

## CHAPTER 14: DISSOCIATIVE EXPERIENCES CLINICAL ISSUES

- How do we determine if the perpetrator of a violent crime who claims amnesia for the event is faking these symptoms or not?
- How do we attempt to diagnose dissociative amnesia in young children, when a diagnosis may be confused with attentional and educational difficulties?
- The number of diagnosed cases of DID has risen significantly in the last 25 years. What problems does this imply for the diagnosis of DID?
- What steps should clinicians take to avoid creating false memories of childhood abuse in their clients suffering dissociative disorders?
- Are multiple personalities simply creations of therapy that has been too directive?
- How do we determine whether the symptoms of DID are faked or not?
- How can a diagnosis of depersonalization disorder be distinguished from panic disorder or PTSD?
- Can constant probing in therapy to confirm a diagnosis actually create multiple alter egos (when attempting to confirm a diagnosis of DID)?
- Cases of DID are relatively rare worldwide, so how does a clinician decide on an appropriate form of treatment for this disorder?
- Is it possible for a clinician to successfully treat a client with a dissociative disorder without the client needing to recover memories of childhood abuse and intensely re-experiencing these traumas during therapy?
- What are the problems involved in treating dissociative disorders when they are often comorbid with other Axis I disorders such as anxiety, depression and PTSD?
- What challenges does the clinician face when attempting to 'fuse' the alter identities of individuals suffering DID?
- Once an individual has suffered dissociative symptoms in the wake of a trauma, how can they be trained to avoid dissociation when encountering future stressors?