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Developed By: Medical Criteria Committee	

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Description:

Dissociative Identity Disorders (DID) is a psychiatric syndrome characterized by disruptions of aspects of consciousness, identity, memory, motor behavior, or environmental awareness. It is considered a protective reaction to overwhelming psychological trauma experienced during childhood. The encoded memory of the trauma (feelings, sensations, emotions) is kept out of the individual's awareness in the form of separate personality states. The American Psychiatric Association defines DID as one of five (5) dissociative disorders. The categories of Dissociative Disorder include: dissociative amnesia, dissociative identity, dissociative fugue, dissociative depersonalization disorder, and dissociative disorder not otherwise specified.

Criteria: Dissociative Identity Disorder (DID) 300.14 (DSM-IV-TR)

- A. The presence of two or more distinct identities or personality states (each with its own relatively enduring pattern of perceiving, relating to, and thinking about the environment and self).
- B. At least two of these identities or personality states recurrently take control of the person's behavior.
- C. Inability to recall important personal information that is too extensive to be explained by ordinary forgetfulness.
- D. The disturbance is not due to the direct physiological effects of a substance (such as a black out from alcohol intoxication) or a general medical condition (such as seizures).
Another example would be in children, symptoms not attributable to imaginary play.

Assessment: The challenge in assessment is to differentiate between a dissociative disorder and the following:

- Substance Intoxication Disorders
- Somatization Disorder
- Posttraumatic Stress Disorder
- Acute Stress Disorder
- Psychological Factors Affecting Medical Condition
- Amnestic Disorder Due to a Brain Injury
- Schizophrenia

Interventions: A three phase orientation is the most common treatment of choice, using cognitive behavioral techniques and attachment theory.

- Phase 1: Stabilization and Symptom Reduction: Overcoming the Phobia of Dissociative Identities
- Phase 2: Treatment of Traumatic Memories: Overcoming the Phobia of Traumatic Memories

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- Phase 3: Personality Reintegration and Rehabilitation: Overcoming the Phobia of Normal Life and Attachment
- Treatment focus is on building client's strengths, coping skills, and support systems as a risk of dysfunctional dependency can occur in some patients.
- Developing a protocol for crisis intervention, including telephone contact or short term inpatient treatment if necessary.
- Group psychotherapy is not a primary treatment adjunct to individual therapy but time-limited, skill building and task-oriented groups can be helpful.
- DBT, family therapy, art therapy, and psychoeducation can help manage situational stressor(s).
- There is no generally accepted pharmacotherapy to treat the core symptoms of DID. However, adjunctive drug treatment for comorbid conditions such as PTSD, anxiety, obsessive- compulsive disorder, etc., may be helpful.

Criteria for Continued Treatment:

Continued authorization is indicated by **ALL** of the following:

1. Treatment is provided at the lowest level of intensity (including frequency and duration of outpatient sessions) necessary to maintain the patient's stability and achieve progress toward appropriate treatment goals.

Plus **1 or more** of the following:

2. Continued measurable progress toward restoration of baseline functioning. Patients must demonstrate progress in treatment as evidenced by an increase in GAF score and improvement in behavioral outcome measures.
3. Continued progress toward development of skills to prevent relapse.
4. Treatment plan revision to address lack of progress. If no improvement is noted, the treatment plan should be modified to include the consideration of
 - Need for medication evaluation
 - Possibility of underlying Axis II condition
 - Need for psychosocial interventions (i.e, support groups)
 - Possibility of co-occurring conditions that need attention (e.g. medical conditions, substance abuse)

If above criteria are met, the treatment plan should include a plan for terminating treatment.

Termination Criteria:

Termination of continued authorization is indicated by **1 or more** of the following:

1. Patient has returned to previous functioning and has developed appropriate relapse prevention skills.

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2. Patient is not improving, despite amendments to the treatment plan (consider referral to another therapist or another form of treatment)
3. Patient has achieved a stable level of functioning and further treatment is not expected to produce significant improvement.

American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders, 4th edition, text revised*. Washington, DC: American Psychiatric Association, 2000.

Dissociative Disorders. Dr. John Kihlstrom, Annual Review of Clinical Psychology. 2005

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Guidelines for Treating Dissociative Identity Disorder in Adults. International Society for Study of Dissociation. 2005.

Owning the past, claiming the present: perspectives on the treatment of dissociative patients. Australian Psychiatry. 2005