COMPLEX DISSOCIATIVE DISORDER IN SOCIAL WORK

Abstract

Social workers are major mental health service providers in many countries and regions. This paper presents five reasons to explain why complex dissociative disorders (complex DD) should receive more attention from social workers. We conducted a preliminary review of complex DD in the social work literature. In March 2018, we searched all articles related to complex DD in academic journals classified under the "Social Work" research area in two Web of Science databases. Twenty-four articles were identified and reviewed. Most articles did not even have insights/implications for working with trauma and dissociation survivors regarding the social aspects of their care. None of the articles discussed the potential role of social workers in the assessment or management of complex DD. The body of knowledge regarding complex DD remains seriously limited in the social work field. Several knowledge gaps are discussed. We highlight some issues that social workers should consider when working with individuals with complex DD.

Keywords: Complex dissociative disorders; pathological dissociation; trauma; mental health; social work

Complex dissociative disorders in social work: Discovering the knowledge gaps

Hong Wang Fung, MSS, RSW

The Department of Applied Social Sciences, The Hong Kong Polytechnic University, Hung Hom, Hong Kong

Colin A. Ross, MD

The Colin A. Ross Institute for Psychological Trauma, Richardson, Texas, United States

Henry Wai-Hang Ling, MPhil

The Department of Social Work and Social Administration, The University of Hong Kong, Hong Kong

Correspondence concerning this article should be addressed to Hong Wang Fung, Contact: andyhwfung@gmail.com

Social work is a profession with a long tradition of helping people and solving social problems by intervening at the points where individuals interact with their environments (Hare, 2004; Miley, O'Melia, & DuBois, 2012). Not only do social workers provide individual counselling, but we also focus on the system and community levels, such as tackling family problems and social problems and challenging unjust policies and practices (Kam, 2014). In addition, social workers are the agents who aim at empowering people to develop their skills and use their own resources and those of their communities to solve their problems (Canadian Association of Social Workers, n.d.). It is important to note that social workers are one of the largest groups of mental health service providers in many countries and regions, such as in the United States (Substance Abuse and Mental Health Service Administration, 2006) and in Hong Kong (The Government of The Hong Kong Special Administrative Region, 2017, April 26). With the emphasis on the person-in-environment perspective and training in psychosocial interventions, social workers could provide profound support for people with mental disorders, especially those mental disorders which are highly related to psychosocial etiological factors, such as posttraumatic stress disorder (PTSD) (American Psychiatric Association, 2013) and borderline personality disorder (BPD) (Ball & Links, 2009). In particular, complex dissociative disorders are commonly regarded as a severe form of posttraumatic condition (Fung & Lao, 2017; Ross, 1997; Van der Hart, Nijenhuis, & Steele, 2006) and should be given more attention by social work researchers and practitioners (Fung, 2015).

"Complex dissociative disorders" (complex DD), or "chronic complex dissociative disorders", is the term used to describe dissociative identity disorder (DID) and other specified dissociative disorder (OSDD) (previously known as dissociative disorder not otherwise specified). DID is a valid psychiatric diagnosis (Brand et al., 2016; Ross, Duffy, & Ellason, 2002) which is officially and internationally recognized (American Psychiatric Association, 2013; World Health Organization, 1992). DID was previously known as multiple personality disorder (MPD). According to DSM-5 rules, the diagnosis of OSDD is made if a person suffers from dissociative symptoms that cause significant distress and/or impairment but do not fully meet the criteria for any dissociative disorder. Very often, social workers think that complex DD are rarely seen in clinical practice or believe that social workers

can do very little to help those who live with such severe psychiatric symptoms. However, complex DD should receive more attention in the social work field. The following are some reasons why this is the case:

First, complex DD are highly related to childhood trauma and other adverse psychosocial experiences. Studies showed that pathological dissociation is associated with adversities (e.g., Nijenhuis, Spinhoven, van Dyck, Van der Hart, & Vanderlinden, 1998; Xiao et al., 2006) and that patients with complex DD report the highest frequency of childhood trauma among all diagnostic categories (Ross et al., 2002; Şar, 2011). Furthermore, childhood physical and/or sexual abuse were reported in 88.5% - 96% of *n* = 388 DID patients from three large studies (Ross, 1997). Thus, individuals with complex DD are a highly traumatized group of service users who need not only medical service but also social care and psychological support.

Second, although they are rarely known within social work, epidemiological studies show that complex DD are fairly common, especially in social service and healthcare settings. In brief, data from studies across the world suggest about 1% of the general population suffer from DID and the rate is even higher in clinical settings and in certain special populations (e.g., individuals with substance abuse) (for an overview, see Şar, 2011). Previously undiagnosed DID affects about 4% of general adult psychiatric inpatients, as demonstrated in studies from Canada, the USA, Turkey, Switzerland, Norway and the Netherlands (Ross et al., 2002). In these studies, previously undiagnosed DID was diagnosed using standardized structured interviews. As social workers usually need to work with psychiatric patients and other at-risk and disadvantaged groups, it is very likely for us to encounter service users with diagnosed or undiagnosed complex DD.

