

How to structure the work with dissociative parts. A guide for therapists

Dolores Mosquera

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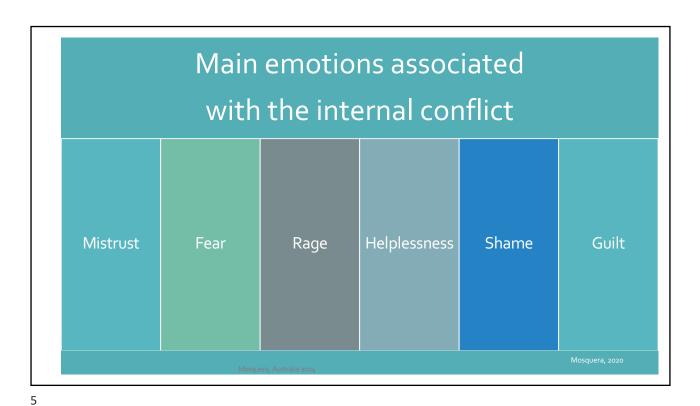
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Why is it important to know how to work with parts?

- Therapists are advised to be cautious with more complex clinical populations, including dissociative disorders.
- · Why these precautions?
 - Clients with dissociative parts usually present with an internal conflict that will interfere in different ways throughout the phases of the therapy process.
- Conflict is not always obvious at first contact.
 - And when it is obvious, it does not mean that the client can talk about it openly.
 - There are different and often conflicted perceptions and experiences regarding what has happened and what is happening now.



How do client and parts deal with the previous emotions? Mosquera, 2020 • It's like I stop being, I don't feel, • If you tell, I will • Insults Generating • I can't move, my Changing húrt X Self-injury various hands, legs, etc., subjects You'll see what symptoms are frozen. I don't think, I'm Postponing Risky behaviors I'm going to do to (headaches, there but I'm not. • I can't speak, it's Suicide attempts Another part you when we get out of here. tiredness, etc.). like I'm about to • I suddenly come appears say something Not letting the to my senses, and Arriving late for • If you keep patient think and I have no I don't know what sessions voice. happened. talking about Not allowing the Bringing up other • I think about something, and I immediately • I don't know how this, I will hurt her (therapist). client to breathe relevant topics to explain it. it's Talking Focusing on like it doesn't • When I catch you (parts/voices) all other stimuli have anything to forget off ward, I'll take (noises, how do with me. all the pills. bilateral • I'm going to kill stimulation is the little girl done, the (another part) number of If you do that movements again, I will do XX etc.). TO AVOID "NOTICING Mosquera, Australia 2024

Why is it important to know how to work with parts to do trauma work?

- Trauma-related disorders primarily involve lack of awareness.
- The traumatized person is unable to realize:
 - Traumatic events happened, or traumatic events happened to "me."
 - Some aspect of the events happened to "me."
 - · My actions in the present belong to "me."
 - Events have ended, meaning that the past is not happening now .
 - The "I" of then is part of the "I" of now.
 - · I am here and now, not in that moment.

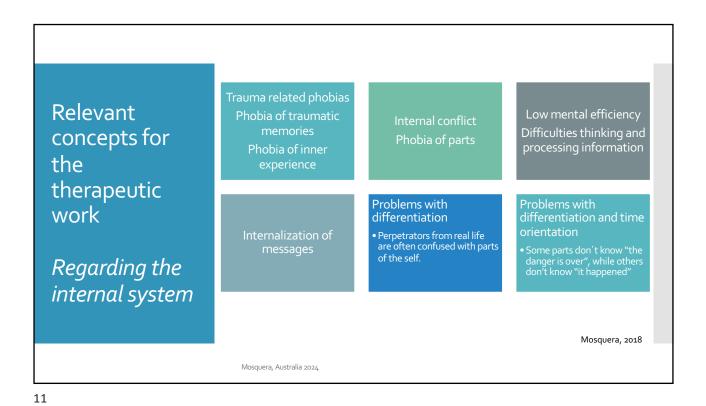
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Not Real, Not True, Not Mine, Not Me The inability to realize is a central feature of dissociative disorders, which have been called: Syndromes of non-realization (Janet, 1935) Multiple reality disorder (Kluft, 1983)

Trauma-related Phobias and avoidance They tend to either space out, shut down, or switch to another part in order to avoid inner experience. Treatment should address these phobias from the beginning, as not tending to them can result in destabilizing the client (Kathy Steele). Therefore, processing trauma will be complicated without addressing these difficulties.

