# Navigating the Diagnostic and Therapeutic Challenges of Adolescent Dissociative Identity Disorder

Na Ri Kang<sup>1,2</sup>, Sang-Hun Lee<sup>3</sup>, Duk-Soo Moon<sup>1,2\*</sup>

<sup>1</sup>Department of Psychiatry, Jeju National University Hospital, Jeju, Korea

<sup>2</sup>Department of Psychiatry, Jeju National University College of Medicine, Jeju, Korea

<sup>3</sup>Department of Psychiatry, Medical Battalion, 21<sup>st</sup> Infantry Division, Republic of Korea Army, Korea

## Commentary

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#### \*For Correspondence:

Duk-Soo Moon, Department of Psychiatry, Jeju National University College of Medicine, Jeju, Korea

E-mail: dr.moon@daum.net

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## **ABOUT THE STUDY**

As authors of 'Dissociative Identity Disorder in an Adolescent With Nine Alternate Personality Traits: A Case Study.' We aim to provide a clinical perspective on the diagnostic and therapeutic complexities that clinicians face when managing adolescent patients with Dissociative Identity Disorder (DID). In this commentary, we emphasize the importance of early identification through differential diagnosis and a multimodal treatment approach for DID in adolescents.

The use of various diagnostic measures aided in the accurate diagnosis of DID in this case study. However, the similarity of symptoms between DID and other mental illnesses, such as schizophrenia, bipolar disorder, and posttraumatic stress disorder, can lead to misdiagnosis and delayed treatment, which can have a significant impact on the patient's overall functioning. Therefore, clinicians need to be aware of the potential for misdiagnosis and include DID in the differential diagnosis of other mental illnesses to ensure appropriate and timely treatment.

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The case report highlights the importance of a multimodal treatment approach in managing DID in adolescents. The use of pharmacotherapy, psychotherapy, and family therapy can address the complex psychological and social issues faced by DID patients, such as identity confusion, emotional Dysregulation, and interpersonal difficulties. The treatment procedures used included ego state therapy, which focuses on different parts of a person's personality, as well as psych education regarding emotions, trauma-focused psychotherapy with stabilization, and family therapy. The use of these therapeutic interventions led to significant improvement in the patient's overall functioning and quality of life.

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One unique aspect of this case report is the detailed description of the nine alternate personalities that the patient exhibited. The table of nine alternate identities and figures, which includes self-portraits drawn by the patient, provides a visual representation of the complexity of the disorder and the challenges that clinicians face in managing it. The authors' emphasis on the potential for integration of identities in DID patients, which can be facilitated by the use of ego state therapy, offers a new perspective on the management of DID in adolescents. This perspective can aid clinicians in developing effective treatment plans that promote integration and increase the likelihood of favorable treatment outcomes.

The case report has several implications for the diagnosis and treatment of DID in adolescents, including the need for clinicians to consider DID in the differential diagnosis of other mental illnesses, the importance of using multiple diagnostic measures to accurately identify DID, the effectiveness of a multimodal treatment approach, the potential for integration of identities in DID patients, and the necessity for detailed evaluations of traumatic experiences and dissociation in adolescent patients developing nonspecific psychotic symptoms. In conclusion, "Dissociative Identity Disorder in an Adolescent with Nine Alternate Personality Traits: A Case Study" sheds light on the complexities of diagnosing and treating DID in adolescent patients. The report highlights the importance of considering DID in the differential diagnosis of other mental illnesses and the need for multiple diagnostic measures to accurately identify the disorder. The authors hope that this case report will increase awareness and understanding of DID among clinicians and researchers, and help navigate the challenges of diagnosing and treating adolescent dissociative identity disorder.