Third, individuals with complex DD primarily require psychosocial interventions more than biomedical treatment (International Society for the Study of Trauma and Dissociation, 2011). There is a literature showing that certain dissociative symptoms (e.g., amnesia and identity fragmentation) can only be treated with specific psychosocial interventions (Brand & Webermann, 2015). In addition, individuals with complex DD often face many social and interpersonal difficulties (e.g., relationships

with abusers, attachment problems, housing problems). Thus, social workers can offer unique support in their rehabilitation and recovery.

Fourth, although complex DD are very treatable, unrecognized and untreated complex DD could lead to very high economic and societal costs. For instance, both Ross and Dua (1993) and Yeung (2014) calculated the treatment costs of undiagnosed DID and demonstrated the cost-effectiveness of early recognition of and proper care for DID. Social workers can play a crucial role in this regard, especially in the context of a shortage of psychiatrists and clinical psychologists.

Fifth, complex DD are related to social oppression, as pathological dissociation can be viewed as a condition occurring in response to chronic human rights abuses (Sar, Middleton, & Dorahy, 2013). In fact, dissociation is more related to betrayal trauma than to non-betrayal trauma (Chavez, 2011). Individuals with trauma and dissociation are often those in oppressed roles whose human rights, dignity, power and safety have been chronically abused by other power holders (e.g., parents, schoolmates, soldiers) in the family or in other social groups. More importantly, their experiences and memories are usually ignored or invalidated by their society (Herman, 1992; Sar et al., 2013). That is to say, not only the etiological factors (e.g., abuse, neglect, violence) of complex DD are related to social oppression, but the diagnosis, treatment and prognosis of complex DD (e.g., whether the practitioner "believes" in complex DD, whether the oppression/trauma is recognized, and whether proper intervention service is offered to the survivor) are also related to social oppression. As social work is a profession with an emphasis on social justice and anti-oppression, we have the responsibility to acknowledge, support and empower this group of oppressed individuals.

These reasons given above explain why social workers should pay attention to persons with complex DD, recognize them early, and work with them properly and confidently. Social workers could play an important role in the recovery journies of individuals with DD. There is, however, little discussion of how social workers should work with individuals with complex DD. In the academic social work literature, there is also no known review that focuses on dissociation, dissociative disorders or DID/OSDD. It is important to explore how complex DD are described, understood and studied in the social work literature before we can address the potential knowledge gaps in this area. The present

study aimed to provide a review of complex DD in the social work literature, with a focus on social work practice. For general reviews of the dissociative disorders literature, readers are referred to Ross (1997), Dalenberg et al. (2012), Brand and Loewenstein (2010) and Brand et al. (2016).

Methods

The search strategy in the present review was inspired and informed by previous social work review studies (e.g., Chan, 2016; Chan & Holosko, 2015; Parsell, Eggins, & Marston, 2016).

In June 2019, we searched all articles related to complex DD in academic journals classified under the "Social Work" research area in two Web of Science databases – namely, the Social Science Citation Index (SSCI) database and the Emerging Sources Citation Index (ESCI) database – using the following search string: "TS=("multiple personalit*" OR "dissociative identit*" OR "complex dissociative" OR "chronic dissociative" OR "split personalit*" OR "alter personalit*" OR "alter identit*" OR "alternate personalit*" OR "alternate identit*" OR "dissociative disorder not otherwise specified" OR "DDNOS" OR "other specified dissociative disorder" OR "OSDD") AND SU=(social work)". Twenty-four articles were identified.

After identifying these 24 articles, we read each article to learn how complex DD (either or both DID and OSDD) were described, understood and/or studied. We also explored whether the article included any insights or implications for social workers working with service users with complex DD. Since this review specifically focuses on social work practice in the context of complex DD, we did not go into the details about the conceptual issues or psychotherapeutic processes mentioned in the articles.

In order to explore whether there are some articles in academic journals classified under other research areas that discuss social work practice with people with complex DD, we conducted an additional search in the "Science Citation Index Expanded", SSCI and ESCI databases using the following search string: "(TS=("multiple personalit*" OR "dissociative identit*" OR "complex dissociative" OR "chronic dissociative" OR "split personalit*" OR "alter personalit*" OR "alter identit*" OR "alternate personalit*" OR "alternate identit*" OR "dissociative disorder not otherwise

specified" OR "DDNOS" OR "other specified dissociative disorder" OR "OSDD") AND ALL=("social work*" OR "social car*") NOT SU=(social work))". Twenty articles were identified. All abstracts were screened. Articles that have direct insights or implications for social work practice with service users with complex DD were reviewed.

