



 **Personal Transformation**
I n s t i t u t e



 **Deciphering Dissociation:
Understanding Screening and the
Answer for Dissociation**

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- ▶ Participants will be able to understand how dissociation is an answer
- ▶ Participants will be able to describe the different types of dissociation
- ▶ Participants will understand how to administer and interpret the DES as a screening tool for dissociation
- ▶ Participants will understand how to use results of DES to inform EMDR treatment

- ▶ Should ALWAYS be done as part of the Phase 1 process
- ▶ Why?
- ▶ What happens if screening is not done?
- ▶ Dissociation does not mean DID!!!!

- ▶ Answer= way a person learned to stay safe or attached
- ▶ Dissociation= Way a person maintains a feeling of safety or attachment

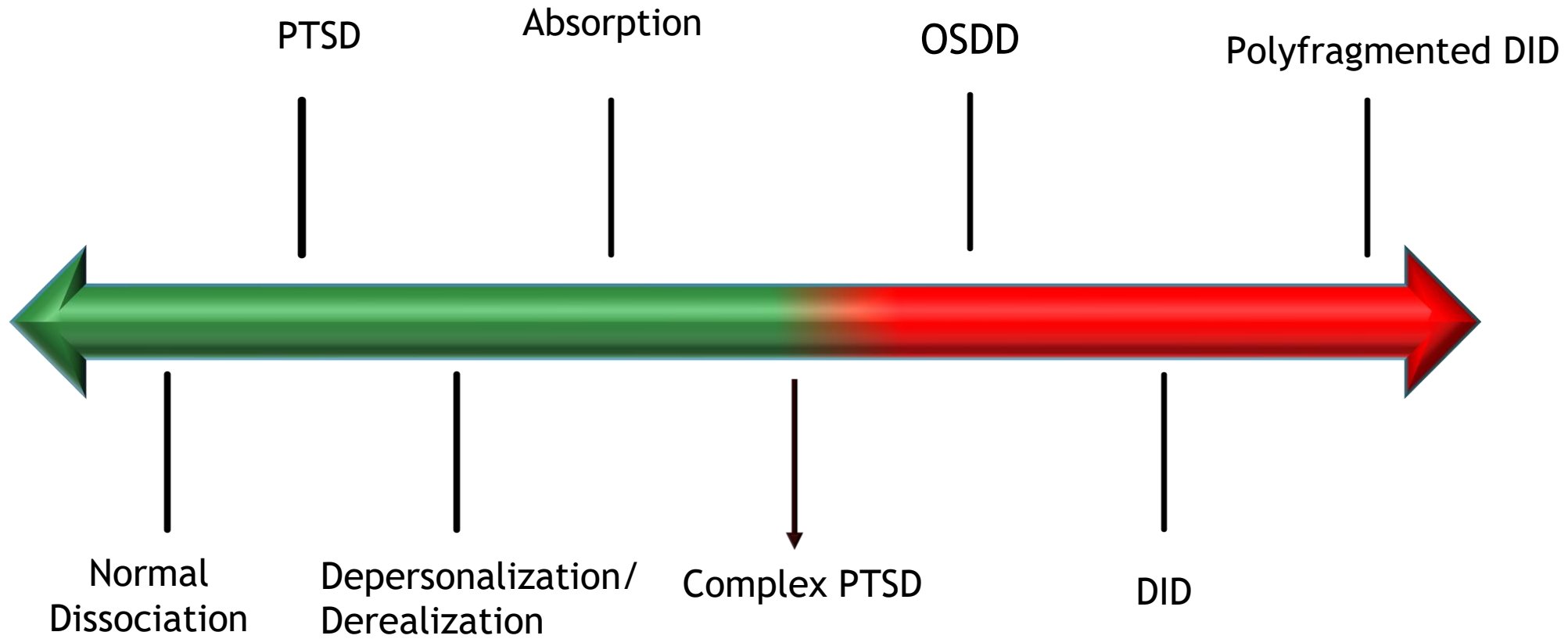
- ▶ FFF= Survival Response
- ▶ Dissociation is the freeze end of this response
- ▶ Escape when there is no escape
- ▶ Freeze Response:
 - ▶ Frozen and numb
 - ▶ Run by endocannabinoid and opioid system in brain so it will literally provide pain relief
 - ▶ Out of body experiences
 - ▶ Into body experiences

