

Working with Dissociative Disorders in Clinical Practice

online training



by Carolyn Spring



Session Summaries | Reflection Questions | References | Notes

Session summary – what will you learn?

- Exploring trauma as an adaptation to life-threatening powerlessness rather than merely a distressing event
- Exploring the concept of trauma 'concealing itself from awareness'
- Exploring the likelihood that many trauma clients may be 'dissociative for being dissociative'
- Exploring especially self-derogatory explanatory frameworks to explain symptoms and struggles
- Exploring the impact of replacing these frameworks with trauma-informed ones
- Exploring the fundamental expectations of many dissociative clients of the therapeutic process, including the potential need to 'tell their story' or the passive desire for rescue
- Exploring the role of the therapist's belief in the client to facilitate recovery
- Exploring the need for a therapeutic focus on root causes (trauma) rather than symptoms (multiplicity)

Reflection Questions

1. What do you think is the purpose of the therapy you offer? As a listening ear? As brain surgery? How would you describe it?
2. When you think of someone with DID, what do you think the key issues to resolve will be?
3. In what way is a dissociative disorder an 'adaptation to a threatening environment'?

Overall Learning Reflection from this session

Session summary – what will you learn?

- Exploring therapists' drive for quick-fix tips and techniques
- Exploring the alternative offer of an overarching framework to guide the therapeutic work
- Understanding dissociative identity disorder as an adaptation to trauma rather than as 'mental illness'
- Exploring the difference between a focus on integrating 'parts' (fused or resolved multiplicity) versus integrating 'the trauma' (processing unresolved experiences)
- An introduction to a trauma resolution pathway involving recovery (re-regulation) and integration (processing)
- Exploring the voyeurism often evoked by a dissociative presentation, especially when detached from its causes

Reflection Questions

1. Do you think you need to be an expert to work with dissociative disorders?
2. Are you naturally more confident in your toolkit (your felt-tips) or in your knowledge of the big picture?
3. Is your focus naturally on the 'cough' or the 'infection'?

Overall Learning Reflection from this session

Session 3 – How does trauma lead to a dissociative disorder?

Session summary – what will you learn?

- Exploring trauma not as a distressing event but as a neurobiological adaptation to danger
- Understanding humans' evolved sequence of response to threat, including perspectives from polyvagal theory and a 'window of tolerance'
- Understanding each of the stages in the 'sequence of defensive responses and recovery' and how trauma truncates the sequence and therefore becomes 'stuck'
- Exploring the neurobiological meaning and reality of 'being traumatised'
- Understanding how dissociative disorders develop within this context with reference to the theory of structural dissociation

Reflection Questions

1. Can you see a difference between 'a traumatic event' and being traumatised? What implications does this have for your work?
2. Thinking either about yourself or your clients, when faced with stress or challenges, do you tend to go into 'amber' or 'red'? How do you know – what are the signs of that?
3. "We focus on integrating the trauma, not the parts" – how might this change your approach to recovery?

Overall Learning Reflection from this session

Session summary – what will you learn?

- Considering some of the demands placed upon a counsellor/therapist when working with dissociative disorders
- Exploring the need for self-care and self-management when working with dissociative clients and how to implement this, in particular around boundaries and contracting

Reflection Questions

1. What do you think qualifies you (or disqualifies you) to do this work?
2. What are your self-care practices and where is your sense of self grounded?
3. What do YOU need to do this work successfully?

Overall Learning Reflection from this session

Session summary – what will you learn?

- Exploring Stephen Porges' concept of 'neuroception' and trauma survivors' struggle to feel safe
- Exploring how to address the neurobiological aspects of feeling safe for a client in a therapy context
- Understanding the necessity of the therapist being able to self-regulate into the green zone (ventral vagal circuit) in order to co-regulate the client

Reflection Questions

1. Have you struggled to help clients 'feel safe' even though they are actually safe in the therapy room with you?
2. What strategies have you developed to bring clients back into the green zone?
3. What physical strategies do you have to soothe yourself when you are feeling anxious or unsafe?

Overall Learning Reflection from this session

Session 6 – How to relate to parts

Session summary – what will you learn?

- Exploring three different points on a spectrum of responses to dissociative parts of the personality (denial, acceptance and reification) and their developmental genesis
- Exploring the acceptance of the client's phenomenological experience of parts without either denying or reifying
- Examining dissociative clients' range of experience of having parts and mapping this to a developmental metaphor

Reflection Questions

1. In what ways do you deny the reality of your client's parts?
2. In what ways do you reify your client's parts (make them more real than they are?)
3. In what ways can you affirm your client's current multiplicity whilst leading them towards a life after trauma?