Results

Of the 24 articles (Anderson, Yasenik, & Ross, 1993; Becker-Lausen, Sanders, & Chinsky, 1995; Benjamin, Benjamin, & Rind, 1996; Classen, Field, Atkinson, & Spiegel, 1998; DiTomasso & Routh, 1993; Egeland & Susman-Stillman, 1996; Giancarlo, 1991; Hartocollis, 1998; Haugaard, 2004; Irwin, 1996; Kluft, 1987; Leavitt, 1994; Lev-Wiesel, 2008; Macfie, Cicchetti, & Toth, 2001; Madden & Parody, 1997; McElroy, 1992; Putnam, 1993; Putnam, Helmers, Horowitz, & Trickett, 1995; Putnam, Helmers, & Trickett, 1993; Rieber, Takooshian, & Iglesias, 2002; Sacco & Farber, 1999; Sanders & Becker-Lausen, 1995; Seeley, Perosa, & Perosa, 2004; Young, 1992), only five articles (i.e., Article 3, 10, 11, 23, 24) included at least some insights or implications for working with trauma and dissociation survivors in terms of the social aspects of treatment. For example, Macfie et al. (2001) mentioned that certain social interventions would be necessary when working with trauma survivors with dissociation, such as stopping maltreatment, and ensuring proper caregiving, and Benjamin et al. (1996) discussed how to work with mothers with complex DD. None of the authors discussed the potential role of social workers in the assessment or management of complex DD. Although Rieber et al. (2002) implicitly held doubts about the diagnosis of MPD, none of the reviewed articles explicitly endorsed the sociocognitive model of complex DD, which has been disproven by empirical studies (see Brand et al., 2016). The key information in the articles is summarized in Table 1.

Many of the reviewed articles only briefly mentioned complex DD or did not even mention complex DD (i.e., Article 2, 5, 6, 7, 9, 10, 12, 13, 14, 19). Most (n = 17) come from the same journal (i.e., *Child Abuse & Neglect*). Also, many of the articles were written by authors with professional backgrounds other than social work (e.g., Article 4, 11, 12, 14, 15, 17, 18, 19, 22, 24), while the

professional background of some authors was unclear. Moreover, most articles (n = 19) were published before 2000.

Of the 20 articles identified in the additional search, six of them are a bit more relevant to social work practice. MacIntosh (2015) discussed the therapeutic work with persons with severe dissociation using a case example; issues regarding the trauma model and the relational psychoanalytic approaches were highlighted. MacIntosh (2013) discussed the process of couple therapy in the context of DID. Lev-Wiesel (2005) aimed to examine how human figure drawings may be useful in the assessment and treatment of DID in survivors of childhood sexual abuse. Gallant, Brownlee, and Vodde (1995) discussed issues related to narrative practice using a case of DID. Hogan (1992) discussed how to better manage persons with DID in a heterogeneous inpatient group. Finally, Kluft (1992)'s paper talked about how to teach inpatient unit staff to use hypnotic techniques in the absence of the treating psychiatrist when working with patients with dissociative disorders. None of these papers focused on social work practice or social interventions in the context of complex DD.

Discussion

This study reviewed articles related to complex DD in representative peer-reviewed journals in the social work field in order to discover any potential knowledge gaps and in order to inform future research and practice. This review is preliminary and there are some limitations. For example, some social work scholars may publish relevant articles in journals that are not indexed in the SSCI or ESCI databases or are not under the "social work" category; although we have done some additional searching, it is still possible that we may have missed some relevant papers. In addition, conceptual and psychotherapeutic issues are not reviewed in this study because these issues – unlike like social assessments and social interventions – are less unique to social work practice and have been widely discussed in the psychology and psychiatry literature that social workers can refer to (e.g., Brand, Classen, McNary, & Zaveri, 2009; Brand & Loewenstein, 2014; Dalenberg et al., 2012; Fung & Lao, 2017; Fung, Lee, Lao, & Lin, 2017; Şar, Dorahy, & Krüger, 2017; Van der Hart et al., 2006).

Nevertheless, this is the first study that looks at how complex DD are described, understood and studied in the social work literature. The results imply that the body of knowledge regarding social work practice with individuals with complex DD remains seriously limited. No academic work addresses the potential role of social workers in the recovery of survivors with complex DD. Complex DD only received attention in a very small number of articles in the social work field, and many of the them were not written by social work professionals. Even in the articles addressing issues related to complex DD, the primary focus is on conceptual issues or the psychotherapeutic process. The social aspects (e.g., the social care needs of individuals with complex DD, their housing or occupational problems, or even the political context) generally remain untouched or implicit in most articles.

