Volume 17: Issue 3/4 Spring 2017

First Person Plural — dissociative identity disorders association

"Rainbow's End"

Charity Registration Number = 1056602 (formerly 1109464)

First Person Plural...

- *is pioneering, being one of the longest established (1997)complex dissociation specialist organisations in the UK;*
- *remains the only UK national survivor-led membership charity working exclusively for and on behalf of people affected by DIDs*
- *works in collaboration & co-operation with ESTD-UK, TAG, The Survivors Trust, The Pottergate Centre, The Clinic for Dissociative Studies, RAINS & other groups with a similar ethos, for the purpose of achieving shared aims.*

First Person Plural Celebrates its *20th* Birthday 1997 to 2017

See p7 inside for your members' invite to attend Celebration Open Meeting & AGM on Saturday, 15th July

Membership Renewals

DUE NOW

Please now complete and return, with your payment, the included membership form to renew your membership for the 2017/2018 membership year.

Renewal fees are £20 for UK members (but, for this year only, you may opt to pay £15 since only 2 newsletters were produced in 2016/17). Usual Pay What You Can scheme remains available.

If you first joined after 1st Jan 2017 OR you pay your subscription by standing order you do not need to return the renewal form, but do let us know if any of your contact details have changed.

Inside this issue

Melanie Goodwin,
Chairperson, F.P.P.

Chair's Letter

Dear All

I have been given permission to share this e-mail with you

> *"I have just attended the national Conference in Norwich and wanted to say that the beauty of it was the warmth and depth of kindness amongst the people and the common desire to bring healing and hope and change. No one seemed to be championing their own greatness and there was a real sharing of common ground. There was a wealth of experience and a huge selection of talks and workshops to choose from."*

From the very first meeting all the organisers had a common aim of making this conference friendly, accessible and to demonstrate how working together we can achieve so much more. This e-mail is a treasure as it completely encapsulates what I and the whole team wanted to capture. Yes I did a lot of the work and Kathryn designed and prepared all the material that needed printing including the delegates programme - not a small task but one she assures me she enjoyed - but I experienced being part of a much wider team all pulling in the same direction. Is this called integration in the life of someone with DID? None of us lost knowing who we were, had our own beliefs and views, our own hopes, needs and a vision of the wanted outcome that through discussion, compromise, communication and a common goal was achieved. We even negotiated a democratic process unscathed.

Norman Lamb the Lib Dem's health spokesperson had kindly accepted an invitation to introduce the conference; it was time to start and no Norman. He had been sent by his office to the wrong address. Not good for my blood pressure but he was soon with us and started the two days for us with a very powerful, compassionate and from the heart, non-political speech that was greatly appreciated by the audience. He has since followed this up by putting us in touch with two people working at a level that has the power to influence change AND he is actively staying in touch to see that these links happen.

Kathryn, Carol and I were involved in running three workshops between us that included personal journeys, working collaboratively with NHS colleagues to provide on-going training and how to differentiate between and work with trauma driven behaviour and normal missed developmental stages of all the parts. All the workshops received very positive feedback and I think it is correct to say that Kathryn, Carol and I got a lot from them as well.

FPP was a conference sponsor alongside the ESTD-UK and the British Psychological Society's Division for Clinical Psychology. We worked as equals and I feel this was another milestone in the organisation's life. The work of FPP is genuinely respected by many and our professionalism that we have worked so hard to develop and have recognised is firmly on the map. We try to do it with dignity and grace and I felt so proud to be able to say I am a member of FPP. Following the conference, we rested on our laurels for a couple of days and are now back in harness. What better start to our 20th year.

AND on that note I hope you all have 15th July firmly in your diaries for our 20th birthday celebration in Birmingham. More information in this newsletter. We would love to see as many of you as possible to help celebrate this milestone. I would never have believed that not only would we still be going but the hurdles we have overcome both personally and as an organisation have been enormous and at times very challenging.

A good turnout of members gathering together for this major landmark in FPP's history will be a powerful demonstration that what we (or those

"..... No one seemed to be championing their own greatness and there was a real sharing of common ground. ..... "

Chair's Letter continued

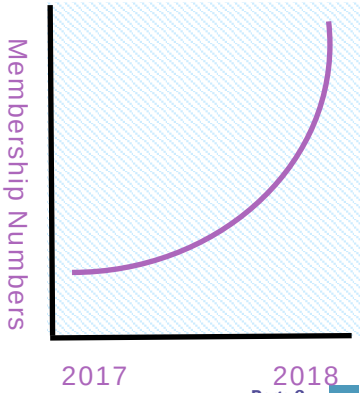
we care about) endured as children has not beaten us. The work FPP undertakes, often very publicly, shows that those who abused us are not the winners. That has got to be worth celebrating. It is such a long and difficult journey for all of us but to be able to stand together looking at life positively (at least some of the time) and with some hope intact flies in the face of all that was done to us.

Much of FPP's strength lies in our membership. We draw on this as trustees, individuals, trainers or whatever role we are filling on behalf of FPP so it would be such a gift and privilege to share 15th July with as many of you as possible. Please come and make it a great, enjoyable and meaningful celebration.

