

Adolescent Dissociative Experience (ADES) Key References & Abstracts

J Nerv Ment Dis. 1997 Aug;185(8):491-7.

Development and validation of a measure of adolescent dissociation: the Adolescent Dissociative Experiences Scale

Armstrong JG, Putnam FW, Carlson EB, Libero DZ, Smith SR.

This study describes the initial reliability and validity data on the Adolescent Dissociative Experiences Scale (A-DES), a screening measure for pathological dissociation during adolescence. The A-DES showed good scale and subscale reliability, and, as hypothesized, increased scores were associated with reported trauma in a patient population. A-DES scores were able to distinguish dissociative disordered adolescents from a normal sample and from a patient sample with a variety of diagnoses.

Psychol Trauma. 2016 Sep;8(5):592-600. doi: 10.1037/tra0000140. Epub 2016 Apr 21.

Validation of the factor structure of the adolescent dissociative experiences scale in a sample of trauma-exposed detained youth.

Kerig PK, Charak R, Chaplo SD, Bennett DC, Armour C, Modrowski CA, McGee AB.

OBJECTIVE: The inclusion of a dissociative subtype in the Diagnostic and Statistical Manual of Mental Disorders (5th ed.; DSM-5) criteria for the diagnosis of posttraumatic stress disorder (PTSD) has highlighted the need for valid and reliable measures of dissociative symptoms across developmental periods. The Adolescent Dissociative Experiences Scale (A-DES) is 1 of the few measures validated for young persons, but previous studies have yielded inconsistent results regarding its factor structure. Further, research to date on the A-DES has been based upon nonclinical samples of youth or those without a known history of trauma. To address these gaps in the literature, the present study investigated the factor structure and construct validity of the A-DES in a sample of highly trauma-exposed youth involved in the juvenile justice system. **METHOD:** A sample of 784 youth (73.7% boys) recruited from a detention center completed self-report measures of trauma exposure and the A-DES, a subset of whom (n = 212) also completed a measure of PTSD symptoms. **RESULTS:** Confirmatory factor analyses revealed a best fitting 3-factor structure comprised of depersonalization or derealization, amnesia, and loss of conscious control, with configural and metric invariance across gender. Logistic regression analyses indicated that the depersonalization or derealization factor effectively distinguished between those youth who did and did not likely meet criteria for a diagnosis of PTSD as well as those with PTSD who did and did not likely meet criteria for the dissociative subtype. **CONCLUSIONS:** These results provide support for the multidimensionality of the construct of posttraumatic dissociation and contribute to the understanding of the dissociative subtype of PTSD among adolescents.

Child Abuse Negl. 2004 Jul;28(7):755-69. DOI: 10.1016/j.chiabu.2004.01.006

A validation study of the Adolescent Dissociative Experiences Scale.

Keck Seeley SM, Perosa SL, Perosa LM.

OBJECTIVE: The purpose of this study was to further the validation process of the Adolescent Dissociative Experiences Scale (A-DES). In this study, a 6-item Likert response format with descriptors was used when

responding to the A-DES rather than the 11-item response format used in the original A-DES. **METHOD:** The internal reliability and construct validity of the A-DES were examined by analyzing the relationships between A-DES scores, sexual abuse, and behavior. The sample consisted of 65 females ranging in age from 11 to 18 who were categorized into two groups. Thirty-four adolescents who were not in therapy and who denied a history of traumatic experiences formed the nonclinical group. Thirty-one sexually abused adolescents who were currently receiving therapy formed the clinical group. The adolescent participants completed the A-DES, their parent or guardian completed a measure of behavior (the Child Behavior Checklist-CBCL), and the therapists of the clinical adolescents completed a Trauma History Form. **RESULTS:** The A-DES discriminated between the nonclinical and clinical sexually abused adolescents. However, in post hoc analyses, the A-DES did not discriminate between PTSD adolescents and those with other psychiatric diagnoses. Significant moderate correlations were found between the A-DES and the CBCL Total behavior problem scale and Internalizing and Externalizing scales. **CONCLUSIONS:** The A-DES items are internally consistent, and the A-DES shows promise for screening adolescents for pathological dissociation.

J Nerv Ment Dis. 2002 Nov;190(11):746-51. DOI: 10.1097/01.NMD.0000038169.47040.7C

Dissociation in adolescent girls with anorexia: relationship to comorbid psychopathology.

Farrington A, Waller G, Neiderman M, Sutton V, Chopping J, Lask B.