Some important knowledge gaps can be recognized:

First, the frequency of social workers encountering recognized or unrecognized cases with complex DD remains unknown. A better understanding of the prevalence of trauma and severe dissociation in social work settings could inform better resource management and social work education.

Second, the social life challenges and community care needs of individuals with complex DD remain in need of further investigation. Without a clearer understanding of the service needs of individuals with DD, it is not easy to imagine how much social workers could do to help them.

Third, no study has examined the effectiveness of social work interventions for complex DD. As social workers are a large group of mental health service providers, we should know whether and how social work interventions are effective.

Fourth, no academic work focuses on how social workers can work with individuals with complex DD and make unique contributions to their recovery. After we have a better picture of the situation, it would be beneficial to develop evidence-informed guidelines for social work practice with individuals with complex DD.

Although there are existing guidelines and models for treating complex DD (International Society for the Study of Trauma and Dissociation, 2011; Ross, 1997; Van der Hart et al., 2006), these mainly focus on the therapeutic process, do not detail the “social” aspects of recovery and are not designed

specifically for social workers. A practice model for social workers to work with individuals with complex DD is important and should be developed and evaluated in the future. Such a model should be consistent and compatible with the existing well-established approaches (e.g., the phase-oriented approach) or follow other future evidence-based guidelines while emphasizing the social work aspects of recovery. "To throw a sprat to catch a mackerel," here we highlight some important aspects/issues that social workers should consider when working with service users with complex DD. These are informed by the current literature on complex DD (e.g., Brand, Classen, Lanins, et al., 2009; Brand, Classen, McNary, et al., 2009; Brand & Loewenstein, 2014; Brand et al., 2012; Fung & Lao, 2017; Fung & Ross, 2019; International Society for the Study of Trauma and Dissociation, 2011; Ross, Goode, & Schroeder, 2018; Ross & Halpern, 2009; Van der Hart & Boon, 1997).

- Safety

Safety is one of the primary issues that trauma and dissociation survivors need to address (Fisher, 1999). Risk and danger from both external sources and internal personality systems should be assessed and prevented. For example, an intervention may be necessary if the client is living in an abusive family or encountering violence or threat from others. In addition, the client (or some internal parts of the client) may have self-harming behaviors, suicidal thoughts or actions or aggressive behaviors which need care (Akpınar & Demirdaş, 2014). Sometimes, it is necessary to provide resources to enable the client to move out of the abusive environment. Sometimes, it is crucial to engage the dissociated self-states, talk to them, and address their needs and suffering so as to prevent risk-taking behaviors (International Society for the Study of Trauma and Dissociation, 2011). If the client has children, risk management is particularly important while empowerment should be emphasized.

- Interpersonal issues

Interpersonal issues are common among survivors of severe childhood trauma (Herman, 1992) and social workers should pay attention to them. These include prolonged relationships with abuser(s) (e.g., family members), trust issues with loved ones, attachment difficulties, conflicts with others due

to emotion dysregulation, and conflicts in intimate relationships and so on. It is important to enable the client to stay away from toxic and stressful relationships and discover potential social support. Family members or close friends of the client may also need support, education or even interventions.

- Educational issues, and occupational and/or financial issues

Many individuals with trauma and dissociation encounter educational issues, and occupational and/or financial issues due to their symptoms. For example, academic pressure and the school environment may trigger or retraumatize survivors, result in more stress or prevent them from recovering, especially in examination-oriented educational systems, such as those in Hong Kong, Korea and Singapore. Teachers without training in trauma-informed education may misunderstanding the acting out behaviors that are common in individuals with DD. Although some survivors can function well and have successful careers (e.g., Robert Oxnam) (Oxnam, 2005) while suffering from trauma-related symptoms, occupational impairment is common in many survivors as well. Thus, some clients need space to focus on their treatment as ongoing stress and life struggles are not good for recovery. If the client encounters financial difficulties, tangible aid may be important. Social workers also need to work with their clients to explore and consider potential alternatives when facing such challenges (e.g., quit or change schools, look for welfare subsidies).

- Housing issues

Some survivors still live with their abusive family members, some live in stressful environments, and some deal with being homeless. Not only do individuals with complex DD encounter difficulties in living with others, living with those who have complex DD can also be stressful for many people, especially those who also have their own emotional problems. Especially in regions where rental costs are high (e.g., Hong Kong, London), survivors without financial resources may need help to address their housing issues.

- Legal issues

Survivors may be involved in legal issues because they are victims of crimes, and some because they have committed crimes. Legal issues can become significant stressors for trauma survivors (Herman,

1992). It is important to ensure that the client knows his/her own rights and receives a proper forensic psychological assessment, in order to prevent retraumatization as much as possible.