As part of us all working together I would love to see our membership increase this year. Is there maybe someone you know who would like to join us?. Why not encourage them to go to: - www.firstpersonplural.org.uk/members/being-a-member and download the membership form? Every penny raised through membership fees and other means is used to promote and develop the work of improving understanding of DID through training, producing resources, facilitating mutual support and helping to establish strategies within the NHS that will prevent others going through what so many of us have to get help that is helpful!

I am involved in another pioneering piece of work in Norwich. The three psychologists who I am working with to develop and continue to deliver DID training for all those working in mental health have started a Focus Group. This is for people with DID to meet with them and really look at how to get a proper strategy in place that includes a recognised pathway that anyone assessing and thinks the person might have DID can refer them onto. This would cut out all those re-traumatising and unnecessary hoops so many of us have had to jump through to get any DID focussed help. Seven very brave people wrote about what has been unhelpful and of course what has helped. Nothing they said was a surprise sadly but I think for the psychologists concerned to see these statements en masse was extremely powerful and not a little hard to stay with. They of course never see the full story of anyone's individual journey to getting help. The system is so fragmented they only really engage with their own particular role and there is not time to ask about anything else but carry out the 'task of the day'. The first meeting was managed extremely sensitively with the four of us with DID who felt able to attend invited to talk about what has been unhelpful, needless to say it completely supported the written statements. This was done with great respect by the survivors attending and I felt so proud yet again to be with others whose journeys have been verging on impossible but who eloquently were able to talk about this but also look to how to move things forward. We also felt heard as the venue chosen was a barrier for some to attend so this has been changed for the second meeting. Its a long slow, and I suspect often torturous, path we will be treading but I believe if it is possible for things to change we will see this happen. It is not working to give everyone five years' therapy and nothing else will do, but seeing how resources can be adapted and informed about what is helpful for people with DID, maybe how using less frequent sessions but over an extended period might be the beginning of the stabilisation stage. It will be working with what is available but making training about DID compulsory so we feel heard, held and safer at times of crisis while being offered hope for the future as well through longer term therapy seen as an integral and essential part of the journey. Warm wishes Melanie

".....it would be such a gift and privilege to share 15th July with as many of you as possible."



REPORTS from FPP MEMBERS who attended....

Identifiying and working with age appropriate developmental stages while stabilising trauma related behaviour.

Presenters Melanie Goodwin and Kathryn Livingston

by Annie

I will report on the extras I learnt from this presentation, as a survivor and in relation to the beneficial effects that I have some parallels with in my treatment so far. It made me realise why some things worked and also why I had spent so many years with treatment that didn't work or no treatment as I was not understood. Hopefully their excellent presentation to professionals in the field will go a long way to addressing this shortfall in the future.

As you will be aware, Melanie and Kathryn had different experiences. I identified with Melanie's "organic dissociation" as I too had suffered that from childhood trauma. However I then went on to be groomed, at age 14 by a man 20 years older, and had a very abusive, mind controlling relationship with him for 16 years, during which I had my 2 children. I had years out of the real world, and dissociation carried me through, so Kathryn's description of "imposed dissociation" also struck chords with my experiences.

The mental health system itself has often traumatised and re-traumatised us over the years with misdiagnosis, inappropriate medication and no stabilisation.

The start of my healing only came at age 53, when at last I was lucky enough to have someone involved in my treatment that actually listened, and really "allowed" me to breakdown, and in doing so start to release those hidden parts and learn what was needed to heal. This happened only because of the trust acceptance and belief that I felt in our relationship.

This workshop stressed the importance of the therapist staying attuned to the "apparancy" of normality presented by ANP's, as we present as if we have gone through all the developmental stages when in fact we have just "performed" them with no real understanding of the emotions and feeling behind them. Thus we cannot experience the world as others do, or heal in the same way.

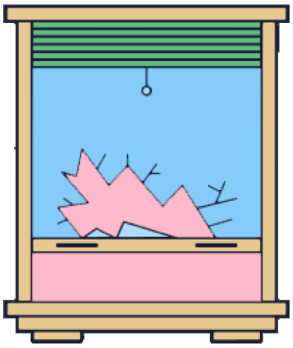
Good 1st stage stabilisation is important so self soothing techniques can be applied when alone.

Clear and consistent boundaries are needed within the therapeutic relationship. Attachment is not really there and needs stimulating in order to begin to identify what is healthy and unhealthy behaviours. The therapist needs to genuinely accept all parts and their trauma related behaviour, with an ability to respond naturally and age appropriately to each part, so as trust builds and parts come out we can understand what they are saying or feeling. Some parts have no narrative, just a body memory. Also a big difficulty in therapy for people with DID, is the pressure of not knowing our feelings, ignoring body prompts and being "all over the place" which makes it extremely hard and at times frustrating for the therapist.

Grounding is key, but it is important to gauge how much, as it is necessary to experience what is happening in the body and learn the actual meaning of that feeling. This is the beginning of healing the emotional deficit. For example, grief and learning the sensations you are feeling, being able to soothe it, with your trusted therapist, perhaps with a blanket and cup of tea, and

"...workshop stressed the importance of the therapist staying attuned to the "apparancy"of normality presented by ANP's,..."

.... NORWICH CONFERENCE , 30th/31st March



being able to sit with it, thus expanding our window of tolerance. It is the constant avoidance that does not resolve anything or fill the developmental gaps.

