



Psychosocial Stress Series

ROUTLEDGE

Theory and Clinical
Interventions

DISSOCIATION

IN
TRAUMATIZED CHILDREN
AND ADOLESCENTS



EDITED BY

SANDRA WIELAND

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DISSOCIATION

IN

TRAUMATIZED CHILDREN AND ADOLESCENTS

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Series Editor's Foreword

CHARLES R. FIGLEY, PH.D.

This is a book about hope for traumatized children and a roadmap to it. *Dissociation in Traumatized Children and Adolescents* is about the struggles of young people with dissociation, a very frightening and debilitating illness.

This book is the 39th addition to the Routledge Psychosocial Stress Book Series, established with *Stress Disorders Among Vietnam Veterans*, published in 1978. The purpose of the series is to bring needed attention and practitioner-oriented knowledge about new or rediscovered stress-related problems. Over the years, due in part to the emerging research on the traumatized, the series has been drawn to projects that focus on traumatic stress injuries—the causes and consequences for the traumatized and those who try to help them.

The first book of the series brought needed attention to the unmet needs of an entire population injured by traumatic stress: Vietnam veterans; people suffering from combat stress injuries; and those trying to cope with what, two years later, would be known as Posttraumatic Stress Disorder (PTSD). By understanding the process by which people become injured as a result of a traumatic event (such as combat), we can see the markers of injury, the manifestations, and treatment strategies for either eliminating or more effectively managing the symptoms of the illness caused by the initial injury. *Combat Stress Injury*, published as part of the series in 2006, nearly 30 years after *Stress Disorders Among Vietnam Veterans*, called for far more prevention of combat- or trauma-related illness by attending to the injuries long before the illness manifests.

Wieland notes early on that the origin of this book can be traced back to the year 2000, and the “Guidelines for the Evaluation and Treatment of Dissociative Symptoms in Children and Adolescents” by the Child and

Adolescent Committee of the International Society for Study of Trauma and Dissociation. This led to the 2006 development of an approved syllabus for a course on assessment and treatment of complex trauma/dissociation in children and adolescents.

Presenting both theory and clinical cases, this book brings together these international efforts to established treatment guidelines and provides a comprehensive set of clinical case studies throughout the book to further clarify and guide child practitioners. The authors are members of the Child and Adolescent Committee from around the world (for example, Argentina, Canada, England, The Netherlands, and the United States), and have practiced in a variety of clinical settings.

Dissociation in Traumatized Children and Adolescents also provides important insights about working with dissociative identity disorder (DID) patients and presents especially informative guidelines for practitioners for working with children and adolescents. They, especially, need their internal experiences heard and validated. After reading this book practitioners will come away with an understanding of how to help their young clients learn to manage their own traumatic stress injuries and of ways to calm their systems and to acknowledge frightening feelings, sensations, and experiences.

In addition to helping practitioners manage the more extreme dissociation (DID or dissociative disorder not otherwise specified [DDNOS]), Wieland and her contributing chapter authors help the reader to be alert for the symptoms of mild and moderate dissociation. For example, Grimminck's diagnostic label of *Developing Dissociative Identity Disorder*, while unofficial, is a very useful technique and integrates traumatologists and psychoneuroimmunologists' efforts to go beyond coping mechanisms and mental disorders by understanding the initial injury.

The book demonstrates how, among other things, children and adolescents effectively use dissociation as a way to cope with aspects of their fear, and it explores different clinical strategies for treating a dissociation's root causes. Most importantly, Wieland's book provides a blueprint for therapists working with children and adolescents who may experience dissociation to some degree—both voluntarily and involuntarily.

Like *Stress Disorders Among Vietnam Veterans* before it, *Dissociation in Traumatized Children and Adolescents* invites the practitioner into a long-misunderstood world. Wieland's book provides a detailed roadmap for help with this often overlooked population who are desperate for understanding and relief from their pain.