- Needs for medical care

Complex DD are serious conditions which usually require medical care. When the symptoms are out of control, short-term inpatient treatment may be needed. However, individuals with complex DD often encounter misunderstanding or rejection in the medical system (Gast et al., 2006; Yeung, 2014). Not many clinicians are familiar with trauma and dissociation. Thus, these survivors may be labelled with many different diagnoses while their underlying trauma and dissociation are ignored. Social workers need to ensure that their clients' rights are being respected, and need to support them in finding suitable medical care and/or having better communication with clinicians. Retraumatization of survivors is common in non-trauma-informed medical systems and should be prevented. Individuals with complex DD generally need only outpatient treatment, and it is necessary to find a clinician who is familiar with medication guidelines for complex DD (see International Society for the Study of Trauma and Dissociation, 2011).

- Psychoeducation and symptom management

Psychoeducation is a core element in the recovery phase of stabilization (Brand et al., 2012; Phoenix, 2007). Individuals with complex DD need to learn a number of emotional regulation skills, and they need to understand a number of different concepts. For example, they need to better understand their symptoms (as an understandable response to trauma and stress), learn to identify and prevent triggers, master the skills to cope with their symptoms (e.g., grounding techniques, inner safe place, imagery techniques, self-talk), and start inner communication and accept the other parts of self. Social workers should be able to provide such psychoeducation and facilitate clients with DD using self-help skills to help themselves, even when no experienced therapist is available. In addition, adequately trained social workers could address some posttraumatic and dissociation symptoms which are often difficult to treat. For example, flashbacks can be effectively addressed using grounding techniques; hearing voices in the context of complex DD indicates the existence of unresolved intrapersonal needs (e.g.,

some alternate personality states [alters] have different opinions or desires), and therefore these voices could be addressed by acknowledging and resolving the alters' needs; social workers could address psychological amnesia, or time loss; and we could engage the alters and try to facilitate the client's reducing internal conflicts and coming up with an internal consensus with other alters. These symptoms in fact require psychosocial interventions and medications usually do not help ameliorate them. These examples illustrate why social workers have the potential to support symptom management in cases with complex DD.

- Needs for trauma-informed and dissociation-focused psychotherapy

Trauma-informed and dissociation-focused psychotherapy is the key treatment for complex DD (Brand & Loewenstein, 2014; Brand & Webermann, 2015; International Society for the Study of Trauma and Dissociation, 2011; Ross & Halpern, 2009). While social workers can provide psychoeducation, teach the clients to help themselves, and facilitate symptom management, social workers without specialized training may not be able to provide in-depth psychotherapy. For example, individuals with complex DD need psychotherapy to process and integrate their traumatic experiences and to resolve attachment problems. Thus, we need to support clients to identify suitable trauma-informed care and psychotherapy resources in the community. Trauma-informed principles are important when working with clients with complex DD, but they are not discussed in detail in this paper because there are already many good resources that social workers may refer to (e.g., Herman, 1992; Substance Abuse and Mental Health Services Administration, 2014, 2015; van der Kolk, 2014).

Concluding remarks

This preliminary study reviews complex DD in the social work literature. Some knowledge gaps and implications are discussed. The body of knowledge regarding social work practice with individuals with complex DD remains insufficiently developed. We also highlight some aspects/issues that social workers should consider when working with service users with complex DD.

References

Akpınar, A., & Demirdaş, A. (2014). Dissociative Identity Disorder Presenting as a Suicide Attempt or Drug Overdose: A Case Report. *ISSN 1300-199X• EISSN 2147-1789*, 38.

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders (5th ed.)*. Washington, DC: Author.

Anderson, G., Yasenik, L., & Ross, C. A. (1993). Dissociative experiences and disorders among women who identify themselves as sexual abuse survivors. *Child Abuse and Neglect, 17*(5), 677-686.

Ball, J. S., & Links, P. S. (2009). Borderline personality disorder and childhood trauma: Evidence for a causal relationship. *Current Psychiatry Reports, 11*(1), 63-68.

Becker-Lausen, E., Sanders, B., & Chinsky, J. M. (1995). Mediation of abusive childhood experiences: Depression, dissociation, and negative life outcomes. *American Journal of Orthopsychiatry, 65*(4), 560.

Benjamin, L. R., Benjamin, R., & Rind, B. (1996). Dissociative mothers' subjective experience of parenting. *Child Abuse and Neglect, 20*(10), 933-942.

Brand, B. L., Classen, C., Lanins, R., Loewenstein, R., McNary, S., Pain, C., & Putnam, F. (2009). A naturalistic study of dissociative identity disorder and dissociative disorder not otherwise specified patients treated by community clinicians. *Psychological Trauma: Theory, Research, Practice, and Policy, 1*(2), 153.