Developmental deficits present all the time, such as friends having babies, general conversations in life and noticing the internal conflicts that these throw up for us. Involuntary body sensations must be addressed in therapy in order to process it. We have to go through experiences "as a teenager" or child, as we have not done this previously. Nurturing and repairing damaged and missed stages of development. Learning to communicate needs, wants and emotions to safe people, and that disagreeing is no longer life threatening.

This struck a chord as I had recently challenged something with my old employer concerning my ill health retirement. I had to challenge their decision and take it right up to the CEO. This was a big risk for me but my therapist supported me through it and when I eventually won, I got such a buzz. I followed it up by contacting an acquaintance who had been crossing the boundaries socially and was making me uncomfortable. I went to see him and was able to explain calmly but assertively what my boundaries were. I would never have dared to do this previously, but have been able to establish a healthy relationship with him for the future. When I was walking in town later that day I had a really weird sensation of being at least one and a half feet taller....It struck me that perhaps I was feeling like an adult at last? Melanie said the growing sense of attunement with the therapist and parts is the "magic of therapy" that allows for real change to happen. I think that was my first taste of it.....I hope for much more of this in the future!

This workshop revealed that i had without realising it done this last summer. I have an extremely close bond with my eldest Granndson, age 11. He is Dyslexic with speech impairment. I felt a strong urge to have him with me, and he stayed one and a half glorious weeks, during which I went through stages I had missed parenting my own son due to our enforced separation. It had always been far too painful to look at. After this, I wrote a poem about it and was also able to speak with my 29 year old son about my feelings during our separation. My grandson is called Rocky.

[Annie's poem appears on p12 of this issue.]

"....mindfulness needs to be adapted for people affected by trauma and dissociation..."

Trauma sensitive mindfulness and self compassion.

Presenter Malin Wastlund

by Annie

Traditional mindfulness needs to be adapted for people affected by trauma and dissociation. The reasons for this are that sufferers have severe problems maintaining attention. Our thoughts are often narrow, unfocused or shut down. The brain is permanently on guard in fight, flight or freeze and all this is vey inflexible and difficult to control by will. Couple this with a feeling of not being human or not feeling a part of the world, and not surprisingly, our window of tolerance is very narrow. Importantly, our time sense/reality is distorted - in past or future. Attention is weak or non existent.

Here's the thing.....Attention shapes reality

Current methods of mindfulness and compassion go straight to the core problem for people with

trauma related dissociation, as being nice to yourself can be the most threatening thing in the world.

For trauma-sensitive mindfulness and self-compassion to work, it takes very small steps and lots of repetition to literally build new neural pathways, making positive connections to strengthen our ability to function, become more attuned, feel part of the world and humanity. At present our default setting is tension, fear and our unwelcome but constant companion - self critic.

Sessions of mindfulness start very short, could be just 2-3 minutes. As it is so difficult even to begin for many, Malin often starts the first time by saying " do you mind if I just check in with myself for a few moments in order to be able to be fully present for you?" She just invites her client to join in if they wish, no pressure. Malin simply takes a few mindful breaths, a gentle stretch, and settles her posture in the chair. Nothing threatening...little steps.

Due to the severely limited attention span, this "little steps " is very important to keep instilling. At first our minds wander within seconds. This is OK , the brain shifts constantly and before we know it we are planning dinner or ruminating over something we said earlier and our old self critic will reprimand us for shifting attention before we have even got going! This is REALLY OK!

Look at it as circuit training for the brain. It is all about acceptance and connecting over and over again.

Over time you can create the ability to breathe, relax and just be...observing thoughts and feelings - acknowledging them and choosing to let go.

Sounds great doesn't it?. My body ached just with a want to try it; Again, our bodies tell us and we should listen.

This technique will be such a useful addition to our toolkit in recovery. Once mastered with a professional, it is a skill we can keep for life and use free of charge as often as needed.

Malin has created a course for professionals to use that even incorporates mindfulness sessions on MP3 for clients to use at home.

So, to start...the breathing technique is very simple, much easier than those I had read and tried before. I had tried ones that involved counting the breaths, holding it and counting the release - due to my inattention being so bad I lost count, hated holding my breath as that was triggering for me and just ended up feeling stressed out and giddy!

This breathing is easy; Breathe in..let a longer, relaxed breath out, as feels comfortable. As you get used to it, on the out breath, try connecting with a positive moment however small, could be just a nice cup of coffee or stroking the dog, a little positive connection.

Remember, where Attention goes, reality is...

As you tense and relax your feet and legs, feel the muscles tensing and relaxing - feeling the strength for protection as well as the letting go.

Create an inner focus of an image of a safe place and use both this and your breathing as anchors to return to when your mind wanders.....and it will, frequently!

Remember, there is NO FAILURE

As thoughts come in, acknowledge them. "hello, self critic eh? so you are coming now, how are you?" you have the choice to let that go, put it in a balloon and watch it float away, just refocus on the breathing and start again. You will get better at it and gain an awareness of your body sensations and thoughts, and you will have the choice to shift focus to your safe place or your breathing.

Remember, where Attention goes, reality is.

"...it takes very small steps and lots of repetition to literally build new neural pathways, ..."

You can also use your breathing to alter the effect it has to suit your needs - a longer breath out helps you relax, but if you reverse it, a longer inward breath wakes you up....something I find useful as my tendency is always to freeze and zone out.

