THE DISSOCIATIVE DISORDERS INTERVIEW SCHEDULE: A STRUCTURED INTERVIEW

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Acknowledgements: 'Phis project was supported by the B.Sc. Med. Program of the Faculty of Medicine. University of Manitoba and the Fee Pool of the Department of Psychiatry. St. Bonilace l Iospital.

ABSTRACT

The Dissociative Disorders Interview Schedule (DI)18), a str-ucltcred intea7!iew, has been developed to ware D.Sr1I-l1I diagnoses of the dissociative disorders, som-atization disorder, major drpressii'e episode, and borderline personality disorder, Additional items provide information about substance abuse, childhood physical and sexual abuse, and secondary features ofnniltiplepeecoaaali0disorder. These items provide information useful in the diffiirentiol diagnosis of dissociative disorders. The DIES has an overall inter-raler- reliabilitt of 0.68. For the diagnosis of multiple personalit7! disorder it has a specifify of 100% and a sensitivity of 90%.

The dissociative disorders, as classified in DSM-111-R (American Psychiatric Association, 1987). include psychogenic amnesia, psychogenic fugue, multiple personality disorder (MPD), depersonalization disorder and dissociative disorder not otherwise specified. *These* disorders are conceptualized by a number of authors as occurring on a spectrum of increasing severity, with MPD as the most complex (Beahrs, 1982; Braun, 1986; O'Brien, 1985; Orne, 1984; Ross, 1985). MPD is the most controversial of the dissociative disorders and was thought to he rare up until 1980, at which time about 200 cases had been reported in the world literature (Creaves, 1980). More recently cane estimate indicates that a total of G.000 cases of MPD have now been diagnosed in North America (Coons, 1986). The rapidly expanding literature on M'IPD is well reviewed by Kluft (1985:1; I985b; 1987x1).

l o date, there has been no valid and reliable method for diagnosing dissociative disorders. The currently available structured interviews, including the Diagnostic Interview Schedule (DIS) (Robins, Helzer,Croitghan, & Ratcliff, 1981), Research Diagnostic Criteria (RD(:) (Spitzer, Endicott & Robins, 1978), Schedule for Affective Disorders and Schizophrenia (SADS) (Endicott & Spitzer, 1978) and Renard Diagnostic Interview (RDI) (Helier, Robins, (;roughan & Weiner, 1981), do not contain sections for the diagnosis of dissociative disorders. During the DSl\1-III field trials, which represent the only attempt to make reliable dissociative diagnoses, the dissociative disorders had a test-retest reliabilitv° which was the poorest of any disorders tested (Spiker & Forman, 1979).

Because of the rapid increase in the rate of diagnosis of MPD in the 1980s and because, in the two large series reported to date (Putnam, Gr-off, Silberman, Barbiin, & Post, 1986; Ross, Norton. and Wozney, 1989) totalling 336 cases. MPD patients spent an average of 6.8 years in the mental health system prior to correct diagnosis, a valid and reliable method of diagnosing MPD and other dissociative disorders is required. Consequently, we have developed a st'uctured interview called the Dissociative Disorders Interview Schedule (DDIS), which attempts to provide accurate dissociative diagnoses and, additionally, to provide information about related symptoms, history and diagnoses.

METHOD

Development of the DDIS

The DDIS was based on our clinical experience with 23 cases of MPD and a review of the literature. Sixteen sections were created with a total of 131 questions. The DSM-III criteria (American Psychiatric Association, 1980) for somatization disorder, major depressive episode and borderline personality disorder were included because of previous reports that these are common concurrent diagnoses of MPD (Klitf(. 1985a; 1985h; 1987; Horevitz & Braun, 1984; Ross, Norton, & \'Vozncy, 1989). Other sections dead with historical and mental status factors associated with MPD such as drug abuse, history of childhood sexual and physical

abuse. Schnciclerian first rank symptoms of schizophrenia (Kluft, 19871). supernatural and extrasensory experiences (Taylor k. ~lartiii, 1511·1), history of ittunerous f)res'ious(hagnoses and treatments (Putnam el al., 1986; Ross, Norton. V4'ornev, 1989) ;111(1 secondary features of \}PI) not included in the diagnostic criteria. The I)SI\l-III criteria :or all the dissociative disorders were also included.

Bec.utsc of c< it o e1Vr about the iatrogenic aspects of NIPI) (Harriman 1042a; 1912h; 10 liaunpnrui, 1071); Leavitt, 14117; Spaun(rs. \'1'eekes. !Vent', Bert'atn(l, 1986), the 1)1)I8 is highly siru4 tIll('(1 lo minimize and control for demand characteristics of the interviewer. (1tu's6olls are read sCIhatttil by the interviewer and instructions as to llow questions should be sequenced, and when to skip gtneslinns are imbedded in the schedule. Also,guestions;rc sequenced to avoid cueing the subjects to the diagnosis of NIPD before the formal criteria are asked ;Mont: this is done by placing indirect questions about seccmdurv features of 11PI) first, followed by increasingly specific questions focused direr-0v on NIPD.

'I'he wording of· 1)S\'I-l I1 diagnostic questions was kept as close to the text of DSM-III as possible hut was simplified when necessary. usually by replacing psychiatric jangim with more wide1 used synonyms and simplifying phraseology. Tile initial (10111(11 the DIMS was administered to line nrnx1fssociatiye inpatients to determine whether it was too 1 itiguingaunt 11) 0(1111 clarifying wording where necessary. Instructions to the interviewer, including instructions for skipping questions and occasional statements to be read verbatim to the reader were included.

Subjects

The DDIS was administered to 80 m 110111 1(patients who had received specific clinical (diagnoses including 20 patients with MPD. 20 with schizophrenia, 20 with panic disorder and 20 with eating disorders. The three non-MPD groups were chosen for the following reasons: there is some question irn the literature about the overlap or relationship between these disorders and \1PL) (tiled(1987b; Putnam et al., 1986; Ross, Norton, & Vlozney, 1989); a sufficient number of subjects IT) each group were available to us; the patients were drawn from specialized research clinics in which the DSN·1-III diagnoses were likely to he accurate; and to provide both psychotic and norlps\-cliotic comparison groups. The panic disorder patients were drawn from an Anxiety Disorders Clinic of which the senior author is medical director. The eating disorders patients were drawn from an Eating Disorders Clinic with an active research program. The schizophrenics were drawn from an outpatient intramuscular neuroleptic clinic and all had had stable diagnoses of schizophrenia for periods of years. Prior to tine structured interview, the schizophrenics' charts were reviewed by the second author. a psychiatric nurse with eight years of experience working with schizophrenics, to ensure that they met DSM-IIi criteria for schizophrenia.

Ethical approval had been obtained Iiom the Faculty Committee on the Use of Human Subjects in Research, Faculty of Medicine at our university and all subjects signed a consent form. The consent form explained that the purpose of the interview Was to sands prohlettts With nneli loly. T o avoid s('leeliolt bias, the first 21) patients available in each group who consented to interview were administered the DDIS, with no refusals in the MPI) group ;mil only two to three refusals in the other groups.

