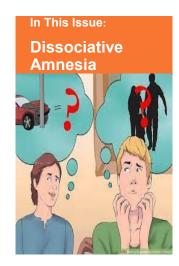


MONTHLY MENTAL HEALTH NEWSLETTER

Presented by the Gwinnett County Sheriff's Office Mental Health Task Force



Symptoms of Dissociative Amnesia are categorized into three types, or patterns:

Localized: Memory loss that affects specific areas of knowledge or parts of one's life, such as a certain period during childhood, or anything else that one normally knows about one's self. Many times, the memory loss is only of a specific trauma. For example, a victim of a criminal assault having no memory of the assault, but still able to recall details from the rest of that same day.

Generalized: Memory loss that affects major parts of one's life and/or identity, such as being unable to recognize your name, job, family and friends.

Fugue: Known as a dissociative fugue, this causes the sufferer to experience a total generalized amnesia and subsequently adopt a new identity.

<u>Note</u>: To appropriately make this diagnosisthe causes for the loss of memory, awareness and identity cannot be accounted for by any medical illness, physical brain injury or substance use issues.

What are the Risk Factors and Causes of Dissociative Amnesia?

Dissociative Amnesia has been linked to debilitating levels of stress. This stress may be caused by trauma associated with war, abuse, accidents, disasters, or severe internalized stressors. The sufferer may have experienced the trauma or just witnessed it. One must remember that stress is a personally experienced factor. Therefore, what may be devasting stress to one person may amount to little or no stress to another. One's environment and levels of resilience development through childhood and young adulthood may contribute as well.

There may also be a genetic connection in Dissociative Amnesia. Studies have found close relatives of Dissociative Amnesia sufferers have a tendency to develop amnesia. It affects about 1% of men and 2.6% of women in the general population. This is not to be confused with Dementia or related cognitive disfunctions or injuries.

Treatment

Most treatment includes making sure persons in the patient's life are safe. Next will be the reconnecting of the patient to the lost memories. This may include safely processing painful events, building coping skills, and improving overall functioning. These therapeutic goals are sometimes achieved via intense psychotherapy utilizing one of the following modalities:

Cognitive Behavioral Therapy Dialectical Behavioral Therapy Family Therapy Clinical Hypnosis

Due to the overwhelming disruptions to the sufferer's life, some sufferers may present with Depression and/or Anxiety. In such cases therapy may be accompanied by medication for either. However, there is no medicine specifically for the treatment of Dissociative Disorders of any type.

What is Dissociative Amnesia

Dissociative Amnesia is a condition in which the sufferers can't remember important information about their life. This forgetting may be limited to certain specific areas of their life or it may include large pieces of their life history and in some cases even their identity.

Dissociative Amnesia is part of a larger group of conditions known as <u>dissociative</u> <u>disorders</u>. Dissociative disorders are mental illnesses in which there's a breakdown of mental functions such as memory, consciousness, awareness, and possibly perception.

Living with Dissociative Amnesia

This disorder can be disruptive to one's life and their ability to function in society or homelife. There have been many documented examples of Dissociative Amnesia disrupting the lives of otherwise normal persons.

For example

One patient was traumatized and the trauma resulted in his going into a *Dissociative Fugue*. He didn't come home from work and was reported as missing by his family. He was found weeks later, 600 miles away, living under a different name, working as a short-order cook. When found by the police, this person couldn't recognize any family members, friends or coworkers, and couldn't explain his lack of identification. It was discovered that he was a middle manager at an accounting firm prior to going missing. It appears that the day he went missing he was passed over for a promotion again. He was under a tremendous level of stress and when he failed to get the promotion and the raise, he went into a dissociative fugue.

It does not take what many would consider a life shattering event or trauma to trigger this rare form of dissociation. However, the rates of diagnosis increase during and after wars and natural disasters.

Dissociative symptoms can be mild, but as in the example above, they can also be so severe that they keep the sufferer from being able to function. Even at a mild level it can affect relationships and work.

REFERENCES

The G.C.S.O. Mental Health Task Force encourages you to utilize the sources listed below and the <u>Substance</u> <u>Abuse and Mental Health Services Administration</u> (<u>SAMHSA</u>) <u>at www.samhsa.gov</u> to learn more about this and other important mental health topics.

<u>Diagnostic Statistical Manual –V</u>, American Psychiatric Association, Washington, DC. June 2013

https://www.merckmanuals.com/professional/psychiatric-disorders/dissociative-disorders/dissociative-amnesia

https://www.mayoclinic.org/diseases-conditions/dissociative-disorders/symptoms-causes/syc-20355215

gcsomhtaskforce@gwinnettcounty.com

Major T. Maldonado, Unit Commander 770 619-6798

Dr. D. E. Tatum, Clinical Director 770 822-3111