Brand, B. L., Classen, C. C., McNary, S. W., & Zaveri, P. (2009). A review of dissociative disorders treatment studies. *The Journal of nervous and mental disease, 197*(9), 646-654.

Brand, B. L., & Loewenstein, R. J. (2010). Dissociative disorders: An overview of assessment, phenomenology, and treatment. *Psychiatric Times, 27*(10), 62-69.

Brand, B. L., & Loewenstein, R. J. (2014). Does phasic trauma treatment make patients with dissociative identity disorder treatment more dissociative? *Journal of Trauma & Dissociation, 15*(1), 52-65.

Brand, B. L., Myrick, A. C., Loewenstein, R. J., Classen, C. C., Lanius, R., McNary, S. W., . . . Putnam, F. W. (2012). A survey of practices and recommended treatment interventions among expert therapists treating patients with dissociative identity disorder and dissociative

disorder not otherwise specified. *Psychological Trauma: Theory, Research, Practice, and Policy, 4*(5), 490.

Brand, B. L., Sar, V., Stavropoulos, P., Krüger, C., Korzekwa, M., Martínez-Taboas, A., & Middleton, W. (2016). Separating fact from fiction: An empirical examination of six myths about dissociative identity disorder. *Harvard Review of Psychiatry, 24*(4), 257-270.

Brand, B. L., & Webermann, A. R. (2015). An update on treatment research for severe dissociative disorders. *Becoming More Disability Friendly: Trauma Psychology and People With Disabilities*, 9. doi:10.13140/RG.2.1.1246.4488

Canadian Association of Social Workers. (n.d.). What is Social Work? Retrieved from https://www.casw-acts.ca/en/what-social-work

Chan, C. (2016). ICT-supported social work interventions with youth: A critical review. *Journal of Social Work*, 1468017316651997.

Chan, C., & Holosko, M. J. (2015). A review of information and communication technology enhanced social work interventions. *Research on Social Work Practice*, 1049731515578884.

Chavez, J. (2011). Exploring the adaptiveness of moderate dissociation in response to betrayal trauma. *Oregon Undergraduate Research Journal, 1*(1), 86-99.

Classen, C., Field, N. P., Atkinson, A., & Spiegel, D. (1998). Representations of self in women sexually abused in childhood. *Child Abuse and Neglect, 22*(10), 997-1004.

Dalenberg, C. J., Brand, B. L., Gleaves, D. H., Dorahy, M. J., Loewenstein, R. J., Cardena, E., . . . Spiegel, D. (2012). Evaluation of the evidence for the trauma and fantasy models of dissociation. *Psychological Bulletin, 138*(3), 550-588.

DiTomasso, M. J., & Routh, D. K. (1993). Recall of abuse in childhood and three measures of dissociation. *Child Abuse and Neglect, 17*(4), 477-485.

Egeland, B., & Susman-Stillman, A. (1996). Dissociation as a mediator of child abuse across generations. *Child Abuse and Neglect, 20*(11), 1123-1132.

Fisher, J. (1999). The work of stabilization in trauma treatment. *Trauma Center Lecture Series*. Retrieved from http://janinafisher.com/pdfs/stabilize.pdf

Fung, H. W. (2015). Why social workers need to know about trauma and dissociative disorders? (in Chinese: 為什麼社工需要認識創傷與解離症？). *SocialWorkAve (in Chinese: 社福街)*. Retrieved from http://socialworkave.hk/?p=339

Fung, H. W., & Lao, I. W. (2017). Complex dissociative disorders: Cross-cultural trauma disorders (in Chinese: 複雜解離症：跨文化的創傷心理障礙). *Clinical Medicine (in Chinese: 臨床醫學), 79*(1), 39-48. doi:10.6666/ClinMed.2017.79.1.008

Fung, H. W., Lee, C. Y., Lao, I. W., & Lin, E. (2017). Assessment and differential diagnosis of dissociative identity disorder (in Chinese: 解離性身份障礙之評估和診斷). *Taipei City Medical Journal (in Chinese: 北市醫學雜誌), 14*(4), 425-439. doi:10.6200/TCMJ.2017.14.4.03

Fung, H. W., & Ross, C. A. (2019). *Be a teammate with yourself: Understanding trauma and dissociation*. Richardson, TX: Manitou Communications.

Gallant, J. P., Brownlee, K., & Vodde, R. (1995). “Not with me you don't”: A story of narrative practice and dissociative disorder. *Contemporary Family Therapy, 17*(1), 143-157.