Reliability and validity procedures

n Ice-rater rc liability auld test-retest relial)illtywcre evaluated by having two independent interviewers administer the DDIS to 9 of the MPD patients, with it six-month interval between adininisitations.The long iulenad between lIdnliuistrations provided a stringent test of the instrument's reliahiliiv and reduced Ins effects clue to subjects · learning or remembering their previous responses. For the 9 subjects interviewed twice, one of their interviews was chosen at rancioru fin inclusion ire the 20 MPl) cases.

tinter-rater reliability was calculated using the kappa statistic (Cohen, 1060). kappa was calculated iii each of the major sections of the D1)IS and for the 1)D1S overall. No attempt was made to calculate liter-tiler reliability for sections of a historical or descriptive nature. Although there arc 1 i 1 separate questions in the DDIS, many with subquestions, kappa was calculated only for the major categories. Therefore the Intiinher of calculations was much less than the total number of questions. For instance questions - 'ill viel(1 only a single inter-rates reliability for the diagnosis of s(7lrlatrzatioln disorder.

Clinical validit' of the NIPD diagnoses was established ill two steps. First, all MPI) subjects received a clinical DSM-III diagnosis from the senior ;Atha- prior to st ructured interview. These diagnoses were parsed on longitudinal assessments of the subjects. Second the fourth author. a psvchiatrist with no previous experience treating NIPD, clinically assessed the 41 MPD patients who had been given the DDIS twice. She was aware of the nature of the research, but had never met any of the 9 patients before and was told that anywhere from 0 - 9 of them could have MPD. She was otherwise blind to their diagnoses.

Because no other reliable instillment for rliagi losing (dissociative disorders exists, we could not. compare the DDIS to another instrument. However, the Dissociative Experiences Scale (DES) (Bernstein & Putnam, 1986) a valid and reliable self-report instrument. for measuring dissociative experiences, was filled out by 17 of the 20 MPI) patients and five of the schizophrenic patients.

Scoring the DDIS

Scoring rules for the instrument are based on DS!M-III and/or DSM-11I-R scoring rules for each of the diagnostic categories. Other sections such as Schneiderian symptoms are scored by adding up the total number of positive responses. There is no overall score for the instrument. Norms fell the instrument on 102 cases of MPD interviewed at four different centers are now available (Ross, Miller, Reagor, Bjornson, Fraser, & Anderson, unpublished data. 1989).

RESULTS

Clinical *validity and reliability*

The diagnostically lrliud psychiatrist di;tgnoscd MM) in 8 out of the 9 women she interviewed. In the other case she diagnosed "atypical dissociative disorder - rule out Ml I)..° This woman had had the fall syndrome of I\iP1) in the past including amnesia between alters htit was in remission art the• ti me of assessment I))' the validating psychiatrist. That is, site was outside the "window of diagnosabilitv" for MN) (Rhin, 14)85x) and qualified for the diagnosis of MN) on a longiut-dinstl btu not a cross-sectional basis. These results indicate that the DDIS has excellent validity.

The overall interrater reliability of the DDIS is 11.03, which is above the standard of' agreement for a new protocol to be considered reliable (Henson & Barlow. 1976). Kappa values of the different sections of the 1)1)IS are shown in Table 1.

Using 11w clinical diagnoses of the senior author as the standard of (OlnparisOn, there were two false negative Wagnoses of MPD. One of these was the first interview done on an MPD patient a week after diagnosis: she scored positive for MPI) six months later and scored negative the first time only because she answered 'unsure' to the second DSM-III diagnostic criterion. None of the subjects in the three coutpattisott groups met the diagnostic criteria for MPD. The DDIS, therefore, has a specificity of 100 and a sensitivity of *90 ic* for the diagnosis of MPD.

Clinical findings and DES scores

The clinical findings from the 80 subjects are reported elsewhere (Ross, Heber. Norton, & Anderson, IOSNa; Ross, I leber, Norton, & Anderson, 19841b). The DDIS differentiated MF'D from the other groups at the p -.05 level by the diagnosis of MPD, history of physical and sexual abuse, drug abuse, secondary features of' MPD, extrasensory and supernatural experiences and a number of other items.

The DES scores differentiated the MPD group from a group of 20 schizophrenics, of whom five are included in this study and 13 panic disorder patients drawn from the same clinic but not included in this study. These results are also reported elsewhere (Ross, Norton, & Anderson, 1988). The DES scores provide partial external validation of the DDiS, however.

DISCUSSION

The DDIS has promising clinical validity and interrater reliability. Because it was tested on psychiatric groups expected to show overlap with the dissociative disorders, the DDIS was subjected to a particularly severe test. If normal controls had been used the DDIS would probably have differentiated MPD from controls on many more items.

The overall interrater agreement of the DDIS compares well with that of other structured interviews. The Anxiety Disorders Interview Schedule (Dinatdo, O'Brien, Pat low, LNallell, & P1ancherd, 1983) has an overall reliability of0.65; the RDC have a kappa of 0.75 on 18 diagnoses with a range of 0.40 - 1.00; the SADS has a test-retest reliability of 0.79 on 8 Axis I diagnoses; the 1)1.5 has a kappa of 0.69 on DSNI-Ill diagnoses, a sensitivity of 75% and a specificity of 1)4%: the RDI has an agreentettt of0.60 with at ra nge off?.5`?-0.77; and in the DS\1 III field trials the overall test-retest reliabilin 'wats 10.66 for Axis 1 disorders and 0.5'l for Axis II disorders.

The DDIS establishes, for the first time. that MPD, psychogenic amnesia. psychogenic fugue, and dissociative disorder *not otherwise* specified (atypical dissociarli~e disorder in DSM-111) can he reliathlti diagnosed. Depersonalization disorder, which we view as a symptom rather than a freestanding disorder, cannot be reliably diagnosed using the DDIS. The instrument also establishes the validity of the diagnosis of MPD.

The DDIS can be administered in 30 - 45 minutes and could therefore be used in screening high risk populations, for research purposes, and for gathering data in the clinical neatmettt of dissociative disorders. It is designed to he administered by nurses, social workers, psychologists. physicians and other mental health professionals: personswith no knowledge of' psychiatric disorders would he able to understand and administer the DDIS but the reliability of their findings has not been established.

Further work on the reliability and validity of the DDIS is in progress. The authors emphasize that the present findings must be viewed as preliminary. The reliability and validity of' the diagnoses of soutatiration disorder and depression are being studied by coaduninistering the DDIS anti the Diagnostic Inter'iew Schedule. which also makes those diagnoses, to a series of psychiatric inpatients. In addition, interrater reliability studies on 80 subjects, only a portion of whom will have MPD, are its progress. A number of such studies arc being conducted which will contribute to establishing the validity, reliability. and clinical utility of the instrument.

Data from the DDIS have appeared in several different publications (Ross, 1989: Ross & Anderson, 1988; Ross et al., 1989a; Ross et al.. 1989b; Ross. Anderson. Heber, Norton, Anderson, del Campo, & Pillay,1989; Ross, Anderson, Heber, Norton, in pres.) . The DDIS is useful because there is no other published instrument for making dissociative diagnoses, and because it enquires about much of the extensive conmorbidity of MPD patients. For instance, no other published instrtunent enquires about secondary features of MPD and ext'asensory experiences. The fact that data gathered with the DDIS have been published in il number of different journals suggests that the instrument provides useful information.

The DDIS and the DES, used together, provide a rich source of information on clinical subjects. No other studies have yet been published which establish the validity and reliability of any of the dissociative disorders. ■

REFERENCES

American Psychiatric Association (1980). *1)rg'uroslic ara f drrtislirrrl manual (if moan/* disorders (third edition) .'Washington. DC: Author,

American Psychiatric. Association (1987). *1)iagnostir* and *slatf.stical manual nfnrrrrlnidisorders* (third edition). Washington. DC: Author.

Rcahrs, J-O. (1982). *1'1tiff crol* multiplicity. New York: Brunner Maz'l.

