Jan 2011

RAINBOW'S END

Volume 11 Issue 2

Support & Information Newsletter of FIRST PERSON PLURAL

the survivor-led association for survivors of trauma and abuse who experience dissociative distress, and for their family, friends and professional allies

Registered Charity No: 1109464

CONTENTS

Spring Members Open Meeting & Annual General Meeting

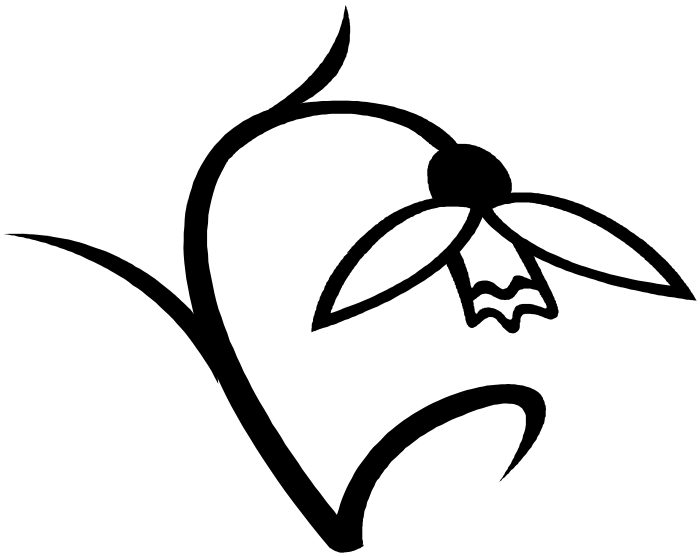
Saturday, 7th May, 2011

at St John's College, Nottingham

www.stjohns-nottm.ac.uk

MARK DATE IN YOUR DIARY NOW

further details will follow



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Editorial Statement:- While every effort will be made to keep contributions complete and unedited we reserve the right to make amendments when necessary. Decisions about the inclusion and amendment of contributions are made by the editor and are final. Contributions do not necessarily reflect the views and opinions of First Person Plural, members of the executive committee or the editor. Inclusion of any reference to an individual or organisational resource is not a recommendation. The contents of this newsletter are for information and support purposes only. The newsletter is not a substitute for individual therapy or professional supervision. It is an addition to, not a replacement for, other networks of support.

Contributions can be sent in at anytime articles; stories; resources; book reviews; tips; poetry; personal experiences; written articles and poems are good; brief snippets & artwork are desperately needed It would help if you can send your contribution electronically as an email attachment. This saves times and resources but handwritten and typed material sent by post will continue to be accepted. **Please send to our editorial email address** newsletter@firstpersonplural.org.uk . The next issue of the newsletter is due in March/April 2011

Originals will only be returned if a suitable stamped addressed envelope is enclosed

IMPORTANT:- When sending material for publication please clearly mark "FOR PUBLICATION" and say what name or pseudonym you wish to use.

ATTENTION

Material in this newsletter may trigger painful memories and feelings.
Read with caution and appropriate support if necessary

MAKING CONTACT WITH EACH OTHER? - - - - REMEMBER *SAFETY FIRST*

One reason people join First Person Plural is in the hope of connecting with other members. The newsletter and occasional members open meetings provide opportunities to do so but we suggest you use caution. Do not lose sight of the fact that, initially at least; other members of FPP may be strangers to you, as you are to them. FPP does not check applicants for membership. Anyone can become a member by completing a form and making payment. We have no reason to believe that any of our members are unsafe persons but conversely we can offer no assurances that someone is trustworthy just because they are an FPP member. Also non-members may have access to the newsletter. Clearly we are not saying never make contact but we do advise that you use common sense precautions as you would when meeting or contacting any stranger. Develop your friendship slowly before exchanging personal details such as telephone, mobile or postal address. Set clear boundaries for yourself about what kind and how much contact you wish to have with each other. Listen to & respect each other's need to set and change boundaries. Do not let desperation for understanding, support and friendship cloud your judgement or lead you to try to get more from each other than each wish to give.

Members seeking contact with other people who have DID

I have suffered with DID all my remembered life and I was wondering if any fellow sufferer would like to get in touch via my e-mail. I really would welcome the contact as sometimes I feel as if I am screaming silently. My e-mail address is helenmiles52@yahoo.co.uk	To all sufferers of DID - I am isolated and would love to talk to anyone male or female with DID for email and exchange supportive contact and to know your not alone please contact Catherine (Manchester) at catherinecwr@aol.com

Chair's letter

Dear All,

I already feel as if I am a long way into 2011. There are several things happening during this year that we hope will start to bring about some real change within the field of complex dissociation.