- ▶ Mammals are born to attach; it is a primary survival drive
- ▶ Attachment conflict= Primary caregiver is also threatening
- ▶ How to manage= Dissociation
- ▶ Overdeveloped Ability to live inside one's head
 - ▶ Person will escape through more into mind experiences
 - ▶ Can develop a whole world inside their head where the bad stuff is not happening
 - ▶ Can pretend it is happening to “someone else” and not them
 - ▶ Develop split mind abilities

- ▶ Two ways dissociation can present:
 - ▶ Dissociation as a part of a memory
 - ▶ This is the “answer” they used at the time
 - ▶ Use Answer Interweaves to weave it into the processing
 - ▶ Say ”I wonder if that is what happened at the time?”
 - ▶ Dissociation as the one of the main ways they cope with life/pain
 - ▶ Their ongoing answer for maintaining a feeling of safety in present day life
 - ▶ We need to know if it is this type because DAS/BLS seems to override or accelerate the normal dissociative coping mechanism
 - ▶ Can result in person being bombarded with too many memories, somatic responses or internal chatter
 - ▶ Once the jack is out of the box it is hard to put it back in!!!!
 - ▶ Can also result in person becoming too immersed in the past and going into a intense flashback or “switching to another part.”

- ▶ More Safety or Attachment Threat= More dissociation
- ▶ Dissociation then becomes a habituated response to threat
- ▶ How do you know when it is problematic for EMDR?
 - ▶ **SCREENING!!!!**
 - ▶ Understanding the continuum of dissociation

- ▶ Dissociation is on a continuum and the further down the continuum a person is the more you should extend Phase 2 before moving into Phase 3-6



- ▶ Any questions so far???
- ▶ Please limit to content questions right now. I will take case questions at the end if there is enough time.

- ▶ Dissociative Experiences Scale is the recommended method for screening for dissociation
- ▶ This is a screening tool not an assessment tool
- ▶ When interpreting it:
 - ▶ need the overall score
 - ▶ you need to know what type of dissociation each question is screening for in order to effectively inform EMDR treatment

- ▶ Self-Administered in Phase 1 of EMDR Therapy
- ▶ 28 Questions
- ▶ 0%-100% answers
- ▶ Score it by getting an average of all the answers
- ▶ Can use this excel sheet to score easily (available in your training portal)
 - ▶ Will give you two answers
 - ▶ Overall score
 - ▶ DES-T Score- 8 Questions that are screening specifically for dissociative disorders further down the continuum

- ▶ 0-15= Normal Dissociation
- ▶ 15-20= Slightly above normal
- ▶ 20-30= Elevated: Possible PTSD or OSDD
- ▶ 30-40: Definitely Elevated: Possible DID
- ▶ 40 or higher= High: Increased Likelihood of DID

- ▶ 8 Questions that highlight symptoms a person who has learned to cope through dissociation might endorse
- ▶ Questions #: 3, 5, 7, 8, 12, 13, 22, 27
- ▶ To determine the score of this taxon you get an average of these 8 answers
- ▶ Anything above a 20 is usually indicative of a person using dissociation as an ongoing coping mechanism
- ▶ Above 20 means:
 - ▶ Conduct a thorough assessment for dissociation
 - ▶ I recommend the MID
 - ▶ **WILL NEED A LONGER PHASE 2 PROCESS**
 - ▶ **DO NOT PROCEED WITH PHASE 3-6 UNTIL YOU UNDERSTAND THE LEVEL OF DISSOCIATION**
 - ▶ **WILL PROBABLY NEED SOME EGO STATE THERAPY TO SUPPLEMENT EMDR**

- ▶ When scoring DES; you want to know three things:
 - ▶ Overall Score
 - ▶ DES-T Score
 - ▶ What they scored high on and what that means in terms of their specific dissociative presentation
- ▶ You now have more understanding of the first two
- ▶ Let's dive into this last one now!!!

