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EDITORIAL



Dissociative Disorders Psychotherapy
Outcome Research:
In Favor of Single Case Studies

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The growth of the field of dissociative disorders (DD), and its shift to new research directions, has turned our turf's scientific focus away from the close, detailed examination of meaningful interactions in psychotherapy. Slipping away from the study of change-producing variables in DD psychotherapy risks not only losing the soul of our profession, but it may also obscure what I see as the next challenge

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Journal of Trauma & Dissociation, Vol. 7(2) 2006
Available online at <http://www.haworthpress.com/web/JTD>
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doi:10.1300/J229v07n02_01

before our field: the systematic demonstration of DD psychotherapy efficacy. My aim in writing this presidential editorial is to invite our clinical readership to join the DD research community in sharing with us their deep knowledge by writing up their best single-case research projects (i.e., their psychotherapy cases).

For dissociative disorders (DD) to be accepted as a mainstream field in mental health, several serious issues need to be resolved. For example, we need to settle the debate about the definition of dissociation, its neurophysiological and psychological mechanisms, and its domain of phenomena (Braude, 1995; Cardeña, 1994; Dell, 2004). Skepticism about the diagnostic legitimacy and scientific validity of dissociative identity disorder and related syndromes is, sadly, still widespread (e.g., Brandon, Boakes, Glase, & Green, 1998; McHugh, 1995; Merskey, 1995; Paris, 1996; Pope, Oliva, & Hudson, 1999; Pope, Oliva, Hudson, Bodkin, & Gruber, 1999; Pope, Hudson, Bodkin, & Oliva, 1998; Sarbin, 1997), and we are compelled to address that problem. One strategy with the potential to elevate the scientific standing of our field is to foster quality research on DD and their effective treatment. Unfortunately, the DSM and ICD reductionistic diagnostic systems are incapable of satisfactorily articulating the complex phenomenology and dynamics experienced and manifested by individuals with DD. Nevertheless, accumulated research evidence suggests that these patients are significantly different on a variety of standardized psychological measures, including structured diagnostic interviews, studies of central autonomic nervous system activity, and studies of cognitive function. I believe our field has made impressive progress in validating the diagnoses of severe dissociative psychopathology. Content validity in mental health taxonomy requires the diagnostician to be able to give a specific and detailed clinical description of the disorder (Robins & Barrett, 1989). Studies on the phenomenology reported by Dissociative Identity Disorder (DID) patients demonstrate remarkable resemblance in the symptoms of DID patients across different sites and methodologies (e.g., Ross, Miller, Bjornson, Reagor, Fraser, & Anderson, 1990) suggesting solid content validity for this disorder. Further progress in improving the diagnostic taxonomy in preparation for the DSM V is currently underway with the ISSD's DSM-V Task Force leading this effort.

Our next challenge lies now in demonstrating that DD are treatable, that the treatments offered to individuals with DD are conceptually related to the etiology and current mechanisms of these conditions, and that

these specific treatments have positive effects and are better than no treatment or alternative interventions.

It is easy to be critical of the current status of psychotherapy for DD. Despite elaborate guidelines that have recently been revised and posted on the ISSD web site, and with ISSD's impressive Dissociative Disorders Psychotherapy Training Program (with beginner, standard, and advanced course levels offered) notwithstanding, no definitive studies show DD psychotherapy to be unambiguously effective. Can psychotherapy for DD ever demonstrate its effectiveness, let alone cost-effectiveness? For this to occur, one must ensure homogeneity of the patient groups in terms of severity of pathology and overall functioning:

- specify a protocol of treatment procedures
- control for selection biases in sampling
- randomly assign patients to treatment groups
- treat controls in a specified alternate method
- employ only experienced, well-trained DD therapists
- adequately match comparison groups and therapists across treatments
- follow up on dropouts
- employ only independent standardized assessment of outcome.

The compound psychodynamics of DD phenomenology, the complexity of its procedures, and the long-term nature of these therapies pose formidable obstacles to researchers who wish to approximate this standard of research (and still have a fruitful academic career). If I were to delineate a hierarchy of psychotherapy research methods, the gold standard would certainly be randomized controlled trials (comparing the index treatment with another treatment of known effectiveness or a good placebo control). Lower on this ladder are prospective studies comparing pre- and post-treatment, which can document the nature and extent of change. Still, most evidence of successful DD psychotherapy comes from single-case studies (SCS) and series of clinical trials.

Arguably, at this stage we cannot adequately specify DD treatment protocols. The ethical dilemmas involved in randomized clinical trials with survivors of chronic traumatic abuse are an additional concern. Nevertheless, much could be done to advance our knowledge on DD treatment efficacy. To my mind, the most fitting methodology for DD psychotherapy research is the SCS design. It is unclear whether we will ever be able to specify a treatment protocol for DD. No matter—we should strive for better understanding of the nature and mode of particular DD

psychotherapy aspects that actually result in therapeutic change. To acquire this necessary preliminary knowledge we have to break down global treatment outcomes into a series of smaller transformations, and attempt to establish how the therapist's interventions and the client's reactions explain them. By this approach the focus is on the process of change. Greenberg (1986) offered the following broad description:

In studying the process of change, both beginning points and end-points should be taken into account, as well as what happens between them. With processes of change as the focus of the investigation, the emphasis is not on studying what is going on in therapy (process research) nor only on the comparison of two measurement points before and after therapy (efficacy research) but rather on identifying, describing, explaining, and predicting the effects of the processes that bring about therapeutic change over the entire course of therapy. (p. 4)

From this standpoint, a program of DD psychotherapy research would begin with the study of single cases and then possibly move on to aggregation over truly homogeneous patient groups. The inductive process of inferring patterns from single-case designs must involve a series of studies involving systematic replication. It has been argued that within an SCS paradigm, the impact of any variable that does not vary within an individual can only be assessed through this tactic (Hilliard, 1993). Still, SCS need not "feel around in the dark" without clearly formulated deductivist queries. ISSD's guidelines for the treatment of DD can help develop question-driven, single-case research in which disconfirmation remains a possibility.

Quality SCS reports can help us not only discern what works in DD psychotherapy, but also to identify uncertainties and mistakes. The journal's editorial board should examine our natural leaning to publish only positive and significant results. We should encourage clinicians to probe the limits of our knowledge, and the problems and challenges of our profession, and to share with us their reflections on unhelpful aspects in DD psychotherapy.

To recapitulate, the burning need in our field, as I see it, is to identify the factors contributing most to healing survivors of chronic trauma and their optimal functioning, and to demonstrate repeatedly that these particular variables are the specific agents of change. To this end, DD scientists must work closely with DD clinicians. As their fields of expertise are complementary the two communities depend on one another. Each

professional community holds one of the two essential keys to the achievement global professional credibility: one possesses clinical skill, the other investigative expertise. I believe that working together, the two groups can significantly advance outcome research on psychotherapy in Dissociative Disorders.

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