From a breakfast meeting held at the European Society for Trauma and Dissociation conference in Belfast last year an ESTD-UK research group has been established who are working to collect the necessary data to get Dissociative Disorders the official recognition it needs. Hopefully this research programme will encourage and support the production of National Institute for Health & Clinical Excellence (NICE) guidelines, which are needed to have any real chance of getting treatment for complex dissociative disorders routinely available on the NHS. Along with the Campaign conference in London on 12th March (details were in the brief newsletter sent out just before Christmas) and the follow up 'political / strategic' campaign meeting for invited participants later in March things should really begin to make a move. I personally feel that it is very important that all these projects pull the dissociative community together and we put communication high on our list of priorities.

Kathryn and I have been invited to be part of the ESTD-UK research group and to attend the Campaign follow up meeting in March. Two members of the executive committee (Jacquie & Oriel) are representing FPP at the earlier Campaign conference. They will take the FPP information display and will be available to talk about our work. Jacquie will read out an FPP report which will speak about where we feel an acceptance of complex dissociation is at now and what needs to happen in the future. Kathryn and I cannot be there as we have a long standing commitment to deliver training for Nottinghamshire & Derbyshire District of Methodist Church.

In January 2011 Remy Aquarone, Director of the Norwich-based Pottergate Centre, starts his two year period in office as president of the European Society for Trauma and Dissociation. This all helps to bring credence to the subject within the UK.

Real progress will inevitably take much longer than we would wish. It will be some time before all this trickles down, comes to fruition and has substantive effects which lead to positive changes for individuals. But I hope Susan sharing her journey with us in this issue will help and support some of you in feeling more empowered to tackle your own health authority and MP.

Recently your committee, very reluctantly, took the decision to postpone the conference we had intended to hold in October this year.

A lot of time, energy and money has been invested in the training DVD and for it to be a success our priority has to be the promotion of it. This will realistically take up more of our time and commitment than we had initially anticipated. Also the financial climate is still far from settled, we know of two trauma-related events that were very poorly attended or cancelled due to lack of take-up. We are now aiming to organise our conference either the later part of next year or early 2013. Fortunately, we'll still have the same speakers on board. We hope that more interest will be generated following the production, promotion and circulation of the DVD. One of our main target audiences is the NHS.

I'd just like to add a reminder about the AGM and Open Meeting on May 7th. It is being held at St. John's College in Nottingham. Do visit their website (see front page) and look at their brochure. It looks a lovely venue.

We are very low on material for the next and future issues of the newsletter. Please do write that article you have been intending to for ages or respond to things in this newsletter. I am very aware of the threads that are often common to many of us living with complex dissociation but we do like to also share the differences. I know our members enjoy reading about things that you have found useful or not, achievements that we can all celebrate with you, your hopes and fears for the future. Oriel has sent in short quotes. We would love to receive more of the same. Book reviews don't have to be directly about DID. Younger ones might like to share what they have read recently or just a favourite author.

We love books by Michael Morpurgo. They are very well written and we found that many of us from all ages were enjoying them at the same time. Another series that my biological children all enjoyed together, ages ranging from two to ten were books by Graham Oakley about Arthur the Church cat who liked mice, my husband was also an appreciative audience. I have found books to be something that has helped us to share and enjoy being with each other. I always use to feel a little embarrassed when little ones were choosing books in the library until we realised that only we knew what was actually happening and it is one of the safe places we could all be.

Your art work that copies well on a photocopier and your poetry would also be much appreciated.

I wish you all the very best for 2011 and look forward to seeing you at the Open meetings.

Kindest regards

Melanie

A daughter's fight to get help for her Mum – *an introduction*

by Melanie Goodwin.

I first met Susan *(not her real name)* at the ESTD conference in Belfast. We didn't have much time to talk to her there but since then I have got to know Susan and she kindly agreed to write for the newsletter about her journey to the point where she secured help for her mother. Both Susan and her mother are very keen to assist anyone else they can in trying to get help. This has included having an article in their local press.

I appreciate many people living with DID are not fortunate enough to have a daughter like Susan but it may be you can share this with a CPN or your social worker. So often these people are as hampered by the system they are working within as are we living with the situation.

In desperation Susan wrote to her local MP outlining her mother's history and the lack of informed help she was receiving. Susan ended her letter with: -

"I feel really let down by the system because my Mum has currently slipped back into a dissociated state and I feel if she'd started receiving treatment earlier then we would not be back in this position again.

