimization, the loss of trust in institutions, the exacerbation of post-traumatic symptoms and dissociation, including institutional betrayal blindness and the role of the treating mental health professional
2. Discuss CBTT, cultural betrayal trauma theory and the impact of the intersection of racism and sexual victimization, within the black community
3. Discuss the concept of institutional courage and how moral action on the part of institutions positively impact the victim-survivors and a variety of ways that this can be done, within different institutions

Readings

1. Pinciotti, C. M., & Orcutt, H. K. (2021). Institutional betrayal: Who is most vulnerable? *Journal of Interpersonal Violence, 36*(11–12), 5036–5054. https://doi.org/10.1177/0886260518797315
2. Brown, L. S. (2021). Institutional cowardice: A powerful, often invisible manifestation of institutional betrayal. *Journal of Trauma & Dissociation, 22*(3), 241–248. https://doi.org/10.1080/15299732.2020.1760166
3. Ford, J. D. (2025). Editorial: Truth is truth. *Journal of Trauma & Dissociation*, 26(3),311–313. https://doi.org/10.1080/15299732.2025.2481335
4. Gómez, J. M., & Gobin, R. L. (2024). "It will always feel worse because it comes with that added 'betrayal'": Intersectionality praxis and Black young women survivors' perspectives on cultural betrayal trauma theory. *Journal of Trauma & Dissociation, 25*(5), 656–673. https://doi.org/10.1080/15299732.2024.2383197
5. Adams-Clark, A. A., Barnes, M. L., Lind, M. N., Smidt, A., & Freyd, J. J. (2024). Institutional courage attenuates the association between institutional betrayal and trauma symptoms among campus sexual assault survivors. *Psychological Trauma: Theory, Research, Practice, and Policy.* Advance online publication. https://doi.org/10.1037/tra0001812
6. Gómez, J. M., Freyd, J. J., Delva, J., Tracy, B., Mackenzie, L. N., Ray, V., & Weathington, B. (2023). Institutional courage in action: Racism, sexual violence, and concrete institutional change. *Journal of Trauma & Dissociation, 24*(2), 157–170. https://doi.org/10.1080/15299732.2023.2167893

Timed Outline

45 minutes: Discussion of Readings 1, 2 and 3
30 minutes: Discussion of Reading 4
45 minutes: Discussion of Reading 5 and 6
30 minutes: Discussion of student's disguised cases, or further discussion of clinical applications of readings 1, 2, 3, 4, 5 and 6 if no case material available

Session Four – LGBTQ+ Discrimination
Content Level: Advanced

Session Description
This session will focus on some of the impact of special challenges, inequities and exposure to hate, victimization and trauma, faced by the members of the LGBTQ+ community, simply for being who they are. The session will explore some of the research on the associations between stressors faced by gender and sexual orientation diverse adults, and PTSD and dissociative symptoms. Following this, the focus will be on providing trauma-informed therapy to people who experience marginalization and oppression due to their gender identity or identities and/or sexual orientation(s), using treatment models that have a person-first framework, customized to their lived experiences. Trauma-informed care, especially including a deep understanding of the LGBTQ+ community within the "larger" culture, will be described and discussed, with an emphasis on affirmative practice. Meyer's "minority stress model," when applied to these stigmatized individuals with unique experiences, helps the clinician have more nuanced understanding of the impact that societal and cultural environment can have, which marginalizes and persecutes gender diverse peoples, causing increased demand for therapies that can attempt to help mitigate such detrimental and significant impact. For African American and other racially and ethnically oppressed populations, specifically youth, forming a chosen or created family, with peers and older members of the LGBTQ+ community, can be a powerful form for support and protection that provides a stable environment, hopefully leading to a more positive therapeutic outcome and improved quality of life.

