

DISSOCIATIVE DISORDER PATHOCHART

PATHOPHYSIOLOGY

Dissociative disorders are the common result of many traumatic or stressful situations and often develop as a way of avoiding difficult memories. Some clients report a feeling of being outside of the body, or watching their life from a distance. Others experience a memory gap and present with various identities. People who have experienced physical, sexual, or emotional abuse during childhood are at a higher risk of developing dissociative disorders. These clients may also be more likely to attempt suicide or self-destructive behaviors.

ASSESSMENT FINDINGS

- Memory loss
- Feeling of being detached
- Surroundings feel foggy or dreamlike
- Distant or reclusive behavior
- Erratic or chaotic behavior
- Inability to cope with stress
- Suicidal thoughts
- Depression or Anxiety

DIAGNOSTICS

- Dissociative Identity Disorder
 - Two or more distinct identities
 - Recurrent gaps in memory
 - Behaviors are outside "normal" practices
- Depersonalization Disorder
 - "Out of body experience"
 - Surroundings may seem foggy or dreamlike.
 - Reality testing remains intact

NURSING PRIORITIES

- Maintain calm, supportive environment
- Promote adequate coping skills
- Maintain safety & prevent injury

THERAPEUTIC MANAGEMENT

- Assess for suicidal ideations
- Set limits and boundaries
- Encourage expression
- Group or individual therapy/counseling
- Provide resources for coping strategies
- Identify and avoid triggers

MEDICATION THERAPY

- No routine medications
- PRN - antipsychotics, anxiolytics