

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

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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 buildout of later psychopathology [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 psychological 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.

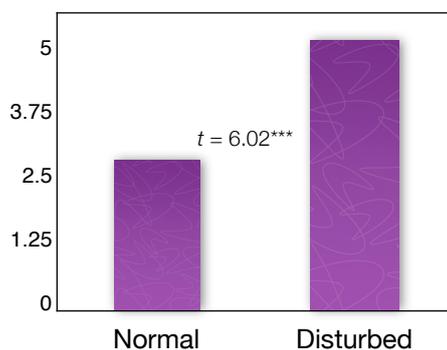
Material & Methods

- ★ The sample included nonclinical ($n = 69$) and psychological 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.

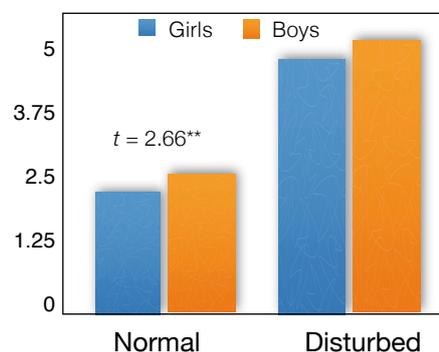
Results

- ★ The A-DES had a very good internal consistency ($\alpha = 0.94$), presenting significant large correlations with YSR ($r = 0.67$).
- ★ 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 psychological 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 samples⁴⁻⁷.
- ★ The mean scores significantly discriminated ($t = 6.02$; $p < 0.001$; Cohen's $d = 1.12$) between the nonclinical ($M = 2.06 \pm 1.41$) and psychological disturbed adolescents ($M = 3.89 \pm 1.84$).
- ★ 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 psychological 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 ($r = 0.26$; $p < 0.01$), and institutionalized ($r = 0.3$; $p < 0.01$) adolescents.
- ★ Hierarchical multiple regression including age, education, and YSR, revealed that only YSR was statistically significant in predicting levels of A-DES ($Beta = 0.64$; $p < 0.001$).

Mean A-DES between samples



Mean A-DES between sexes



Correlates of A-DES

	A-DES	YSR	Age	Education	Group
A-DES	—	0.68**	-0.21*	-0.26**	0.30**
YSR		—	-0.14	-0.19*	0.12
Age			—	0.93**	-0.34**
Education				—	-0.41**
Group					—

* $p < 0.05$; ** $p < 0.01$

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

1. Svedin CG, Nilsson D, Lindell C. Traumatic experiences and dissociative symptoms among Swedish adolescents. A pilot study using Dis-Q-Sweden. Nord J Psychiatry. 2004 Jan;58(5):349-55.
2. Armstrong JG, Putnam FW, Carlson EB, Libero DZ, Smith SR. Development and validation of a measure of adolescent dissociation: the Adolescent Dissociative Experiences Scale. J Nerv Ment Dis. 1997 Aug;185(8):491-7.
3. American Psychiatric Association. Diagnostic and statistical manual of mental disorders: DSM-V. Washington: American Psychiatric Pub; 2013.
4. Soukup J. High levels of dissociation in adolescents with ADHD in a validation study of the Czech version of the Adolescent Dissociative Experiences Scale. 2009 Sep 10;:1-21.
5. Mulder RT, Beautrais AL, Joyce PR, Fergusson DM. Relationship between dissociation, childhood sexual abuse, childhood physical abuse, and mental illness in a general population sample. American Journal of Psychiatry. 1998 Jun 18;155(6):806-11.
6. Kisiel CL, Lyons JS. Dissociation as a mediator of psychopathology among sexually abused children and adolescents. Am J Psychiatry. Am Psychiatric Assoc; 2001;158(7):1034-9.
7. Zoroglu SS, Sar V, Tuzun U, Tutkun H, Savas HA. Reliability and validity of the Turkish version of the adolescent dissociative experiences scale. Psychiatry Clin Neurosci. 2002 Oct;56(5):551-6.
8. Smith SR, Carlson EB. Reliability and validity of the Adolescent Dissociative Experiences Scale. Dissociation: Progress in the Dissociative Disorders. Ridgeview Inst; 1996;9(2):125-9.
9. Fonseca AC, Monteiro CM. Um inventário de problemas de comportamento para crianças e adolescentes: o Youth Self-Report de Achenbach. Psychologica. 1999; 21: 79-96.