Relevant concepts for the therapeutic work



Relevant Difficulties tolerating all range of emotions (including positive ones) Different degrees of realization in Lack of basic Adaptive Information concepts for the therapeutic work. Reducing the conflict Promoting empathy, What seems positive might not be adaptive like idealization or defended "alternative realities" cooperation and collaboration Regarding preparation Mosquera, 2018 Mosquera, Australia 2024

Relevant concepts for the therapeutic work Regarding processing trauma

Different view or meanings of the traumatic event/s and different experiences in parts

Often in conflict- hence, can block processing

Difficulties to notice the body and/or tolerate body sensations in some parts Sensations from other parts can be experienced with overwhelm Which parts can be present or want to be present but need help

Which parts don't want to be present o cannot

Sometimes it can be as simple as validating that it is voluntary

Difficulties maintaining dual attention dual awareness

Some parts have more difficulties to stay present or interfere with the capacity of other parts

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Working Section One: Laying the foundation Section Two: The building • Section Three: Challenging parts and voices Based on the book (2019): Section Four: Differentiation, Co-Consciousness, and Integration Dissociative • Section Five: Clinical Case Examples, conceptualization A trauma-informed approach **Dolores** Mosquera

Important aspects in the development of the Adult Self

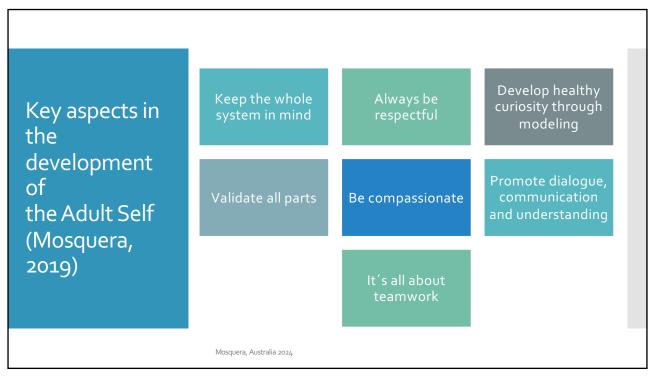
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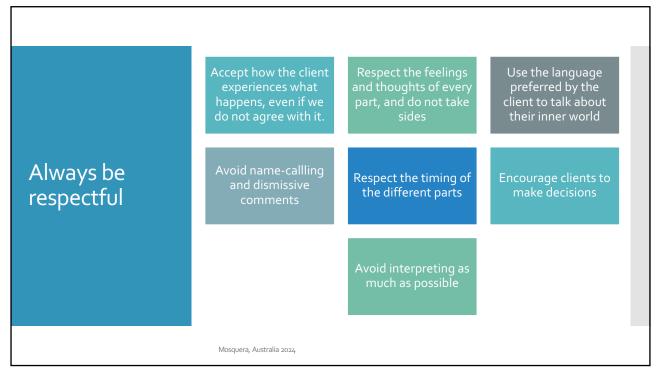
The Adult Self: A seed

We proceed from the implicit understanding that the future self is already present, as a seed.

Being confident in the client's capacities and possibilities of improving.







Accept how the client experiences what happens, even if we do not agree with it. Examples

I understand why you see it that way, it must be very scary to have a voice that keeps telling you to hurt your self, but it's possible that it might be repeating what it learned to say

I see why you feel that way, it sounds very confusing, but I wonder if there are other reasons behind that behavior

Sure, that is not the best way to help you right now, but the part might not know how to do it differently yet.

I think it can learn

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Respect the feelings and thoughts of every part, and do not take sides Examples

Don't worry if the part says those things about me. Maybe it did not understand what I was trying to explain. Can we be curious about why it thinks that?

I am glad that the different parts can express what they think and feel; that is very important for therapy. I understand it is confusing to notice all those different needs and goals inside. I think they are all valid and we can find a way to understand them and have them met. How about we take turns to listen and work with each one?

Talking about what happens inside is not easy



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Lack of integration and the internal conflict

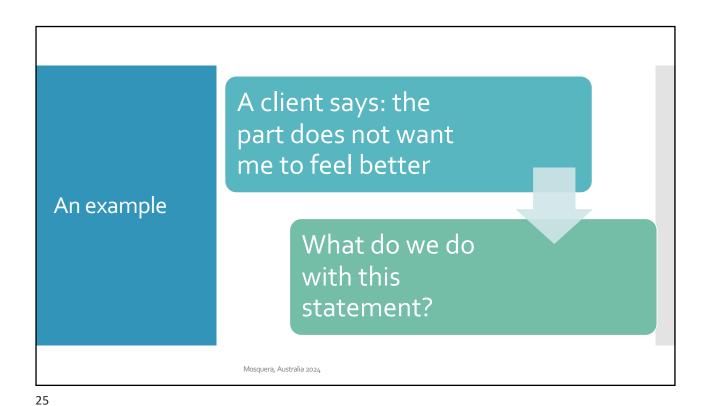
- Many of our clients live in a constant battle with themselves and their inner experience is not easily understood.
- Working with dissociative disorders requires an understanding of their internal structure on the part of both therapist and client.
- Learning to understand these parts of the self and their function is a crucial aspect of treatment.