My Mother is not living a normal life; she just exists as a prisoner in her own home. What kind of a life is that for her and her family? I am her daughter and I have my own 17-month-old child but my Mum can't even do the simplest of things like walking down the road or even going to the park – its heart breaking. I just want my Mum back; in today's society surely that's not asking a lot.

I feel that my mother has suffered enough and we would be so grateful as a family if someone could just give her that chance she deserves to have a normal quality of life. She has suffered enough as a child, so why let this carry on if we know there is the right help out there. I really hope you can listen and help my Mum to get the funding I generally think she deserves."

Once Susan got to her NHS Trust's Chief Executive and MP things began to happen quite quickly over the next five weeks.

If one PCT has taken it on board and started to make real provision for working with this group of people surely others must at least start to take the whole thing a lot more seriously. I feel Susan has captured what so many of us have spoken about over the years.

In the next newsletter, Mike Lloyd, and Remy Aquarone are going to write about the wider picture.

From the e-mails we receive at FPP we know this is a very common situation. The more knowledge we have about what is actually happening in at least one area may help us in our individual challenges to our own authority.

I do know that some people are receiving funding and help via or through their PCT but I know of very few who have achieved this without a considerable and prolonged fight. I hate using the word 'fight' but this is just what it feels like for so many people who are going through the process of trying to get the right help

Getting help for my Mum *by Susan*

My Mum had a complete breakdown in May 2008, when she started showing signs of acting as a child. This was very distressing to see because she didn't even know who her family were. After a couple of days at home she was then admitted to a psychiatric hospital because we couldn't cope at home and no one seemed to know what was wrong with her. Once in hospital she started to display the character of a 4 year old, even speaking and walking like a child. She also used to see her main perpetrator very vividly like he was there all the time wherever she went. (He is dead). My Mum ended up in the psychiatric hospital for 4 months.

In this time nobody really knew how to help her, it was very traumatising for everyone involved especially those close to her. All the psychiatric ward could do was keep her safe, and even this was extremely difficult.

Mum seemed to be really drugged up all the time, but this seemed to be normal on these wards. A lot of patients walk round like zombies. This prompted me to do some research on the Internet, if the professionals couldn't help her it was down to me. I always said to myself no matter what it takes I have always been determined to see that my Mum has some quality of life. At that time she purely existed. Prior to the breakdown she didn't go out of the house for 3 years due to panic attacks. In total she has suffered from depression for at least 15 years.

My research started by typing in Mum's symptoms on search engines, for example "an adult thinks she's a 4 year old child and has suffered from childhood abuse". The search engines pointed me in the direction of Childhood Trauma sites, I read for hours and hours, then I emailed around 25 people with a short story about My Mums symptom's, please see box below for the email I sent off to all the people I could find.

Hi,

I am writing to you to find out where I can get the best treatment for my Mother who has suffered from DID for nearly 5 weeks now. My Mother is 57 years old.

She has a history of childhood abuse, but for the past 14 years has been treated under the NHS through medication. Over the past 14 years she has suffered from PTSD, flashbacks, acrophobia, hallucinations of seeing spiders and lice, anxiety and the list goes on.

The DID came to light 5 weeks ago, where she thinks she is 4 years old and is re-living parts of her abuse. She currently sees her abuser all the time in a hallucination form, which is very distressing to her. She basically has lost her memory and doesn't know who anyone is from the present.

She is currently detained under the mental health act and they are looking into private funding for her because the NHS cannot help her because she is such an extreme case. I am writing to you for more information and advice on the best treatment possible and how someone this severe should be handled. What is the best cause of treatment? Is this normal to be in a dissociative state for 5 weeks? Is it damaging if she doesn't get the right treatment early? Sorry for all the questions, but we are so desperate for someone to give us some answers and point us in the right direction.

I had quite a lot of sympathetic feedback from people, but there was one person called Kathryn Livingston who suggested that I get in touch with Remy Aquarone.

