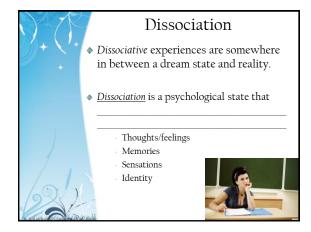
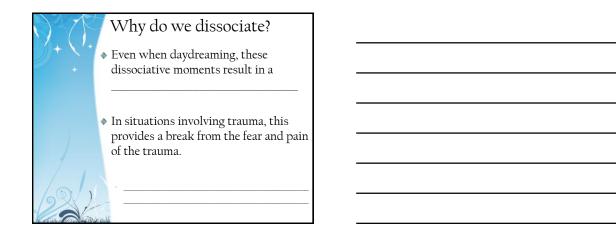


Class Objectives Number of What are Dissociative Disorders? What is Dissociative Identity Disorder (DID)? What are the features of DID? What is the etiology of DID? How can DID be treated?

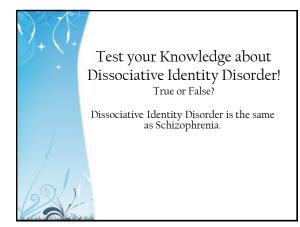


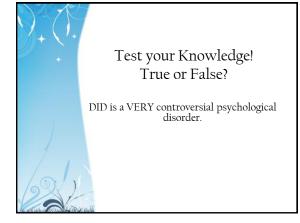




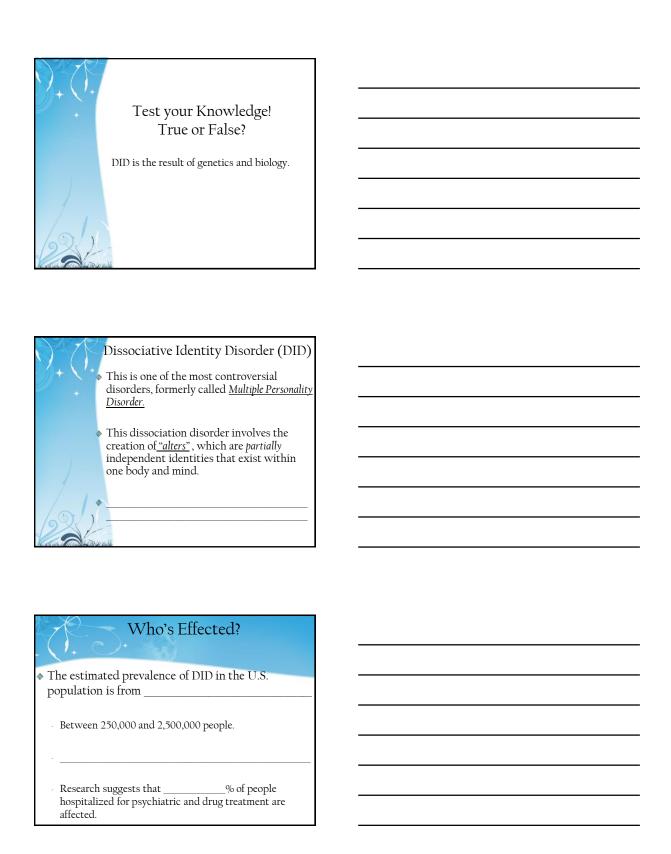


Two Types of Dissociative experiences:	
)+ (,-	
 If you have an episode of <u>Depersonalization</u>, your perception becomes altered so that you 	
The person feels like an observer of his life and may actually feel as if he were watching a movie.	
♦ During an episode of <u>Derealization</u>	
 This refers to experiencing familiar persons and surroundings as if they 	
were strange or unreal. Things may seem to change shape or size, people may seem dead or	-
mechanical.	
I can't remember	
What if we can't remember who we are or how we got to a certain place??	
(non-alcohol-related!)	
*	
information, usually of a traumatic or	
stressful nature.	