Bernstein, L.[sf.. & I'uua:un, F.11. (19866 Development. reiia})ilits and validity of it dissociation scale. *Jotrrxrrl of*,Ynvous *rrrrd Alrntal* Disease, 174. 727-735.

Braun, B.G. (198(6). Issues in the psyrholhcrapvof multiple person- disorder. In B.(..Rraun (Ed.) *Treatment of rnuhiplr personality rlisarrlrr.* Washington, I)('.: Anx•rican 1'src'hi<ttiie Press.

(;ohen,.j. 196)}. A coefficient of agreement lire nominal scales. *L'drrrrrlional and psyrhololorrl ineasrrrenuna,* 20(1): 37-16.

Coons, P. (198(i). The prevalence of multiple personality dimn der. *Newsletter of flrr inlrrnatinrarl sorirfr for* the only *of nrrtNifrle peismtalily* mutt *dissorirrliun. 1. 6-7.*

DiNardo, P.A.. O'Brien, (;. h.. Barlow, 1).11., 1'1'addcll, AI.T., h Blanchard, E.B. (198:1). Reliability of DSM-III anxic•t disorder categories using a new structured interview. Archives *of (:corral Psychiatry,* 40,107(1-1074.

Endicott.- J.. & Spitzer, R.L. (1978). A diagnostic int('1vicu'. The schedule for affective disorders and schizophrenia. .3rrho ri *of*General *Psychiatry,* :35, 837-844.

(;reaves, G.B. (1980). Multiple personality disorder: 165 teat's after Marv Reynolds. */0/*pull *or*:Vitreous *mu/.llentat* Disease, 168. 577-596.

Harriman, P.1.. (1942a). The experimental production of some phenomena related to multiple personalit. *Journrrlof.-lfnarmaland Social Psychology,* 37. 244-255.

Harriman, P.I.. (19426). The experimental induction ofamultiple personality. Psychiatry. 5, 179-186.

Harriman, P.I.. (1943). A new approach to rurdtiplc personalities. *.41 mira0 Jnnrnal of Ortho)sychirrtry,* 13, 638-6-13.

Helzer, J.E., Robins, I..N., (:rougIian, J.L., & Weiner, A. (1981). Renaud diagnostic interview. *Archives* of *General Psychiatry,* 38. 393-398.

Herson, M.. & Barlow, D.H. (14't76). .Single *ease csfaerrnciao/* dr'sigr *s.* New York: Per garcon Press.

Horevitz, & Braun, B.G. (1984). Are multiple personalities borderline? P,sydriatric *(ainirs of* North *.1 rrterira,* 7, 69-87.

Kaunpman, R. (1976).1lypnotically produced multiple personality: An experimental study. *International Jonrrral of (:Finical rind hxpen'rnentat Hypnosis,* 24, 215-227.

Kluft, R.P. (1985a). Making the diagnosis of multiple personality disorder (MPD). *I)irrrtion.s in Psychiatry,* 5 (23), 1- 10.

Kluft, R.Y. (1985). The treatment of multiple personality disorder (MPD): current concepts. *Dimetiont in Psydhiafev,* 5 (24), 1-10.

K.luft, R.P. (1987a). An update. on multiple personality disorder. Hospital *and Community Psychiatry,* 38, 363-373.

Kluft, R.P. (19876). First-rank symptoms as a diagnostic clue to multiple personality disorder..4rnerirau *Journal of Psychiatry,* 144, 293-298.

Leavitt, **II.C.** *(1947). A* case of hypnotically produced secondary and tertiary personalities. *Psychoanalytic Review,* 34, 174-295.

O'Brien. P. (lfifiS f. The diagnosis of multiple person',tlit syndromes: overt. cum eel and latent. *(:r,urfurdurrs r r 1'syrlr* airy, I I, 59-66.

Orue. X1.1.. Di tgt:s. 17.F., & Orne, E.C. (1))84i. <)ir Ilhe diffi•renti.rl diagnosis of multiple personality in the forensic context. *Irrltrnalinrrrrl saurnal of* Clinical *and h;xperirrrctl/o/* Hypnosis, *32.* 118-169,

Putnam, F.11'..(;nr oli, J,J.. Silberman, F.K_, Barlx:ur. La & Ptxsl, K.AI. (1984)).'l he clinir;il phi noon n<ilcr)' ofimthiple personality disorder: Review of 10)) recent cases. *faro nrtl of Clinical isy'hiatry,* 47. 285-293.

Robins. I..N.. F1ei cry J.l'_, Croughan, [.. & Ratciifl, K.S. (11481). National Custilanc crf dental Health diagnostic- inters ew schedule. Archiv'rs *of Go?ovl Psychiatry.* 38, 381-38(1.

Ross, (:.3.. (19816. *,311alliple prrsona1tty di.tmdr-i: Diagrnosis, rlirrirrrrl fMtures,* and *lrrnlnnnl.* New York: John Wiley S.- Sons.

Ross. C.A. (1 98)). DS \1-111: Problems in diagnosing partial fm-ms of multiple personality disorder: Discussion paper. *fnnrm(of* the Royal *.Swirl ofAlydiciue, 78,933-936.*

Ross, C..-1., 1k Anderson, G. (1988). Phenomenological overlap of multiple personality disorder and obsessive-compulsive disorder-. *Jonrlrcrl of* Vormrc told *'llenial1)isrvrsr,* 176 (5), 295-299.

Ross.C..A., Norton, G.R., & Woznev, K. (1989). Multiple personality disorder: an analysis of 236 cases. *Canadian journal of* Psychiatry, 34 (51, 113-118.

Ross, C.A., Norton, G.R., & Anderson. (3 (1988). The dissociative experiences scale: a reputation study. DISSOCIATION, 1 (2), 21-'22.

Ross. C.A., Heber, S., Norton, G.R.. K' Anderson, G. (l)(89a). Somatic symptoms in multiple personality disorder. *I'sl'rhusourai,rs,* 30 (2), 154-160.

Ross. C.A., Hcher. S.. Norton, G.R-, K Anderson. G. (1989b). Diffcrcnccs between multiple personality disorder and other diagnostic groups on structured intervicyi'. *journal of'F'rr7raio ann'Alenfal Disease,* 177 (8), 487-491.

Ross, C.A.,Anderson, G., Heber, S., Norton, G.R., Anderson, B., del Campo. M., & Pillay°, N. (1989). Differentiating multiple personality disorder and complex partial seizures_ *Gerrard Hospital* Psychiatry, 11, 54-58.

Ross, C.A., Anderson, G.. Heber, S., & Norton, G.R. (in press). Dissociation and abuse in multiple personality- patients, prostitutes, and exotic dancers. *hospital and Corramurr.i(y Psychiatry.*

Spanos. N.P., Weekes, J. R., Mt-nary, F... & Bertrand, L.D. (1986). Hypnotic interview and age regression procedures in ilie elicitation of multiple personality symptoms: a simulation study. Psychiatry, 49, 298-311.

Spitzer, R.L., Endicott. J., & Robins, E. (1978). Research diagnostic criteria. *Archives of General Psychiatry.* 35, 773-782.

Spitzer, R.L., Furman. "W., & Nee.J. (1979). DSM-III field trials: I. Initial Inter-rater diagnostic reliability. ineriran *Jours/a/ of* Psychiatry. 136, 815- 817.

Taylor, W.S., & Martin, M.F. (1944). Multiple personality. *Jurnrnal* of Abnormal *and Social Psyrhology,* 39, 281-300.