By focusing on positive moments you retrain the brain to be more receptive to them

Remember - where Attention goes, reality is.

Self-Compassion is one of the most difficult areas for DID sufferers, as it goes into one of the most painful areas of our life - attachment. If we feel we are living in a world that is alien to us, how do we feel compassion?

One definition of compassion is " The wish that all salient beings may be free of suffering"

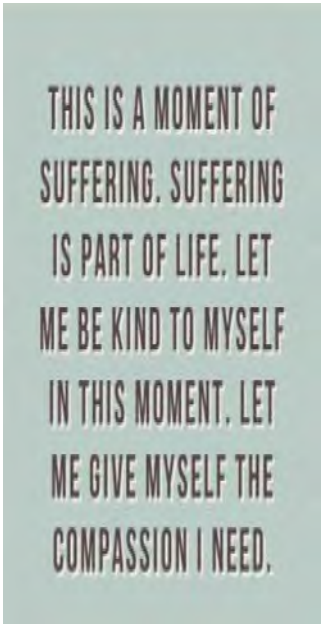
Everyone suffers to some extent - it is our common bond in humanity, a part of life. We all have a window of tolerance to some degree, and in DID and trauma work, we aim to expand that very narrow window to something more manageable, so we can be present.

One way Malin does this is to ask you to gently place your hand on your heart to soften the tension there. If this is too hard right now, that is fine, just make a wish for the future, "right now it is too hard to be nice to myself but I wish I could do it in the future" - you have planted the seed.....little steps...Perhaps you could just gently rub your thumg and forefinger together in a very small gesture - a little compassion for yourself...

I have started just using this sentence "where Attention - goes, reality is", throughout the day - when I feel me attention drifting - it does help reshift my thoughts.

Sleep, food, rest, activity, doing more good things, doing less harmful things, practicing mindfulness, strengthening your attention muscle and the ability to make choices and be in control. All this awakens self-compassion in you, and it will grow.

There is no failure - where attention goes, reality is..... little steps ..... take a breath, let a long breath out, feel your shoulders release a bit.....you have started! well done!



Current and past members (full & assoc) are warmly **invited to FPP's** 20th birthday celebration Open Meeting and AGM

SATURDAY, **15th JULY '17**

doors open 11.00am

The Priory Rooms, Quaker Meeting House 40 Bull Street, Birmingham, B4 6AF

featuring The Howling Wolves Community Choir

a fun and inclusive singing group which includes FPP's own Kathryn Livingston

performing a short concert of traditional, pop and folk songs from across the world.

Then share in the joy of singing at a natural voice workshop facilitated by the HW's choir leader Carl Hodson (doesn't matter whether you think you can sing or not — you don't even have to have sung before; no music reading skills are required)

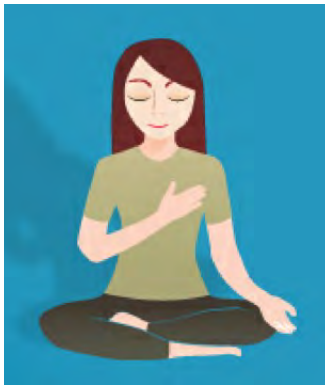
and/or relax and chat with other members & guests over jigsaws, games etc

Booking essential

LUNCH & REFRESHMENTS provided

Optional donations towards costs on the day please

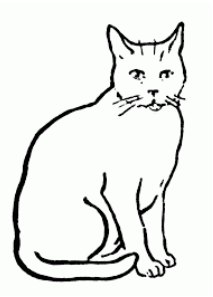
"...we feel we are living in a world that is alien to us, how do we feel compassion....."