Objectives: After the completion of this session, participants will be able to:
1. Explain the impact of gender minority stressors and PTSD symptoms in LGBTQ+ adults
2. Define Trauma-informed care and affirmative therapy practices with LGBTQ+ clients
3. Define and apply the “minority stress model” in the understanding and treatment of traumatized LGBTQ+ clients
4. Discuss the protective factors of “chosen and created families” at the intersection of racialized trauma and anti-LGBTQ+ oppression

Readings

1. Valentine, S. E., Gell-Levey, I. M., Godfrey, L. B., & Livingston, N. A. (2024). The associations between gender minority stressors and PTSD symptom severity among trauma-exposed transgender and gender diverse adults. *Journal of Trauma & Dissociation, 25*(4), 1–14. https://doi.org/10.1080/15299732.2023.2270032
2. Levenson, J. S., Craig, S. L., & Austin, A. (2023). Trauma-informed and affirmative mental health practices with LGBTQ+ clients. *Psychological Services, 20*(S1), 134–144. https://doi.org/10.1037/ser0000677

3. Shipherd, J. C., Berke, D., & Livingston, N. A. (2019). Trauma recovery in the transgender and gender diverse community: Extensions of the minority stress model for treatment planning. *Cognitive and Behavioral Practice, 26*(4), 629–646. https://doi.org/10.1016/j.cbpra.2018.10.004
4. Hailey, J., Burton, W., & Arscott, J. (2020). We are family: Chosen and created families as a protective factor against racialized trauma and anti-LGBTQ oppression among African American sexual and gender minority youth. *Journal of GLBT Family Studies, 16*(2), 176–191. https://doi.org/10.1080/1550428X.2019.1655510

Timed Outline
30 minutes: Discussion of Reading 1
30 minutes: Discussion of Readings 2
30 minutes: Discussion of Reading 3
30 minutes: Discussion of Reading 4
30 minutes: Discussion of Readings 1-4 as applied to disguised clinical case material

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Session Five – Racism and Colonial Oppression
Content Level: Advanced

Session Description
This session will study the traumatic impact of the history of enslavement, colonial oppression and cultural abuse as it continues to be perpetuated today in forms such as racism and group marginalization, and will follow with evidence-based best practices to address these deep wounds, at micro, mezzo and macro levels. Racism and ongoing colonial oppression is stressful and significantly traumatizing by its nature. It is not sufficient for the clinician to maintain a neutral stance toward it, she/he/they must have a broad understanding and knowledge of both the history and impact of Black, Indigenous, and People of Color (BIPOC), living in current climate of increasing race-based hatred. The clinician must have an anti-racist approach built within the foundation of their therapeutic practice and approaches, whether cognitive, psychodynamic, systems, or any other theory in the treatment of trauma and dissociation. The readings cover a variety of approaches, tied together by the underlying principle that racism and colonial oppression must be explored overtly within the framework of therapy for post-traumatic and dissociative syndromes. Further, therapists must acknowledge that their perspective arises from predominately white and colonial perspectives, and actively confront their earned and unearned privileges by developing proactive, interactive, and clinically appropriate reactive approaches for addressing trauma within an anti-racist framework.

Objectives: After the completion of this session, participants will be able to:
1. Describe and discuss the cognitive-behavioral approach, called “Healing Racial Trauma” protocol
2. Describe and discuss the “Keeping Racial Healing in Mind Therapeutic Approach” theoretical and practical framework when working with BIPOC clients

3. Discuss and explore how the understanding of trauma through the eyes of the white-dominant therapeutic collective, must be rejected in favor of a holistic therapeutic response to trauma within a racialized context and develop approaches that address racialized trauma to support relationships that promote healing
4. Discuss the need to move from understanding trauma as a solely individual experience to include the traumatizing social policies that continue to feed racism and colonial oppression, and how that impacts violence toward indigenous women

Readings

1. Williams, M. T., Holmes, S., Zare, M., Haeny, A., & Faber, S. (2023). An evidence-based approach for treating stress and trauma due to racism. *Cognitive and Behavioral Practice, 30*(4), 565–588. https://doi.org/10.1016/j.cbpra.2022.06.003
2. Adames, H. Y., Chavez-Dueñas, N. Y., Lewis, J. A., Neville, H. A., French, B. H., Chen, G. A., & Mosley, D. V. (2023). Radical healing in psychotherapy: Addressing the wounds of racism-related stress and trauma. *Psychotherapy, 60*(1), 39–50. https://doi.org/10.1037/pst0000477
3. Alvarez, A. J., & Farinde-Wu, A. (2022). Advancing a holistic trauma framework for collective healing from colonial abuses. *AERA Open, 8*, 23328584221083973. https://doi.org/10.1177/23328584221083973
4. Asher BlackDeer, A. (2023). Violence, trauma, and colonialism: A structural approach to understanding the policy landscape of Indigenous reproductive justice. *Journal of Trauma & Dissociation, 24*(4), 453–470. https://doi.org/10.1080/15299732.2023.2173730