APPENDIX I

THE DISSOCIATIVE DISORDERS INTERVIERW SCHEDULE

The Dissociative Disorders Interview Schedule (DIES) is a highly sti uctured interview which makes DSM-III diagnoses of sontatization disorder, borderline personality disorder and major depressive episode. as well as all the dissociative disorders. It enquires about Schneiderian symptoms of schizophrenia, secondary Icahn es of ATPD, extrasensoiv experiences, substance abuse• and Other items relevant to the• dissociative disorders.

The DDIS was initially administered to 80 subjects; 20 with MN), 20 with schizophrenia, 20 with panic disorder and 20 with eating disorders. Nine of the NIPD subjects were interviewed by two c.lifferent. interviewers at six month intervals to determine inter-rater reliability. These nine Mn) subjects were also given a clinical diagnostic assessment by a diagnostically blind p.svchiatrist.

The DDIS has excellent clinical validity. The DDIS has an overall inter-rater reliability of 0.fi<8. It has a specificity of 100`;; and a sensitivity of 90`;r for the diagnosis of MPD.

The DDIS can be administered in 30-45 minutes. The DIMS discriminated the NIPL) subjects from the other groups at Vcn= high levels of significance on numerous items.

If you administer the DDIS to an MPD patient. please send a copy to Colin A. Ross, M.D., FRCP(:, Depai Intent ofPsychiatry, St. Boniface General Hospital, 409 Tackle Avenue. Winnipeg. Manitoba, Canada, R2I I 2A0. We would be interested in receiving copies of the DDIS administered to any other subjects, particulaily those with schizophrenia and borderline personality disorder.

CONSENT FORM FOR DISSOCIATIVE DISORDERS INTERVIEW SCHEDULE

I agree to he interviewed as part of a research project on dissociative disorders. Dissociative disorders involve problems with memory.

I understand that the interview corrtairts some personal questions about my sexual and psychological histon however, all information that I give will be kept confidential. My name will not appear on the research questionnaire.

I understand that the information I give to the interyicwer will not he available to any doctor, authority, therapist, case worker or other person involved with me. My answers will have no direct effect on how I am treated in the future.

I understand that the overall results of this research will be published and these results will be available to authorities or therapists involved with me.

I understand that the interviewer and other researchers cannot. offer me treatment and cannot intervene on my behalf with any authorities or therapists involved with me.

I understand that the purpose of' this interview is for research and that I cannot expect any direct benefit to myself other than knowing that I have helped the researchers understand dissociative disorders better.

I agree to answer the interviewer's questions as well as I can but I know that I am free not. to answer any particular questions I do not. want to answer.

Although I have signed my name to this form. I know that it will he kept separate from niv answers and that my answers cannot be connected to my name, except by the interviewer and his/her research colleagues.

I also understand that 1 may be asked to participate in further dissociative disorders interviews in the future, but that I will be free to say no. If I do say no this will have no consequences for me and any authorities or therapists involved with me will not be told of my decision not to be interviewed again.

Signed:_____ Witness:_____ Date: _____

DEMOGRAPHIC DATA FOR **DISSOCIATIVE** DISORDERS
INTERVIEW SCHEDULE

Age:

Sex: Male = Female = 2

Marital status: Single = 1 Married (including common-law) = 2
SeparatedDivorced = Widowed = l

Number of children: (If no children, score 0)

Occupational status: Employ cd = 1 L"neniplovcd = 2

Have you been in jail in the past?
Yes = 1 No = 2 Unsure = 3

Physical diagnoses currently active

Current and past diagnoses must consist of written diagnoses provided by the referring physician or available in the patient's chart (give DSN I-III codes impossible, if not write DSM-IIl diagnoses to the right of the brackets).

Ps) (Mimi is diagnoses currently active

Psychiatric diagnoses currently in remission

DISSOCIATIVE DISORDERS INTERVIEW SCHEDULE

Questions in the Dissociative Disorders Interview Schedule must be asked in the order they occur in the Schedule. All the items in the Schedule, including till the items in the DSM-III diagnostic criteria for dissociative disorders and borderline persomility disorder lutist be enquired about. The wording of the questions should be used exactly as written in order to standat-di/ the infi,rnmtion gathered by different interviewers. The interviewer should not read the section headings aloud. "hhe interviewer should open the interview by thanking the SIIhject f(tr Ins/hey participation and then sluntld say:

Most of the gtteStions I will ask cart he answered Yes, No or Unsure. A few of the questions have dif€erent answers and I will explain those as we go along."

1. **Somatic Complaints**

1. I)o you suffer from healaches?
   Yes = I No = 2 Unsure =3

If subject answered No to question I, go to question 3:

2. Have you been told by a doctor that you have migraine headaches?
   Yes = I No = 2 Unsure = 3

Interviewer should read the tiillowiug to the subject:

°1 :tut going to ask you about a series of physical svm1)0onms now. Tr.) count a symptom as present and to answer ties in these questions, the following mast be met:

a) no physical disorder has been found to account fin' the symptom.
h) the symptom does not occur univ during a panic attack.
el it caused you to take medicine (mite] than aspirin), see a doctor, or alter your life stale

Interviewer should now ask the subject, .`Have you ever had the following physical symptoms for which doctors could find no physical explanation? "

The interviewer should review criteria a-c for the subject itnmediateh following the first positive response to ensure that the subject has understood.

3. Abdominal pain (other than when menstruating)
   Yes=1. No= 2 Unsure=3

4. Nausea (other than motion sickness)
   Yes = 1 No = 2 Unsure = 3

5. Vomiting (other than motion sickness)
   Yes = 1 No = 2 Unsure = 3

6. Bloating (gassy)
   Yes = No =- 2 Unsure = 3

7. Diarrhea
   Yes = 1 No 2 Unsure = 3

8. Intolerance of (gets sick on) several different foods
   Yes=1 No = 2 Unsure = 3

9. Back pain
   Yes = I No = 2 Unsure = 3

DissoriatizJe Disorders Inten'iezn Srft.r~dttle continued on next (rage.

]f}. joint pain
lies = I No - 2 Unsure = 3

] I. Pain in extremities (die hands and feet)
Yi[p]s = l No = 2 Unsure = 3

12. Pain in genitals other Ihan during intercourse
Yes - l No 2 Unsure = 3

13. Pain di ring urination
Yes - I No 2 Unsure = 3

14. Other lain (other than headaches)
Yes = l No - 2 Unsure - 3

15. Shortness of breath when not exerting oneself
Yes-1 No = 2 Unsure = 3

16. Palpitations (a feeling that your heart is beatinsg very strongly)
Yes = l No = 2 unsure - 3

17. (;hest pair,
Yes = 1 No = 2 Unsure = 3

15. Dizziness
Yes = 1 No = 2 Unsure = 3

ISI. Difficulty swallowing
Yes = 1 No = 2 Unsure = 3

20. Loss of voice
Yes=1 No = 2 Unsure =3

21. Deafness
Yes = 1 No = 2 Unsure = 3

22. Double vision
Yes = 1 No = 2 Unsure = 3

23. Blurred vision
Yes=1 No=2 Unsure = 3

24. Blindness
Yes = 1 No = 2 Unsure=3

25. Fainting or loss of consciousness
Yes = 1 No = 2 Unsure = 3

26. Amnesia
Yes = 1 No = 2 Unsure =

27. Seizure or convulsion
Yes = 1 No = 2 Unsure = 3

25. Trouble walking
Yes=1 No = 2 Unsure-3

Dissociative Disorders Jn.ienliew Schedule continued on next page.

29. Paralysis or muscle weakness
Yes l No = 2 Unsure = 3

30. Urinary retention or difficulty urinating
Yes - l No = 2 Ensure = 3

31. Long periods with no sexual desire
Yes = l No - 2 Unsure = 3

32. Pain dining intercourse
Yes = l No=`? Unsure = 3

Note: If' subject is male ask question 33 and then go to question 38. Ii female, *go* to question 34.

