

Child Dissociative Checklist (CDC), Version 3

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Date: _____ Age: _____ Sex: M F Identification: _____

Below is a list of behaviors that describe children. For each item that describes your child NOW or WITHIN THE PAST 12 MONTHS, please circle 2 if the item is VERY TRUE of your child. Circle 1 if the item is SOMEWHAT or SOMETIMES TRUE of your child. If the item is NOT TRUE of your child, circle 0.

- 0 1 2 1. Child does not remember or denies traumatic or painful experiences that are known to have occurred.
- 0 1 2 2. Child goes into a daze or trance-like state at times or often appears "spaced-out." Teachers may report that he or she "daydreams" frequently in school.
- 0 1 2 3. Child shows rapid changes in personality. He or she may go from being shy to being outgoing, from feminine to masculine, from timid to aggressive.
- 0 1 2 4. Child is unusually forgetful or confused about things that he or she should know, e.g. may forget the names of friends, teachers or other important people, loses possessions or gets easily lost.
- 0 1 2 5. Child has a very poor sense of time. He or she loses track of time, may think that it is morning when it is actually afternoon, gets confused about what day it is, or becomes confused about when something has happened.
- 0 1 2 6. Child shows marked day-to-day or even hour-to-hour variations in his or her skills, knowledge, food preferences, athletic abilities, e.g. changes in handwriting, memory for previously learned information such as multiplication tables, spelling, use of tools or artistic ability.
- 0 1 2 7. Child shows rapid regressions in age-level behavior, e.g. a twelve-year-old starts to use baby-talk, sucks thumb or draws like a four-year old.
- 0 1 2 8. Child has a difficult time learning from experience, e.g. explanations, normal discipline or punishment do not change his or her behavior.
- 0 1 2 9. Child continues to lie or deny misbehavior even when the evidence is obvious.
- 0 1 2 10. Child refers to himself or herself in the third person (e.g. as she or her)

when talking about self, or at times **insists** on being called by a different name. He or she may also claim that things that he or she did actually happened to another person.

- 0 1 2 11. Child has rapidly changing physical complaints such as headache or upset stomach. For example, he or she may complain of a headache one minute and seem to forget about it the next.
- 0 1 2 12. Child is unusually sexually precocious and may attempt age-inappropriate sexual behaviour with other children or adults.
- 0 1 2 13. Child suffers from unexplained injuries or may even deliberately injure self at times.
- 0 1 2 14. Child reports hearing voices that talk to him or her. The voices may be friendly or angry and may come from "imaginary companions" or sound like the voices of parents, friends or teachers.
- 0 1 2 15. Child has a vivid imaginary companion or companions. Child may insist that the imaginary companion(s) is responsible for things that he or she has done.
- 0 1 2 16. Child has intense outbursts of anger, often without apparent cause and may display unusual physical strength during these episodes.
- 0 1 2 17. Child sleepwalks frequently.
- 0 1 2 18. Child has unusual nighttime experiences, e.g. may report seeing "ghosts" or that things happen at night that he or she can't account for (e.g. broken toys, unexplained injuries).
- 0 1 2 19. Child frequently talks to him or herself, may use a different voice or argue with self at times.
- 0 1 2 20. Child has two or more distinct and separate personalities that take control over the child's behavior.

The Child Dissociative Checklist (CDC)

