

# TRAUMA & DISSOCIATION

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- 1) Definition of Trauma & Description of Normative Responses to Traumatic Events
  - a) Trauma involves perception or experience of threat to one's survival as well as imbalance between event and resources to deal with it (cognitive & emotional); inherent in traumatic experience is isolation/ going through it alone
  - b) Normative responses (examples)—numbness, going through the motions, depersonalization/ derealization, denial, hyperarousal—flashbacks, nightmares, triggers
  - c) Traumatic memory stored differently in brain, recall experienced as reliving rather than remembering, memory hasn't been converted into narrative or integrated with remainder of experience & sense of self
  
- 2) Consequences of Exposure to Chronic Trauma
  - a) Dissociation serves protective function when faced with stimulation that can't be processed/ overwhelms resources available to cope, forestalls further decompensation or psychotic break
  - b) Primary Dissociation
    - i) Compartmentalization of experience, disconnection between cognitive/affective/behavioral aspects of experience, serves protective function when faced with overwhelming stimulation; "this isn't happening"
    - ii) Alternating states of numbness and hyperarousal (PTSD)
  - c) Secondary Dissociation
    - i) Separation between observing and experiencing parts of self, sense of leaving body, observing scene from a distance; "this isn't happening to me"
    - ii) Greater distance from emotional experience, decreased incidence of flashbacks/ hyperarousal, increased sense of depletion/ unexplainable emotional states
  - d) Tertiary Dissociation
    - i) Discrete ego states containing different aspects of experience, dissociative disorders including DID, ego states alternating in consciousness or present with co-consciousness
    - ii) Traumatic experience divided in different ego states by affect/ age while other ego states function outside awareness of traumatic experience
  
- 3) Therapeutic Interventions Appropriate to Treatment of Clients with Chronic Trauma History
  - a) Establishing Collaborative Working Alliance
    - i) Acknowledgement of difficulty establishing trust
    - ii) Establishment of safety outside & inside therapy before proceeding with traumatic material (boundaries, self-disclosure)
    - iii) Remember importance of presence/ being in countering isolation of trauma
    - iv) Encourage feedback from client

- b) Use of Psychoeducation
  - i) Explanation of dissociation, how & why it works
  - ii) Identifying trauma as precursor to current symptoms
  - iii) Explanation of therapy process, reasons for interventions—metaphor of closet door or pot of boiling water
- c) Fostering Self-Regulation of Affective States
  - i) Monitoring client's state when disclosing traumatic material, use countertransference as guide
  - ii) Encouraging gradual disclosure/ pacing
  - iii) Developing self-care skills
- d) Building Continuity from Session to Session
  - i) Referring to material from prior sessions
  - ii) Using joint experience as foundation ("I remember when...")
  - iii) Consistency & clarity regarding frame issues—scheduling, availability outside sessions, fee & payment, self-disclosure
  - iv) Transitional objects—appointment card

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