33. I mpotence
Yes - 1 No = 2 Unsure = 3

31. Irregular menstrual periods
Yes=1 No = 2 Unsure = 3

3:7. Painful menstruation
Yes = 1 No = 2 Unsure-

36. Excessive :fcitstrttal bleeding
Nis = 1 No = 2 Unsure =

37. Vomiting throughout preguancv
Yes- No = 2 Unsure =3

38. 1 his You had many physical problems or a belief that vol have been sick. for several Years beginning before the age of 31d
Yes= 1 No = 2 UU nstne-=3

39. Have you ever had ally other serious physical symptoms for which doctors could l ad no explanation?
Yes=1 No = 2 Unsure=3

II. Substance Abuse

40. Have you ever had a drinking problem?
Yes = 1 No = 2 Unsure = 3

41. Have you ever used street drugs extensively?
Yes = 1 No = 2 Unsure = 3

42. I-lave you ever injected drugs intravenously?
Yes = I No = 2 Unsure = 3

43. Have you ever had treatment for a drug or alcohol problem?
Yes = 1 No=2 Unsure = 3

III. **Psychiatric History**

44. Have you ever had treatment for an emotional problem or mental disorder?
Yes = 1 No = 2 Unsure = 3

I)istoriatisv Disorders In(erz7iew Schedule rontinNel on next page.

5. 1)o you know what ps'chiatri(diagnoses, if any, you have been given in the past?
Yes - 1 No = 2 Unsure = 3

10. l lave you ever been diagnosed as having:
a) depression [ ]
I)) mania [ ]
c) schizophrenia [ ]
d) anxiety disorder [ ]
e) other 1).svcliiattic disorder [spec ils) [ ]
Yes 1 No - 2 Unsure . 3

11 subject did not volunteer a diagnosis for 46 (e) *go* to question 48.

17. If the subject volunteered diagnoses for (c) did the subject volunteer arn' of the following:
a) ps'cliogenic amnesia
b) psychogenic fugue
c) multiple personality disorder
d) depersonalization disorder
(.) atypical dissociative disorder
Yes - 1 No = 2 Unsure - :3

'18. Have you ever been prescribed psvchiatric medication'
Yes = 1 No 2 Unsure = 3

49. Have you ever been prescribed one of the following medications?
a) antipsvchotic
b) antidepressant
c) litl ium
d) anti-anxiety or sleeping medication
e) other (specify)
Yes = 1 No=2 Unsure = 3

50. Have Nou ever received L(°1 ', also known as electroshock treatment?
Yes = I No = 2 Unsure = 3

51. Have you ever had therapy for emotional, fancily, or ps°chological problems, for more than 5 sessions in one coarse of treatment?
Yes = 1 No = 2 Unsure = 3

52. How mane therapists, if any, have you seen for emotional problems or mental illness in your life?
Unsure = 89

ff subject answered No to hod) questions 51 and 52, go to question 54.

53. Have you ever had a treatment for an emotional problem or mental illness which was ineffective?
Yes = 1 No = 2 Unsure =3

Dissociative Disorders Inte)view Se/web e continued on next page.

N. Major Depressive Episodes

Hie purpose of this section *is* t(1 determine' whether the subject has eat') had or currendy has a matt)) depressive episode.

r)-I. Have you ever had a period of depressed mood Listing tit least two weeks iii 5 liiclr 5(111 lint interest ɔf 1)le.1S1,H-e in all or a1wrnost all ns(es(1 *a(* tiw~ities and 11151 li mes and felt depressed, blue, hopeless. low, down iii the clumps or irritable:
It°s | No = 2 Unsure = 3

If subject anstVcr'c•ct No to question 51. go to question fit.

If subject answered Yes or Unsure, interviewer should ask,"Daring this period did sou experience the following symptoms 'walls e((IV day for at least two weeks? "

55. Poor appetite or significant weight loss (when not dieting) or increased appetite or significant weight gain.
Yes = l No = 2 I:rtsnre - 3

56. Sleeping too little or too much.
Yes = 1 No = 2 1_'nsui e = 3

57. Being physically and mentatlw slowed dowcn. or agitated to the point wile] il was noticeable to other people.
Yes-1 No=2 Unsure =

53. Loss of interest or pleasure iii usual activities, or decrease in sexual drive.
Yes = 1 No-2 Unsure 3

59. Loss of energy: fatigue.
Yes = I No = 2 Unsure = 3

60. Feelings of worthlessness, self-reproach, or excessive or inappropriate guilt.
Yes = 1 No = 2 Unsure =3

61. Difficulty concent'ating or difficulty making decisions.
Yes-1 No-2 Unsure = 3

62. Have you ever had recur] ent thoughts of death, suicidal thoughts, wishes to be dead, or attempted suicide?
Yes = 1 No = 2 Unsure = 3

Il you have made a suicide attempt, did you:
a) take an overdose [1
h) slash your wrists or other hock areas [1
c) inflict cigarette burns or other self injuries
(l) use a gun, knife, or other weapons [1
c) attempt hanging [ ]
f) use another method [ ]
Yes = 1 No = 2 Unsure = 3 [1

63. If Noll have had an episode of depression as described above, is it:
currenth active, first occurrence = l
currently in remission = 2
currently active, recurrence = 3
uncertain = 4
clue to a specific organic cause = 5

V. Schneiderian First Rank Symptoms

64. Have you ever experienced the following:
Yes= I No=2 Unsure =3

a) voices arguing in vout head
ii) voices cot>>nte•tuing on your actions
c) having your feelings made or controlled by someone or something outside yott
d) having sour thoughts made or controlled by sommme or something outside volt
e) having sour actions made or controlled by someone or something outside you
f) influences front outside you plavitig on or affecting '10111 body such as some external kirce power
0) haying thoughts taken out of Four mind
h) thinking thoughts which seemed to be someone else's
i) bearing Your thoughts out load
_1) other people being able to hear sour thoughts as if they're out loud
k) th oughts of a delusional nature that were vet1' out of touch with reality

If subject answered No to all Schneiderian symptoms, go to question 67, otherwise, interviewer should ask:

"If you have experienced any of the above symptoms arc they clearly limited to one of the following:"

65. Occtnred ornly Wider the influence of drugs, or alcohol.
Yes - 1 No = 2 Unsure =

66. Occurred only during a major depressive episode.
Yes = I No=2 Unsure -3

VI. Trances, Sleepwalking, Childhood Companions

67. !lave you ever walked in your sleep?
Yes = I No = 2 Unsure =3

If subject answered No to question 67, go to question 69.

6S. If you have walked in Your sleep, how manstimes, roughly?
1-1O = 1 11-50 = 2 >50 = 3 Unsure = 4

69. Have you ever had a trance-like episode where you stare off into space, lose awareness of what is going on around you and lose track of time?
Yes = 1 No = 2 Unsure = 3

II subject answered No to question 69, go to question 71.

70. If you have had this experience, how many times, roughly?
1- 0=1 11-50=2 >5(1=3 Unsure = 4

71. Did *you have* imaginary playmates as a child?
Yes=1 No = 2 Unsure = 3

II subject answered No to question 71, go to question *73.*

72. If you had imaginary playmates, how old were you when they stopped?
Unsure = C)

II subject still has imaginary companions score subject's current age.

Dissociative Disorders Interview Schedule continued on. next page.

