**Dissociative disorders**

Name

Institution

Course

Instructor

Date

**Dissociative disorders**

**Controversies**

Dissociative disorders are psychological health problems that entail a person feeling disconnected from reality or having episodes of memory loss (Bækkelund et al., 2022). As the name suggests, the condition usually occurs when people disconnect themselves from anything around them. The conditions usually occur after prolonged traumas that are left unattended. However, the controversy about dissociative disorders originates from the debate over the effectiveness and reliability of their diagnosis. Most arguments claim that diagnosis scales are made in a way that they contribute to false positives. The other controversy is whether the symptoms of the disorders are genuine or fake. Sometimes people may fake that they do not remember various occasions or are still affected by childhood traumas. These aspects raise debates on the accuracy of the disorder's diagnosis.

**Professional beliefs**

Among the professional beliefs is that people with extreme childhood traumas have a higher chance of suffering from dissociative disorders. People who experienced sexual assaults, threats, or extreme events that could affect their mental stability. As Boyer et al. (2022) explain, there is a significant connection between dissociative disorders and childhood traumas. That supports the idea that these disorders are well connected with caregiving traumas. The other belief is that the disease rarely occurs in the community. Very few people have these conditions since, in the case of early traumas, they overcome them or do not exceed dissociative disorders.

Mitra & Jain (2021) explain that the disorders' prevalence is less than six percent of the global population. That implies that the condition is rare and has minimal global impact. The third belief is that there is no hard proof of the existence of DID. Although different research has influenced my opinion, DSM-5 has overruled the idea that there is limited evidence on the presence of DID. As Pietkiewicz et al. (2021) explain, medical professionals need to do more research on the condition to understand real and fake ones. The DSM-5 has few details on effectively diagnosing the conditions, making it hard to prove their validity.

**Strategies for therapeutic relationship**

Maintaining a therapeutic relationship with people suffering from dissociative disorders might be challenging if the care provider does not consider various aspects. As the condition arises from assaults that lead to traumas, trust is one thing to consider. A professional should create an atmosphere of trust where the patient feels free to share their problems. The other strategy would be providing flexibility during care provision. Since the condition may lead the patient to different episodes during care provision, the provider should ensure flexibility for an effective therapeutic relationship. Flexibility means the caregivers have breaks and sessions that provide the patient with processes and details of their phase. Also, the care plan should not be strict that it does not address the patient's needs.

The other strategy is encouraging activities during therapy that help with concentration. A serious therapy session would contribute to the detachment of the patient. Too many questions may increase patients' anxiety, contributing to their detachment or memory loss. Therefore, integrating simple tasks that keep the patient focused would help retain a therapeutic connection.

**Ethical and legal considerations**

Ethical and legal considerations are essential to consider when providing when providing care. Among the aspects to think about when caring for DID patients is confidentiality. Since trust is necessary in this case, keeping the patient's details private as much as possible would contribute to effective care outcomes. Keeping the appropriate care boundaries is also an essential ethical consideration (AlMahmoud et al., 2020). At times patients with mental problems might overreact or have the incapacity to control themselves. As a mental health professional, keeping boundaries is vital when providing care. Lastly, reporting any assaults, either on childhood or family occasions, that contribute to the patient's mental state is a legal duty of the care provider. That helps ensure no further harassments that might impact the patient's recovery process.

**References**

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