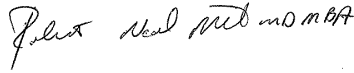


Origination Date: 5/21/09	Revision Date(s): 4/10, 4/11
Developed By: Medical Criteria Committee	



Approved: **Robert Mills, MD**

Date: 05/26/11

Description:

Dissociative Identity Disorder (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 other categories of dissociative disorder include: dissociative amnesia, 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 and Diagnosis: The diagnosis of DID has been surrounded by significant controversy. Clinicians should be alert to the possibility of false positives in diagnosing DID. Patients may have dissociative experiences that do not meet DID criteria; patients, particularly those with Cluster B personality disorders, may inaccurately identify themselves as having DID; and symptoms of other psychiatric disorders may mimic symptoms of DID. Differential diagnosis should include consideration of the following:

- Other dissociative disorders
- Substance use disorders
- Posttraumatic Stress Disorder or Acute Stress Disorder
- Axis II disorders
- Psychotic disorders

Additionally, clinicians must assess the patient's psychosocial functioning, ego strength and resiliency, motivation, and external resources including social support; and tailor treatment to the patient's needs as they relate to these internal and external resources.

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Treatment Goals and Interventions:

Establishing appropriate expectations for treatment is of utmost importance in treating individuals with DID. Goals and interventions should focus on achieving more integrated and adaptive functioning and need to be tailored to the patient's resources and abilities. There is limited evidence regarding the long-term outcome of patients with DID; available evidence suggests that for a large number of patients, improvement rather than cure is an appropriate treatment goal.

Information to be submitted with request:

1. Multi-axial diagnosis, symptoms, and functional impairment;
2. Relevant psychosocial and treatment history;
3. Alcohol and other drug use history;
4. Current medical status and relevant medical history;
5. Current medications;
6. Risk assessment;
7. Treatment plan; and
8. Specific goals for stabilization.

Criteria for Continued Treatment:

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

1. The treatment plan establishes achievable recovery goals appropriate to the patient's symptoms, resources, and functioning.
2. Treatment is provided at the lowest level of intensity (including frequency and duration of outpatient sessions and duration of the treatment episode) necessary to maintain the patient's stability and achieve progress toward appropriate treatment goals. *Note: There is no consensus or empirical evidence that routine use of extended psychotherapy visits (75 to 90 minutes) is more effective than regular visits for DID. While extended visits may be appropriate on occasion for crisis management, the routine use of extended visits is not covered. Special circumstances may be discussed with an ODS Behavioral Health Care Coordinator in advance.*
3. The treatment plan includes a realistic plan for termination and promotes the patient's ability to independently manage symptoms and resolve problems.

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

4. Continued measurable improvement in symptoms and/or functioning. Patients must demonstrate progress in treatment as evidenced by an increase in GAF score and improvement in behavioral outcome measures.
5. Continued progress toward development of skills to prevent relapse.
6. Treatment plan revision to address lack of progress. If no improvement is noted, the treatment plan should be modified to include the consideration of
 - a. Need for medication evaluation

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- b. Possibility of underlying Axis II condition
 - c. Need for psychosocial interventions (i.e., support groups)
 - d. Possibility of co-occurring conditions that need attention (e.g. medical conditions, substance abuse)
 - e. Referral to a different provider or different type of treatment
7. If there is a clear risk of deterioration with no further treatment, appropriate maintenance treatment is covered. If continued treatment is intended primarily to prevent deterioration, and significant improvement in symptoms is not expected, treatment should be provided at the least intensive level required to prevent deterioration. Periodic treatment plan updates may be required to track patient's progress.

Notes:

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.
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.

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