VII. Childhood Abuse

73. **Ve•re** vim physically abused as a child or adolescent?
Yes - 1 No = 2 Unsure = 3

If subject answered No to question 73. go to question 78.

74. Was the physical abuse independent of episodes of sexual abuse ?
Yes= l No = 2 Uni[q] ue - 3

75. If slat were physically abused, was it 1>v:
a} father
b) nu>ther
c) stepmother
el) stepfather
el sibling
I) male relative
female relative
b} other male
i) other female
Yes = 1 No = 2 Unsure =

76. If you were physically abused, hose old net(' trnt sv1>en it started?
unsure = 841. II less than I veal. score l). [ ]

77. If von were physically abused how old were you when it stopped :
Unsure = 89. If less than 1 veal score 0. If ongoing score .subject s current age. [ ]

78. Were Vou sexually abused as a child or adolescent: Sexual abuse includes rape, or ~utv type of unwanted sexual touching or fondling that vt>n ntoy have experien(ed.
Yes - 1 No Unsure = 3

If the subject answered No to question 78. go to question 85. If the subject answered Yes or Unsure to question 78, Me interviewer should state the following before asking farther questions on sexual abuse:

"The following questions concern detailed examples of the types of sexual abuse you mas[t] tit may not have experienced. Because of the explicit nature of these questions, von have the option not to answer any or all of them. The reason I am asking these questions is to try to determine the severity of the abuse that you experienced. You rnav answer Yes, No, Unsure or not give an answer to each question.

79. If you were sexually abused was it by:
a) father [ ]
b) mother
c) stepfather [ ]
d) stepmother [ ]
e) sibling [ ]
f) male relative [ ]
g) female relative [ ]
h) other male [ ]
i) other female [ ]
Yes = I No = 2 Unsure = 3 No Answer = 4

If subject is female skip question 80. If male skip question 81

80. If you are male and ware sexually abused, did the abuse involve:
a) hand to genital touching
b) other types of fondling [ ]

Dissociative Disorders- Iotenant Schedule continued on next Jmgr[e].

c) intercourse with a lemalc
d) .mat intercourse with a male -vou active
e) von performing oral sex on a male
1) you performing oral sex on a female
g) oral sex clone tat you by a male
h) oral scx done to VDU by a feiuale
i) anal intercommm's(' - s oil passive
_1) enforced sex with animals
k) pornographic photographs [
It other (specif^y.)
Yes = 1 No - 2 Fin tire = 3 No ;Answer = A

8 i. If you are female alai were sexually abused. did the abuse involve:
a) hand to genital 1ouclting [ ]
h) other types of fondling [ ]
e) intercourse with a male [ ]
(l) simulated interIRrSe ssith a female [ ]
e) you perforuring oral sex on a stale [ ]
f) you pea forming oral sex on a female [ ]
g) oral sex clone to you by a male [ ]
h) oral sex done to you by a female [ ]
it anal intercourse with a male [ ]
jr cnfmrced sex with animals [ ]
k) pornographic photographs [ ]
1) oilier (specif^y) [ ]
Yes = l No = 2 Unsure = 3 No Answer = •1

82. 1l von were sexually abused, how old were you when it started?
Unsure = 89. If less than l year, score 0.

83. 1f you were:° sexually abused. how old were you when it stopped?
Unsure = 89. If less than I year, score 0. If ongoing score subject 's current age.

84. How ll *any* separate incidents of sexual abuse were you subjected to up until the age of 18
1-5=1 6-10=2 11-50-3 >50=4 Unsrtte=5

85. How many separate incidents of sexual abuse were you subjected to after the age of 18?
0=1 1-5=2 6-10 =3 11 - 50 = 4 *>50 = 5* Unsure = 6

VIII. Features Associated with Multiple Personality Disorder

For questions 86-95, if subject answers Yes, ask subject to specify whether it is occasionally, fairly often or frequently, excluding question 93.

86. Have you ever noticed that things are missing from sour personal possessions or where von live?
Never = I Occasionally = 2 Fairly Of ten = 3
Frequently = Unsure = 5 [ ]

87. Have you ever noticed that there are things present where you live, and you don't know where they came from or how they got there? e.g. clothes, jewelry, books, furniture.
Never = 1 Occasionally = 2 Fairly Often = 3
Frequently = 4 Unsure = 5

Dissociative Disorders Intenieic' .Schedule continued on next page.

88. Have you ewer noticed that your handwriting changes drastically or that there are things around in handwriting you don 't recognize?
Never = 1 Occasionally - 2 Fairly ()hen = 3
Frequently = 1 Unsure = 5

89. 1)o people **ever** cunt: up and talk to you as if they know you but you don 't know them, or only know them faittsly
Never = l Occasionally = 2 Fairly Often = 3
Frequently = Unsure - 5

90. 1)o people ever tell you alum things you 've done or said, that you can 't euu°ntber, not counting tines you have been using dings or alcohol?
Never = 1 Occasionally = 2 Fairly Often 3
Frequently - -1 Unsure = 5

91. 1)o you ever have blank spells of periods of missing time that you can rememher, not counting times you have been using drugs or alcohol ?
Never = 1 Occasionally = 2 Fairly Often = 3
Frequently = 4 Unsure = 5

92. Do :mu ever find yourself coming to in au unfamiliar place, wide awake, not sure how volt got there, and not sure what has been happening fin the past while. not counting ti mes when you have been using ih ugs or alcohol
Never = I Occasionally = 2 Fairly Often = 3
Frequently = 4 Unsure = 5

93. Are there large parts of cone childhood after age :5 which you can 't remember?
Yes=I No = 2 Unsure = 3

94. Do you ever have memories come back to eon all of a sudden, in a flood or like flashbacks?
Never = I Occasionally = 2 Fairly Often = 3
Frequently = ttsure° = 5

95. Do you ever have long periods when you feel unreal, as if in a dream, or as if you 're not really there, not counting when you are using drugs or alcohol:
Never = 1 Occasionally = 2 Fairly Often = 3
Frequently = 4 Unsure = 5

96. Do you hear voices talking to you sometimes or talking inside your head?
Yes=1 No = 2 Unsure = 3

If subject answered No to question 96, go to question 98.

97. If you hear voices, do they seem to come from inside you?
Yes=1 No = 2 Unsure =

98. Do you ever speak about yourself as "we" or "us"?
Ye.s= I No = 2 Unsure =3

99. Do you ever feel that there is another person or persons inside you?
Yes=1 No=2 Unsure=3

If subject answered No to question 99, go to question 102.

100. Is there another person or persons inside you that has a name?
Yes - 1 No = 2 Unsure 3

Dissociative Disorders Interview S41er/ le continued an next page.