Timed Outline

30 minutes: Discussion of Reading 1
30 minutes: Discussion of Reading 2
30 minutes: Discussion of Reading 3
30 minutes: Discussion of Reading 4
30 minutes: Discussion of Readings 1-4, as applied to disguised clinical case material

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Session Six - Shame and Moral Injury and Their Roles in Complex Trauma and Dissociative Disorders

Content Level: Advanced

Session Description

This session will explore the intertwined roles of shame and moral injury in trauma, dissociation, and clinical treatment. Shame is a core aftereffect of traumatic experiences, often internalized as a way to manage overwhelming emotions such as humiliation and rage. Meanwhile, moral injury arises when individuals perceive themselves as having violated their own moral code when they are betrayed. Both shame and moral injury can lead to profound psychological suffering and dissociative symptoms, complicating treatment for trauma survivors. Participants will review key research on how shame and moral injury manifest in

clinical populations. The session will emphasize the importance of integrating shame-sensitive and moral injury–informed practices into trauma treatment

Objectives: After the completion of this session, participants will be able to:

1. Define and discuss the role of shame in the aftermath of trauma, including its connection to dissociation.
2. Explain the concept of moral injury and how it contributes to psychological distress and dissociation.
3. Differentiate between moral injury exposure (MIE) and moral injury distress (MID) and understand their clinical relevance.
4. Apply shame-sensitive and moral injury–informed approaches to disguised clinical case material

Readings

1. Dorahy, M. J. (2017). Shame as a compromise for humiliation and rage in the internal representation of abuse by loved ones: Processes, motivations, and the role of dissociation. *Journal of Trauma & Dissociation, 18*(3), 383–396. https://doi.org/10.1080/15299732.2016.1241850
2. Lathan, E. C., Sheikh, I. S., Guelfo, A., Choucair, K. C., Fulton, T., Julian, J., & Fani, N. (2023). Moral injury appraisals and dissociation: Associations in a sample of trauma-exposed community members. *Journal of Trauma & Dissociation, 24*(5), 692–711. https://doi.org/10.1080/15299732.2023.2182337
3. Park, S., Thrul, J., Cooney, E. E., Atkins, K., Kalb, L. G., Closser, S., & Veenema, T. G. (2023). Betrayal-based moral injury and mental health problems among healthcare and hospital workers serving COVID-19 patients. *Journal of Trauma & Dissociation, 25*(2), 202–217. https://doi.org/10.1080/15299732.2023.2189042
4. Theisen-Womersley, H. (2022). Beyond a trauma-informed approach and towards shame-sensitive practice. *Humanities and Social Sciences Communications, 9*(1), 1–11. https://doi.org/10.1057/s41599-022-01322-7

Timed Outline
30 minutes: Discussion of Reading 1
30 minutes: Discussion of Reading 4
30 minutes: Discussion of Reading 2
30 minutes: Discussion of Reading 3
30 minutes: Discussion of Readings 1-4, as applied to disguised clinical case material

Session Seven – Trauma, Dissociation and Addiction: The Interplay of Eating Disorders and Substance Abuse
Content Level: Advanced

Session Description
This session explores how trauma and dissociation intersect with eating disorders and with substance use disorders. We will examine how dissociation can manifest as a survival strategy in the context of unresolved trauma and how this adaptive process can evolve into complex clinical presentations involving eating disorders and/or addiction. Participants will learn how betrayal trauma, attachment ruptures, and systemic oppression contribute to dissociative adaptations and how these adaptations manifest in clinical symptoms such as food addiction and substance abuse. The session integrates research with clinical applications, emphasizing the need for trauma-informed, dissociation-aware approaches in treating individuals with eating disorders and addictions.