A Picture to Colour

PLAY

CENTRE



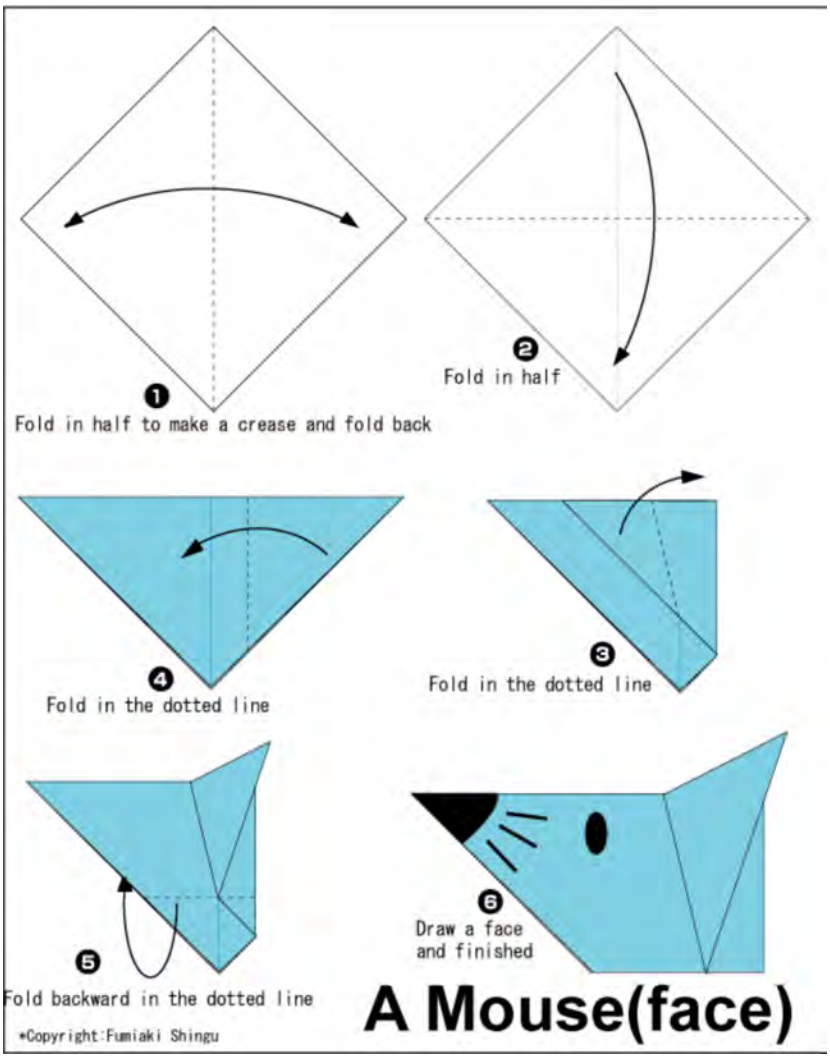
WORDLADDER

HEAD

COST

Climb the ladder from COST to HEAD by changing just one letter on each rung to make a new four letter word

ORIGAMI—PAPER FOLDING



What can you hold without touching it?
A conversation.

Which is the left side of an apple?
The part that you don't eat.

Why are rivers lazy?
Because they never get off their beds.

Possible answer to WORD LADDER:
COST;COAT;BOAT;BEAT;BEAD;HEAD

MORE REPORTS from FPP MEMBERS who

Day One of ESTD-UK/FPP/DCP Conference

by Lesley

Heading into the Julian Study Centre at UEA as a delegate attending the ESTD-UK conference was both exhilarating and terrifying – probably more terrifying if I'm honest. Being reasonably new to a diagnosis of DID, I was out of my comfort zone, in a mind-set that fluctuated between denial that any of it was relevant to me, and acceptance that this was a huge opportunity for me to experience and learn so much. I am pleased to conclude that the latter thought won in the end. Getting to the point of actually entering the building was an achievement in itself. I had negotiated the barriers of being a long way from home, staying overnight in a strange place and all of the challenges that exposes, finding my way to the venue … I think you get the picture. Entering the busy reception to join about 250 other participants took my breath away and I froze momentarily, before spotting a friendly face in front of me and going into fully functioning adult mode again. My desire to run subsided as I signed in and collected my folder of useful information. The handbook that had been put together was a bit of a comfort blanket for me – it contained everything I needed to know and more. Even if my world got a bit foggy, I could refer back to it and see where I was supposed to be, what was on offer, a map, who the speakers were. The parallel sessions proved to be a bit of a conundrum, as there were so many to choose from. They had been split into three categories: Child and Adolescent, Therapeutic Skills, and Service Issues. I had already chosen what I wanted to attend before I arrived, but not having to commit myself or sign up, meant there was the option to change my mind if I wanted to.

"…..What followed was laughter from both sides, as she apologised for presuming ……."

I'm going to be honest: I can't remember everything that happened during the conference. My note taking was mostly successful but there are gaps and I realise that whatever I write will not do justice to all of the speakers and presenters, and lovely people that I met. The positive side for me is that I am at least aware that there were times when I switched off or things went a bit foggy, and I didn't criticise myself for not being 100% on the ball all of the time. So, as a result, some of what I write may be detailed and other bits won't – not because the bits I don't remember weren't interesting or relevant but because that is what DID is like, certainly for my system.

The opening speeches given by Melanie Goodwin and Norman Lamb MP set the scene for what were to be two highly validating, educational, and inspiring days. The first plenary speech was given by Remy Aquarone, and I was a sponge, trying to listen and take notes, whilst he talked about the history of DID and the controversy between the thoughts of Pierre Janet and Freud. I left the lecture theatre motivated, and ready to face my own personal challenge – a 30-minute coffee break when I could either attempt to be sociable, or hide in a corner! I went for the former. The majority of delegates were professionals and there was the presumption that I was too – fortunately the name badges didn't distinguish between service providers and service users, or the cross-over of the two. I hadn't even contemplated what I would say if anyone asked me a question relating to DID – the context of the conference was totally new to me, and I'd never had to consider introducing myself by means of diagnosis before. There was certainly no pressure to do so, but for the first time ever, I was in a position where I felt I could be honest – how liberating was that?! I'd been chatting to a couple of people for a few minutes about the lovely weather, and other very British conversational staples, when the question came. "Where do you practise?". My response, "Erm, I … don't". Internal panic followed – would I be judged, pitied, believed? What followed was laughter from both sides, as she apologised for presuming and asking an inappropriate question, and me saying actually it was fine, and meaning it. We buddied up for the afternoon in the end, and chatted away as two people who had met at a conference.

attended NORWICH CONFERENCE , *30-31/03/'17*

That was a significant moment of acceptance for me – as trivial as it may appear to others.