I plucked up the courage and gave Remy a ring and we started to chat about my Mum's condition and it made me feel very overwhelmed. He was the first person who really understood what my Mum was going through. He suggested that she had a test to see if she suffers from Dissociative Identity Disorder. This meant I would have to get the NHS to agree to fund the assessment which Remy agreed to do, so my Mum could be accurately diagnosed,

I got in touch with her social worker and explained to her what I had found out and she was really interested. She pulled all the strings with her boss and they agreed to fund it. In September 2008, Remy came to visit my Mum and she was diagnosed with Dissociation Identity Disorder. About a month after the diagnosis my Mum was discharged from hospital and appeared to be doing a lot better. Then in April 2009 a similar thing happened where she started displaying similar behaviours as before, but this time it was a lot worse. She remained in a dissociated state for 8 months and changed in to 10 different people; in all this time she remained Mute, only communicating through writing, which was written backwards. Each alter had different handwriting. All alters are forbidden to talk by the internal abuser known as Inside him. He is the only one who can talk.

From Mum being diagnosed it took 15 months of fighting to get her the funding and the right help that she needed. This was the worse 15 months we have ever had to ever go through. We quickly had to learn about the condition and educate others around us.

But at the same time we also had to deal with what was happening to her. Some of the things that we witnessed on a daily basis were horrendous. My Dad had to give up work as Mum had to be watched 24/7 for her own safety. We felt totally isolated and had no one to turn to. People didn't understand what was going on.

To get my Mum the funding I had to write to my local MP and the Chief Executive of Cheshire and Wirral Partnership NHS Foundation Trust. Her case was put to the bespoke panel three times and every time the application was refused. This made me extremely angry. The people on these panels haven't got a clue how serious this is.

In the end I decided to speak to the Chief Executive myself who was very sympathetic and understood my frustrations after hearing my story personally. He went on to tell me that he was doing everything he could but the decision doesn't lie with him. He put me in touch with the commissioning manager for mental health who works for my local primary care trust (basically he's the man who is in charge of the money).

I had lots of conversations with him and he totally understood the situation, but it was all down to the panel in the end. I then went on to tell him if the right decision isn't made and my Mum doesn't get help she needs I will write to every paper in the UK and make sure I tell them what a complete shambles the NHS is.

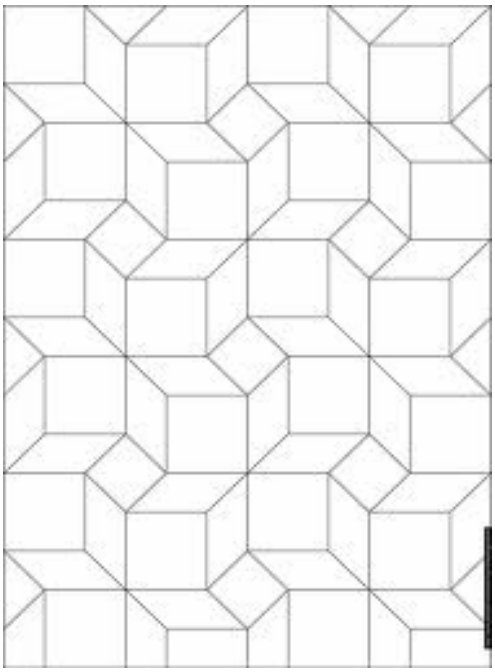
I also suggested to him that it would be better to help my Mum in the long run because it would cost the NHS more money in hospital admission, meds and professionals time for the rest of her life which would amount to more then having therapy. I felt very strongly that it made more sense financially to help someone with the correct treatment

continued on page 10……

PLAY

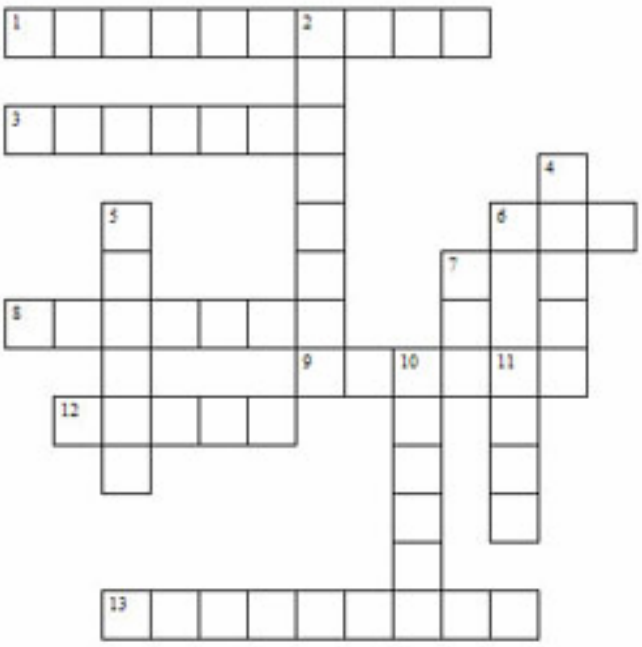
Some Pictures to Colour

Some of your bigger ones might like a go at the one on the right



Crossword

Can you fill in the crossword using the clues below? Some of them are a little tricky.