Objectives: After the completion of this session, participants will be able to:

1. Define and discuss how dissociation functions as a trauma-related coping mechanism in both eating disorders and substance use disorders
2. Identify the role of dissociative compartmentalization in the development and maintenance of eating disorders and food addiction
3. Discuss the principles of treatment in addictions and eating disorders, in dissociative clients
4. Apply the research findings to clinical assessment and treatment planning

Readings

1. Day, S., Hay, P., Basten, C., Byrne, S., Dearden, A., Goldstein, M., & Mitchison, D. (2024). Posttraumatic stress disorder (PTSD) and complex PTSD in eating disorder treatment seekers: Prevalence and associations with symptom severity. *Journal of Traumatic Stress, 37*(4), 672–684. https://doi.org/10.1002/jts.23010
2. Carbone, G. A., De Rossi, E., Prevete, E., Tarsitani, L., Corazza, O., Massullo, C., & Bersani, F. S. (2023). Dissociative experiences of compartmentalization are associated with food addiction symptoms: Results from a cross-sectional report. *Eating and Weight Disorders – Studies on Anorexia, Bulimia and Obesity, 28*(1), 28. https://doi.org/10.1007/s40519-022-01496-0
3. Brewerton, T. D. (2023). The integrated treatment of eating disorders, posttraumatic stress disorder, and psychiatric comorbidity: A commentary on the evolution of principles and guidelines. *Frontiers in Psychiatry, 14,* 1149433. https://doi.org/10.3389/fpsyt.2023.1149433
4. Baudin, G., Barrault, S., El Ayoubi, H., Kazour, F., Ballon, N., Mauge, D., & … (2022). Childhood trauma and dissociation correlates in alcohol use disorder: A cross-sectional study in a sample of 587 French subjects hospitalized in a rehabilitation center. *Brain Sciences, 12*(11), 160. https://doi.org/10.3390/brainsci12111460

5. Mildrum Chana, S., Wolford-Clevenger, C., Faust, A., & Hemberg, J. (2021). Associations among betrayal trauma, dissociative posttraumatic stress symptoms, and substance use among women involved in the criminal legal system in three US cities. *Drug and Alcohol Dependence, 225,* 108924. https://doi.org/10.1016/j.drugalcdep.2021.108924

Timed Outline
25 minutes: Discussion of Reading 1
35 minutes: Discussion of Reading 2 and 3
30 minutes: Discussion of Reading 5
30 minutes: Discussion of Reading 4
30 minutes: Discussion of Readings 1-5, as applied to disguised clinical case material

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Session Eight - Sexual Victimization of Men and Boys and Its Outcomes
Content Level: Advanced

Session description
Despite the growing awareness of the sexual abuse and sexual assaults of boys and men, there continues to be a lack understanding of the impact of these violations, which are often minimized, denied or overlooked. In this session, we will explore the impact of male-to-male sexual assault on the survivor, in terms of gender narrative, coping with the abuse, sexual identity and masculinity, and reporting to police. How do self-conscious emotions (shame, guilt, embarrassment) impact mental health in male survivors? What sorts of interventions and responses were found to be helpful to a group of male survivors? Given that men are less likely to report a history of childhood sexual abuse, sometimes not even recognizing their experiences as abuse, it is necessary to gear interventions specifically to boys and men, with mental health professionals being sensitive to issues of gender and sexual identity.

Objectives: After the completion of this session, participants will be able to:
1. Identify four themes that emerge as outcomes of the experiences of sexual abuse and/or assault on men, by men
2. Discuss the experiences of the self-conscious emotions after childhood sexual abuse of boys and three phenomenological/existential themes that emerge for male survivors
3. Explain the perceptions of helpful responses during disclosure of male survivors of childhood abuse
4. Discuss the literature on male sexual abuse survivors, and the need for interventions keyed to their specific gender-sensitive experiences

