

A patient's view

"Without the help offered by the clinic I wouldn't have been able to make the progress that I did and nor would I be where I am today."

A parent's view

"Their advice, support, visits, and telephone consultations were invaluable and set my daughter on her road to recovery."

Our service-wide outcome measurement data for 2018 shows dramatic improvement in CDS UK patients after 18 months of treatment across symptoms/problems, risk, functioning and quality of life:

- The Quality of Life Questionnaire (QLQ) shows 100% improvement at 18 months of treatment
- On the CORE OM 34 all items show 60% statistically significant symptom score decline (patient improvement) after 18 months of treatment
- CORE 34 all non-risk items show 50% statistically significant score decline (patient improvement) after 18 months of treatment
- CORE & QLQ show a significant shift between 12 & 18 months of treatment.



Get in touch

We are a national service with a network of specialist psychotherapists working in various locations across the country. Our main premises are at:

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CDS UK is a registered charity: 1178552

Company number: 09093066



Clinic for Dissociative Studies

**National specialist provider
in the care and treatment of
people with dissociative
disorders.**

The Clinic for Dissociative Studies is a registered charity supporting children and adults who have dissociative disorders and present with complex traumatised states. Our clinical staff are experienced mental health professionals specifically trained in the diagnosis and treatment of dissociative disorders, according to the ISSTD (2011) international treatment guidelines.

We are an independent provider to the NHS providing diagnosis, outpatient treatment, clinical supervision and training.

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About dissociative disorders

Dissociative disorders, in particular Dissociative Identity Disorder (D.I.D.), arise in response to extreme trauma and abuse.

We work with all dissociative disorders, including Dissociative Amnesia, Dissociative Fugue, OSDD (Other Specified Dissociative Disorder), Dissociative Identity Disorder (D.I.D.) and complex and acute traumatised states including Post Traumatic Stress Disorder and Acute Stress Disorder.

The most common cause of a dissociative disorder is a disorganised attachment, with abuse at the hands of an immediate care giver reported in over 80% of cases.

Living with a dissociative disorder can have a devastating impact on an individual's ability to maintain relationships and jobs, and even to carry out everyday tasks.

Dissociative disorders are complex and rare. A specialist assessment can be the only way that dissociative disorders are identified.

Major research from the Albert Einstein College of Medicine (Foote, Smolin, Neft and Lipschitz, 2008) has shown that adults with dissociative disorders are the highest risk clinical group in terms of self-harm and suicide, even more so than other high-risk groups such as patients with Major Depressive Disorder and Schizophrenia.

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The benefits of therapy

- International research has shown that long-term specialist therapy is the most effective treatment option. Short-term interventions are unlikely to have a lasting effect if used in isolation
- For some patients, particularly those coming to treatment early, the prognosis can be good
- Treatment for patients who are still exposed to trauma and abuse focuses on minimising further psychological damage, improving quality of life and reducing risk
- Treatment helps reduce suicide, self-harm and unplanned psychiatric admissions.

Our services

We employ national and internationally renowned experts and offer a range of services, including:

- Multi-disciplinary assessments to offer a robust diagnosis. This includes a full psychotherapeutic interview and SCID-D diagnostic assessment. A psychiatric consultation is available when required
- Specialist psychotherapy for individuals, couples or families
- Training and support for local health and social care professionals
- Lectures, seminars and training events
- Forensic and court work, including risk assessments.

How to access our help

Getting a referral: advice for patients and families

In order for the NHS to fund treatment, a referral needs to come to us formally from a NHS professional, usually a GP, Consultant Psychiatrist and/or NHS Care Co-ordinator. It is helpful for there to be at least one referral from NHS secondary care mental health services. It is not possible for someone to refer themselves to the Clinic nor for their friends or family to do so.

Making a referral: advice for clinicians and staff

Decisions regarding funding for assessments and/or treatment packages are made at local level by the patient's local NHS commissioning body. This is typically a Clinical Commissioning Group (CCG), but may be a commissioning Mental Health Trust or, in some cases, a Local Authority.

We encourage all professionals who wish to make a referral, or think they might wish to, to contact us in the first instance and speak to a member of the senior clinical team.



 CDS UK