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History taking in these cases

In addition to taking a clinical history, learning to pay attention to the parts of the self and understanding the function and meaning behind their disruptive behaviors becomes a crucial aspect of treatment



Possible answers

T: So you think the part doesn't want you to think that you can feel better.

Why would that be? What makes you think that there is a part of you that doesn't want to feel better?

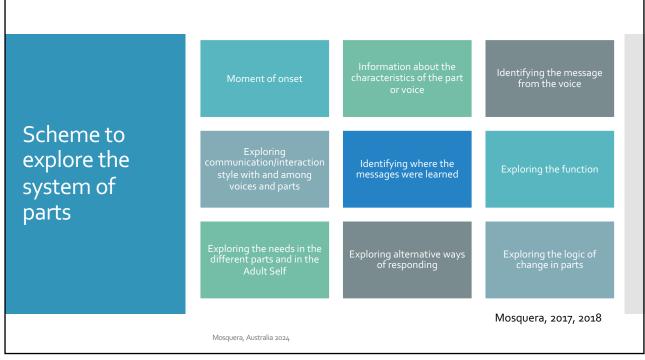
T: Can we try to understand why the part might think that?

T: What is the part concerned about? Could the part be concerned about something?

T: What does the part think could happen if you were to feel better?



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Setting up the Therapeutic Work and Structuring Clinical Sessions

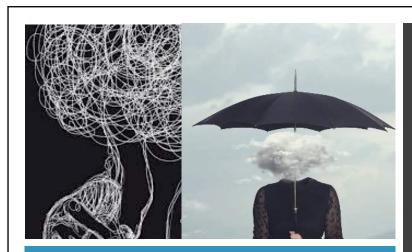
GENERAL STRUCTURE OF THE THERAPEUTIC WORK (TW)

- 1. Exploring the voices and parts (content, tone, message, age, moment of onset, etc.)
- 2. Encouraging clients to listen to the voices and pay more attention to the parts.
- 3. Exploring the triggers (what was happening when the part showed up or when the voice spoke)
- 4. Exploring and processing dissociative phobias
- 5. Assessing the degree of differentiation and time orientation in client and parts
- 6. Exploring and validating the function of the voice
- 7. Identifying and validating resources, feelings and needs
- 8. Exploring, modeling, and practicing alternative ways of responding. Offering suggestions when needed
- 9. Identifying and exploring missing pieces
- 10. Reaching agreements, developing cooperation and team work

Reference: Working with voices and dissociative parts. A trauma-informed approach. Mosquera, 2019

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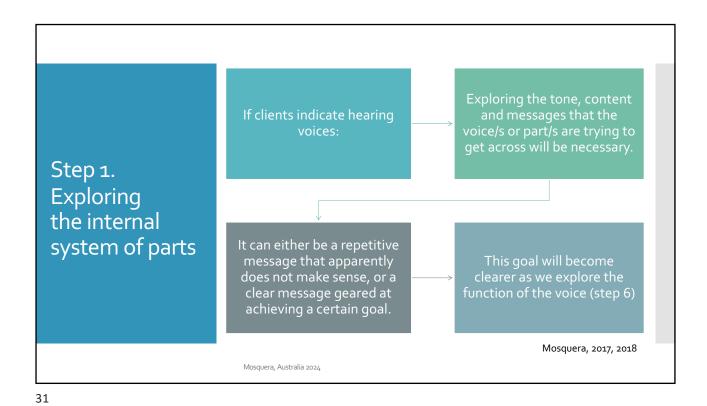


STEP 1. EXPLORING THE INTERNAL SYSTEM OF PARTS

The first step is geared at getting an idea of the internal representation of the parts and how clients make sense of what happens inside.

Without forcing anything or getting into too many details in the more complex cases.

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Step 1.

Exploring the internal system of parts

When exploring voices and parts we can also ask how old does the voice seem to be and any other details that might help us get an idea of this internal representation.

We may also explore the moment of onset and when voices appear or show up in the present moment (related to exploring triggers, step 3).

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STEP 2. ENCOURAGING CLIENTS TO LISTEN TO THE VOICES AND/OR PAY MORE ATTENTION TO THE PARTS

To gather the information in the previous step, we also need to help clients become more curious and interested in their inner world.