Foreword

RICHARD P. KLUFT, M.D., PH.D.

When we begin to work with a condition or with a group of patients who are unfamiliar to us, we turn to the literature, take courses, and consult with colleagues more experienced than ourselves for guidance. We look to those who have already encountered those conditions and types of patients, veterans who have actually been there, experienced hands who have helped their own patients traverse the hazards of these psychological landscapes and navigate their journeys of recovery. Lacking our own experiential encyclopedias, we look elsewhere for models, approaches, and advice to protect both our patients and ourselves from the potential adverse consequences of our learning on the job, engaging in a risky and dubious process of trial and error.

Yet, we cannot turn to such resources until they have been developed. The modern history of the diagnosis and treatment of dissociative disorders in children and younger adolescents begins only about a quarter of a century ago, and did not progress as rapidly as work with dissociative adults. All the more reason to celebrate Sandra Wieland and her colleagues' contributions to *Dissociation in Traumatized Children and Adolescents: Theory and Clinical Interventions*, who share a wealth of clinical experience and wisdom as they allow us to bear witness to their clinical endeavors. We follow their therapeutic efforts and their reflections upon their work with youngsters suffering profound dissociative psychopathology. Their accomplishment is no less than bringing the treatment of dissociative children and adolescents to life, providing us with a depth of understanding and

hard-won clinical wisdom available nowhere else in the literature; and offering us insights that would take an individual practitioner years to acquire on his or her own. Wieland's theoretical analyses of the case studies themselves help the reader situate the contributors' clinical work within the framework of a number of contemporary paradigms of dissociation.

It is easy to forget that even though the first successful psychotherapeutic cure of dissociative identity disorder (DID) involved Despine's treatment of his 12-year-old patient, Estelle, in the 1830s (Ellenberger, 1970), it would be almost 150 years before such youthful patients would once again be the subjects of detailed discussion in the professional literature.

When I began to identify and work with DID patients in the early 1970s, I rapidly began to contemplate the importance of identifying and studying childhood cases for both understanding DID and for establishing the legitimacy of the condition. Almost from the moment I began to work with DID I was assailed with accusations that I had iatrogenically created the DID cases I was treating. As I reflected upon the vehemence with which I was attacked, I, too, was impressed, in an era before the phenomenology of DID was well understood and before sophisticated diagnostic strategies had developed, that when DID symptoms often seemed to appear out of a clear blue sky, it was easy to understand why skeptics would suspect something was amiss. Where had the DID come from? One day a person seemed to have anxiety, depression, or both, and the next day that person was being rediagnosed with DID. Pioneers in the field became accustomed to hearing, "Yeah, they come to you and suddenly they have DID. All your patients have DID because you created it!"

Such concerns were among the factors that motivated some of my own research. By studying a cohort of DID patients over several years, I was able to describe the natural history of DID, demonstrating its generally covert nature and intermittent overtiness (Kluft, 1985). A major aspect of that effort was the quest to identify DID both in childhood and in the elderly. If DID or DID precursors could not be identified in the young, how could we assert that it was highly associated with the traumatization of the young instead of deleterious influences within the treatments of adult patients? If DID did not exist in older-age cohorts who came to maturity before DID became a condition widely discussed in the media, that would argue either that DID either was not naturalistic or that it burned out with age. Also, since DID patients so often lead difficult and tormented lives devastated by this disorder, the early identification and treatment of their DID might hold the potential to reduce their years of suffering and offer them more gratifying and successful lives.