Across

1. Kind of dogs, white with black spots (plural). Disney made a film called 101….
3. African animal with spots and a long neck
6. Something which screws onto a jar or bottle
8. Making a picture with pencils or crayons
9. A creature with 8 legs which weaves a web
12. Small British bird with a red breast, often seen on Christmas cards

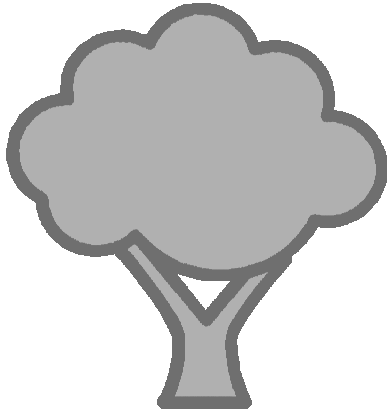
Down

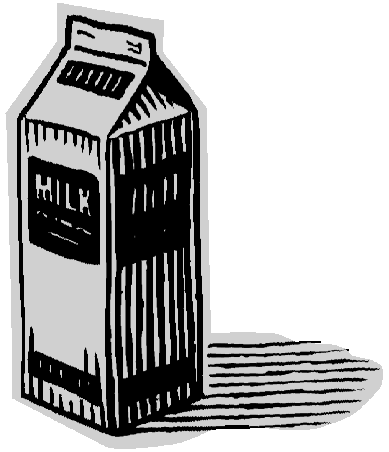
2. Floating blocks of frozen water often found near the north and south poles
4. A large orange and black wild animal with stripes. It belongs to the cat family.
5. Mythical fire-breathing creature
7. Wet earth, hippos like to bathe in this.
10. The general word for a creatures like an ants, a fly, and other creepy-crawlies.
11. Something that is not difficult
13. Very like a crocodile but with a shorter head

Can you complete the missing letters in the words. See how many you can do

1. A baby dog is called a **P _ _ p y**
2. A baby cat is called a **K i t _ _ n**
3. A female lion is called a **L i o n _ _ _**
4. Oranges are a type of **F r_ _ t**
5. Carrots are a type of **V e g _ _ _ b l e**
6. People go and see animals at a **Z _ _**
7. Cows produce **_ _ l k**
8. Children learn things at a **S c h _ _ l**
9. Adults drive from place to place in a **C _ _**
10. Pirates search islands for **T r e _ _ u r e**
11. At night you can see the **M _ _ n** glowing
12. A person with a smile on their face is **H _ _ py**
13. A person with a frown on their face is **S _ _**
14. Polar bears are white and live in the **S _ _ w**
15. Birds have wings and fly in the **S _ _**
16. Fish and Dolphins live in the **S _ _**
17. People kicking a ball are playing **F o o t _ _ l l**
18. The adult in a classroom is called a **T _ _ c h e r**
19. Lots of animals live in the **J _ _ g l e**
20. Cars and bikes drive on the **R _ _ d**
21. Water, ice cream and sand are found at the **B _ _ c h**
22. Leaves and acorns grow on **T _ _ e s**
23. The postman delivers parcels and **L e _ _ e r s**
24. Farmers grow vegetables and **C _ _ p s**

CENTRE





RAINBOW'S END

While going through this dreadful experience of fighting to get my Mum help I have come to realise that you have to cut out all the middle men and aim right to the top. When dealing with people in the NHS you are dealing with a chain of people. I eventually dealt with 6 managers to get where I got.

I have also learnt that social workers and their bosses don't have very much power to make decisions when it comes to money. I feel people with mental health problems are very let down by our government; they need to put themselves in the lives of the people suffering instead of cutting budgets. The NHS needs to look further than their yearly budgets and look long term on certain projects, this way they will be saving a lot of money.

My Mum finally got funded after a lot of strings had been pulled through my persistence of getting on everyone's case pretty much every week for over a year.

Now because of this, a service is being set-up in Macclesfield to help other people with the same disorder as her.

My Mum started therapy in January 2010, and since then she hasn't had any hospital admissions, no crisis team coming out every day (which they did for 2 hrs a day for 8 months last year). Even though things are still difficult she is progressing well with therapy and now has a chance of a future. Her therapist has also taken on another lady, which would never have been possible if it wasn't for Mum and me.

