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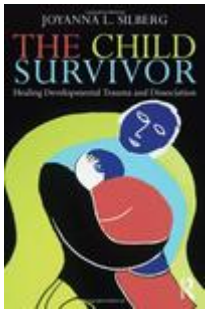
"Are You Going to Kill Me?" Dissociative Disorders in Children and Teens

A review of



The Child Survivor: Healing Developmental Trauma and Dissociation

by Joyanna L. Silberg

New York, NY: Routledge/Taylor & Francis Group, 2013. 267 pp. ISBN 978-0-415-88995-7 (paperback). $39.95, paperback

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Reviewed by
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We all have careers in psychology that began somewhere in time. Joyanna Silberg's book took me to an unforgettable clinical experience.

The Past Experience

Reaching back in memory, I find myself reconnecting with a jarring yet formative experience early in my clinical career. I am sitting at a table in a small, nondescript office that is rather ugly and designated for mental health intake assessments. The file on the table describes a five-year-old with burns over 45 percent of his body, the scars a result of

attempted parental murder. “Oh, God,” I say to myself, “Who can do this to a child?” I learn one of the first lessons of child mental health care: There are no worst case scenarios, no situations beyond which human cruelty cannot exist.

A knock on the door frame accompanies a little voice: “Are you Clare?” I turn to see James, a young child to whom I extend an invitation to sit in the large office chair. “Yes,” I say. He smiles, sits for a moment, and quietly asks, “Are you going to kill me?” Nothing, *nothing* in your training will ever prepare you to respond to such a question.

It is from this background of clinical experience that I greet Silberg’s book titled *The Child Survivor: Healing Developmental Trauma and Dissociation* with joy, excitement, and relief. This is a “must-have” text for clinicians and clinical educators, particularly those who educate psychology students at a master’s and doctoral degree level.

The Model

Silberg introduces the EDUCATE model as an organizing framework for the interventions used in treating dissociative children and teens. The acronym EDUCATE stands for the following classes of interventions:

> E: Educate about dissociation and traumatic processes.
>
> D: Dissociation motivation: Address and analyze the factors that keep the client tied to dissociative strategies.
>
> U: Understand what is hidden. Unravel the secret pockets of automatically activated affect, identity, or behavioral repertoires that help the client bypass central awareness and engage in avoidance.
>
> C: Claim as own these hidden aspects of the self: These interventions, which allow the client to embrace what has been dissociated, are the central objective of Dissociative-Focused Intervention.
>
> A: Arousal Modulation/Affective Regulation/Attachment: Learning to regulate arousal and the ebb and flow of feelings in the context of loving relationships is the new learning central to defeating the dissociative habits.
>
> T: Triggers and Trauma: Identifying precursors to automatic trauma-based responding and processing associated traumatic memories helps the client move forward.
>
> E: Ending Stage of Treatment: the final challenge in treatment is to help the client flexibly approach new situations without trauma-based responding. (p. 61)

What is noteworthy about the EDUCATE model is that it educates by means of using, as bases, affect avoidance theory, Putnam’s discrete behavioral states theory, attachment theory, affect theory, interpersonal neurobiology, and developmental theory. Gone is the

reliance on one explanatory paradigm. Here is a model that embodies theoretical integration and complexity, allowing its users to adjust assessment and treatment options to the presentation of the similar yet unique aspects of dissociative process in children and teens.

Silberg offers a reinterpretation of the most difficult symptoms present in many children with dissociative disorder. For example, in the assessment and intervention phases, lying, stealing, and self-injurious behaviors can be reframed as a child's effort at self-preservation. She offers key elements in building a therapeutic environment in which the child or adolescent learns the meaning of these symptoms and can clearly choose alternative, adaptable, and positive interactions with self, family, school, and other social settings. The choice of these more positive interactions, however, is the result of the clearly defined theory-into-practice model. Silberg uses case studies, actual conversation scripts, and practical techniques that can be adapted to each client in the clearly defined phases of the EDUCATE model.

Silberg's seminal contribution on dissociative shutdown addresses this potent clinical experience that can be frightening for clients and clinicians at all levels of experience. For example, James, the young client, happily came into the therapy playroom on a sunny spring afternoon and immediately climbed into a large cardboard box. When he emerged, James was moaning and crawling on the floor, eventually sitting in a chair, grabbing a Styrofoam tube, and tying it around his neck. He lost consciousness in the chair, unable to be roused. Consciousness gradually returned during a three-hour transition from early developmental nonverbal behaviors, including multiple attempts at self-injury. When he "woke up," James wondered, "How did it get dark so fast?" A clinician who had never experienced a client's dissociative shutdown would be stunned by the power of dissociation and his or her lack of education and intervention skills to deal with this acute presentation.

The ease with which a child client can slip into extended dissociated states is rarely, if ever, addressed in the trauma literature. Silberg, citing the work of Perry (1998), describes the psychological and neurophysiological bases for dissociative shutdown. As is the pattern throughout her work, she moves from theory into practical strategies for reversing the shutdown, thereby giving the clinician ways to assist a client into more conscious states. She then describes both theoretical and practical methods that assist clients in moving to more adaptive defenses.

True to the model, Silberg respects the cognitive abilities of her young clients by educating them about this defense, allowing them to take more control over their symptoms and eventually giving them a cognitive basis for understanding their behavior and tools to choose alternative, more prosocial ways of living in the present while understanding, developmentally, the reasons for past behavior choices. This supports and reinforces their mastery in making choices in their world, choices that come from strength rather than helplessness.

The Future Hope

Silberg's excellent addition to the literature on assessment and treatment of dissociative phenomena in children and adolescents living through the effects of sexual abuse begs for future volumes in this area. Malchiodi (2012) has summarized the importance of the study of neuropsychology and the biological substrate involved in encoding abuse imagery and decoding it through treatment modalities. She said, "As additional research on neuropsychology and mind–body paradigms emerges, we will undoubtedly learn more about how artistic expression helps individuals with emotional distress or physical illness and why images and image making are central to enhancing health and well-being" (p. 24). Haugaard (2004) described art as an alternate expressive strategy to verbalization, addressing the needs that the child may have to express reasons for the dissociative behavior.

The current volume could be turned into a set of theoretical and application texts. Future applications could include a companion "toolbox" text including an expanded array of scripts and techniques that connect with the aspects of the model. An additional expansion could be the application of the EDUCATE model into a family therapy-oriented text and DVDs demonstrating how this model works with a variety of family systems presentations.

References

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

PsycINFO Article

Malchiodi, C. A. (2012). *Handbook of art therapy*. New York, NY: Guilford Press.

PsycINFO

Perry, B. D. (1998). Incubated in terror: Neurodevelopmental factors in the "cycle of violence." In J. D. Osofsky (Ed.), *Children in a violent society* (pp. 124–149). New York, NY: Guilford Press.

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