Scholarly, comprehensive, but also beautifully written and readable, Bethany L. Brand has truly given us the landmark book on the important but often overlooked topic of dissociation. A must-read for all clinicians working with trauma.

—**Janina Fisher, PhD,** author of *Healing the Fragmented Selves of Trauma Survivors* and *Transforming the Living Legacy of Trauma*

Dr. Bethany L. Brand has provided a wealth of contemporary information about dissociation and its assessment and treatment in a concise format. She is known for her deep expertise on these topics and her ability to communicate complicated information in a straightforward and accessible way. I highly recommend it as a must-have reference for all mental health professionals.

—**Christine A. Courtois, PhD, ABPP,** author of *Healing the Incest Wound: Adult Survivors in Therapy* and coeditor of *Sexual Boundary Violations in Psychotherapy*

In this state-of-the art book, Bethany L. Brand eloquently guides the reader through the assessment and treatment of trauma-related dissociation in children and adults, as well as its critical importance in forensic settings. A must-read for all clinicians working with clients who experience dissociation and trauma-related disorders!

—**Ruth Lanius, MD, PhD,** Professor of Psychiatry, University of Western Ontario, London, Ontario, Canada

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Preface

Most individuals seeking mental health treatment have experienced trauma, and their symptoms and struggles are often directly or indirectly related to, or exacerbated by, trauma. Clinically significant dissociative symptoms are one of the impacts of trauma. Trauma-related dissociation (TRD) is more common and is associated with greater risk and symptom severity than most clinicians realize. The prevalence of dissociation in population studies ranges from 3.4% to 6.4% (Maaranen et al., 2005, 2008; Mulder et al., 1998; C. A. Ross et al., 1990). Dissociation is associated with reduced ability to work; unemployment; younger age; and poor finances, social support, and physical health (Maaranen et al., 2005). One in 20 veterans in a U.S. nationally representative sample experienced dissociative symptoms; dissociation was associated with a fivefold greater likelihood of suicidal ideation and fourfold greater likelihood of lifetime suicide attempt (Herzog et al., 2020). Hospitalized veterans who were diagnosed with somatoform or dissociative disorders had 3.6 greater odds of completing suicide after being discharged (Kessler et al., 2015). Dissociation conferred more risk for completed suicide than did depression, psychosis, and past suicide attempts. Clearly, dissociation urgently needs to be assessed and adequately treated.

Unfortunately, most clinicians receive little to no training about assessing and treating dissociation. This book is an attempt to remedy this concerning gap. It is my hope that this book facilitates accurate diagnosis and appropriate treatment for individuals who experience TRD.

Dissociation is associated with longer treatment, higher dropout rates, and poorer response to treatment. If chronic TRD is not attended to in treatment, symptoms of TRD, particularly those related to complex dissociative symptoms, do not significantly improve (Brand, Sar, et al., 2016; Jepsen et al., 2014). Research shows that when the complex dissociative disorders as well as milder forms of dissociation are targeted in treatment, patients show a wide range of improvements including stabilization of nonsuicidal self-injury and suicidal ideation, decreased rates of hospitalization and treatment costs, improved functioning and emotion regulation, and reduced symptoms of PTSD, dissociation, depression, and substance misuse (e.g., Brand, Schielke, et al., 2019; Jepsen et al., 2014). Said differently, if TRD is targeted in treatment, trauma survivors can greatly benefit.

AN OVERVIEW OF THE BOOK

Chapter 1 provides definitions of dissociation and the disorders in which TRD occurs. The prevalence, impairment, comorbidity, chronicity, and mortality associated with dissociation are reviewed. The reasons and costs of dissociation being underrecognized and undertreated are discussed. I present information about differentiating dissociative disorders from other disorders, including schizophrenia, bipolar disorder, and borderline personality disorder.

Chapter 2 reviews the debate about the etiology of dissociation from the perspectives of the trauma model of dissociation and the fantasy model of dissociation. I review the impact of this debate on individuals living with TRD and the impact on the training and knowledge of mental health professionals.

In Chapter 3, I describe practices that foster developing a collaborative working relationship with traumatized clients so that they feel sufficiently supported and safe to share and reflect on their life experiences, symptoms, and resiliencies. The impact of circumscribed incidents of trauma are compared with those from exposure to complex trauma. I suggest adaptations that need to be made depending on the type of trauma experienced, the individual's level of resources, and the severity of TRD. I argue that a careful assessment for trauma and its impact should be part of the standard intake assessment process for all individuals seeking mental health treatment, regardless of their presenting problems, and should precede and inform the choice of psychotherapeutic interventions including psychotherapy and psychiatric medications.

Chapter 4 presents the validated measures of TRD, including self-report measures, clinician-report measures, semistandardized diagnostic interviews, performance measures, and less formal assessment procedures that can be

used in clinical practice. I provide descriptions of a battery of tests and interviews that may be useful for formal psychological testing when TRD is a concern. A summary of research-based methods for differentiating exaggerated, factitious, or malingered dissociation is presented, along with two cases of individuals presenting for assessment of possible TRD.

Chapter 5 addresses the assessment of TRD in forensic contexts. It reviews the measures that are useful in differentiating response styles among individuals who may have been exposed to trauma and may have TRD, as well as measures that have low utility scores in forensic research with individuals with TRD. A forensic case in which TRD was assessed is presented.