Discussion by Ann Aukamp, MSW, BCD

The CDC is a tool which compiles observations by an adult observer regarding a child's behaviors on a 20 item list. Behaviors which occur in the present and for the last 12 months are included. As a research tool, the CDC can quantify dissociative behavior for dimensional approaches and can generate cutoff scores that categorize children into low and high dissociation groups. Research shows that healthy non-maltreated normal children usually score low on the CDC, with younger children scoring slightly higher. As a group, maltreated children score higher than those with no trauma history; however as a group they still score substantially lower than children diagnosed with a dissociative disorder. Generally, scores of 12 or more can be considered tentative indications of sustained pathological dissociation. As with any screening tools, a trained clinician should assess the child in a face to face interview before a diagnosis is confirmed. As a clinical tool, the CDC has multiple uses. It can be a routine screening instrument used in a clinic setting as a standalone tool or in addition to other reporting tools for parents. In special circumstances, teachers or others who know the child reasonably well could be asked to complete it. In these circumstances, allowances need to be made for the observer's familiarity with the child and also the observer's opportunity to observe the child at night. If the observer has no nighttime observation of the child, items 17 and 18 should be ignored. (Putnam, 1997) For finer screening, the CDC also could be administered sequentially in an interval based series. Putnam notes that non-dissociative children often increase their scores by a small amount (1-3 points) over the first few completions because the questions draw attention to minor dissociative behaviors that had not previously been noticed. Last, the CDC can be used as a rough index of treatment progress. While evidence for this use is limited, it seems that the CDC provides a reasonable indication of whether a child is improving over time or with treatment. Putnam reports consistent results on several children from the CDC and clinical observations (Putnam 1997). Users of the CDC are cautioned that CDC scores reported in the literature for the various groups are means that reflect the 'average' child in a given group. Individual children in any of the groups can, and often do, exhibit varying scores on the CDC. Thus, a high score doesn't prove a child has a dissociative disorder, nor does a low score rule it out. Also, since the CDC reports observers' ratings of a child, variations in the observers' interpretations of behavior as well as actual variations in child behavior may affect the variance. This is a potential complication in any observer-based assessment, but it may be especially important when observers are drawn from those whose perceptions may be clouded by their attachment to the child (Putnam, 1997). Bibliography Putnam, F. W. (1997). *Dissociation in children and adolescents: A developmental perspective*. New York, NY, Guilford Press.

Judith Armstrong, PhD
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Frank Putnam, MD

These questions ask about difference kinds of experiences that happen to people. For each question, circle the number that tells how much that experience happens to you. Circle a "0" if it never happens to you, circle a "10" if it is always happening to you. If it happens sometimes but not all of the time, circle a number between 1 and 9 that best describes how often it happens to you. When you answer, only tell how much these things happen when you HAVE NOT had any alcohol or drugs.

[illegible]

Date _____ Age _____ Sex: M F _____

1. I get so wrapped up in watching TV, reading, or playing a video game that I don't have any idea what's going on around me..

0 1 2 3 4 5 6 7 8 9 10
(never) (always)

2. I get back tests or homework that I don't remember doing

0 1 2 3 4 5 6 7 8 9 10
(never) (always)

3. I have strong feelings that don't seem like they are mine.

0 1 2 3 4 5 6 7 8 9 10
(never) (always)

4. I can do something really well one time and then I can't do it at all another time.

0 1 2 3 4 5 6 7 8 9 10
(never) (always)

5. People tell me I do or say things that I don't remember doing or saying.

0 1 2 3 4 5 6 7 8 9 10
(never) (always)

6. I feel like I am in a fog or spaced out and things around me seem unreal.

0 1 2 3 4 5 6 7 8 9 10
(never) (always)

7. I get confused about whether I have done something or only thought about doing it.

0 1 2 3 4 5 6 7 8 9 10
(never) (always)

8. I look at the clock and realize that time has gone by and I can't remember what has happened.

0 1 2 3 4 5 6 7 8 9 10
(never) (always)

9. I hear voices in my head that are not mine.

0 1 2 3 4 5 6 7 8 9 10

(never)

(always)

10. When I am somewhere that I don't want to be, I can go away in my mind.

0	1	2	3	4	5	6	7	8	9	10
(never)										(always)

11. I am so good at lying and acting that I believe it myself.

0	1	2	3	4	5	6	7	8	9	10
(never)										(always)

12. I catch myself "waking up" in the middle of doing something.

0	1	2	3	4	5	6	7	8	9	10
(never)										(always)

13. I don't recognize myself in the mirror.

0	1	2	3	4	5	6	7	8	9	10
(never)										(always)

14. I find myself going somewhere or doing something and I don't know why.

0	1	2	3	4	5	6	7	8	9	10
(never)										(always)

15. I find myself someplace and I don't remember how I got there.

0	1	2	3	4	5	6	7	8	9	10
(never)										(always)

16. I have thoughts that don't really seem to belong to me.

0	1	2	3	4	5	6	7	8	9	10
(never)										(always)