Gast, U., Rodewald, F., Hofmann, A., Mattheß, H., Nijenhuis, E., Reddemann, L., & Emrich, H. M. (2006). Dissociative identity disorder frequently misdiagnosed. *Dtsch Arztebl, 103*(47), 3193-3200.

Giancarlo, T. J. (1991). Multiple personality disorder: A challenge to practitioners. *Families in Society*.

Hare, I. (2004). Defining social work for the 21st century: The International Federation of Social Workers' revised definition of social work. *International Social Work, 47*(3), 407-424.

Hartocollis, L. (1998). The making of multiple personality disorder: A social constructionist view. *Clinical Social Work Journal, 26*(2), 159-176.

Haugaard, J. J. (2004). Recognizing and treating uncommon behavioral and emotional disorders in children and adolescents who have been severely maltreated: Dissociative disoders. *Child maltreatment, 9*(2), 146-153. doi:10.1177/1077559504264311

Herman, J. L. (1992). *Trauma and recovery*. New York: Basic Books.

Hogan, L. C. (1992). Managing persons with multiple personality disorder in a heterogeneous inpatient group. *Group, 16*(4), 247-256.

International Society for the Study of Trauma and Dissociation. (2011). Guidelines for treating dissociative identity disorder in adults, Third Revision. *Journal of Trauma & Dissociation, 12*(2), 115-187. doi:10.1080/15299732.2011.537247

Irwin, H. J. (1996). Traumatic childhood events, perceived availability of emotional support, and the development of dissociative tendencies. *Child Abuse and Neglect, 20*(8), 701-707.

Kam, P. K. (2014). Back to the 'social'of social work: Reviving the social work profession's contribution to the promotion of social justice. *International Social Work, 57*(6), 723-740.

Kluft, R. P. (1987). The parental fitness of mothers with multiple personality disorder: A preliminary study. *Child Abuse and Neglect, 11*(2), 273-280.

Kluft, R. P. (1992). Enhancing the hospital treatment of dissociative disorder patients by developing nursing expertise in the application of hypnotic techniques without formal trance induction. *American Journal of Clinical Hypnosis, 34*(3), 158-167.

Leavitt, F. (1994). Clinical correlates of alleged satanic abuse and less controversial sexual molestation. *Child Abuse and Neglect, 18*(4), 387-392.

Lev-Wiesel, R. (2005). Dissociative identity disorder as reflected in drawings of sexually abused survivors. *The Arts in Psychotherapy, 32*(5), 372-381.

Lev-Wiesel, R. (2008). Child sexual abuse: A critical review of intervention and treatment modalities. *Children and Youth Services Review, 30*(6), 665-673.

Macfie, J., Cicchetti, D., & Toth, S. L. (2001). Dissociation in maltreated versus nonmaltreated preschool-aged children. *Child Abuse and Neglect, 25*(9), 1253-1267.

MacIntosh, H. B. (2013). Dissociative Identity Disorder and the process of couple therapy. *Journal of Trauma & Dissociation, 14*(1), 84-96.

MacIntosh, H. B. (2015). Titration of technique: Clinical exploration of the integration of trauma model and relational psychoanalytic approaches to the treatment of dissociative identity disorder. *Psychoanalytic Psychology, 32*(3), 517.

Madden, R. G., & Parody, M. (1997). Between a legal rock and a practice hard place: Legal issues in "recovered memory" cases. *Clinical Social Work Journal, 25*(2), 223-247.

McElroy, L. P. (1992). Early indicators of pathological dissociation in sexually abused children. *Child Abuse and Neglect, 16*(6), 833-846.

Miley, K. K., O'Melia, M., & DuBois, B. (2012). *Generalist social work practice: An empowering approach* (6 ed.). Boston: Pearson.

Nijenhuis, E. R., Spinhoven, P., van Dyck, R., Van der Hart, O., & Vanderlinden, J. (1998). Degree of somatoform and psychological dissociation in dissociative disorder is correlated with reported trauma. *Journal of Traumatic Stress, 11*(4), 711-730.

Oxnam, R. B. (2005). *A fractured mind: My life with multiple personality disorder*. New York: Hyperion.

Parsell, C., Eggins, E., & Marston, G. (2016). Human agency and social work research: A systematic search and synthesis of social work literature. *British Journal of Social Work, 47*(1), 238-255.

Phoenix, B. J. (2007). Psychoeducation for survivors of trauma. *Perspectives in Psychiatric Care, 43*(3), 123-131.

Putnam, F. W. (1993). Dissociative disorders in children: Behavioral profiles and problems. *Child Abuse and Neglect, 17*(1), 39-45.

Putnam, F. W., Helmers, K., Horowitz, L. A., & Trickett, P. K. (1995). Hypnotizability and dissociativity in sexually abused girls. *Child Abuse and Neglect, 19*(5), 645-655.

