

## Video Resource Pack: Managing Difficult Dissociation Challenges

Video resource pack  
Christiane Sanderson & Kathy Steele

Video Course  
CPD hours: 11 / CE credits: 11

Price: £225 instead of the regular price of £285 (a saving of £60)



Online video access remains available for 1 year from the date you receive the video course.

This video resource pack includes:

- *Wading Through Mud: Fragmented Minds, Dissociation and Psychosis (Christiane Sanderson)*
- *Healing the Divided Mind: A Practical, Integrative Approach to Working with Dissociative Clients (Kathy Steele)*

Therapists can sometimes feel overwhelmed by the challenges and confusing presentations of clients who experience trauma-related dissociative disorders. This highly practical video resource pack will offer **in-depth skills to understand and work with inner conflicts and dissociative parts of self.**

**Part 1 (CPD / CE credits: 5):**

In the presence of repeated traumatic experiences in which there is no escape, including child sexual abuse (CSA), sibling sexual abuse (SSA), relational trauma or domestic violence; **dissociation becomes the default setting, making it hard to remain present in the body.** While dissociation is in essence an adaptive response to complex trauma it can lead to a range of dissociative disorders in adulthood, including:

- Depersonalisation
- Derealisation and
- Dissociative Identity Disorder (DID)

As dissociation separates the mind from the body, impairing the integration of experiences and feelings in conscious awareness, it hijacks emotional and cognitive functioning. This gives rise to a range of clinical manifestations including:



- Amnesia and memory lapses, **trance like states** and slowed down responses
- **Rapid shifts in mood** and behaviour, confusing shifts in access to knowledge, memory and skills
- Disturbances in sense of self, auditory and **visual hallucinations**, and imaginary companions

As our clients emotionally shut down, they become disconnected and often experience a deep sense of emptiness, numbness or deadness, which can make them seem unreachable, even in therapy.

They also tend to experience their surroundings as unreal, as though they are in a dream or fog and feel **as if their body belongs to someone else**. As they become increasingly disconnected from their body they become out of contact with their emotions, bodily sensations and somatic states, leading to a lack of self-awareness, and concomitant lack of control over their body or behaviour.

This 'separation' of mind and body can significantly **diminish the client's ability to create a coherent narrative of trauma**, or make sense of what has happened, and is happening to them. In essence, trauma generated dissociation can be chronic and become a default setting, resulting in a disconnection with reality, interpersonal relationships, behaviours and a disconnection within the self.

To enable practitioners to gain a deeper understanding of dissociation, we will examine the nature of trauma generated dissociation, how it manifests in practice, and how it **differs from psychosis and schizophrenia**. The workshop will highlight the need for accurate assessment and formulation, and how best to work with survivors suffering from dissociation or DID using a trauma informed practice model that emphasises stabilisation, boundaries, pacing, processing of trauma and working with different parts of the personality to aid integration.

The training day will be of interest to counsellors and psychotherapists, health professionals such as psychiatrists, clinical or counselling psychologists, community mental health teams, social workers, safeguarding officers and those in the criminal justice system such as police, probation and prison offices, as well as solicitors.

Specifically, we will discuss:

- What is dissociation and its link to childhood abuse and complex trauma
- The role of trauma generated dissociation in Post-Traumatic Stress Disorder (PTSD), Complex Post-Traumatic Stress Disorder (C-PTSD) and **Developmental Trauma Disorder (DTD)**
- The continuum of dissociation from everyday dissociation to Dissociative Identity Disorder (DID)
- How dissociation differs from psychosis or schizophrenia
- The symptoms of dissociation in depersonalisation, derealisation, **dissociative fugue and Dissociative Identity Disorder**
- The role of shame in dissociation
- The impact of dissociation on the sense of self, self-identity and relationships
- The **hallmark signs of dissociation in session** and how to manage these
- How to Identify the triggers to dissociation
- The lived experience of dissociation
- The role of grounding, stabilisation and integration
- The challenges faced by practitioners when working with dissociative disorders
- Somatic Countertransference and the **practitioner's own capacity to dissociate**

#### **Part 2 (CPD / CE credits: 6):**

The overall objective of the workshop is to learn practical skills, which can help improve our client's functioning in daily life and cultivating our client's ability to engage as a collaborative partner in therapy. Through a series of clinical vignettes, we, as participants at this workshop will learn a wide **range of interventions to stabilize clients**



**prior to working with traumatic memories.** Trauma-related conflicts and phobias, especially the phobia of inner experience (i.e., thoughts, emotions, sensations, memories, wishes, needs), will be addressed, and their treatment will be described as a central part of therapy. Also, we will explore specific avoidance defences that are common in these clients and learn compassionate approaches to resolve them.