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Step 2.
Encouraging
clients to listen
to the voices
and/or pay
more attention
to the parts

Would you be willing to try to understand what the part is trying to say?

Can we explore those voices that show up sometimes?

Can we try to be curious about what might be underneath those messages?

I know it's difficult but can we try to be curious about what is happening with the little girl part?

Is it possible to try to notice what that part might be feeling?

STEP 2. ENCOURAGING CLIENTS TO LISTEN TO THE VOICES AND/OR PAY MORE ATTENTION TO THE PARTS

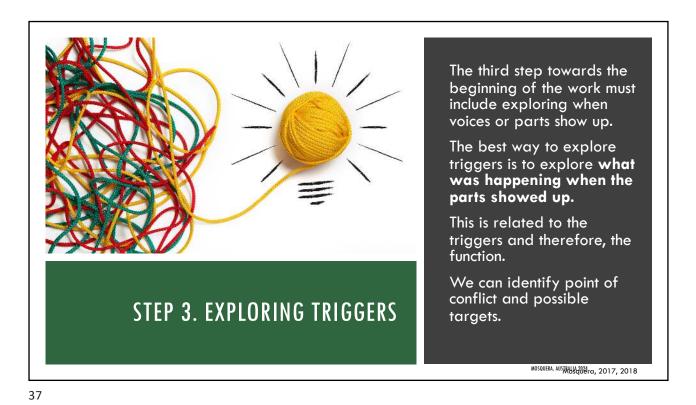
Promoting curiosity may be a relatively easy task with certain types of parts. However, it becomes more complicated –and for that same reason, much more crucial– with challenging parts.

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Step 3. Exploring

triggers

Most of the time parts and voices get triggered when the client feels bad, frightened, or concerned or needs something that seems unacceptable (comfort, closeness, etc.)

Also, when something happens that reminds them of the past, especially those voices who are still stuck in trauma time.

There are some exceptions; for example, when clients have been punished for feeling good, parts will also get triggered when in pleasant or enjoyable situations.

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STEP 4. EXPLORING AND PROCESSING DISSOCIATIVE PHOBIAS

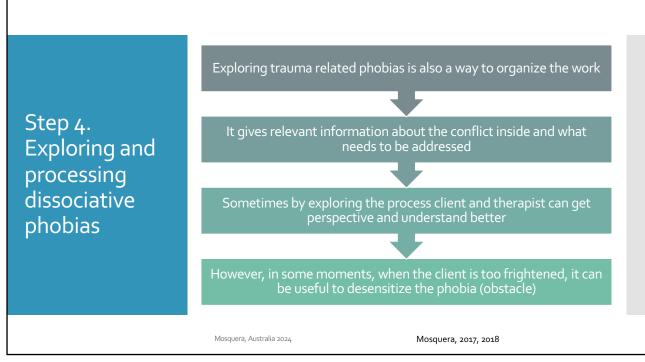
Phobias among parts are one of the main obstacles that prevent the natural flow of treatment.

It is important not to assume anything or interpret what can be happening.

By checking how the different parts and the Adult Self feel towards each other we can get perspective into the process taking place inside.

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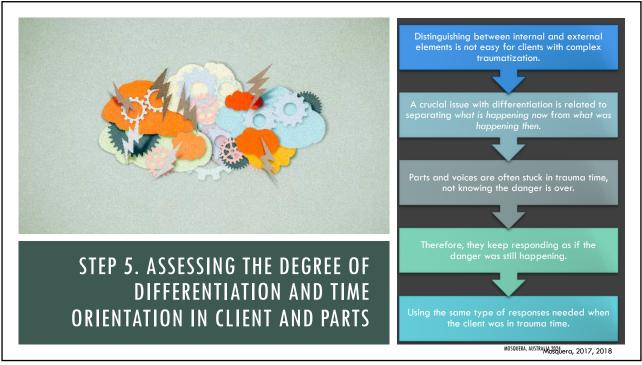


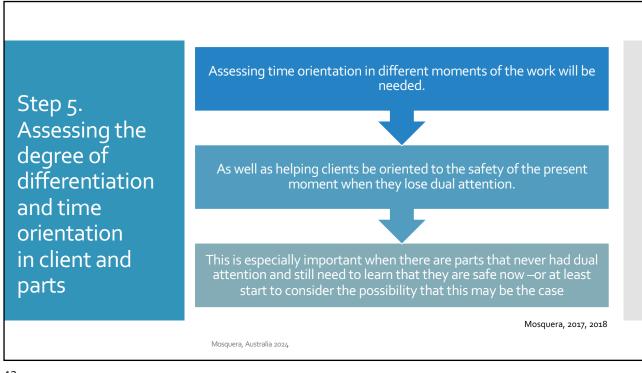
Step 4. Exploring and processing dissociative phobias When emotions are dysfunctional, such as when one part is frightened of another part, or feels disgusted or ashamed, we can use the **processing phobias procedure**, a tool developed to reduce the phobia.