101. If there is another person inside you, does he or she ever come out and lake control of Sour hodv?
Yes- No = 2 Unsure =3

IX. Supernatural/Possession/ESP Experiences/Cults

102. 1-lave von ever had awry kind of supernatui al experience:
Yes = l No = 2 Unsure = 3

103. Live vuu ewer had airy extt;tsensot- perception experience's such
a) mental tekipathv
1)) seeing the future 4vhile awake
c) moving oh)ects with your mind
d) seeing the future in dreams
e) dcja vu (the feeling that what is happening to you has happened before
f) other (specify)
Yes = 1 No = 2 Unsure - 3

10-i. I lave you eve: felt you were possessed by a:
at) demon
Is) dead person
c) living person
(l) some other power or force
Yes = l No - 2 Unsure:' = 3

105. I lave you ever had any contact with:
a) ghosts
1)) poltergeists (cause noises or ohiects to move around)
c) spirits (dam' kind
5'(!s- No=2 Unsure= 3

I00. Have you ever felt you knos' something about past lives or incarnations of yours
Yes=1 No=2 Unsure =3

107. Have you ever heel) involved in cult activities:
Yes = 1 No = 2 Unsure = 3

X. Borderline Personality Disorder

hiterviewer should state, "For the following eight questions, please answer Yes only if you have been this way much of the time for much of your life. I-Live you experienced: "

108. Impulsive or unpredictable behavior in at least two areas that are potentially self-damaging, e.g., spending, sex, gambling, substance use, shoplifting, overeating, physically self-damaging acts.
Yes=1 No = 2 [:nsurc=3

109. A pattern in which many of your personal relationships tend to be intense, but unstable and short-lived.
Yes=1 No=2 Unsure =3

110. Intense anger or tack of control of anger, e.g., frequent displays of temper, constant anger.
Ycs=1 No=2 Unsure =3

111. Feeling uncertain about your identity, which nrty include problems with self-image, self-anvaneness, sexual identity or career choice. e.g. because you freI uncertain about who you are. you may us- to imitate different people in an attempt to discover which identity fits best for you.
Ycs = 1 No = 2 Unsure = 3

112. Frequent mood swings: nod(cable shifts from normal mood to depression, irritability or anxiety.
= 1 No=2 Unsure -

113. Feeling uncomfortable being- alone, tag. frantic efforts to avoid being alone. depressed when alone.
Yes = 1 No =. 2 Unsure = 3

H. Physically sill-damaging acIs, e.g., suicidal gestures, self-mutilation, recurrent accidents or Physical fights.
Yes=I No=2 Unsure=3

II). Chronic Icclings of emptiness or boredom.
Yes = 1 No = 2 I. Insure = 3

XI. Psychogenic Amnesia

116. Have volt ever experienced sudden inability to recall important personal inlurtn:ttion or events that is to extensive to be explained by ordinary lorgetfulness?
Yes- I No = 2 Unsure =3

If snhject answered No or Insure to question 116, go to 118.

117. If you answered Yee to the previous question was the disturbance clue to a known physical disorder (e.g., blackouts during alcohol intoxication. or stroke)?
Yes = l No = 2 Unsure = 3

XII. Psychogenic Fugue

118. I-lave von ever experienced sudden unexpected travel away from your home or customary place of work, with inability to recall sour paste
Yes = I No = 2 Unsure = 3

119. Have you ever assumed a new identity (partial or complete)?
Yes = 1 No = 2 Unsure =3

If subject answered No to one or both of questions 118 and 119, go to 121.

120. If you answered Yes to both the previous two questions was the disturbance due to a known physical disorder? (e.g., blackouts during alcohol intoxication, or stroke)?
Yes = 1 No = 2 Unsure = 3 J

XIII. Depersonalization Disorder

121 Interviewer should say, "I am now going to ask you a series of questions about depersonalization. Depersonalization means feeling unreal, feeling as if you're in a dream, seeing yourself from outside your body or similar experiences."
a) have you had one or more episodes of depersonalization sufficient to cause problems in your work or social life?
Yes= 1 No=2 Unsure = 3 l J

Dissociative Disorders Interview ,Srhednle rnntinx-ed on next page.

b) I-lave sou ever had the feeling that your feet and hands or other pails of N OIH *hack* have clrutgcd in size
Yes = I No - 2 Unsure = 3

c) l lase you ever experienced seeing votusedlf Iruiti outside 50th bock?
Yes =- I No = 2 Unsure = 3

d) IIass yon eser had it strong feeling of ill talus that lasted Jctr a period of time, not (Uutttirtg 1c hell sou are tiling (frogs nr ,dcohol;
Yes = l No = 2 Unsure =

If subject did tOO answer des to tuts of Ill a-d, *go* to question 123.

122. If you answered Yes to any of rite previous questions about depersonalization, was the disturbance due to another disorder, such as Schizophrenia. Aliective Disorder, Organic Mental Disorder (menial disorder with it physical curse), Anxiety Disorder, or epilepsy?
Yes = 1 No = 2 l_ nsttre = 3

XIS'. Multiple Personality Disorder - NIMH Research Criteria, consisting of D,SM-II1 (123-125) criteria plus two further criteria (126-127)

123. Have s-ott ever felt like there are two or more very different personalities within yourself, each of which is dominant at a particulau time ?
Yes = 1 No = 2 Unsure =

li snbjcct answered No to question 123, *go* to question 125,

Do iii of the follmving apply to your

124. The personality or part. of you that is dominant at any particular time controls your behavior.
Yes= 1 No -2 Unsure =3

125. Each individual personality is complex and has behaviors and social relationships that are not shared by the other personalities.
Yes = l No = 2 Unsure = 3

126. 'he•o or more different personalities. have been in cont'ol of coot bock on at least three separate occasions.
Yes = 1 No = 2 Unsure = 3

127. Some type of amnesia or combination of types of autnesia exists among the different personalities.
Yes = 1 No = 2 Unsure = 3

XV. Atypical Dissociative Disorder (Dissociative Disorder NotOtherwise Specified)

128. Subject appears to have a dissociative disorder brut does not satisfy the criteria for a specific dissociative disorder. Examples include trance-tike states, derealization unaccompanied by depersonalization, and those more prolonged dissociated states that may occur in persons who have been subjected to periods of prolonged and intense coercive persuasion (brainwashing, thought reform, and indoctrination while the captive of terrorists or cultists).
Yes = 1 No = 2 Unsure = 3

11issnri(rlive 1)isorrfn c in! cn iev .Srlrrrl trlrc roulitt of /tow !trr2' 7n o pads'.

XVI. Concluding Items

I2.). During the interview, slid the sul)ject display unusual, illogical, of idiosyncratic though processes:
Yes - 1 No = 2 l.'I nsurc = 3

130. 1f the subject is assessed as having a multiple personality disorder, and answered Yes to question I, the interviewer should ask, In your opinion are the headaches f asked about earlier part of r'our prolalent ssith different personalities cont'olling your
Yes- 1 No = 2 Unsure =3

131, If the subject is assessed as having MPD. and has also received the diagnosis of depression (question 63), the interviewer should ask: "In your opinion is the depression I asked about earlier: "
Confined to one perstmality = 1
.Affects most or all personalities 2
Unsure - 3

Interviewer should make a brief concluding statement telling subject that there are no riot c questions. and thanking the subject for his; her participation.

APPENDIX II

SCORING THE DISSOCIATIVE DISORDERS INTERVIEW SCHEDULE

The Dissociative Disorders Interview Schedule is divided into 16 sections. Each section is scored independently. All DSM-11I diagnoses are made according to the rules in DSM-III.

I here is no total score for the entire interview. However, average scores for 2(1 multiple personality disorder (MPD) subjects on selected subsections are given below.

Following presentation of scoring rules for each section, you will find a description of a typical profile for an MPD patient. The DDIS has been administered to over 400 adult subjects without a confirmed false positive diagnosis of MPD.

Structured interview data on 102 MPD subjects from across North America have been collected. These provide average scores for MPD which differ somewhat from those presented in the DDIS subsections. Structured interview data on 102 MP]) subjects from across North America have been collected. These provide average scores for MPD which differ somewhat from those presented in the DDIS subsections.

I. Somatic Complaints

This is scored according to DSM-III rules. To be positive for somatization disorder the subject most answer 'yes' to question 38; in addition, the subject must answer `ves' to at least 14 questions if female and 12 questions if male, from questions 3-37. We prefer to use the DSM-III-R criteria, which require 13 `yes' answers for either sex, from questions 3-37.

