Psychometrics and correlates of the Adolescent Dissociative Experiences Scale in psychological disturbed and normal Portuguese adolescents

Helena ESPÍRITO-SANTO*, Marta LOPES, Sónia SIMÕES, Marina CUNHA, Laura LEMOS
Instituto Superior Miguel Torga | Research & Development Department | Coimbra | Portugal

Contact details: espirito-santo@ismt.pt

Introduction

Background

Adolescence is a critical period for dissociation, which decreases by 18-21 years as more effective coping strategies are put into action [1,2]. Failing to integrate cognitive functions associated with consciousness, identity, memory, emotion, perception, body representation, motor control, and behavior [3] in a chronic manner is likely to interfere with the ability to construct a cohesive sense of self [2], may thwart the acquisition of more adaptive coping strategies [4], and may potentiate the build-up of psychiatric problems [5,6].

Adolescent Dissociative Experiences Scale/A-DES was widely studied around the world, allowing to understand the prevalence of dissociation in many countries [4-7]. However, this study is yet to be done with Portuguese adolescents.

Objectives

We intend to analyze the psychometric properties of the A-DES 11-item response format; compare normal/NA with psychologically disturbed adolescents/PDA, across age (12 to 18 years), sex, education level, and with the results obtained in other countries. We also want to determine the variables that correlate with A-DES.

Material & Methods

The sample included nonclinical (n = 69) and psychologically disturbed adolescents (n = 45) aged between 11 to 18 years, 55.3% boys and 44.7% girls, education mean years 8.96 (SD = 2.74).

The Adolescent Dissociative Experiences Scale/A-DES [8] is a 8 items measure in which item is rated on a response scale of 0 (“never”) to 10 (“always”).

The Youth Self Report/YSR [9] is a self-response questionnaire that describes and evaluates the social skills and behavior problems, as they are perceived by the child/adolescent. The first part consists of 17 items related to skills, social activities, and interests. The second part includes 103 items related to various behavioral and/or emotional disturbances and 16 items related to socially desirable behaviors.

Results

The A-DES had a very good internal consistency (α = 0.94), presenting significant large correlations with YSR Total (r = 0.67).

Confirmatory factor analysis suggested a 1-factor structure, explaining 38.8% of the variance (KMO = 0.87).

ROC analysis and Youden index revealed a cut-off score of 4 (sensitivity = 66.0%; specificity = 90.6%) discriminating healthy from psychologically disturbed adolescents.

The total mean scores (2.78 ± 1.82; range = 0 to 8.80) were equivalent to those obtained in American, English, Japanese, and Turkish adolescent samples [5-7].

The mean scores significantly discriminated (t = 6.02; p < 0.001; Cohen’s d = 1.12) between the nonclinical (M = 2.06 ± 1.41) and psychologically disturbed adolescents (M = 3.89 ± 1.84).

There were differences between the sexes in the healthy sample (t = 2.66; p < 0.01; Cohen’s d = 0.54), but not in the psychologically disturbed one.

A-DES presented significant large correlations with YSR Total (r = 0.67), and with Internalizing and Externalizing, anti-social, attention, isolation, anxiety-depression, somatic, and thought problem scales (r = 0.59 to 0.42).

Those who had more dissociative experiences were younger (r = 0.21; p < 0.05), less educated (r = 0.20; p < 0.01), and institutionalized (r = 0.3; p < 0.01) adolescents.

Hierarchical multiple regression r including age, education, and YSR, revealed that only YSR was statistically significant in predicting levels of A-DES (Beta = 0.64; p < 0.001).

Conclusions

The Portuguese A-DES version seems a valid and reliable screening for dissociation amongst adolescents.

Similarly to other studies there were no differences between sexes, but only amongst the normal adolescents.

It would be important to test the A-DES on clinically identified adolescents samples.

References