

Calls from people with Dissociative Identity Disorder (D.I.D)

The following guidelines have been compiled by the National Association for People Abused in Childhood (NAPAC) in partnership with First Person Plural. These guidelines seek to promote best practice when working on the telephone with those experiencing D.I.D.

D.I.D was formally known as multiple personality disorder. According to the Diagnostic and Statistical Manual of Mental Disorders (DSM), DID includes "the presence of two or more distinct identities or personality states" that alternate control of the individual's behaviour, accompanied by the inability to recall personal information beyond what is expected through normal forgetfulness.

Identities or personality states may also be referred to as:

- Alters
- Others
- Parts

The terms **system, community, team, unit** or **family** may be used to describe all the identities or personality states collectively.

The term **switching** is generally used to describe the change between alters.

The most dominant identity who manages day to day life in the here and now may be called the **host, the core personality, or leader**.

Being present is the term generally used to describe which alter is in control of the body at that given time.

Identifying a caller with D.I.D

Many callers will openly disclose that they have D.I.D during calls to help / support lines where they expect there to be some knowledge and understanding of D.I.D and the associated issues.

Other indications that a caller may be part of a D.I.D system is using the term "**we**" when talking about themselves and sounding distant and confused

Child or younger alters can often be identified by:

- The tone of voice – child alters will be heard as a 'childlike' adult voice. However the caller will hear it internally as an age appropriate child's voice.
- The language used – child alters tend to talk much more simply and generally with phrases and vocabulary which is appropriate for a child of their age.
- Child alters may refer to adult parts as "**big**"

Trauma, Flashbacks and Grounding Techniques

D.I.D usually develops from prolonged trauma that starts in early childhood, generally before the age of 5 years.

Flashbacks are the reliving of trauma and can include all of the senses, e.g. sight, sound, touch, smell and taste. When someone with D.I.D experiences a flashback it is the alter who is present at that given time who is reliving the trauma.

It can be helpful when working with someone experiencing a flashback to facilitate self grounding (be within the present moment). It is important however to check out with the caller if a certain grounding technique is okay with them, as some techniques can be very triggering for one part and not for another. This discussion should be a collaboration between the caller and volunteer to discuss what might help; ask “would you like us to see if together we can get you feeling safer? Then offer possible techniques checking out to see if they are appropriate for that caller?

Some techniques to help someone become grounded during a flashback are:

1. Using the senses by asking the caller to describe the following:
 - a. Touch – what can you touch around you? How does the chair you are sitting on feel?
 - b. Sight – What can you see around you?
 - c. Smell – What can you smell?
 - d. Taste – Can you taste anything?
 - e. Sound – What can you hear?

With the senses exercise, it is important for the caller to say out loud what they are experiencing. This also helps the sound sense being brought into awareness due to hearing their own voice in the present time.

2. It can help to ask the caller what has helped them to feel less frightened before in order to use coping strategies which may be familiar to them already.

NB: each alter may have different coping strategies, so if there is a switch during the call it would be beneficial to repeat this question each time as required.

3. 100 minus 7 counting – starting at 100 ask the caller to count down in 7's. e.g. 100 – 93 – 86 – 79 etc.

This exercise works well for those with limited numeracy skills as it engages the logical part of the brain and therefore changes the focus from the emotions and feelings which are causing distress. This technique is also very useful for those experiencing panic attacks.

4. Square breathing – ask the caller to visualise a square and:
 - a. Breathe in for 2 seconds picturing one side of the square.
 - b. Hold your breath for 2 seconds visualising the second side of the square.
 - c. Breathe out over 2 seconds visualising the third side of the square.
 - d. Hold your breath for 2 seconds visualising the fourth side of the square.

This exercise should be completed as many times as required for the breathing to become calm and regular.

A simplified version of breathing as a grounding technique which can be used in stressed or aggressive situations is to ask the caller to:

- e. Place both feet flat on the floor and breathe into the diaphragm (so the tummy expands)

5. The 'Super-Shrug' –

- a. Ask the caller to hold their shoulders right up to the ears and let them drop; this forces their lungs to expand and inhale. This can be a useful technique as when someone is experiencing fear or anxiety, breathing patterns can become shallow with increased frequency. Alternatively people may hold their breath during fear and the super shrug can enable breathing patterns to recommence.

Validation and Boundaries

Alters can have different:

- Genders
- Ages
- Memories
- Likes / dislikes
- Accents / languages
- Skills
- Opinions

It is important when taking a call from someone with D.I.D to provide validation in the moment to whichever alter is present. It is also important to respond to alters in an age appropriate manner without being patronising towards younger alters.

Boundaries are important for all callers but can be particularly important for those with D.I.D. Boundaries set out what can be offered by the service and it is important that these are set out clearly for the caller, therefore managing their expectations in a clear and transparent manner. For example, the length of the call, by being outwardly clear about the scope of the service which can be offered, such as how long the call can be.

This offers containment to the caller rather than the ending of a call being perceived as a rejection of whoever is present. It can be helpful to work with the caller with regard to ending the call, reminders that the call limit is imminent can be useful and gives the caller the opportunity to say anything else they wish during the remaining time. This can also give an opportunity to regroup the caller as needed.

There may be switching of alters within a call and it is important to validate each alter as they become present. Alters may also not be aware of the conversation which has already occurred, therefore it is important to ensure that boundaries are reaffirmed with each alter.

Some alters may talk about the detail of the trauma they have experienced, however this is generally better explored during a well-established therapy setting. Therefore if a caller describes the detail of their traumatic experiences, it may be helpful to direct the focus of the call onto the feelings that the trauma has created for the caller. This focus on feelings ensures that the caller is left in as safe a place as possible at the end of the call.