

Dissociation and PTSD: What Providers Should Know



A group of nursing, psychology, and psychiatry researchers conducted a study on the dissociative subtype of PTSD using the NCTSN Core Data Set. This brief summarizes key findings from the study for clinicians who treat children who have experienced traumatic events. The detailed report is published in the *Journal of the American Academy of Child & Adolescent Psychiatry*.

Choi, K. R., Seng, J. S., Briggs-King, E. C., Munro-Kramer, M. L., Graham-Bermann, S. A., Lee, R., & Ford, J. D. (2017). The Dissociative Subtype of Posttraumatic Stress Disorder (PTSD) Among Adolescents: Co-Occurring PTSD, Depersonalization/Derealization, and Other Dissociation Symptoms. *Journal of the American Academy of Child & Adolescent Psychiatry*. doi:<https://doi.org/10.1016/j.jaac.2017.09.425>

What is the issue?

- Dissociation occurs when normal integrated psychological functions like attention, thinking, feeling, memory, perception, and identity separate from conscious awareness in response to overwhelming trauma. It is a trauma reaction that allows a person suffering unbearable distress to cope in the face of traumatic events or reminders.
- Dissociation can protect a child and even decrease distress during a traumatic experience when there are no other options for escape. However, it can interfere with child learning and development when it is triggered in the face of ordinary, everyday stressors that do not pose a significant threat.
- The fifth edition of the *Diagnostic and Statistical Manual of Mental Disorders (DSM-5)* includes a dissociative subtype of PTSD, defined by symptoms of depersonalization (feeling detached from one's body) and derealization (experiencing things as unreal). The subtype has been studied with adult veterans, but there are few studies with children. The purpose of this study was to examine the co-occurrence of PTSD and dissociation for a clinical sample of trauma-exposed adolescents.

What are the findings?

- Two statistical models were investigated: one (Model A) that explored the DSM-5 dissociative subtype and another (Model B) that expanded the subtype and included additional dissociation symptoms. In the expanded model, there were some adolescents with high levels of dissociative amnesia and detached arousal, who may have been missed by relying on the DSM-5 subtype criteria alone.
- The dissociative subtype of PTSD is slightly different for adolescents with trauma than for adults. Adolescents with the subtype tended to have more trauma experiences, more severe PTSD, and more behavioral problems.
- Depersonalization and derealization were less frequently seen in the dissociative subtype group than other dissociation symptoms (daydreaming, dissociative amnesia [inability to recall important personal information], and dissociative avoidance).

WHAT TO DO

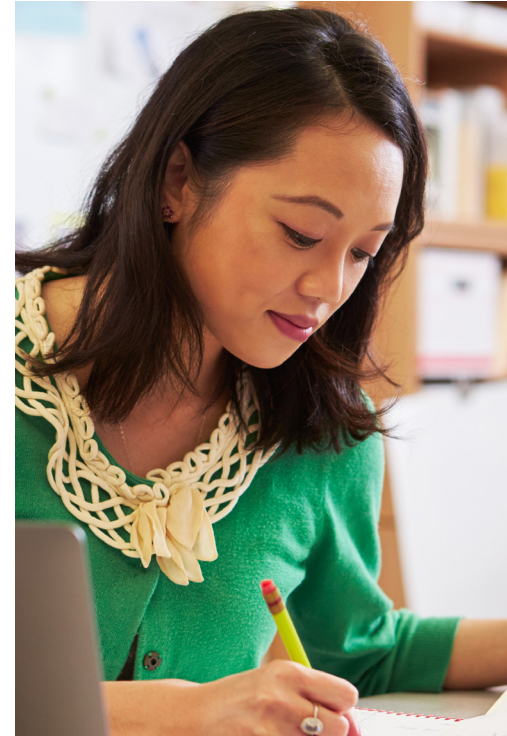
What can you can do?

1

Learn more about trauma and dissociation and how it may impact your clients.

Not all practitioners received in-depth training on these topics during their education. The NCTSN offers resources including information about trauma and evidence-based trauma treatments, free trainings on a variety of issues related to trauma and trauma treatment, and guidance for delivering trauma-informed care and creating trauma-informed organizations:

<http://www.nctsn.org/resources/audiences/for-professionals>



2

Assess for the presence of dissociation for children and adolescents who have trauma exposure.

There are self-report measures, such as the Adolescent Dissociative Experiences Scale, (ADES) and the Child Dissociative Checklist (CDC), as well as caregiver-report or clinician-assessed measures of dissociation embedded within other trauma measures. More information about these measures and a measures review database are available through the NCTSN:

<http://www.nctsn.org/trauma-types/complex-trauma/standardized-measures-assess-complex-trauma>

3

Define dissociation broadly, beyond just the PTSD dissociative subtype symptoms of depersonalization and derealization.

Consider the presence of dissociative amnesia, dissociative avoidance, daydreaming, and other types of dissociation. Many clinical dissociation scales, like those listed on the NCTSN website, measure multiple types of dissociation and may be helpful in your practice.

4

Use evidence-based trauma treatment in your practice.

Although specific child/adolescent dissociative disorder treatments need further study, some evidence-based trauma treatments suggested by the NCTSN may reduce dissociation among with other PTSD symptoms. You can find free child/adolescent dissociation treatment guidelines online from the International Society for the Study of Trauma and Dissociation:

<http://www.isst-d.org/default.asp?contentID=50>

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The Core Data Set was developed as a central part of the mission and vision of National Child Traumatic Stress Network (NCTSN), which seeks to raise the standard of care for children who have experienced trauma. The NCTSN Core Data Set was the first collection of behavioral health data to include a set of forms and assessment measures designed to systematically capture important demographics, trauma exposure, client functioning, service use, and treatment information for youth and families affected by trauma. The Core Data Set includes information from 78 NCTSN sites that received referrals for 14,890 children who experienced trauma between the years of 2004 and 2010.

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From the
NCTSN Core Data Set