Dominican University of California

From the Selected Works of Diane A. Suffridge

2003

Trauma and Dissociation, Training Seminar

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Available at: https://works.bepress.com/diane_suffridge/8/
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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