The first parallel session I went to was presented by Dr Mike Lloyd, who was talking about understanding alters. I have never seen footage of people switching before, and was concerned about how I might react. I have recently asked my therapist what she sees when I switch, and was torn between a sense that watching someone else might be a tad voyeuristic, and wanting to know more about something that I experience mostly through a fog in the distance, or with no memory that it's happened. It helped that Mike explained that the filmed dissociation shown was done so with the consent of the clients (the whole system). I realised during that session that I was actually more interested in the questions posed by professionals observing the clips – sort of my way of testing whether they had any understanding of DID or how to work with dissociative clients. It was very well presented and thought provoking. I feared I might be left feeling like an exhibit after people had been analysing the video clips, but that wasn't the case at all. One of the points made was that what didn't happen in the developmental stages of childhood is equally as important as the trauma that did happen. There was a lot of talk about boundaries and integration, and whilst I didn't agree with some of the opinions that were mooted, I was able to clarify my own thoughts, and acknowledge my own opinions, even if I kept them to myself. One day I hope to feel confident enough to share them.

By the time the ESTD-UK facilitated discussion on 'Where to from here?' concluded the first day, I was buzzing but exhausted. I was rather hyper during my pre-arranged telephone therapy session, as I enthusiastically went through the days' events. I fell asleep, trying to remember everything that I'd learnt. I had discovered a wealth of knowledge, research, and support out in the wider world which was being shared with those who had a willingness to learn how to work with dissociative clients. I had met people who wanted to hear experiences from the perspectives of those living with DID. Having so many knowledgeable and interesting people all in the same place for two days was inspiring, and I am so grateful to have been given the opportunity to attend such an insightful conference.

"Small changes make big differences"

Presenters Carol Broad And Kathryn Livingston

By Lesley

Day 2 of the ESTD-UK conference was again packed with thought provoking talks by inspirational speakers, and my focus for this article will be on one of the workshops I attended.

It was entitled "Small changes make big differences" and was given by Kathryn Livingston and Carol Broad, both experts by experience. Another first for me was to be listening to two people talking about their personal experiences of living with DID and the journey they undertook to receive both the correct diagnosis and treatment. I am often rather blasé and dismissive of my own initial experiences within the NHS which began over 20 years ago. There is so much that I don't remember or see through a fog. As I sat listening to Carol things began to fall into place, and I realised that I had not been totally alone in what I had experienced at that time. Moreover, it appeared we had at various points been labelled, quickly and unhelpfully, as well as incorrectly, by the same psychiatrist during non-descript assessments taking no longer than a few minutes. Strange to think, there were two people with undiagnosed DID, living in the same village at the same time, being treated so differently. She was labelled and bound up in an NHS system, which, treated

"..what didn't happen in the developmental stages of childhood is equally as important as the trauma that did happen…"

symptoms and ticked boxes depending on how one presented at that particular time. I, on the other hand, was moved out of the NHS system into a private hospital, remained untreated, undiagnosed with anything other than depression, and whatever notes were made regarding any treatment I received, were not transferred to my GP. I avoided 'the system'. She was abandoned within the system at that point, and I was abandoned outside of it (I merely floated around from therapist to therapist). The comforting point for me, was that Carol's talk did not only focus on the negative. I wondered how the confident looking, articulate woman in front of me had got to this point. The answer, in my opinion – correct diagnosis (eventually) and appropriate, funded therapy with a very supportive, experienced NHS psychologist – not to mention a lot of ongoing personal hard work and determination.

Kathryn's description of her therapeutic journey equally focused on both helpful and unhelpful intervention and treatment. She talked about the assumptions people made, and the judgements so-called professionals made prior to her diagnosis. The recurring theme seems to be that no-one asked the right questions for a very long time. No-one tried to link the symptoms to find the cause, or look at personal trauma history. Again, after many years of being misdiagnosed and inappropriately treated within mental health services, Kathryn received the correct diagnosis and fought to have her ongoing treatment funded. What a struggle, always such a fight to be believed, listened to, understood, treated. I guess it all comes down to funding. Both Kathryn and Carol both pointed out that with the correct diagnosis and treatment of DID, the NHS can save a huge amount of money long term. They cited the money that could be saved from no longer needing frequent hospitalisation or crisis management, Unfortunately, the emphasis within the system seems to generally be on short term treatment because of financial restraints. The delegates attending the workshop, listened intently and I got the impression that most of them were therapists with a genuine interest in looking for helpful guidance in supporting their clients. More professionals should attend a talk like this in order to add voices of experience to their training. Combining the two aspects can surely only be a good thing?

It was interesting, and comforting to hear and witness both of these amazing women speak as true survivors. It would have been easy for them to have focused purely on the horrendous and unhelpful approaches they experienced, but they didn't. My overall impression from the conference is that attitudes towards dissociative disorders are changing within the NHS, but it's a slow process. There they stood as living proof of how different things can be for people with DID, with the correct diagnosis and treatment; a far cry from the women they both described early on in their presentations, but it's a long road with many obstacles. I've been trying to think of one word to sum up what their experiences and reflections gave me personally – a simple one: hope.

"....they stood as living proof of how different things can be for people with DID, ..."

Little Rocky
By Annie Bandura

It's been a dark wet

Week in every way

But today's the day

He's coming to stay!

My georgeous Grandson

His bright young face

He rushes to greet me

As if in a race.

"I love you Nan!"

"I love you too"

"I love you more!"

I don't feel blue.

The sun is shining

A golden day

My dark black cloak

Is a world away.

