Dissociative symptoms of PTSD: Assessment and treatment implications

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Learning Objectives

- Describe the dissociative symptoms of PTSD
- Differentiate dissociative symptoms and subtype
- Discuss assessment considerations
- Identify treatment strategies and considerations
Defining Dissociation

“Partial or complete loss of the normal integration between memories of the past, awareness of identity and immediate sensations, and control of bodily movements” - ICD-10

World Health Organization, 1991
Dissociation in Psychopathology

- Dissociative Disorders
- Trauma-related Disorders
- Psychotic Disorders

Spitzer, Barnow, Freyberger, & Grabe, 2006
# PTSD Symptoms

- **Intrusion**
  - Intrusive memories
  - Nightmares
  - Dissociative reactions (e.g., flashback)
  - Upset at reminders
  - Physical reactions to cues

- **Avoidance**
  - Avoids memories, thoughts, feelings
  - Avoids external reminders

- **Negative Cognitions & Mood**
  - Inability to recall
  - Exaggerated negative belief about oneself, others, or world
  - Distorted blame
  - Negative emotional state
  - Detached/distant
  - Inability to experience positive emotions

- **Arousal**
  - Difficulty falling/staying asleep
  - Irritability or anger
  - Difficulty concentrating
  - Hypervigilance
  - Exaggerated startle response
  - Reckless or self-destructive behavior

American Psychiatric Association, 2013
Dissociative and Intrusion

- **DSM Criterion B Symptoms**
  - Dissociative reactions in which the individual feels or acts as if the traumatic event(s) were recurring.
  - Typically manifest as flashbacks
  - Occur on a continuum

American Psychiatric Association, 2013
Dissociative Specifier

- **Depersonalization** - persistent or recurrent experiences of feeling detached from oneself, as if one were an outside observer.

- **Derealization** - persistent or recurrent experiences of unreality of surroundings (e.g., the world is experienced as unreal, dreamlike, distant or distorted).

American Psychiatric Association, 2013
Dissociative Specifier

According to the National Center for PTSD, patients with the dissociative subtype of PTSD showed:
- Repeated traumatization and early adverse experiences
- Increased psychiatric comorbidity
- Increased functional impairment
- Increased suicidality
Differentiating Dissociation

Dissociative Symptoms
- Re-experiencing
- Flashbacks
- Undermodulation of emotion

Dissociative Subtype
- Depersonalization
- Derealization
- Overmodulation of emotion

Lanius et al., 2010
Assessment Considerations
Assessment Tools

- Interviews
  - Clinician Administered PTSD Scale-5 (CAPS-5)
  - Structured Clinical Interview for DSM-IV® Dissociative Disorders (SCID-D-R)

- Self-Report
  - PTSD Checklist for DSM-5 (PCL)
  - Dissociative Experiences Scale (DES)
  - Multiscale Dissociation Inventory (MDI)
Clinical Questions

- **Flashbacks**
  - “Do you ever feel like the [trauma] is still happening to you?”
  - “Do you ever hear the sound of the [gunshot, accident, other trauma]?”

- **Depersonalization**
  - “Do you ever feel like you are outside your body?”
  - “Do you ever feel like you are watching things that happen to you from outside yourself?”

- **Derealization**
  - “Do you ever feel like you are living in a dream or movie?”
  - “Do you ever feel like people and things around you are not real?”

Briere & Scott, 2014
PTSD vs. Psychotic Symptoms

Flashbacks
- Not interactive or bizarre
- Context of trigger
- Content-trauma related

Hallucinations
- Interactive and/or bizarre
- Not trauma-related

Briere & Scott, 2014; American Psychiatric Association, 2013
PTSD vs. Dissociative Disorders

Dissociative Symptoms + Trauma Exposure = Comorbid Disorders

Trauma Exposure + Dissociative Symptoms = PTSD with dissociative subtype
Treatment Considerations
Grounding Techniques

Mental
- Describe the environment
- Imagine doing something in depth
- Counting, saying the alphabet, categories

Physical
- Touching things around you
- Use of cool or warm items
- Grounding feet into the floor

Soothing
- Favorite things
- Visualizing safe place
- Coping statement

Najavits, 2002
Treatment Considerations

- General therapeutic considerations
  - Inability to engage in the treatment process
  - Difficulty building rapport

- Exposure based treatments
  - Impeded fear activation
  - Higher dissociative symptoms lead to worse treatment outcomes (Resick et al., 2012)
  - Dissociation did not predict poorer treatment response (Hagenaars, van Minnen, & Googduin, n.d.)

- Emotion regulation treatments
  - Recent studies have examined sequenced treatments that first focus on emotion regulation skills (Cloitre et al., 2012)
  - Skill Training in Affect and Interpersonal Regulation (STAIR)
Conclusion

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Questions
References


Photo References

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