Although I asked colleagues to allow me to assess any youngsters they suspected might have some dissociative difficulties, no subjects were referred through such channels. Among the projects I was able to

undertake within the context of my private practice was to periodically screen, at no expense, a particular group of vulnerable children to see if any developed DID. This sample of convenience consisted of the young children of recurrently hospitalized women with DID who had entered my practice. Two years passed without my locating a single case. Then, in the late 1970s, one of my DID patients, successfully integrated and looking at the world with new and unflinching eyes, began to tell me that she thought her son suffered from DID. She was a high-functioning DID patient; I had not considered screening her children. I was quite skeptical. It took her several months to persuade me to assess this boy. In retrospect, I suppose I was somewhat condescending, perhaps thinking, "How on earth could this woman make an accurate diagnosis of DID in a child? Is she projecting her own issues onto her son?" To my utter astonishment, I found myself sitting with "the real deal," an 8-year-old boy with classic DID symptoms and a witnessed history of two major childhood traumata, a near drowning and physical abuse by his father. Within weeks of discovering this index child with DID, I was able to diagnose DID in one of the children I was following, another 8-year-old boy had been recently beaten by an out of control alter of his DID mother. Having been humbled once, when the mother of my first child with DID returned from a visit to her mother a few months later, after years of estrangement, and told me that she suspected that her 82-year-old mother suffered from DID as well, I immediately set up an evaluation. Her mother indeed suffered from DID, but her alters rarely emerged any more, having shifted into one alter predominant mode, which I soon would appreciate was typical of older DID patients. Within a matter of months, one astute woman had provided me an entrée into the study of DID in both childhood and old age, completing the circle for my efforts to characterize the natural history of DID (Kluft, 1985)! I and the entire field owe her a debt of gratitude. I had the pleasure of introducing her to the late Cornelia Wilbur, M.D., who was delighted to meet this important, albeit anonymous, contributor to our knowledge of DID.

With the discovery of these two boys, I was able to begin the study and treatment of childhood DID. I mentioned the successful integration of one of these boys in an article on treatment in 1982, and offered a summary of what I had learned from these and other cases in further publications (1984, 1985). In my eagerness to demonstrate the existence of childhood DID, I did not think to describe cases in which only precursors, formes frustes, or marginally diagnosable phenomena were present. Fortunately, that same year Fagan and McMahon (1984) published their own classic paper on "incipient multiple personality disorder," covering this important and easily overlooked population.

Thereafter, a number of helpful papers began to fill in our picture of dissociative disorders in childhood and adolescence. In 1996, Joyanna Silberg

edited the landmark first edition of *The Dissociative Child*, marking a major leap forward in raising the mental health professions' awareness of childhood dissociative disorders and providing a powerful resource for clinicians and scholars. Much more could be said about this march of progress, but this is not the place for a more comprehensive review.

It is interesting to reflect upon the differences between the treatments described in this volume and those that I and others conducted in the late 1970s and the early to mid-1980s. I was focused on demonstrating the existence of DID in children. My series consisted of children who fulfilled the demanding diagnostic criteria of *Diagnostic and Statistical Manual of Mental Disorders*, third edition, revised (*DSM-III-R*) (American Psychiatric Association, 2000). This restricted me to cases with at least one fully developed and elaborately different alter, as would be required to diagnose DID in an adult. In contrast, the series of children and adolescents reported by Wieland and her collaborators represent a wider spectrum of dissociative psychopathology. They were identified after the *DSM-III* criterion of demonstrating elaborated differences had been rescinded. In addition, consistent with the findings that emerged from establishing the natural history of DID (Kluft, 1985), they reflect the realizations that (1) more dissociative patients merit the diagnosis of dissociative disorder not otherwise specified, (DDNOS), than qualify for the diagnosis of DID; and (2) that most patients with DID spent most of their lives showing subsyndromal psychopathology, appearing to have DDNOS, a few dissociative manifestations, or even no dissociative manifestations at all for prolonged periods of time.

In the earlier cases, attachment was an issue, but proved to be a compelling concern in only one case. The current text regards attachment as a central ubiquitous organizing paradigm. In the earlier series, however, the identification and treatment of trauma played a much more central role, and was the predominant area of concern. Therefore the contrasts in emphasis between the contemporary and the older case reports are so dramatic that, at times, the reader might come away with the erroneous impression that the more modern contributors are according trauma a minor role in the etiology of these dissociative disorders, and giving the processing of trauma a minor role in their treatments. In fact, the contemporary contributors are prioritizing the description of those aspects of the treatment they assume will be less familiar and more important to communicate to the reader.