I hope this story gives people inspiration to never give up hope, you have to fight for what you believe in and I believe that my Mum has got a right to a life and a future. She has suffered enough all her life and people need to understand the victim has to live with the devastation the abuse causes forever unless they receive the right help.

There should be more help out there for people like my Mum. This means local authority and the NHS need to take the reality of DID on board.

Good luck!!

You can only go half-way into the darkest forest, after that you are coming out the other side

Chinese Proverb

If you are going through Hell, keep going

Winston Churchill

"*PIECES OF ME*"
presented by **The Risky Tree Company**
reviewed by Oriel

On Sunday 8th August 2010 The Risky Tree Company performed a play about DID entitled *Pieces of Me*, as part of the Camden Fringe Festival.

It was performed in a very small theatre, entirely painted black, with initially nothing but a large white canvas and a few chairs as props. Each alter was represented by a different actor on stage at any one time- rather than trying to depict multiple people within one body. When an alter came on stage for the first time they painted their name in red paint on the large canvas. There was a mediator/therapist called Eves on stage much of the time who interacted with each of the alters or characters.

The play led the audience through a period of about a year in the life of the body, mostly told through 'sessions' with Eves, and answering machine messages. The audience was led through some touching and sometimes painful events, such as Laura (the host) trying to get a job, and being jeopardised by another personality going out and getting drunk and arrested the night before the interview, through to graphic scenes of an alter's switching in the middle of intercourse to a violent terrified personality. Alongside these external events there was a continued narrative of a child part (Hellie) trying to tell the therapist her history using Lego.

The answer phone messages were very effective in demonstrating the difficulty of interaction with the outside world- for example there were messages for a very religious part named Mary, who apparently had run out of a prayer meeting, a message about a package from Toys-R-Us for 'someone called Hellie', and messages about jobs for Laura.

I thought the play was very powerful, and respectful. I was amazed by some of the accuracy considering none of the writers or performers had any personal experience of DID. I was moved to tears by the plight of Hellie trying to tell her story (she reminded me so much of some of my own little ones). Having several actors represent several alters worked well, as it really presented them as very different personalities, which was effective in separating them from multiple 'self-states' which anyone might have. Obviously, any one play cannot possibly cover the complexity of how alters interact, but there were enough tastes of it, to not over simplify the issue while making it accessible.

My only slight hesitation about the play as a whole was the fact that the therapist / mediator was presented as an alter. The decision to only have actors on stage that represented internal people in the main worked very well, as it drew attention to the complexity of relationship *within* people who live with DID. However, my concern about the therapist also being an internal person was that in my experience, this degree of internal communication is rarely possible without a lot of external help, at least at first. When I first saw the therapist on stage I assumed he was an external therapist, and was impressed as I thought it demonstrated the key role that therapists play, especially at the beginning, in helping internal order. As I realised he, too, was an alter, I found that harder to relate to, although the role he played was vital in helping the audience understand, and illustrating that there is also internal help. I think maybe it is also important to suggest how difficult this can be to access without someone outside of the system to guide.

Overall I was very impressed and touched, and thought it was a brave and remarkably accurate play. I hope they get the chance to perform it for a wider audience.

We would like to thank you for enclosing the "identification card" (PODS crisis card) in the last copy of Rainbow's End. This piece of help arrived at just the right time because, a few days before its arrival, we experienced a lot of switching and feelings of coming apart while walking through our town centre.

This was "simply" (nothing is simple) due to the fact that the bus we were travelling on didn't stop when we pressed the bell to get off, but took us into town where we had not planned on going that day. A lot of work has to go on before even the most minor task can be taken on, such as discussing, deciding, arguing etc. And, if there is the slightest change or upset in our plan, than things become very unstable inside.

We understand that not everyone in the world like labels but, to us, having the label 'DID' gives us permission to acknowledge that we have a 'real' condition and, therefore, a valid reason for our difficulties and struggles.

Carrying that little card around, even if no-one else on the outside ever sees it, gives us a bit of confidence and support when we go out because we now know that if we ever do get into real difficulty, we have got some sort of back-up and at the very least, an explanation.

Book Review *by Melanie*

Kate Evans, a writer and survivor, has written three booklets,

- "Looking After the Inner Community –' Imaginative Healing for Dissociatives'" £3.50,
- "Boundary and Containment Issues", £3.50
- "The Healing Road'- Poems to aid recovery", £4.00.