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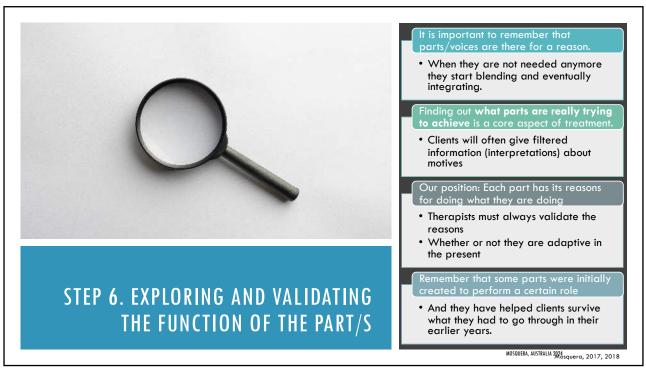
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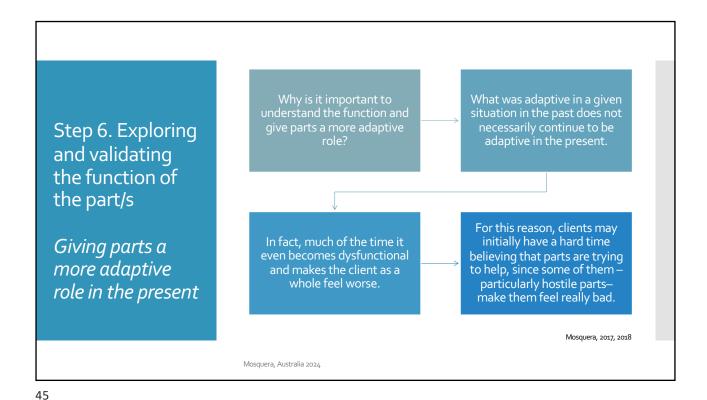
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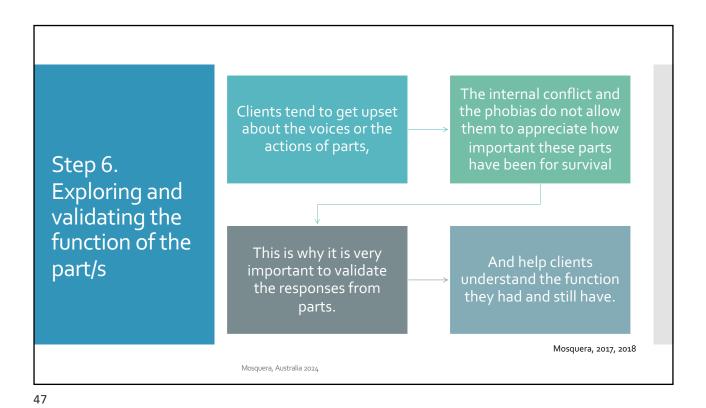


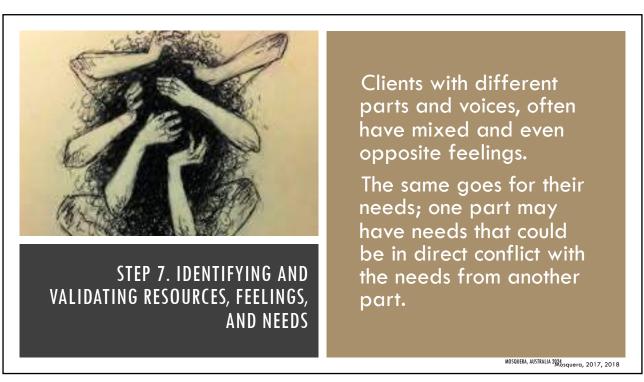
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By respectfully asking questions about the Clients can become Step 6. parts and modeling curious themselves **Exploring and** towards them: validating the function of the part/s And begin to How parts have tried to understand how the Developing function of each part help) the client survive in was adaptive in the past one way or another. curiosity Mosquera, 2017, 2018 Mosquera, Australia 2024







STEP 7. IDENTIFYING AND VALIDATING RESOURCES, FEELINGS, AND NEEDS

Identifying and validating feelings and needs is a crucial part of the work.

It can help all the different voices and parts to feel heard and understood, which tends to be a missing experience for these clients.