We stroll through the shops

Arm in arm

Pick out a film

I feel so calm.

I change identities;

Feel this is me

A loving protector

Confident; Free.

The only thing

I have to do

Is listen and love

Oh - and feed him too!

We cook together

Chat as we go

His open enthusiasm

Makes my heart glow.

He picks some flowers

To decorate the table

His trail of love

Leaves little labels.

He senses -

Way beyond his years

A childs pure love

Will ease my fears.

His upturned, happy

Smiling face

A buttercup of kindness!

Sunshine floods our space

His gentle ways

Remind me

That for us

Love is the key.

We both need

Reassurance:

And time out

Just to be.... .

I stare in wonder

At this special boy

He has his own problems

Yet fills me with joy.

His heart is a big

Red helium balloon

He lifts me and

Carries me out of the gloom.

We laugh as we float

Through skies of blue

The world is our oyster

And everything's new.

At last the clock stops

I'm suspended in time

This beautiful memory

Will always be mine..

When

By Kat Liv

when you can't name what you're feeling except to say it's bad

when the pressure inside's building so you feel you're going mad

when you don't know what you're wanting or who it is in need

but you know there'll be explosions if someone doesn't heed

you know you have to call her, but time is getting weird

it'll soon be passed the deadline and this is what you feared

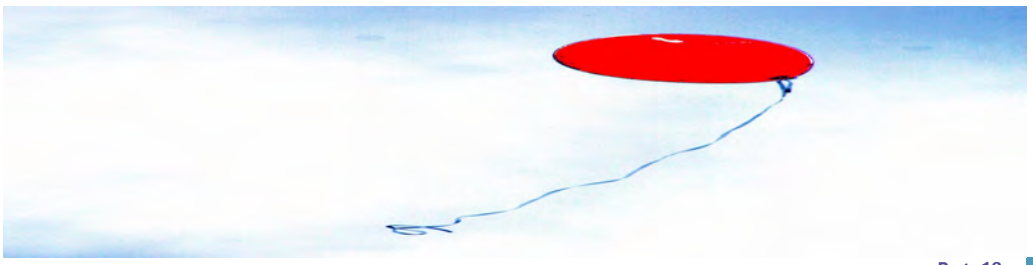
*she won't be there to answer, it'll be the d*mned machine*

and an angry one comes forward and hangs up with a scream.

AAAGGGHH!

"..Poetry is the clear expression o fmixed feelings"

W.H. Auden



Woman gains funding for specialist D.I.D. treatment

by Merry Varney

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A woman, known as Ms AA to protect her identity, has been provided funding for specialist mental health treatment from her local CCG following a four-year battle with the group.

The Clinical Commissioning Group had refused to fund Ms AA's treatment but finally withdrew its refusal days before a hearing was due to take place regarding a Judicial Review of the group's original decision.

Ms AA instructed law firm Leigh Day in May 2015, having spent over two years trying to secure NHS funded specialist mental health treatment for her very serious health condition, severe Dissociative Identity Disorder.

Ms AA, having undergone years of treatment with only limited success, researched treatment options and international guidance and listened to healthcare professionals who recommended treatment at the Clinic for Dissociative Studies, before she and her GP applied for funding for treatment at this specialist clinic.

Despite being supported by healthcare professionals, Ms AA's requests were refused by her local NHS Clinical Commissioning Group. Appeals, which every patient has the right to, took considerable time or were treated as fresh applications, and the Clinical Commissioning Group repeatedly refused Ms AA's funding application, instead referring her to a local Mental Health Trust which had already responded to an enquiry from Ms AA confirming that the specialist services she sought were not available. Ms AA had also been told by an expert in the field that receiving inappropriate treatment could be very dangerous for her and result in significant harm.

The reasons provided by the Clinical Commissioning Group for the refusals varied and Ms AA made a successful complaint about the handling of her requests. As a last resort, she contacted Leigh Day, and the firm successfully applied for legal aid to assist Ms AA. They also instructed David Lock QC to assist in the case.

After a gruelling process of successful internal appeals and fresh decisions being taken and then further appealed, a final refusal of funding was upheld in an internal appeal in March 2016. The Clinical Commissioning Group maintained that Ms AA either could receive appropriate treatment from the provider who had previously told Ms AA they did not have the services to help her; or that Ms AA could access treatment on the other side of London from her home, despite her suffering health conditions which would make this journey almost impossible.

A judicial review was brought challenging the lawfulness of the decision-making processes, arguing inter alia that:

- Ms AA had expressed a choice to receive treatment from a specialist provider, which assisted other NHS patients, and she

".....told by an expert in the field that receiving inappropriate treatment could be very dangerous for her and result in significant harm. ....."

had a legal 'patient choice right' that should have been respected;

- The Clinical Commissioning Group was failing to comply with its legal obligation to meet Ms AA's reasonable requirements as it has offered treatment it knew would not meet Ms AA's needs or that Ms AA was unable to access.

Permission to bring the judicial review was granted by the Administrative Court in August 2016, who also allowed for the case to be fast-tracked due to Ms AA being without treatment. After permission was granted Leigh Day tried to persuade the Clinical Commissioning Group to withdraw their refusal and make a lawful decision, not least given all parties involved were publicly funded.