Readings

1. Widanaralalage, B. K., Hine, B. A., Murphy, A. D., & Murji, K. (2022). “I didn’t feel I was a victim”: A phenomenological analysis of the experiences of male-on-male survivors of rape and sexual abuse. *Victims & Offenders, 17*(8), 1147–1172. https://doi.org/10.1080/15564886.2022.2046839
2. Drewitt-Smith, L., & Marczak, M. (2023). Men’s experiences of self-conscious emotions following childhood sexual abuse. *Journal of Child Sexual Abuse, 32*(6), 674–693. https://doi.org/10.1080/10538712.2023.2210627
3. Easton, S. D., & Parchment, T. M. (2021). “The whole wall fell apart, and I felt free for the first time”: Men’s perceptions of helpful responses during discussion of child sexual abuse. *Child Abuse & Neglect, 112,* 104922. https://doi.org/10.1016/j.chiabu.2020.104922
4. O’Gorman, K., Pilkington, V., Seidler, Z., Oliffe, J. L., Peters, W., Bendall, S., & Rice, S. M. (2024). Childhood sexual abuse in boys and men: The case for gender-sensitive interventions. *Psychological Trauma: Theory, Research, Practice, and Policy, 16*(Suppl. 1), S181–S189. https://doi.org/10.1037/tra0001605

Timed Outline

30 minutes: Discussion of Reading 1
30 minutes: Discussion of Reading 2
30 minutes: Discussion of Reading 3
30 minutes: Discussion of Reading 4
30 minutes: Discussion of Readings 1-4 as applied to disguised clinical case material

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Session Nine - Suicidality and Non-suicidal Self-injury (NSSI)
Content Level: Advanced

Session Description

In this session, we will explore the impact of trauma and dissociation on suicide and non-suicidal self-injury. What are the interrelationships of depression and dissociative symptoms, with childhood abuse experiences, in suicidal ideation and suicide attempts, and what can clinicians explore to mitigate suicidal behaviors? We will explore both the research and practical approaches in the area of suicide in dissociative clients. Many, if not most, highly dissociative abuse survivors also engage in some sort of self-injury, whether it is burning, cutting, hair pulling, interfering with wound healing, swallowing dangerous substances. Clinicians are faced with clients who may have been engaging in such acts for decades. What are the functions of these sorts of self-injurious behaviors in clients with complex trauma and dissociative disorders? We will further explore the relationship of childhood abuse and self-injury and the mediating factors or dissociation, alexithymia, internalizing and posttraumatic symptoms. Finally, we will discuss the roles of attachment and mentalization, in relation to childhood abuse, self-injury and suicidality.

Objectives: After the completion of this session, participants will be able to:

1. Discuss differences between suicidal ideation and suicide attempts and the impact of depression and dissociation, in those who suffered childhood abuse, and some ways to work with suicidal dissociative clients
2. Describe the characteristics and methods of non-suicidal self-injury (NSSI) and their functions in dissociative clients
3. Discuss the roles of alexithymia, dissociation, internalizing and posttraumatic symptoms in relation to childhood abuse and NSSI
4. Explain and explore the role of attachment and mentalizing in relation to childhood abuse, NSSI and suicidality

Readings

1. Bertule, M., Sebre, S. B., & Kolesovs, A. (2021). Childhood abuse experiences, depression and dissociation symptoms in relation to suicide attempts and suicidal ideation. *Journal of Trauma & Dissociation*, *22*(5), 598-614.
2. Nester, M. S., Pierorazio, N. A., Shandler, G., & Brand, B. L. (2023). Characteristics, Methods, and Functions of Non-Suicidal Self-Injury Among Highly Dissociative Individuals. *Journal of Trauma & Dissociation*, *24*(3), 333–347.
3. Vatanparast, A., Shakiba, S., Momeni, F., & Kamrani, A. (2024). The relationship between childhood maltreatment and self-harm: The mediating roles of alexithymia, dissociation, internalizing and posttraumatic symptoms. *European journal of psychotraumatology*, *15*(1), 2378642.
4. Stagaki, M., Nolte, T., Feigenbaum, J., King-Casas, B., Lohrenz, T., Fonagy, P., ... & Personality and Mood Disorder Research Consortium. (2022). The mediating role of attachment and mentalising in the relationship between childhood maltreatment, self-harm and suicidality. *Child Abuse & Neglect*, *128*, 105576.

Webinar

Danylchuk, L. (2022,). 'Not Safe, Not Stable' - Suicidality and Self Harm in Clients with Complex PTSD and Dissociation. ISSTD Webinar. (To be watched on student's own time before the session)

Timed Outline

45 minutes: Discussion of Reading 1 and Webinar
45 minutes: Discussion of Reading 2 and 3
30 minutes: Discussion of Reading 4
30 minutes: Discussion of student's disguised cases, or further discussion of readings or webinar if no case material available.

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