,a history of somatization disorder distinguishes MPD from selrizuphrenia, eating disorders, and controls. but not from panic disorder. The average nnnther of symptons positive from questions 3-37 for AAPT) is 13.3.

II. Substance Abuse

We score the subject as positive for substance abuse if he or she answers 'yes' to any question in this section. .A history of substance abuse differentiates MP1) from schizophrenia, eating disorders, panic disorder, and controls: 1 1 out of 20 MPD subjects were positive.

M. Psychiatric History

This is a descriptive section tt=hich does not yield a score as such. hi a questionnaire study we found that in 236 cases of MPD, the average patient had received 2.74 other psychiau ie diagnoses besides MPD.

IV. Major Depressive Episodes

This is scored according to DSM-Il1 rules. To be positive the subject must answer 'Nett' to question 54. He or she must answer 'yes' to 4 questions from 55-G2.

A history of depression does not discriminate MPD from other diagnostic groups: 17 out of 20 MPD subjects were positive for major depressive episode at some time in their life.

V. Schneiderian First Rank Symptoms

In this section we score the total Humber of 'yes ' responses. The total niuinh er of Seltueicieri;ui sviirptotns positive disci iIlinates MPD fi out all groups 1este6 except si h 1/0-phre nia. The average number of po.SitiVe svtuptonts iu NIPD is 6.6.

VI. Trances, Sleepwalking, Childhood Companions

Each of these items is scored inrlependent.ly. The subject is positive for sleepwalking if he or she answers 'yes ' to question 67, positive tin trances if 'yes' to 69, positive for imaginary playmates if 'yes' It) 7l. Each of these items discriminates MI'1) f'om schizophrenia. eating disorders, panic disorder and controls.

VII. Childhood Abuse

Hie subject is scored positive tin physical abuse it he ur she answers 'yes' to question 73. Other data are descriptive. History of physical abuse discriminates MPD from schizophrenia, eating disorders, and panic disorder: l 5 of 20 11IPD subjects were positive.

The subject is positive for sexual abuse if he or she answers 'yes ' to question 78. Sexual abuse also discriminates MPD from the other throe groups: 16 out of 20 NIPD subjects were positive.

VIII. Features Associated With MPD

The responses in this section are added tip night- a total score. A positive respunse in this section is either' yes,' or else 'fairly often ' or'fre(luently, ' depending on the structtue of the question. 'Never and 'occasionally ' are scored as negative. Secondary features discriminate MPD horn the other three groups: average number of feantres positive iii MPI) is H.'3.

IX. Supernatural, Possession, ESP Experiences, Cults

In this section the positive answers are added up to give a total score. These experiences discriminate MPD from the other groups: average number of positive responses for Nl PD is 5.5.

X. Borderline Personality Disorder

This is scored by DSM-III rules. The subject roust be positive for 5 items to meet the criteria for borderline personality. Borderline personality clues not discriminate MPD from other groups tested to date. except for panic disorder and controls. however, the average munber of borderline criteria positive does discriminate MPD from schizophrenia, eating disorders. and panic disorder: the average for 20 MPD subjects is 5.3.

XI. Psychogenic Amnesia

This is scored by DSM-III rules. The subject must he positive for question 116 and negative for question 117. Psychogenic amnesia discriminates MPD from the other three groups: 13 out of 20 MPD subjects were positive. According to DSM-III-R rules, a positive diagnosis of MPD means that one cannot have a diagnosis of psychogenic amnesia. That makes sense to us. However. using DSM-III miles. psvchogeuic amnesia provides an additional discriminating section.

XII. Psychogenic Fugue

This is scored by I)SM-Ill rules. 'Flu: sit}iject tnttst he positive fin questions 1 18 and l 19, and negative for 120, This diagnosis also discriminates MPI) front the other Once groups: 7 out of 21) MPD subjects **were** positive. As for psychogenic amnesia. DS\1-III-R rules state thin a diagnosis of MPI) prevents a concurrent diagnosis of psychogenic fugue.

XIiI. Depersonalization Disorder

This is scored by DSM-111 rules. The subject must he positive for question 121a, and negative for 122. Questions 12 lb-d are fur the] ideutswhichare not required for the DSM-III diagnosis. This diagnosis discriminates MPI) from other groups very poorly. It is also the only DSM-Ill diagnosis in the inter'iewschedule Avid) a low inter-rater reliability (r-.56). W consider depersonalization to he it ssniptoin, not a diagnosis, and recommend that it be ignored in interpreting the results of structured interview.

XIV. Multiple Personality Disorder

The criteria given are the NIMI I criteria, of which the first 3 arc the DSM-111 criteria. The subject must be positive for all 3 items to meet the DSM-ill criteria for \IPD. The diiiguosis of MPI) discriminate~ MPD from all other groups tested to date with no false_ positives, and two false negatives out of 20. The inter-rater reliabilit for MPD is {r=.78), the sensitivity is 00"i , the specificity is 100!~~-, and the ethnic i1 validit is excellent, in our initial study.

I'ranslatiout of DSAI-Ill criteria into DSM-III-R criteria is problematic because of the wording in the two manuals. Subjects who nice' the first two I)SM-III criteria only are probably true multiples. however.

XV. Atypical Dissociative Disorder

This is scored positive based on the inter'iewer's judgement. A patient can he posilive for atypical dissociative disorder only if he or she does not have any other dissociative disorder.

XVI. Concluding Items

This is a descriptive section and is not scored. Most N1PI) patients will meet the DSM-II1 criteria for MPD and all should meet the first two. Anyone who does not meet the first two criteria is unlikely to have full MP[) unless he or she has a high score on secondary features. This may be the case itr the first few assessment sessions, before the diagnostician has contacted alter personalities directly. We usually don't make a diagnosis of MPD until we have contacted alter personalities directly. If alters have not been contacted directly, or reported by a reliable observer, one can say that the subject almost certainly has MPD based on interview results, hut a conclusive diagnosis is not possible.

Most MPD patients will have: numerous somatic symptoms; a history of substance abuse arid mayor depressive episode; a number of Schneiderian symptoms; sleepwalk-

trance slates and/or imaginary playmates in childhood; a history of p l r sica] and j or sexual ahttse; borderline personality disorder, or at least 3 borderline symptoms; numerous extrasensory experiences; other dissociative diagnoses; and at history of uunierons past diagnoses and treatments.

Niel all 11PI) patients (vill have all of these features, but most will have a substantial proportion of then). MN) subjects with particularly severe abuse histories appear to have higher scores and more items positive, but time do not hank° sufficient data Vet to say that for sure.

DISSOCIATIVE DISORDERS **INTERVIEW SCHEDULE** NORMS FOR 102 CASES

The Iollowing al'('R'(1-age values for 102 cases of !11P1) diagnosed at four diffcre nt centers. Two centers differed on two items, otherwise there were no significant differences between the centers on any of the heats in the DDIS.

Only 82 subjects completed the Dissociative Experiences Scale. The average score was 41.4 (S.L). 20.0), and tine median score was 43.8, svitlt a range of 1.2 - 83.6.

Item	**Average Number of Symptoms Per Subject (S.D.)**	
Somatic symptoms	1:i.2	(7.3)
Schneiderian symptoms	6.4	(2.8)
Secondan' lcatures of MPD	10.2	(3.5)
Borderline criteria	5.2	(2.3)
Extrasensory experiences	5.6	(3.3)

Diagnosis	**% of Subjects Positive for Diagnosis**
MPD	94.1
Major depressive episode	91.2
Borderline personality disorder	63.7
Sotnatization disorder-	60.8

■