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Approved:

Csaba Mera MD

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Csaba Mera, MD

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 categories of Dissociative Disorder include: dissociative amnesia, dissociative identity, 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:

One challenge in assessment is to differentiate between a dissociative disorder and the following:

- Substance Intoxication Disorders
- Somatization Disorder
- Posttraumatic Stress Disorder
- Acute Stress Disorder
- Psychological Factors Affecting Medical Condition
- Amnesic Disorder Due to a Brain Injury
- Schizophrenia

Assessment should include the following domains:

- Overall level of functioning
- Substance Abuse and other comorbidities
- Available social support
- Client's motivation for treatment

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Interventions:

- A phased approach to treatment is common, first addressing issues of safety and stabilization; then working more directly with traumatic memories; and then, where appropriate, working toward identity integration.
- Treatment should focus on building client's strengths, coping skills, and support systems as a risk of dysfunctional dependency can occur in some patients.
- Goals of treatment should be realistic and consider the patient's overall level of functioning. In some cases, a goal of integration of the patient's identities may be appropriate; for other patients, improved overall functioning and stability may be a more realistic goal.
- Outpatient visits more frequent than twice per week, except on a time-limited basis to prevent clinical deterioration, are contra-indicated and are not covered.
- Inpatient treatment is appropriate for acute stabilization and safety. The use of inpatient treatment for in-depth trauma work lacks empirical support and is not covered.
- While extended outpatient visits (75-90 minutes) may be appropriate on occasion for crisis management or pre-planned trauma work, the routine use of extended outpatient visits lacks empirical support and is not covered.
- Treatment should attend to fundamental issues of safety, stabilization, and basic functioning before proceeding to in-depth trauma work. In-depth trauma work is contraindicated in patients who are actively suicidal, psychotic, or abusing substances.
- Group psychotherapy is not a primary treatment, but time-limited, skill building, and task-oriented groups can be helpful.
- Dialectical Behavior Therapy may be helpful in improving impulse control, interpersonal relations, and suicidal or parasuicidal behaviors.
- There is no generally accepted pharmacotherapy to treat the core symptoms of DID. However, adjunctive drug treatment for comorbid conditions such as PTSD, anxiety, obsessive-compulsive disorder, etc., may be helpful.

Criteria for Continued Treatment:

The following criteria must be met for continued authorization:

- Treatment is provided at least intensive level (including frequency and duration of outpatient sessions) necessary to maintain the patient's stability and achieve progress toward appropriate treatment goals.

AND

- Continued measurable improvement in functioning. Patients must demonstrate progress in treatment as evidenced by an increase in GAF score and improvement in behavioral outcome measures.

or

- Continued progress toward development of skills to prevent relapse.

or

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- Treatment plan revision to address lack of progress. If no improvement is noted, the treatment plan should be modified to include the consideration of
 - Need for medication evaluation
 - Possibility of underlying Axis II condition
 - Need for psychosocial interventions (i.e., support groups)
 - Possibility of co-occurring conditions that need attention (e.g. medical conditions, substance abuse)
 - Change of treatment approach and/or treatment provider

If above criteria are met, the treatment plan should include a plan for terminating treatment.

Termination Criteria:

- Patient has returned to previous functioning and has developed appropriate relapse prevention skills.
or
- Patient is not improving, despite amendments to the treatment plan (consider referral to another therapist or another form of treatment)
or
- Patient has achieved a stable level of functioning and further treatment is not expected to produce significant improvement.

American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders, 4th edition, text revised*. Washington, DC: American Psychiatric Association, 2000.

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Owning the past, claiming the present: perspectives on the treatment of dissociative patients. Australian Psychiatry. 2005