Abnormal Psychology

Dissociative Disorders

Psychology 3303

Professor June Gruber
Roadmap

Logistics

Personality Disorders (cont.)

Dissociative Disorders

Take-Away Questions
Logistics

Guest Lecture 4/11

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Eating Disorder Prevention and Treatment
Roadmap

Logistics

Personality Disorders (cont.)

Dissociative Disorders

Take-Away Questions
# Borderline Personality Disorder

<table>
<thead>
<tr>
<th>Emotion Reactivity</th>
<th>Emotion Regulation</th>
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<tbody>
<tr>
<td>Heightened emotion reactivity, particularly for negative emotions. The type, magnitude and duration of responses in response to internal and external environment and have significance for personal goals.</td>
<td>Difficulty regulating emotions, unstable positive and negative emotions.</td>
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From Negative to Positive and back again

Polarized Affective and Relational Experience in Borderline Personality Disorder.

January

Affect Palm Pilot

Week

Coifman et al. (2012)
Implications for Emotional Dysregulation

Amygdala

Reduced volume

Gray matter volume loss left

Increased activity in response to affective pictures and fearful faces
Implications for Emotional Dysregulation

Medial and Orbital Prefrontal Cortex Reduced volume

- Reduced volume left orbital
- Decreased metabolism
- Blunted response to fenfluramine and m-cpp
- Reduced alpha-[(11)C]methyl-L-tryptophan trapping
- Failure of activation in response to trauma scripts
Implications for Emotional Dysregulation

Dorsolateral Prefrontal Cortex

Failure of activation in response to trauma scripts, increased blood flow in response to abandonment scripts

Increased activity in response to pain stimuli left
Treatment of Borderline Personality Disorder
Treatment of Borderline Personality Disorder

Dialectical Behavior Therapy (DBT)

• “Dialectics” refers to the process of reasoning that places opposite or contradictory ideas side by side. (E.g., Balancing acceptance and change)

• Developed by Marsha Linehan (1991)

• Goal is to accept reality as it is, but work to change maladaptive or dysfunctional behavioral patterns

• Social skills emphasis
DBT

Treatment of Borderline PD

Marsha Linehan, Ph.D.
(major pioneer)

Dialectical-Behavior Therapy (DBT).

Goal to reach a state of “wisemind” = balance between rational and emotional states
DBT

Four Modules

1. **Mindfulness:**
   observe without judgment

2. **Interpersonal Effectiveness:**
   assertiveness, saying no, making a request, coping with life stressors.

3. **Distress Tolerance:**
   accepting, finding meaning, & tolerating distress.

4. **Emotional Regulation:**
   label emotions, increase positive emotions.
DBT targets behaviors in a descending hierarchy

- Start decreasing high risk or suicidal behaviors
- Decreasing behaviors that interfere with therapy
- Decreasing behaviors that interfere with/reduce quality of life
- Decreasing post-traumatic stress responses
- Enhancing respect for self
- Acquisition of new social and behavioral skills
Expert on Mental Illness Reveals Her Own Fight

By BENEDICT CAREY  JUNE 23, 2011

See how this article appeared when it was originally published on NYTimes.com

HARTFORD — Are you one of us?

The patient wanted to know, and her therapist — Marsha M. Linehan of the University of Washington, creator of a treatment used worldwide for severely suicidal people — had a ready answer. It was the one she always used to cut the question short, whether a patient asked it hopefully, accusingly or knowingly, having glimpsed the macramé of faded burns, cuts and welts on Dr. Linehan’s arms:

“You mean, have I suffered?”

“So many people have begged me to come forward, and I just thought — well, I have to do this. I owe it to them. I cannot die a coward,” said Marsha M. Linehan, a psychologist at the University of Washington.

Damon Winter/The New York Times

Roadmap

Logistics

Personality Disorders (cont.)

Dissociative Disorders

Take-Away Questions
Dissociative Disorders
(Previously Multiple Personality Disorder)
Dissociative Disorders: Key Features

- Dissociation
- Depersonalization
- Derealization
- Dissociative Amnesia
Dissociative Disorders: DSM-5 Classification

- Dissociative Identity Disorder
- Dissociative Amnesia
- Depersonalization/Derealization Disorder
- Other Specified Dissociative Disorder
- Unspecified Dissociative Disorder
Dissociative Disorders: Etiology

80% reports Child Sexual Abuse (CSA). Abuse → dissociation as a means of coping. BUT, not all CSA leads to poor outcomes.
Dissociative Disorders: Treatment

* Focus is on reintegration of identities: If the trauma can be expressed and accepted, the need for dissociation will disappear.

* Identify and neutralize cues/triggers that provoke memories of trauma/dissociation
Take-Home Points

1. Extreme distortions in perception and memory.
2. Dissociative Identify Disorder remains controversial.
3. Well established treatments are generally lacking
Roadmap

Logistics

Personality Disorders (cont.)

Dissociative Disorders

Take-Away Questions