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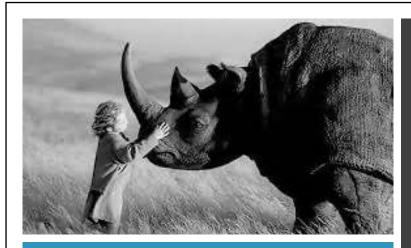


STEP 7. IDENTIFYING AND VALIDATING RESOURCES, FEELINGS, AND NEEDS

The key in this type of validation is to make sure therapists accept all the different emotions and needs

And help both clients and the system of parts to understand them and accept them as well.

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STEP 7. IDENTIFYING AND VALIDATING RESOURCES, FEELINGS, AND NEEDS

To internalize a new way of responding to their feelings and needs, parts need to experience a completely new attitude

Which is done through modeling, so it can end up sinking in.

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Step 7.
Identifying and validating resources, feelings, and needs.

Exploring the needs of the different parts of the system can help us:

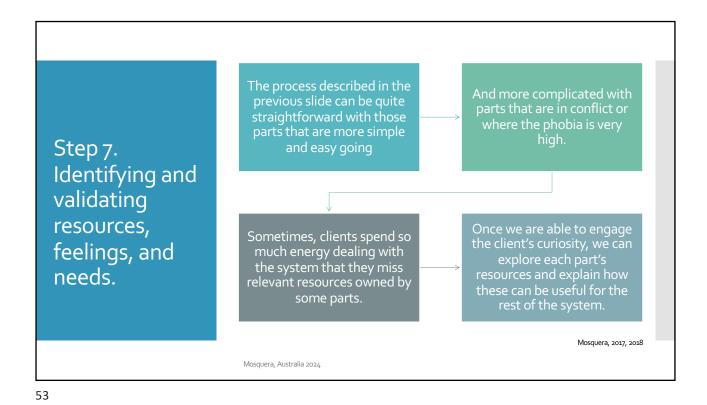
Identify some of the resources that need to be developed

As well as those that already exist, even though they may not be seen as such by the client. When clients are able to understand the adaptive function of the part:

We can begin to see its capacity to help and identify existing resources within the system

Once these resources are identified, they can be reinforced; even shared with other parts that need them.

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For example, one voice might have the capacity to help defend the system, another to identify possible danger, and a third to be playful and enjoy life.

Step 7.
Identifying and validating resources, feelings, and needs.

Exploring these resources will reinforce curiosity and pave the way for cooperation and teamwork.

This will lead to a more integrated Self, where each voice represents something that is useful for better functioning.

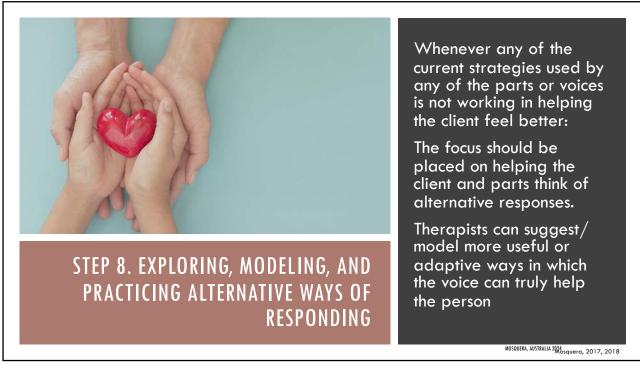
Step 7. Identifying and validating resources, feelings, and needs. When resources or capacities are identified, they can be installed with BLS

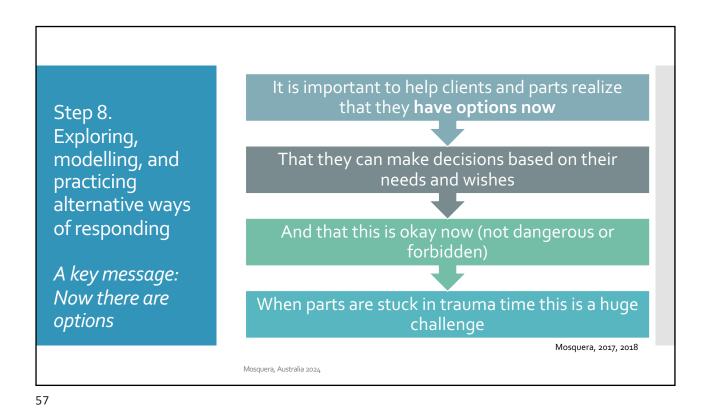
We can also reinforce any relevant *insight* that the client and the system of parts achieve as a result of the work.