Also, between the treatment of the earlier series and the therapy of the current series, conflicts over the vicissitudes of human memory have been prominent in both the media and the scientific literature. In that connection, many contemporary clinicians have backed away from techniques that had already demonstrated their helpfulness in the earlier series, but that had come under attack over the intervening years.

In the earlier series, the young patients' abusers were readily identified, often by their own confessions, or suspicion and evidence pointed strongly to a particular suspect, and the children could be protected from confirmed or suspected abusers in short order. In the current series, at times it is not clear how rapidly abusers have been identified, and sometimes their identities are unknown. In the older series, acquired in a conservative "law and order" environment in which authorities responded aggressively, abusers or suspected abusers were either removed from contact with the child or investigated vigorously by the appropriate authorities, facilitating the rapid establishment of safety. In most instances, authorities insisted that therapy continue until they were convinced that the child was well, and the home environment was deemed safe. In contrast, in the contemporary series, clarity was less easy to come by, and therapists were confronted with circumstances less supportive of their efforts. In fact, caretakers interrupted a number of the treatments, an event that occurred only once in the earlier series. It has been more difficult for the more modern therapists to establish and protect the treatment frame.

In the older cases, treatment often was brief, and hypnosis played a significant role. In the current series, heterohypnosis has not appeared to be a major modality, and the treatments are much more prolonged.

It might be assumed that these differences reflect growth and progress in the field. To a considerable extent, they do. To a certain extent they may reflect differences in the two samples. However, when we consider that all three of the five young patients described in Kluft (1984) who are still under sequential observation have maintained their integrations for over a quarter of a century, it suggests that these older approaches may continue to have much to offer, and that future clinicians, less traumatized by the terrible "memory wars" of the 1990s, will move toward a fruitful synthesis of the models described in both the current and the older literature.

Any clinician interested in the treatment of trauma and dissociative disorders will find the collection of cases in *Dissociation in Traumatized Children and Adolescents: Theory and Clinical Interventions* richly rewarding and informative, and those with special interest in the treatment of children and adolescents with dissociative disorders should regard this book as required reading. *Dissociation in Traumatized Children and Adolescents: Theory and Clinical Interventions* belongs on the bookshelf of every clinician who treats or who anticipates treating dissociative children and adolescents, and should be read by every researcher studying trauma, dissociation, and dissociative disorders in the young.

References

Ellenberger, H. (1970). *Discovery of the Unconscious*. NY: Basic Books.

- Fagan, J., & McMahon, P.P. (1984). Incipient multiple personality in children. *Journal of Nervous and Mental Disease*, 172, 26–36.
- Kluft, R.P. (1982). Varieties of hypnotic interventions in the treatment of multiple personality. *American Journal of Clinical Hypnosis*, 24, 230–240.
- Kluft, R.P. (1984). Multiple personality in childhood. *Psychiatric Clinics of North America*, 24, 121–134.
- Kluft, R.P. (1985). Childhood multiple personality disorder: Predictors, clinical findings, and treatments results. In R.P. Kluft (Ed.), *Childhood Antecedents of Multiple Personality* (pp. 168–196). Washington DC: American Psychiatric Press.
- Silberg, J.L. (Ed.). (1996). *The Dissociative Child: Diagnosis, Treatment, and Management*. Lutherville, MD: Sidran Press.