Overall Learning Reflection from this session

Session summary – what will you learn?

- Exploring the way in which a trauma narrative can re-trigger rather than resolve traumatic responses
- Understanding the need for the front brain to be online during the integration stage
- Understanding the value and challenges of developing and exploring a trauma narrative
- Understanding the difference between front brain (higher cognitive) processing strategies and back brain (lower cognitive) processing strategies and how these arise and manifest as a result of trauma
- Exploring how to encourage clients towards higher processing strategies and away from lower processing strategies

Reflection Questions

Take a look at the table on the next page around higher and lower processing. How does this play out in your own life and in the lives of your clients?

Overall Learning Reflection from this session

Lower Processing (via back brain)	Higher Processing (via front brain)
Jumping to conclusions	Assessing all the data and making a decision
Fixed and rigid thinking (I know I'm right)	Adaptive and flexible thinking (curiosity and reflection)
Generalisations (all men hurt me)	Contextualisation (this man hurt me; others do not)
Catastrophising (assuming danger)	Assessing risk realistically
Despair and helplessness	Imagination for a different future and strategies for achieving it
Personalisation (everything is my fault)	Mentalising others' intentions
Magnification (making a mountain out of a molehill) or minimisation (denial)	Maintaining perspective
Mindreading (thinking we know what others are thinking)	Knowing the limitations of our predictions about other people
Persistent core beliefs of blame, shame, badness etc	Updating core beliefs to be realistic and helpful
Psychic equivalence (I feel bad so I am bad)	Mindsight (I am having a feeling of badness but that doesn't make me bad)
Pretend mode (If I believe it, it's true, e.g. fantasy and role play as reality)	Intact reality testing with self-aware escapism
Paranoia (everyone is out to hurt me) — overinterpretation of danger cues	Balance of safety and risk in relationships — accurate interpretation of danger cues

Session summary – what will you learn?

- Exploring some of the roadblocks and pitfalls in working with dissociative clients in a therapeutic context
 - Difficulties holding the therapeutic frame
 - Handling conflicting survival strategies
 - Disorganised attachment
 - Attempts to feel safety via control rather than neuroception
- Exploring how to develop consensus amongst parts of the personality and conflicting survival strategies
- Exploring how to help the client commit to alternative strategies for life other than dissociation
- Exploring the role of self-compassion
- Exploring how to work to overcome powerlessness and learned helplessness

Reflection Questions

1. How can you help your client to identify and resolve the conflicts between the various parts of their personality?

2. How can you affirm the reality and necessity of your client's multiplicity without encouraging them to be a victim of it?

3. How can you manage the inherent sense of powerlessness of a dissociative client, and instead empower them?

Overall Learning Reflection from this session

Session summary – what will you learn?

- Further exploring roadblocks and pitfalls
- Exploring how the therapist can manage feeling overwhelmed
- Exploring the ways in which traumatic material can be evoked, enacted and embodied
- Exploring the balance of responsibility within the therapeutic dyad
- Exploring how to work safely with self-harm and suicidal ideation
- Exploring how to work with stuckness
- Exploring the concept of shame as a best attempt at survival
- Exploring the concept of recovery and a post-trauma identity that is not based in structural dissociation

Overall Learning Reflection from this session and the course overall

SESSION 3

The theory of structural dissociation: *The Haunted Self: Structural Dissociation in the Treatment of Chronic Traumatization* by Onno van der Hart, Ellert R S Nijenhuis and Kathy Steele: <https://amzn.to/33rKRlq>

SESSION 5

The Body Keeps the Score: Mind, Brain and Body in the Transformation of Trauma by Bessel van der Kolk: <https://amzn.to/3f49bMk>

The Polyvagal Theory: Neurophysiological Foundations of Emotions, Attachment, Communication, and Self-Regulation by Stephen Porges: <https://amzn.to/3eZvjaj>

The Pocket Guide to the Polyvagal Theory: The Transformative Power of Feeling Safe by Stephen Porges: <https://amzn.to/2PV4Xl2>

The Polyvagal Theory in Therapy: Engaging the Rhythm of Regulation by Deb Dana: <https://amzn.to/3vU3LdT>

Clinical Applications of the Polyvagal Theory: The Emergence of Polyvagal-Informed Therapies by Stephen Porges & Deb Dana (editors): <https://amzn.to/3utO7W3>

Notes

Info and links

‘Working with Dissociative Disorders in Clinical Practice’ online training by Carolyn Spring

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