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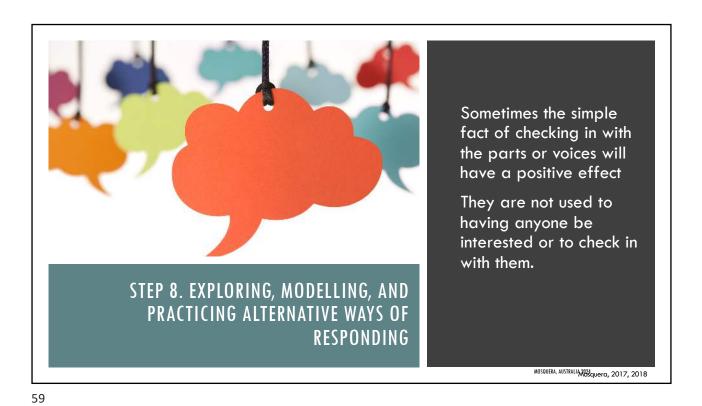
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Step 8.
Exploring, modelling, and practicing alternative ways of responding

Encouraging clients to communicate with parts of self them about comments or behaviors that are frightening or bothersome is a key aspect in the progress towards better functioning.



When clients Initially this must be done with can the therapist's help, using Step 8. communicate questions aimed at helping them what works Exploring, realize this: and what does modelling, and not work for practicing them, voices and parts can alternative Is this voice aware modify their Does this part of how frightened ways of you become when way of responding he says those this upsets you? responding. things? Mosquera, 2017, 2018 Mosquera, Australia 2024

Step 8. Exploring, modelling, and practicing alternative ways of responding

Most of the time clients will say something like:

- "Of course, it knows, that is why she does it"
- "Yes, the part knows, it just doesn't care"

But this is just an automatic reply

• That reflects the way the system is used to functioning .

In these cases, it is important to say something such as:

• I understand you see it this way, but could you please check if this voice really knows how upsetting this is?

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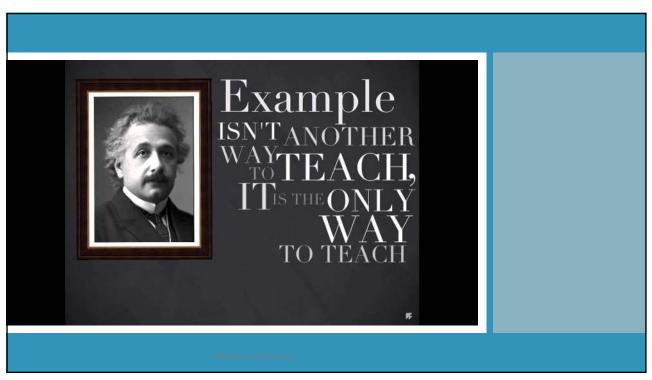
Step 8.
Exploring,
modelling, and
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responding

Psychoeducation can be useful but won't be enough with some of the parts.

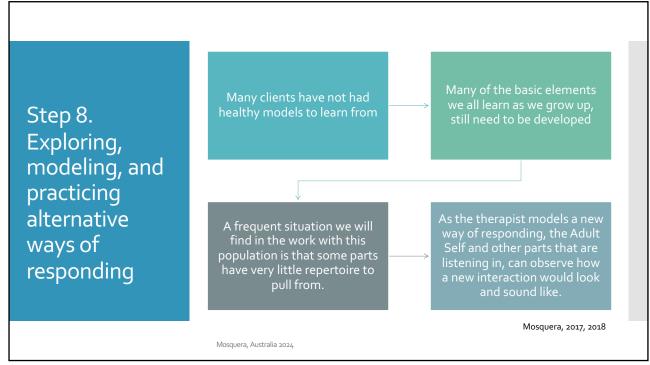


The best way for the new attitude to really sink into the system of parts will take place through modeling (consistently).

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Another aspect that can be relevant is to explore the missing

For instance, clients that never get angry or sad would be communicating a need in a very

Sometimes it is obvious that there are missing pieces, other times, we find out later on in therapy, as we get to know the client and the system of parts.

It can be helpful to use BASK (behavior, affect, sensation, knowledge) model to explore what might be missing.

