

Child Dissociative Checklist (CDC V. 3.0) Key References & Abstracts

Child Abuse Negl. 1993 Nov-Dec;17(6):731-41.

Development, reliability, and validity of a child dissociation scale.

Putnam FW, Helmers K, Trickett PK.

Dissociation is a complex psychophysiological process that ranges along a continuum from minor, normal dissociation to Axis I psychopathology. High levels of dissociation are associated with increased self-destructive behaviors and other symptoms. Although several validated measures of dissociation exist for adults, no measures are available for children. The Child Dissociative Checklist (CDC) was developed to meet this need and is a reliable and valid observer report measure of dissociation in children. The CDC had a 1-year test-retest reliability coefficient of $\rho = .69$ ($N = 73$, $p = .0001$) in a sample of normal and sexually abused girls. The CDC had high discriminant validity among four test samples including: normal control girls, sexually abused girls, boys and girls with dissociative disorder NOS and boys and girls with multiple personality disorder. The CDC is intended as a clinical screening instrument and as a research measure. The CDC is not designed to be used as a diagnostic instrument.

Child Abuse Negl. 2001 Sep;25(9):1253-67.

Dissociation in maltreated versus nonmaltreated preschool-aged children.

Macfie J, Cicchetti D, Toth SL.

OBJECTIVE: Dissociation is linked to the experience of child maltreatment for adults and for school-aged children. The goals of the current paper were: First, to extend existing research and examine the link between child maltreatment and preschool-aged children; and second, to examine which subgroups of maltreated preschoolers are most likely to evidence dissociation. **METHOD:** A well-validated measure of dissociation in children, The Child Dissociative Checklist (CDC; Putnam, Helmers, & Trickett, 1993), was utilized in a sample of low SES maltreated and nonmaltreated preschoolers ($N = 198$). A measure of internalizing and externalizing symptoms was also utilized. The maltreated children were assessed for sexual abuse, physical abuse, neglect, and also for severity, chronicity, and multiple subtypes of maltreatment. **RESULTS:** The sexually abused, physically abused, and neglected groups each demonstrated more dissociation than did the nonmaltreated group. Dissociation in the clinical (psychopathological) range was associated with physical abuse. Moreover, maltreatment severity, chronicity, multiple subtypes, and internalizing and externalizing symptomatology were each related to dissociation. **CONCLUSIONS:** Child maltreatment is a factor in dissociation in preschool-aged children as it is in older children and in adults. Sexual abuse, physical abuse, neglect, severity, and chronicity are all implicated. Developmentally sensitive interventions that look beyond comorbidity with behavioral symptoms for dissociative preschool-aged children are needed.

J Trauma Dissociation. 2006;7(4):135-53.

The relationship between executive attention and dissociation in children.

Cromer LD, Stevens C, DePrince AP, Pears K.

Dissociation involves disruption in the usually integrated functions of consciousness, memory, identity, and perception. Recent research with adults suggests that dissociation is associated with alterations in attention. Little

work, however, has examined the attentional correlates of dissociation in childhood. This study is the first to investigate the specificity of cognitive functions related to dissociation in children. Twenty-four 5- to 8-year-old foster children completed several subtests of the NEPSY: A Developmental Neuropsychological Assessment (Korkman, Kirk, & Kemp, 1998) in the Executive Functioning/ Attention domain. Foster caregivers completed the Child Dissociative Checklist (Bernstein & Putnam, 1986). Consistent with the adult literature, higher levels of childhood dissociation were associated with deficits in tasks requiring inhibition, but not with tasks requiring primarily planning, strategy, or multiple rule sets.

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J Child Sex Abus. 2009 Jan-Feb;18(1):93-102.

Pathological dissociation as measured by the child dissociative checklist.

Wherry JN, Neil DA, Taylor TN.

The component structure of the Child Dissociative Checklist was examined among abused children. A factor described as pathological dissociation emerged that was predicted by participants being male. There also were differences in pathological dissociation between groups of sexually abused and physically abused children. Replication of this factor and the establishment of base rates for various groups of children are recommended so that the Child Dissociative Checklist might be used to more effectively eliminate false positives and increase true positives in the screening and ultimate treatment of dissociative children.

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J Trauma Dissociation. 2005;6(1):99-112.

Dissociative experiences in children with abuse histories: a replication in Puerto Rico.

Reyes-Pérez CD, Martínez-Taboas A, Ledesma-Amador D.

This study examined the use of a Spanish version of the Child Dissociative Checklist (CDC) in Puerto Rico. The CDC was administered to the primary caretakers of three groups of children: 31 with documented abuse histories, 30 with Attention Deficit Hyperactivity Disorder (ADHD), 33 with no abuse or psychiatric record. Results confirmed the reliability and validity of the CDC and revealed that Puerto Rican children with abuse histories showed significantly higher levels of dissociation than the children in the other two groups. Moreover, more than half of the abused children had a score above the usual cut-off point of 12 in the CDC, while only a handful of the ADHD children and none in the control group evidenced such a pattern. The results also showed that there were significant correlations between the CDC and the duration of the abusive experiences. Implications of our findings and subsequent clinical recommendations are offered.

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Child Abuse Negl. 1995 May;19(5):645-55.

Hypnotizability and dissociativity in sexually abused girls.

Putnam FW, Helmers K, Horowitz LA, Trickett PK.

Research on the relation between hypnotizability and clinical dissociation has led to contradictory findings. Measures of hypnotizability and dissociation are only weakly correlated in general population samples, but studies of posttraumatic stress and dissociative disorders patients have found elevated levels of clinical dissociation and hypnotizability respectively. This study assesses the relationships among hypnotizability, clinical dissociation and traumatic antecedents in 54 sexually abused girls, ages 6-15 years, and 51 matched controls. Hypnotizability was assessed on initial evaluation and again in matched subsamples at one year using the Stanford Hypnotic Clinical Scale for Children. Clinical dissociation was assessed using the Child Dissociative Checklist. Abuse variables were extracted from Child Protective Services reports. There were no significant differences in hypnotizability between abuse and control subjects. There were significant differences in clinical dissociation initially and on 1-year retest. Hypnotizability and clinical dissociation were only weakly correlated ($r(105) = .118, p = NS$). However, in the abuse group, highly hypnotizable subjects were significantly more dissociative. Higher levels of clinical dissociation were associated with abuse by multiple perpetrators and co-presence of physical abuse independent of the sexual abuse. A small subgroup of "double dissociative" subjects, high in both hypnotizability and dissociativity, was identified. Double dissociation was associated with multiple perpetrators and earlier onset of sexual abuse.

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.