I have known Kate many years so appreciate these booklets on several levels. As a friend I have witnessed her constant aim to give others hope and wisdom through her writing. You can feel Kate's writing comes from a place of real knowing, this is consistently demonstrated with what she shares. As a healing tool I think there is something that will touch everybody and help them on their journey. Several times while reading them I would get an 'Oh yes that makes such sense' or 'I couldn't do it that way but perhaps this way might work.' As for so many of us knowing that we can perhaps make a tiny bit of a difference for someone else by sharing a part of our journey Kate's writing has often helped to sustain her.

Sue Richardson, a psychotherapist who has done so much to help get DID recognised and has supported FPP over many years said in a review about Kate's poetry, ***'These often beautiful and inspiring poems feature many different type of alter or 'insider'.*** Reading and re-reading relevant groups of verses can help make for frequent contact with insiders and help them with specific problems, while building a stable and loving inner community.

I personally treasure my copies of these booklets as they offer me hope, ideas and when little else can help knowing I am not alone.

Order from Ariadne Press, 27a Palmerston Road, London, N22 8QH. Please add £1.00 p&p for single booklet. All 3 booklets available for £10.00 plus £1.50 p&p. Make cheques payable to "Kate Evans"

Panic answer phrases or Mantras

"I needed to hear the same messages again, again and again before they began to sink in"
A survivor

Religions have long known of the calming power over the mind of a simple phrase repeated countless times. Repetition is also a basic learning technique. Repeating a simple educative phrase forms the basis of affirmations and was incidentally tried over 100 years ago on mental patients in a Paris clinic, who were told to chant "Every day and in every way I am getting better and better".

In scientific terms, it could be seen as an attempt to change the hard-wiring of the mind, the habitual neural pathways of the brain. So that instead of the well-worn Panic Superhighway to Escalation and Chaosville, a new footpath to Peace and Calmtown is begun ...and repeated, and re-used and re-used until it becomes the major highway and the Panic Special begins to look bedraggled and neglected and starts to fall apart.

Certainly, repeating a little phrase that addresses itself directly to the situation in hand can be very effective in re-channelling the immense panic energy into a positive path To formulate the phrase, you need to find out what the cause of the panic or trigger is – in terms of which insider(s) is (are) affected, and how. Then you find out what will calm, encourage or contain the insider(s and express it in the form of a phrase or mantra. The panic answer mantra seems, in essence, to be the one that works. As soon as it is chanted, it feels right, grounded. Negative switches to positive, the energy of the panic is being put into growth, and there is a movement from despair to hope. And the phrase can be repeated until the emotion lessens.

After a time you may get to remember which insiders are triggered by certain things and can chant the mantra soon after triggering, before a panic has time to build up. After more time you may recognise the physical feeling that needs each mantra. Making up your own mantras is an excellent way to retrieve power.

Our greatest glory is not in never falling,
but in rising every time we fall.

Confucius

First Person Plural's Training Programmes

Raising awareness about the reality of living with complex dissociation, how it may present and what may or may not be helpful is a very important part of the organisation's aims. Our training programmes have developed slowly and carefully over the last eight years. We take feedback very seriously and are continually looking at what we offer. An example of change has been the acknowledgement about the relationship between attachment, trauma and dissociation.

Through being part of the ESTD-UK training faculty we input as experts-by-experience into some of the training modules run by recognised clinicians in the field, both at the stage of development and in the delivery. Independently, we can deliver short awareness-raising sessions lasting from an hour to three hours. Some of our members give talks to groups of interested lay people rather than a work-related interest. Some members deliver a regular session; Kathryn talks to student mental health nurses at Wolverhampton University two/three times a year.

However, the mainstays of our training prospectus are our two one day training programmes. The first of these 'Understanding Dissociation' has been delivered to many audiences reaching people who through their work, whether within the voluntary or statutory sector, come into contact with people who have complex dissociation. We increasingly get people attending who are dissociative or support someone who is, and from their feedback they have also got a lot from the day.

Three years ago we were asked about providing a more practice-focused training workshop about providing crisis support for people with DID, often through helplines like Rape Crisis centres. Thus, our second one day training was developed through working closely with people who were already doing this work to ensure that we were using material they would find most helpful in this more specific situation. And since we started delivering this second day we have used feedback from the sessions to evolve it further so that we can now offer variations which are relevant to both helpline and face-to-face supporters who may find themselves talking to someone with DID at a time of crisis.