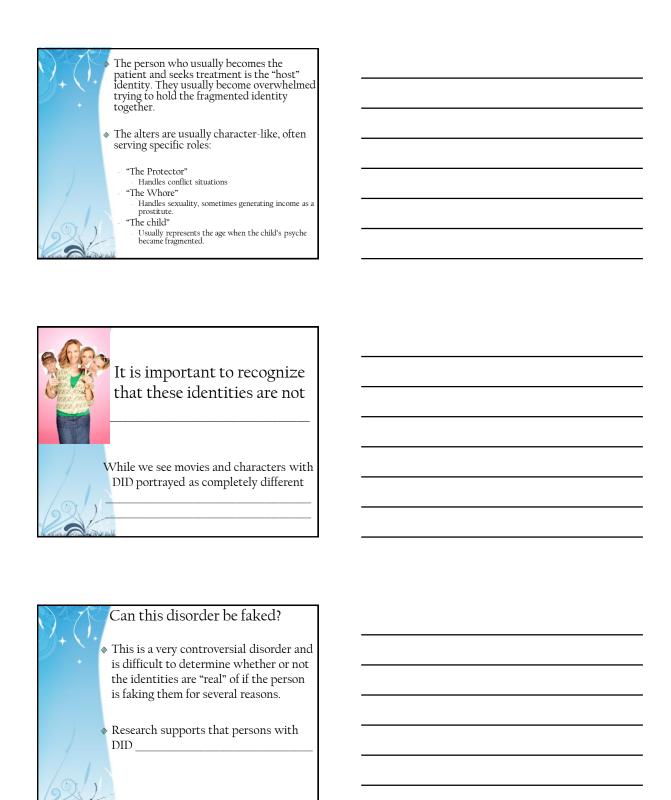




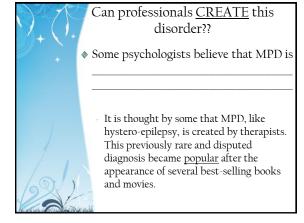


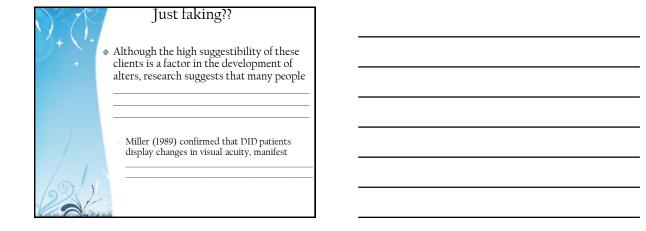


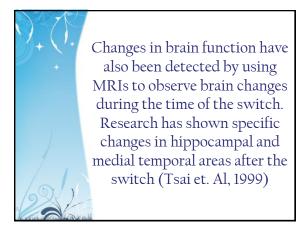
Separate People?	-
 People with DID may adopt as many as 100 new identities, all simultaneously coexisting. The 	
When under the control of one alter, they may exhibit	
such as handedness, allergies and eyesight	
Switch!!	
The alter takes control of the host identity and controls their behavior. Due to this, amnesia is required for diagnosis, because sections of time are missing once the alter takes over.	
What changes did you see?	
When the switch occurs, physical changes are evident, such as posture,	
In one study, changes in occurred in 37% of the cases (Putnam et al., 1986).	

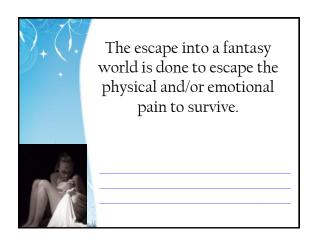


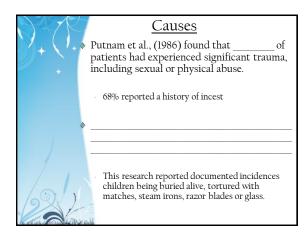














The goal of treatment is to integrate the

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)+(1-	The prognosis is somewhat unclear. Coon (1986) found that only 5 out of 20 patients achieved full integration of their identities.	
	their identities.	
	Further research showed a	
(a))		
	radi	
	New strategies for treatment	
y+ (1-	Strategies clinicians are using today are based on successful treatments for	
	PTSD, due to commonalities between DID and PTSD (Maladono, 1998).	
	The goal for treatment is to identify triggers that provoke memories of trauma/dissociation and neutralize them.	
1	Most importantly, patients must confront and relive the early trauma so they can gain	
	control (in their mind) over the events (Kuft, 1996).	