This study investigated the relationship between dissociation and psychological symptoms in adolescent girls with anorexia. First, the psychometric properties of the Adolescent Dissociative Experiences Scale (A-DES) were examined using data from 181 nonclinical adolescent boys and girls. Thereafter, A-DES scores and correlations with a range of psychological symptoms were compared across 20 girls with anorexia, 19 mixed clinical girls, and 86 nonclinical girls. The A-DES had a one-factor structure and good psychometric characteristics. Dissociation scores were significantly correlated with level of symptomatology for all groups. Although the group with anorexia did not have significantly higher dissociation scores than the other two groups, dissociation in the anorexic girls was related to psychopathology in a distinct way. Adolescent girls with anorexia appear to use dissociation specifically to avoid processing angry affect with an interpersonal basis, although it is also related to their use of somatization, and obsessive-compulsive features.

Am J. Psychiat. 2001, 158:1034-1039

Dissociation as a mediator of psychopathology among sexually abused children and adolescents.

Kisiel, CL and Lyons, JS

Objective: This study investigated the role of dissociation as a mediator of mental health outcomes in children with a history of sexual abuse. **Method:** The study group consisted of 114 children and adolescents (ages 10-18 years) who were wards of the Illinois Department of Children and Family Services and were living in residential treatment centers. Interviews, provider ratings and chart reviews were used to assess the relations of childhood abuse history, dissociative responses, and psychopathology. **Results:** Sexual abuse history was significantly associated with dissociation, whereas a history of physical abuse was not. Both sexual abuse and dissociation were independently associated with several indicators of mental health disturbance, including risk-taking behavior (suicidality, self-mutilations, and sexual aggression). Severity of sexual abuse was not associated with dissociation of psychopathology. Analysis of covariance indicated that dissociation had an important mediating role between sexual abuse and psychiatric disturbance. These results were replicated across several assessments sources and varied perspectives. **Conclusions:** The findings suggest a unique relationship between sexual and dissociation.

Dissociation may be a critical mediator of psychiatric symptoms and risk-taking behavior among sexually abused children. The assessment of dissociation among children may be an important aspect of treatment.

J Nerv Ment Dis. 2001 189:722-727.

Farrington, AD, Glenn W, Smerden, JD, Faupel, AW

The Adolescent Dissociative Experiences Scale: Psychometric properties and difference in scores across age groups.

Adolescence is thought to be a key developmental period for dissociative processes. However, there has been little empirical investigation of dissociation in adolescence. This paper reports the results of a study ($N = 768$) that investigated the psychometric properties of the Adolescent Dissociative Experiences Scale (A-DES) and compares dissociation scores across the adolescent age range (11 to 16 years). The A-DES had good internal reliability and a one-factor solution. No significant age or gender differences in A-DES scores were found. The implications of these findings for future research and theory are outlined.

J Nerv Ment Dis. 2000 188:71-77.

Romuald B, Parzer, P, Schuld, V, Franz R

Dissociative symptomatology and traumatogenic factors in adolescent psychiatry patients.

This study describes the relation of different types of childhood trauma to the degree of dissociative experiences. Subjects were 198 consecutively admitted adolescent psychiatric patients, 11 to 19 years old (89 inpatients and 109 outpatients). All patients completed the Adolescent Dissociative Experiences Scale. A Checklist of Traumatic Childhood Events was filled out by clinicians. The results showed an increase in the degree of dissociative experiences in patients with a history of sexual abuse, physical abuse, neglect, and stressful life events. With the exception of life events, a moderate form of traumatic experience had the same effect on dissociative experiences as severe forms. The strongest effect was found for emotional neglect, which seems to be an important pathogenic risk factor. The results suggest that therapists and researchers should be aware that even less severe forms of abuse and neglect may have a significant impact on the development of dissociative psychopathology in adolescents.

J. Am Acad Child & Adol Psychiat. 1992 31:1077-1085

Hornstein, NL, Putnam FW

Clinical Phenomenology of child and adolescent dissociative disorders.

A comparison of two separately diagnosed samples of children and adolescents with dissociative disorders demonstrates good construct validity for these diagnoses in childhood. Descriptive analyses of the total sample reveal a clinical profile characterized by a plethora of affective, anxiety, conduct, posttraumatic, and dissociative symptoms. Children with multiple personality disorder (MPD) differ from those with dissociative disorder not otherwise specified (DDNOS) in having more amnesias, identity disturbances, and hallucinations. Adolescents were more symptomatic than children age 11 or younger and more likely to receive a diagnosis of multiple personality disorder.