- ▶ Some people have the experience of:
 - ▶ #1- Driving or riding in a car, bus or subway and suddenly realizing that they don't remember what has happened during all or part of the trip
 - ▶ #17- When they are watching television or a movie they become so absorbed in the story that they are unaware of other events happening around them

- ▶ #14- Remembering the past event so vividly that they feel as if they were reliving that event

- ▶ #7- Feeling as though they are standing next to themselves or watching themselves do something and they actually see themselves as if they were looking at another person
- ▶ #11- Looking in the mirror and not recognizing themselves (could also be indicative of DID)
- ▶ #13- Feeling that their body does not seem to belong to them

- ▶ #12- Feeling that other people, objects and the world around them are not real
- ▶ #16- Being in a familiar place but finding it strange and unfamiliar
- ▶ #28- Looking at the world through a fog, so that people and objects appear far away and unclear

- ▶ #1-Riding in Car- Abnormally high on this one (60%)
- ▶ #2- Listening to someone talk and they suddenly realize they did not hear part or all of what was said
- ▶ #15- Not being sure whether the things they remember happening really did happen or whether or not they just dreamed them
- ▶ #17- Television- Abnormally high on this one (60%)
- ▶ #18- Become so involved in a fantasy or daydream that it feels as though it were really happening to them *****
- ▶ #20- Sit staring off into space and not aware of the passage of time
- ▶ #24- Find they cannot remember whether they have done something or have just thought about doing that thing (for example: not knowing if they have just mailed a letter or have just thought about mailing it)
- ▶ #10- Accused of lying when they do not think they have lied

- ▶ ALL OF THE ABSORPTION QUESTIONS SCREEN FOR OSDD PLUS THE FOLLOWING:
- ▶ #9- No memory of some important events in their lives (for example: wedding or graduation)- COULD ALSO POINT TO DID
- ▶ #21- When they are alone they talk out loud to themselves
- ▶ #23- Certain situations they are able to do things with amazing ease and spontaneity that would usually be difficult for them (for example: sports, work, social situations, etc)
- ▶ #27- They hear voices inside their head that tell them to do things or comment on things that they are doing *****

- ▶ Hallmark of this disorder is LOSS OF TIME/AMNESIA during daily functioning
- ▶ #3- Finding themselves in a place and have no idea how they got there
- ▶ #4- Dressed in clothes that they don't remember putting on
- ▶ #5- Finding new things amongst their belongings that they do not remember buying
- ▶ #6- Approached by people they don't know who call them by another name or insist that they have met before
- ▶ #8- Sometimes do not recognize friends and family members
- ▶ #19- Able to ignore pain
- ▶ #22- Act so differently in one situation compared to another situation that they feel almost as if they were two different people
- ▶ #25- Find evidence amongst their belongings that they do not remember doing
- ▶ #26- Find drawings, writings or notes amongst their belongings that they must have done but cannot remember doing

What do you do with DES once scored and interpreted??

- ▶ Use it to understand client's answer, to inform treatment and to educate the client
- ▶ Understanding client's answer
 - ▶ Questions they score high on go back and ask more specific follow-up questions
 - ▶ Can just say "On question #9 you answered 60% of the time. Can you describe how this happens for you?"
 - ▶ Information will negate assumption which is a therapy killer
- ▶ Inform treatment
 - ▶ If they are on the far right end of the continuum you will need a longer Phase 2 process
 - ▶ What area of dissociation they score high in will help you understand what they are over and underdeveloped in and what they need in terms of resourcing

- ▶ Most clients who cope through dissociation don't know that is what they are doing and need education
- ▶ Education is important because:
 - ▶ Creates a shared language
 - ▶ Client becomes an ally in identifying when they are dissociating
 - ▶ Increases client awareness
 - ▶ Awareness is always the first step to healing