Chapter 6 guides clinicians in recognizing dissociation in children and adolescents and discusses methods for differentiating between dissociation and other symptoms and disorders, including attention-deficit, psychotic, mood, and anxiety disorders. Developmentally sensitive and appropriate interviewing techniques and youth symptom screens for TRD are reviewed. The authors, Joyanna Silberg and Amie Myrick, describe the presentation and treatment of a young girl whose TRD was initially not recognized or treated, as well as the symptoms that signaled TRD, which, when addressed in treatment, resulted in substantial improvement.

In Chapter 7, I describe the importance of assessment results being used to conceptualize and individualize treatment for TRD. I discuss measures that can be used to assess treatment progress. I review treatment studies with TRD samples and discuss the debate about whether treatment needs to be adapted for dissociative individuals. I address the strengths and weaknesses of randomized controlled trial studies and the clinical guidelines that have relied on this research design. Research indicates that treatment focusing on improving emotion regulation, stabilizing safety, and educating TRD patients about symptom management techniques is associated with a wide range of improvements in symptoms, reductions in nonsuicidal self-injury and treatment costs, and increased engagement in social and vocational activities.

THE NATURE OF BEING A CONCISE GUIDE

This book is part of the American Psychological Association's Concise Guide series, with related page limitations. Therefore, there are limited citations of research and theoretical material. I prioritize recent over older research, meta-analytic studies and reviews over original studies, and tables that present findings in summary format rather than discussing each study in the text. Other sources offer excellent, thorough reviews of the theory and clinical wisdom related to complex trauma, complex PTSD, and dissociation.

Here, the focus remains resolutely on TRD. I limit the discussion of assessment measures strictly to measures that are validated and widely used measures of TRD, rather than measures of complex PTSD or PTSD. I emphasize practical application over theoretic discussions. Inevitably the need to be concise and practical means I am not citing the brilliant work of many scholars, clinicians, and researchers, upon whose work my clinical, forensic, and scientific work rests. I humbly acknowledge that what I share here is a compilation and distillation of wisdom and practices developed and generously shared by dozens of mentors, authors, and colleagues; I attempt to acknowledge many of these people in the Acknowledgments and list some of the foundational work in Appendix C.

MY BACKGROUND

I matriculated from the University of Michigan, then earned my master's and PhD from the Clinical/Community Psychology program at the University of Maryland, College Park. I completed an externship in psychological testing at Johns Hopkins Hospital and a clinical internship at George Washington University. I have worked in inpatient units at several psychiatric hospitals as well as in a variety of outpatient settings. I continue to assess and treat patients and serve as a forensic expert in my private practice.

This book is informed by more than 30 years of clinical and research experience with trauma survivors, including a 2-year postdoctoral fellowship in severe trauma disorders at Sheppard Pratt Health Services followed by several years as an attending and supervising psychologist. I supervised the psychological testing performed by trauma disorders postdoctoral fellows for more than 20 years at Sheppard Pratt. I have taught courses in diagnostic interviewing and differential diagnosis, as well as other clinical courses, for 25 years at Towson University. I have served as an expert in a variety of forensic contexts, most often on criminal cases in which the defendant was facing capital punishment or had already received a sentence of capital punishment and was residing on death row. I conduct research in five primary areas: the assessment and differentiation of clinical dissociation from malingered dissociation, the treatment of dissociation, training clinicians in the assessment and treatment of complex trauma, assessing the accuracy and adequacy of textbooks' coverage of trauma and dissociation, and the debate between the proponents of the trauma and fantasy models of dissociation. I have been a coauthor on national and international task forces that have developed guidelines about the assessment and treatment of trauma and TRD.

A NOTE ABOUT TERMINOLOGY

I use the terms *client*, *patient*, and *trauma survivor* interchangeably and synonymously throughout this book.[1]

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My understanding of the assessment and treatment of trauma survivors has been strongly influenced by many brilliant colleagues. Some of these individuals include, but are not limited to, Su Baker, Peter Barach, Ruth Blizard, Lisa Butler, Dan Brown, Laura Brown, Eve Carlson, Etzel Cardena, James Chu, Martin Dorahy, Paul Dell, Janina Fisher, Brad Foote, Julian Ford, Steve Frankel, Jennifer Freyd, David Gleaves, Steve Gold, Naomi Halpern, Judith Herman, Ingunn Holbæk, Elizabeth Howell, Phil Kinsler, Ulrich Lanius, Peter Levine, Roberto Lewis-Fernandez, Giovanni Liotti, Karlen Lyons-Ruth, Alfonso Martínez-Taboas, Warwick Middleton, Andrew Moskowitz, Ellert Nijenhuis, John O'Neil, Simone Reinders, Colin Ross, Vedat Sar, Alan Schore, Daniel Siegel, Daphne Simeon, Eli Somer, David Spiegel, Joan Turkus, Onno van der Hart, and Eric Vermetten. I also want to thank Sebastian McNary, Thom Lieb, Richard Loewenstein, and Barton Evans for their outstanding editing and useful guidance on early versions of this book. You are fabulous thinkers and writers!

[1]Throughout this book, case study information is fictional, uses composites, or has been altered by changing names and removing identifying information to preserve client confidentiality.

I have learned a great deal from individuals who have lived with trauma-related dissociation and other sequalae of trauma. Their perseverance, resilience, and courage in the face of horror and violence inspire and motivate me. I deeply thank them for sharing their experiences and struggles with me. It is an honor to have the opportunity to work with and guide them on their healing journeys.

On a more personal level, I want to acknowledge and thank my close friends, my two dear sons (who inspire me with their work for social justice), and my loving partner, Denzil. You have listened and cared when I was full of enthusiasm as well as when I hit obstacles while writing. You supported and encouraged me and had faith in me and this book. Thank you for accompanying me.