17. I find that I can make physical pain go away.

0	1	2	3	4	5	6	7	8	9	10
(never)										(always)

18. I can't figure out if things really happened or if I only dreamed or thought about them.

0	1	2	3	4	5	6	7	8	9	10
(never)										(always)

19. I find myself doing something that I know is wrong, even when I really don't want to do it.

0 1 2 3 4 5 6 7 8 9 10
(never) (always)

20. People tell me that I sometimes act so differently that I seem like a different person.

0 1 2 3 4 5 6 7 8 9 10
(never) (always)

21. It feels like there are walls inside of my mind.

0 1 2 3 4 5 6 7 8 9 10
(never) (always)

22. I find writings, drawings or letters that I must have done but I can't remember doing.

0 1 2 3 4 5 6 7 8 9 10
(never) (always)

23. Something inside of me seems to make me do things that I don't want to do.

0 1 2 3 4 5 6 7 8 9 10
(never) (always)

24. I find that I can't tell whether I am just remembering something or if it is actually happening to me.

0 1 2 3 4 5 6 7 8 9 10
(never) (always)

25. I find myself standing outside of my body, watching myself as if I were another person.

0 1 2 3 4 5 6 7 8 9 10
(never) (always)

26. My relationships with my family and friends change suddenly and I don't know why.

0 1 2 3 4 5 6 7 8 9 10
(never) (always)

27. I feel like my past is a puzzle and some of the pieces are missing.

0 1 2 3 4 5 6 7 8 9 10
(never) (always)

28. I get so wrapped up in my toys or stuffed animals that they seem alive.

0 1 2 3 4 5 6 7 8 9 10
(never) (always)

29. I feel like there are different people inside of me.

[illegible]

30. My body feels as if it doesn't belong to me.

[illegible]

The Adolescent Dissociative Experiences Scale (A-DES)

Discussion by Ann Aukamp, MSW, BCD

The A-DES is a public domain 30-item self report instrument appropriate for those aged ten to twenty-one. It is a screening tool that fits an adolescent's phase-appropriate development. Modeled after the adult Dissociative Experiences Scale (DES), the A-DES was developed by a group organized by Judith Armstrong, PhD, Frank Putnam, MD and Eve Bernstein Carlson, PhD. Preliminary studies suggest that the A-DES is a reliable and valid measure of pathological dissociation in adolescents. Dissociative adolescents (diagnosed independently of the A-DES) scored significantly higher than other adolescent inpatients (Putnam 1997). However, older adolescents with psychotic disorders scored almost as high as dissociative adolescents.

The A-DES is not a diagnostic tool. Its items survey dissociative amnesia, absorption and imaginative involvement (including confusion between reality and fantasy), depersonalization, derealization, passive influence/interference experiences, and identity alteration. The A-DES is scored by summing item scores and dividing by 30 (the number of the items). Overall scores can range from 0-10. Armstrong et. al. gave both the A-DES and the DES to a sample of college subjects and found their scores on each well correlated (Putnam 1997). The A-DES score approximates the DES score divided by 10. Adolescents with Dissociative Identity Disorder typically score between 4-7.

As you consider using the A-DES, please consult the current literature and/or your more experienced colleagues to update yourself about any changes or evolving areas of knowledge. While the A-DES might be used to screen for dissociative experience in large populations in a short period of time or as the basis for a differential diagnosis by a clinician learning about dissociation, its primary use is in the evaluation of dissociative symptoms for individual patients. Clinician's may learn nearly as much from exploring the reasons patients chose to endorse certain items as they would from looking at test scores. Sidran Foundation offers the A-DES along with a short manual about it for a nominal fee. The Sidran Foundation can be reached at (410) 825-8888, or email: sidran@access.digex.net, or on the Internet at <http://www.sidran.org>. You also may download the A-DES from this site.

References

Putnam, F. W. (1997). Dissociation in children and adolescents: A developmental perspective. New York, NY, Guilford Press.

N.B. Both the A-DES and the CDC are available in Putnam's book, above. The versions there are formatted for copy machine duplication and a detailed explanation is

available in the text.