Both our one day courses and shorter awareness-raising sessions can be brought to your locality for a reasonable negotiable fee, even free on occasion for a short taster session. Regrettably however FPP, which is run entirely by a very small group of part-time volunteers, does not have the time or administrative capacity to regularly both organise/administer and deliver our training at several different locations. It is much more do-able for us to be commissioned just to deliver our programme at training days that are organised and administered locally. Thus, we encourage organisations with an interest in our introductory training on dissociation and its effects to get together with like-minded organisations in their locality to commission us to deliver training at an event you organise and administer. Such partnership working can work well for both FPP and you. It ensures that those you want to know about DID get this opportunity. One possibility of how this might work is a local Rape Crisis centre could organise a day, commission FPP to deliver it, and then invite people from other voluntary organisations and the NHS to book places to attend.

If you are interested and would like to discuss it further please contact us initially through the FPP e-mail. Below are the outlines of our two full days:-

One Day Training Course 1 : 'Understanding Dissociation'

Who should attend: This introductory level course is suitable for anyone whose work may bring them into contact with individuals, whose lives may be affected by childhood trauma and/or a dissociative disorder, including anyone working in health, mental health, education, social and pastoral care in the statutory, voluntary or private sector. It may also be suitable for those who have lived experience of complex dissociative conditions and their non-abusing family and friends. Please note that the course is intense and emotionally challenging. It may be upsetting for those with unresolved trauma.

Learning objectives -

- **To raise awareness of dissociation, its effects and its role in surviving abuse and trauma**
- **To improve participants' confidence in recognising complex dissociation and in supporting those affected**
- **To provide basic theoretical knowledge of dissociation, and the dissociative disorders using plain language and illustrative examples from lived experience to enhance learning**
- **To dispel the myths and fear that often surround Dissociative Identity Disorder (Multiple Personality Disorder) and other complex dissociative conditions**

This one day introductory level training from First Person Plural has been delivered to a variety of audiences across the UK including prison staff at Durham Prison; Wolverhampton NHS PCT mental health and related workers; NHS Trust and local authority staff in other areas, private sector counsellors and therapists; staff and volunteers of Rape Crisis and Sexual Abuse services and other voluntary sector agencies.

One Day Training Course 2 : "Supporting Survivors who have Dissociative Identity Disorder or similar condition"

This is a one day practice workshop targeted at those working to support adult survivors of childhood abuse and trauma. Additionally, therapists, counsellors, psychiatrists and other professionals working clinically or supportively with adult survivors will benefit from attending as the course is delivered by knowledgeable experts-by-experience and is unique in marrying useful theoretical knowledge with how life really is for people who have a complex dissociative disorder. Non-abusing family/friends/informal carers may also find it useful.

A basic knowledge of dissociation and the dissociative spectrum is required but the course includes a brief revision session in the form of a quiz and discussion.

The course is a useful follow-on for those who have previously attended First Person Plural's Understanding Dissociation training day or a comparable introductory course.

Aim:

To further develop participants understanding of the nature of DID and how to work with survivors with DID in support situations and to encourage participants to develop an understanding of dissociative crises from the perspectives of expert-by-experiences.

Learning Objectives: Participants to…..

1. **explore their feelings around working with survivors with DID**
2. **be more confident in recognising survivors who may have DID**
3. **develop their practice in responding to the needs of survivors with DID**

The workshop is interactive, participatory & experiential. It focuses on practical issues, including consideration of scenarios drawn from supporters actual experience of working with people who have DID.

You are invited to attend the first meeting of the

A day-long event to raise awareness, share experiences and discover what all of us can do next

Saturday 12th March 2011
10.00am – 4.00pm

at the Resource Centre
356 Holloway Road, London N7 6PA

Topics covered will include:

Living with a dissociative disorder
Managing a career and developing creativity
Getting the right diagnosis and treatment
What's helpful and where to find support
Where we go from here: challenging health services, the government and public perceptions

Presentations from survivors of abuse and those living with DID, and sessions by representatives from key support groups including First Person Plural, PODS, TASC, RAINS, TAG, NAPAC and the Survivors' Trust

Admission £10.00

The admission price has been made possible by the generous support of the Paracelsus Trust, and includes tea and coffee. Delegates may bring their own lunch or purchase lunch locally.
To book, please send your contact details and a cheque for £10 payable to "The Paracelsus Trust" to Dr Amelia Roberts, 815 Finchley Road, London NW11 8AJ

If you prefer to pay online by credit/debit card or PayPal, please visit www.pods-online.org.uk

For further information or directions to the venue, please contact Dr Amelia Roberts, Campaign Coordinator, at dr-amelia-roberts@hotmail.co.uk

Don't let what you can't do stop you from doing what you can do

John Wooden