#### Our learning objectives at this workshop are:

- Apply at least **five interventions to help clients overcome trauma-related phobias**: The central roles of fear and shame
  - The phobia of inner experience
    - Learning to normalize, accept, regulate and tolerate inner experience
    - Mentalizing and compassion as strategies to cope with inner experience
  - **The phobia of attachment and attachment loss**
    - Relational strategies to deal with simultaneous or alternating approach and avoidance
  - The **phobia of adaptive change**: *"If I change, I will not be myself."*
  - The **phobia of dissociative self-states**: *"Not me, not mine, not real, not true"*
    - Working with dissociative self-states in an integrative, stepwise fashion which emphasises the integrity of the whole person
  - The **phobia of traumatic memory**: Reliving versus remembering
    - Containment strategies
    - Titration of traumatic memory work
  - Relational strategies for grounding, containment, and integration of traumatic memory
- Identify and help the client resolve specific conflicts that are common in developmental trauma
- Identify interventions **to help resolve the client's disorganized (dissociative) attachment style**
- Apply interventions to improve stabilization by working with dissociative parts of self
- Identify common avoidance defences in clients who are dissociative and employ interventions to resolve them

While techniques are helpful adjuncts to treatment, a consistent and predictable therapeutic relationship is a primary factor in whether and how clients improve. Participants will learn how to maintain optimal relational closeness/distance with **clients who simultaneously experience the therapist as both needed and dangerous**, as well as how to effectively repair frequent ruptures in the relationship. Ample case examples will illustrate specific approaches and interventions.

#### Video Resource Pack Learning Objectives:

- Describe the role of trauma generated dissociation in Post-Traumatic Stress Disorder (PTSD), Complex Post-Traumatic Stress Disorder (C-PTSD) and **Developmental Trauma Disorder (DTD)**
- Discuss the continuum of dissociation from everyday dissociation to Dissociative Identity Disorder (DID) and how it differs from psychosis or schizophrenia
- Describe the symptoms of dissociation in depersonalisation, derealisation, **dissociative fugue and Dissociative Identity Disorder**
- Describe the **hallmark signs of dissociation in session** and how to manage these
- Discuss Somatic Countertransference and the **practitioner's own capacity to dissociate**
- Apply at least **five interventions to help clients overcome trauma-related phobias**: The central roles of fear and shame
  - The phobia of inner experience
    - Learning to normalize, accept, regulate and tolerate inner experience
    - Mentalizing and compassion as strategies to cope with inner experience



- **The phobia of attachment and attachment loss**
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#### About the speakers

**Christiane Sanderson BSc, MSc.** is an Honorary Senior Lecturer in Psychology at the University of Roehampton, of London with 35 years of experience working with survivors of childhood sexual abuse and sexual violence. She has delivered consultancy, continuous professional development and professional training for parents, teachers, social workers, nurses, therapists, counsellors, solicitors, the NSPCC, the Catholic Safeguarding Advisory Committee, the Methodist Church, the Metropolitan Police Service, SOLACE, the Refugee Council, Birmingham City Council Youth Offending Team, and HMP Bronzefield.

She is the author of *Counselling Skills for Working with Shame*, *Counselling Skills for Working with Trauma: Healing from Child Sexual Abuse, Sexual Violence and Domestic Abuse*, *Counselling Adult Survivors of Child Sexual Abuse*, 3rd edition, *Counselling Survivors of Domestic Abuse*, *The Seduction of Children: Empowering Parents and Teachers to Protect Children from Child Sexual Abuse*, and *Introduction to Counselling Survivors of Interpersonal Trauma*, all published by Jessica Kingsley Publishers. She has also written *The Warrior Within: A One in Four Handbook to Aid Recovery from Sexual Violence*; *The Spirit Within: A One in Four Handbook to Aid Recovery from Religious Sexual Abuse Across All Faiths* and *Responding to Survivors of Child Sexual Abuse: A pocket guide for professionals, partners, families and friends* for the charity *One in Four* for whom she is a trustee. Her next book, *The Taboo of Sibling Sexual Abuse: Working with Adult Survivors* is out soon with *nscience publishing house*.

**Kathy Steele, MN, CS** has been treating complex trauma, dissociation, and attachment issues since 1985. She is in private practice with Metropolitan Psychotherapy Services and is Adjunct Faculty at Emory University in Atlanta, Georgia, US. Kathy is a Past President and Fellow of the International Society for the Study of Trauma and Dissociation (ISSTD), and has also previously served on the Board of the International Society for Traumatic Stress Studies (ISTSS). She has been involved with developing treatment guidelines for Dissociative Disorders and well as for Complex Posttraumatic Stress Disorder. Kathy has received a number of awards for her work, including the 2010 Lifetime Achievement Award from ISSTD, an Emory University Distinguished Alumni Award in 2006, and the 2011 Cornelia B. Wilbur Award for Outstanding Clinical Contributions. She is known for her humour, compassion, respect, and depth of knowledge as a clinician and a teacher, and for her capacity to present complex issues in easily understood and clear ways using an integrative psychotherapy model that draws from both traditional and somatic approaches. She is sought as a consultant and supervisor, and as an international lecturer.

She has co-authored three books as part of the acclaimed Norton Series on Interpersonal Neurobiology: *The Haunted Self: Structural dissociation of the personality and chronic traumatization* (2006, Van der Hart,



Nijenhuis, & Steele – W. W. Norton); *Coping with trauma-related dissociation: Skills training for patients and therapists* (2011, Boon, Steele, & Van der Hart – W. W. Norton); and most recently, *Treating trauma-related dissociation: A practical, integrative approach* (2017, Steele, Boon, & Van der Hart – W. W. Norton). She has also (co)authored numerous book chapters and journal articles.

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