A hearing was listed for December 2016 and in the days immediately before this final hearing, the Clinical Commissioning Group finally agreed to withdraw its refusal and to provide funding for the specialist treatment Ms AA had been seeking for over four years by this time.

Although the Clinical Commissioning Group suggested this change in their position was due to new evidence seen by them in the days before the final hearing, Ms AA could clearly show this information had been provided months previously.

Merry Varney, Partner in the Human Rights Department, who acted for Ms AA said as follows:

"Whilst securing access to much needed mental health treatment for our client is a fantastic outcome, it is regretful that considerable public funds were spent in the process.

"To reach this outcome, Ms AA has endured a lengthy and stressful process, during which she has felt the Clinical Commissioning Group made unfair and untrue assumptions about her.

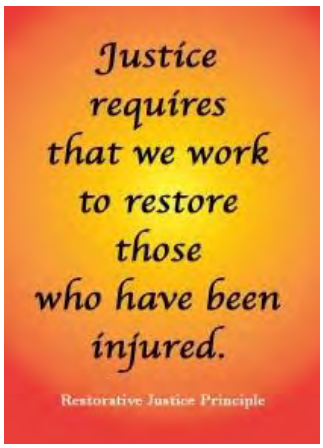
"I am delighted that Ms AA now can receive the specialist treatment she needs and improve her health and quality of life. The outcome should also help other patients seeking NHS funding for specialist mental health treatment.

"This case could not have been pursued without legal aid being granted and we are grateful to the Legal Aid Agency for their support of the case."

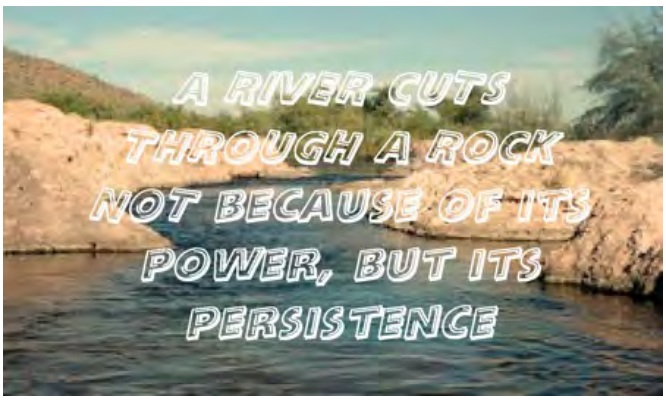
Ms AA said:

"I would like to thank all at Leigh Day, especially Merry Varney, as well as my Barrister David Lock QC for their hard work and dedication in securing funding for the specialist treatment that I have been in need of for more than four years.

"It has been an exhausting fight but I cannot fault my legal team's support in this case and hope that this very positive outcome will not only afford me a better quality of life and renewed hope for the future but help prevent other people with D.I.D having to fight so long simply for the correct diagnosis and treatment."



"..The Clinical Commissioning Group was failing to comply with its legal obligation to meet Ms AA's reasonable requirements ..."



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About this publication

Rainbow's End is an information and mutual support newsletter for FPP members, back issues are also available for viewing by anyone visiting the FPP website. It is not a substitute for individual therapy or professional supervision, nor is it a replacement for other networks of support. Unless specified contents do not necessarily reflect the views, opinions or endorsement of the charity, its trustees or the editor.

Lifespan Integration— a therapist's experience *by Beaula Page*

I have been a therapist for ten years and have trained in several different therapy models. My original diploma was in hypnotherapy, specifically hypnoanalysis, but after studying other models, I stopped using this approach as I found the outcomes inconsistent. Several years ago, I decided to focus on helping people who had experienced either adult or developmental trauma. Thus, I trained in trauma and dissociation, EMDR, Inner Child Work, and most recently Lifespan integration (LI).

Training in LI has been a turning point in my ability to effectively help clients, especially those with more complex problems. Before I trained in LI, those clients who had experienced chronic childhood neglect / abuse / trauma and who perhaps had a fragmented sense of self and dissociation problems because of that, were taking a long time to recover and to heal their past. It was often slow work, helping them to stabilise and to communicate with the different aspects or parts of themselves, so that they could gradually develop more self-regulation, and more adaptive ways of responding and behaving. Then we would start to work through their trauma, often having to return to more stabilisation.

In contrast, Lifespan Integration, which uses unique repetitions of a timeline of memory cues and works in the body to access implicit memory, has protocols which work relatively quickly to help with stabilisation, and other protocols which build structure together with a more coherent and, as the name suggests, integrated sense of self. LI's trauma clearing protocols can resolve all kinds of adverse experiences, from birth trauma such as forceps delivery and child abuse, through to adult trauma like rape and severe accidents: adult traumas can often be cleared in one or two sessions.

LI is a gentle, body-based therapy, built on solid neuroscience and developmental theory which works with the client's own Timeline of experiences to bring about lasting change.

From:-
www.lifespanintegration.co.uk

Please Note: Even though LI is an excellent choice of therapy for our most fragmented and dissociative clients, newly trained LI therapists are advised against using LI with this group. LI is not as simple as it appears. Inexperienced LI therapists who are not yet able to stay profoundly attuned to their dissociative clients risk dysregulating the fragile psychic structures which hold these folks together.

Are you someone who is/was DID and has experienced LI as a client. Your views and experience of LI would be welcome for the next issue