Editor

Sandra Wieland, Ph.D., is a clinical psychologist, certified play therapist, and consultant with the Center for Counseling and Therapy in Victoria, Canada, working with children, adolescents, and adults who have experienced early trauma. She was the founding director of the Center for Treatment of Sexual Abuse and Childhood Trauma (Ottawa, Canada), and during that time, adjunct clinical professor at the University of Ottawa. She has written several books on therapy, including: *Hearing the Internal Trauma* (Sage, 1997) and *Techniques and Issues in Abuse-Focused Work With Children and Adolescents* (Sage, 1998). Dr. Wieland has taught extensively on early trauma and dissociation both nationally and internationally. She is presently on the board of directors of the International Society for the Study of Trauma and Dissociation and is cochair of the Child and Adolescent Committee.

Contributors

Sandra Baita, M.A., L.Psych., works in private practice in Buenos Aires, Argentina, as a clinical psychologist and Eye Movement Desensitization and Reprocessing (EMDR)-certified therapist. In the past, she worked with government agencies providing services for children who have been abused and was a professor at the Postgraduate and Doctoral Studies Department of the School of Psychology at the University of Buenos Aires. She has provided extensive training throughout South America and at international conferences. Her previous writings include articles and book chapters about child sexual abuse, developmental trauma, childhood dissociation, and a book for children explaining dissociation.

Els Grimminck, M.D., Psych., worked initially as a medical doctor and then as a psychotherapist specializing in working with individuals who experienced trauma. Dr. Grimminck is a member of the Child and Adolescent Committee of the International Society for the Study of Trauma and Dissociation (ISSTD) and has taught the ISSTD course on childhood dissociation in The Netherlands. She has presented numerous papers on dissociation and childhood at international conferences.

Renée Potgieter Marks, Ph.D., is a consultant therapist who works with children with attachment difficulties, complex trauma, and dissociation. Dr. Marks specializes in working with children who have been adopted and has developed assessment protocols for children who have experienced abuse. In the 1990s, she started a specialized clinic in South Africa for children who had been sexually abused and founded the South African Professional Society on Abused Children. She provides extensive training in the areas of

attachment, trauma, and dissociation in South Africa and England and at international conferences.

Joyanna Silberg, Ph.D., is the coordinator of Trauma Disorder Services for Children and Adolescents at Sheppard Pratt Health System and executive vice president of the Leadership Council on Child Abuse and Interpersonal Violence. She is past president of the International Society for the Study of Trauma and Dissociation (ISSTD), associate editor of the *Journal of Child and Adolescent Trauma*, recipient of the 1992 Walter P. Klopfer Award for her research, and the 1997 Cornelia Wilbur Award for clinical excellence. Dr. Silberg is the editor of *The Dissociative Child* (Sidran, 1996) and coeditor of *Misinformation Concerning Child Sexual Abuse and Adult Survivors* (Haworth Maltreatment and Trauma Press, 2001). She has written numerous articles and book chapters on trauma and dissociation in children and adolescents and has presented nationally and internationally. Her psychotherapy practice specializes in children and adolescents suffering from dissociative symptoms and disorders, and her forensic practice specializes in child sexual abuse.

Frances S. Waters, L.M.S.W., D.C.S.W., LMFT, a clinical social worker and marriage and family therapist, is an internationally recognized trainer, consultant, author, filmmaker, and clinician in the area of childhood trauma, abuse, and dissociation. She is the past president of the ISSTD, is presently cochair of the Child and Adolescent Committee, and serves on the editorial board of *Journal of Child and Adolescent Trauma*. She maintains a private practice in Marquette, Michigan.

Na'ama Yehuda, M.S.C., SLP, a speech language pathologist and audiologist, has worked as a clinician, educator, and researcher in both Israel and the United States. She presently works as a speech-language-pathology consultant to the New York City Department of Education as well as in private practice. She has presented internationally on the topic of language and dissociation and is the author of several papers on the topic. She has served on the board of directors of the Israeli Speech, Language, and Hearing Association (ISHLA), and is presently on the board of directors of the International Society for the Study of Trauma and Dissociation, chairs the Development Committee, and is a member of the Child and Adolescent Committee.