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Psychology and psychiatry training

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Letters to the Editor

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Psychology and psychiatry training

Re: The absence of dedicated information on dissociative disorders in clinical psychology and psychiatry training programs in Ireland.

We are aware that neither in the training of clinical psychologists or of psychiatrists in Ireland is time given to the contemporary empirical and clinical understanding of dissociative symptoms and dissociative disorders. As clinicians and researchers who have on our caseloads a number of individuals who have been exposed to severe traumatic events throughout their lives and display dissociative symptoms or have a dissociative disorder, we would advocate that dedicated time (e.g. a lecture or lecture series) should be given to dissociation and the dissociative disorders in the clinical psychology and psychiatry training curricula. In light of the contemporary scientific understanding of psychiatric illnesses, we believe the omission of relevant empirically informed knowledge on dissociation and the dissociative disorders represents a potential gap in the training of clinical psychologists and psychiatrists in Ireland.

Over the past 25 years, the scientific study of dissociative disorders has increased substantially. For example, large series studies ($n > 50$) of individuals with dissociative identity disorder (DID) have been published from Australia, Belgium, Canada, Germany, The Netherlands, Turkey, and the USA, to name a few.¹⁻⁴ In addition, studies on the clinical phenomenology of dissociative disorders have been published by clinicians and researchers from England, Japan, India, Italy, New Zealand, and Puerto Rico, among others.⁵⁻⁷ Studies have begun to address dissociative disorders in Ireland, and clinicians' attitudes towards them. In a survey of Northern Irish psychiatrists and psychologists, Dorahy and Lewis⁸ found that the existence of DID was generally accepted, though more so by psychologists. However, most clinicians were sceptical that recent cases in the literature represented an accurate diagnosis, indicating that iatrogenesis and misdiagnosis were the likely explanations for increases in DID prevalence. These explanations are consistent with viewpoints in the British⁹ and Irish¹⁰ literatures, but are inconsistent with empirical data. Only a very small number of Northern Irish clinicians ($n = 9$ of 86 respondees) had diagnosed, or been involved in the treatment of, DID. A follow-on study using clinical vignettes indicated that most Northern Irish psychiatrists and clinical psychologists failed to detect DID even in a case where discriminating and characteristic symptoms and features of the disorder were overt.¹¹

Arguably, this may be a consequence of unfamiliarity with the contemporary phenomenology and empirical understanding of this and other dissociative conditions. The failure to detect dissociative disorders represents an important clinical issue for mental health care in Northern Ireland, and by extension the Republic of Ireland, as a recent study has found that dissociative disorders, including DID, are not uncommon in complex psychiatric patients in the Province.¹² Partly because of the failure to accurately detect dissociative disorders, and as a consequence engage in effective treatments, individuals with these conditions often have large case files, multiple inpatient hospital admissions, and represent a considerable burden on mental health resources. Treatment strategies for dissociative disorders are relatively distinct from many other psychiatric conditions, and usually involve a phase-oriented psychotherapy approach, similar to the treatment for complex PTSD. Thus the accurate detection of these conditions is the first step to effective treatment.

We appreciate that 'psychiatric folklore' has tended to deem dissociative disorders as rare, and with the absence of valid scientific data before the early 1980s this perception was in line with the empirical knowledge of that time. However, with the exception of dissociative fugue, which still appears to be rare, contemporary studies indicate that dissociative disorders are not uncommon in psychiatric settings. For example, prevalence rate studies from around the world have reported dissociative disorders in over 1% of the psychiatric in-patient population.¹³⁻¹⁶

In our opinion, the inclusion of phenomenological and treatment information on dissociation and dissociative disorders, in what we know is already a very full training curriculum for clinical psychologist and psychiatrists, is worthy of serious consideration.

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