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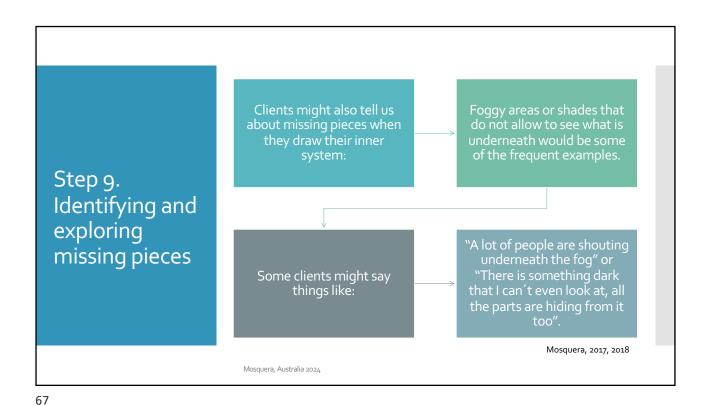
Step 9. Identifying and exploring missing pieces

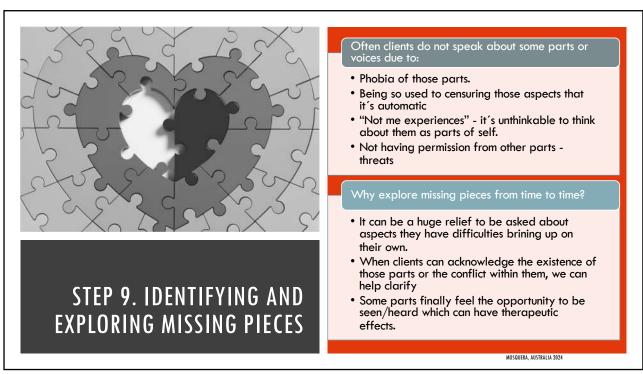
• Be curious and check if there are any other parts or voices.

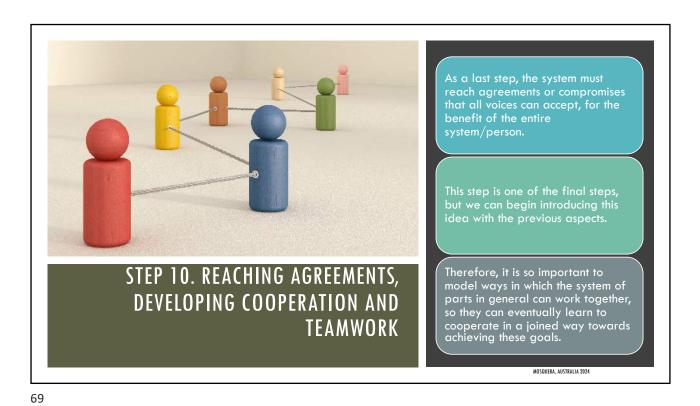
• "Is there any other part or aspect that is difficult for you to think/talk about?"

- Drawing: Is there anything that might be difficult for you to draw/illustrate?
- · Action figures:
 - Are there any figures that are more difficult for you to chose?
- Are there any aspects that might not be represented there in those figures?
- Meeting place:
- Do you think we should leave any empty chairs?
- Could there be other parts/aspects that might me more difficult for you to

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These steps are meant as a guide, not a rigid way of exploring

- All the previous steps are meant as a guide for therapists.
- To facilitate exploring the process and not get stuck with the content or the symptoms.
- All the suggestions are interventions geared towards promoting understanding and empathy between client and voices.
- We can combine them and revisit them when needed.
- The better we understand, the better we can adapt the tools and the better clients can understand their experience.
 - Increased understanding leads to greater compassion and empathy, which in turn allow for cooperation.

GENERAL STRUCTURE OF A CLINICAL SESSION (CS)

1. Explore the effects of the work done in the previous session

- CS #1.1. Explore how the client and the parts/voices left the previous session
- CS #1.2. Check how the week has been for the entire system
- CS #1.3. Explore whether during the week the client has followed the indications offered in the previ-

2. Work on issues that came up during the week or come up during the session

- CS #2.1. Explore if the voices and parts were active or not during the week. Check how the parts are doing
- CS #2.2. If the voices appeared during the week or during the session, we must explore what triggered the voices
- CS #2.3. Explore the reaction of the system towards the voices or parts
- CS #2.4. Address any issues or difficulties as they appear
- CS #2.5. After any intervention, check how the rest of the parts feel about what just happened
- CS #2.6. Check whether learned messages or behaviors continue to take place after the voice or part has started practicing new adaptive behaviors

3. Closure for the session.

- CS #3.1. Reinforce the work done throughout the session and validate the efforts made by each part of the system that was active/participated during the work
- CS #3.2. Check on the usefulness of the interventions applied during the session
- CS #3.3. Check that the client is stable and grounded, oriented in time
- CS #3.4. Summarize what has been learned in order to help clients organize the work done during the session and to set goals for future sessions. Enhance realization
- CS #3.5. Anticipate potential obstacles and problems to prepare clients for future difficulties

Reference: Working with voices and dissociative parts. A trauma-informed approach. Mosquera, 2019