Putnam, F. W., Helmers, K., & Trickett, P. K. (1993). Development, reliability, and validity of a child dissociation scale. *Child Abuse and Neglect, 17*(6), 731-741.

Rieber, R. W., Takooshian, H., & Iglesias, H. (2002). The case of Sybil in the teaching of psychology. *Journal of Social Distress and the Homeless, 11*(4), 355-360.

Ross, C. A. (1997). *Dissociative identity disorder: Diagnosis, clinical features, and treatment of multiple personality disorder*. New York: John Wiley & Sons.

Ross, C. A., & Dua, V. (1993). Psychiatric health care costs of multiple personality disorder. *American Journal of Psychotherapy, 47*(1), 103-112.

Ross, C. A., Duffy, C. M., & Ellason, J. W. (2002). Prevalence, reliability and validity of dissociative disorders in an inpatient setting. *Journal of Trauma & Dissociation, 3*(1), 7-17. doi:10.1300/J229v03n01_02

Ross, C. A., Goode, C., & Schroeder, E. (2018). Treatment outcomes across ten months of combined inpatient and outpatient treatment in a traumatized and dissociative patient group. *Frontiers in the Psychotherapy of Trauma and Dissociation, 1*(2), 87-100.

Ross, C. A., & Halpern, N. (2009). *Trauma model therapy: A treatment approach for trauma, dissociation and complex comorbidity*. Richardson, TX: Manitou Communications.

Sacco, M. L., & Farber, B. A. (1999). Reality testing in adult women who report childhood sexual and physical abuse. *Child Abuse and Neglect, 23*(11), 1193-1203.

Sanders, B., & Becker-Lausen, E. (1995). The measurement of psychological maltreatment: Early data on the child abuse and trauma scale. *Child Abuse and Neglect, 19*(3), 315-323.

Şar, V. (2011). Epidemiology of dissociative disorders: An overview. *Epidemiology Research International, 2011*, 1-8. doi:10.1155/2011/404538

Şar, V., Dorahy, M. J., & Krüger, C. (2017). Revisiting the etiological aspects of dissociative identity disorder: A biopsychosocial perspective. *Psychology Research and Behavior Management, 10*. doi:10.2147/PRBM.S113743

Sar, V., Middleton, W., & Dorahy, M. (2013). Individual and societal oppression: Global perspectives on dissociative disorders. *Journal of Trauma & Dissociation, 14*(2), 121-126.

Seeley, S. M. K., Perosa, S. L., & Perosa, L. M. (2004). A validation study of the Adolescent Dissociative Experiences Scale. *Child Abuse and Neglect, 28*(7), 755-769.

Substance Abuse and Mental Health Service Administration. (2006). *Mental health, United States, 2004* (DHHS Publication No. SMA 06-4195 ed.). Rockville, MD: Author.

Substance Abuse and Mental Health Services Administration. (2014). Trauma-informed care in behavioral health services. In *Treatment Improvement Protocol (TIP) Series 57*. Rockville, MD: Substance Abuse and Mental Health Services Administration.

Substance Abuse and Mental Health Services Administration. (2015). Trauma-informed approach and trauma-specific interventions. Retrieved from http://www.samhsa.gov/nctic/trauma-interventions

The Government of The Hong Kong Special Administrative Region. (2017, April 26). *LCQ13: Treatment and support for patients with mental illness*. Hong Kong: The Government of The Hong Kong Special Administrative Region Retrieved from http://www.info.gov.hk/gia/general/201704/26/P2017042600712.htm?fontSize=1.

Van der Hart, O., & Boon, S. (1997). Treatment strategies for complex dissociative disorders: Two Dutch case examples. *Dissociation, 10*, 157-165.

Van der Hart, O., Nijenhuis, E. R., & Steele, K. (2006). *The haunted self: Structural dissociation and the treatment of chronic traumatization*. New York, NY: W.W. Norton.

van der Kolk, B. A. (2014). *The body keeps the score: Brain, mind and body in the healing of trauma*. New York, NY: Viking.

World Health Organization. (1992). *The ICD-10 Classification of Mental and Behavioral Disorders. Clinical description and diagnostic guidelines*. Geneva: Author.

Xiao, Z., Yan, H., Wang, Z., Zou, Z., Xu, Y., Chen, J., . . . Keyes, B. B. (2006). Trauma and dissociation in China. *American Journal of Psychiatry, 163*(8), 1388-1391.

Yeung, D. (2014). *Engaging multiple personalities: Contextual Case Histories* (Vol. 1): CreateSpace Independent Publishing Platform.

Young, L. (1992). Sexual abuse and the problem of embodiment. *Child Abuse and Neglect, 16*(1), 89-100.