Dissociative Subtype of PTSD Interview (DSP-I)

FOR DSM-5

Name: _____

ID#: _____

Age: _____

Date: _____

Gender: _____

Highest education: _____

Interviewer: _____

Reference: Marloes B. Eidhof, F. Jackie June ter Heide, Monika Zaba, Ulrike Schmidt, Ruth A. Lanius, Bethany Brand, Richard J. Loewenstein, David Spiegel & Eric Vermetten (2016). Dissociative Subtype of PTSD - Interview (DSP-I) for DSM-5. Edition: ARQ Centrum'45, ARQ National Psychotrauma Centre, Diemen.

The DSP-I contains two parts. PART 1 is a clinical interview to assess the content and severity of the dissociative subtype of PTSD according to DSM-5. The duration is about 5-15 minutes. PART 2 is a checklist to screen for other PTSD associated dissociative symptoms. This part can be used as an interview or as self report. We recommend using the DSP-I as an add-on interview to the CAPS-5.

Please see the appendix for administration and scoring instructions.

Note: In general, a symptom is rated absent if it exclusively occurs during flashbacks. Furthermore, endorsement on the items is not better explained by: 1) a medical condition (e.g. seizures or eye problems), starvation, tiredness, alcohol or drugs, or 2) a failure in adaptation to real changes in surroundings, for example due to migration, being resettled, or loss of home.

Part 1 –*The dissociative subtype*

A. Depersonalisation

1. **A feeling of disconnection from the self** (as if one and one's body and behaviour are uncoupled and/or functioning independently from oneself).

In the past month, have there been times in which you felt disconnected from yourself? (A sense of loosing connection with your body or behaviour in which you become less able to feel or control it?) **Can you give me an example?** **What's that like for you?** (How much does it bother you?) **How long does it last?** Circle: = *Minimal* *Clearly Present* *Pronounced* *Extreme* **How often has this happened in the past month?** *# of times* _____	**0 A*bsent*** ***1 Mild / subthreshold*** **2 *Moderate / threshold*** **3 *Severe / markedly elevated*** **4 *Extreme / incapacitating***
Key rating dimensions = frequency / intensity of dissociation Moderate = at least 2 X month/ clearly present Severe = at least 2 X week / pronounced	

2. **Watching oneself as if another person** (for example, seeing oneself having a conversation or carrying out daily tasks).

In the past month, have there been times in which you felt as if you were watching yourself as if you were another person? **Can you give me an example?** [If unclear]: **Did you experience standing next to yourself and for example saw yourself having a conversation or carrying out a daily task?** **What's that like for you?** (How much does it bother you?) **How long does it last?** Circle: = *Minimal* *Clearly Present* *Pronounced* *Extreme* **How often has this happened in the past month?** *# of times _____*	**0 *Absent*** ***1 Mild / subthreshold*** **2 *Moderate / threshold*** **3 *Severe / markedly elevated*** **4 *Extreme / incapacitating***
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3. **Body (parts) not belonging to the self** (for example, feeling numb or non-existent).

In the past month, have there been times in which you felt as if your body or parts of your body did not seem to belong to you? **Can you describe this experience?** **[**In case of body parts]: **Are these always the same body parts?** **What's it like for you?** (How much does it bother you?) **How long does it last?** Circle: = *Minimal* *Clearly Present* *Pronounced* *Extreme* **How often has this happened in the past month?** *# of times _____*	**0 *Absent*** ***1 Mild / subthreshold*** **2 *Moderate / threshold*** **3 *Severe / markedly elevated*** **4 *Extreme / incapacitating***
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4. **Feeling mechanical** (as if moving automatically with little or no control and without intention or emotion, or as if the body is moving robotic/rigidly).

In the past month, have there been times in which you felt as if you were going through life like a robot, as if you were moving in a mechanical way? Score = 0 Absent if endorsement is better explained by working hard/quickly/routinely. **Can you give me an example?** [If unclear]: **Did feel as if your body participated in daily activities, while you were not actively directing it?** **What's that like for you?** (How much does it bother you?) **How long does it last?** Circle: = *Minimal Clearly Present Pronounced Extreme* **How often has this happened in the past month?** *# of times _____*	**0 *Absent*** ***1 Mild / subthreshold*** **2 *Moderate / threshold*** **3 *Severe / markedly elevated*** **4 *Extreme / incapacitating***
Key rating dimensions = frequency / intensity of dissociation Moderate = at least 2 X month/ clearly present Severe = at least 2 X week / pronounced	

5. **Own voice sounds distorted, remote or unreal**.
   Note: this is not about an actual change in their voice (for example during a flashback, state shifting, or re-enactment.

In the past month, have there been times in which your own voice sounded distorted, remote and unreal? **Can you describe this experience?** **Did other people notice?** **What's that like for you?** (How much does it bother you?) **How long does it last?** Circle: = *Minimal Clearly Present Pronounced Extreme* **How often has this happened in the past month?** *# of times _____*	**0 *Absent*** ***1 Mild / subthreshold*** **2 *Moderate / threshold*** **3 *Severe / markedly elevated*** **4 *Extreme / incapacitating***
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B. Derealisation

6. **Surroundings become unreal, dreamlike or unfamiliar.** The sense of reality of surroundings may change while being in a situation, or surroundings are experienced as unfamiliar when entering a situation that should be familiar (e.g. the office, the store or a friend's house).

In the past month, have there been times in which the situation or world seemed unreal, dreamlike or unfamiliar? (For example as if you were participating in a movie or a play, or you wanted to touch objects to be reassured of reality?) **Can you give me an example?** [if unclear]: **When and where does this happen?** **What's that like for you?** (How much does it bother you?) **How long does it last?** Circle: = *Minimal Clearly Present Pronounced Extreme* **How often has this happened in the past month?** *# of times _____*	**0 *Absent*** ***1 Mild / subthreshold*** **2 *Moderate / threshold*** **3 *Severe / markedly elevated*** **4 *Extreme / incapacitating***
Key rating dimensions = frequency / intensity of dissociation Moderate = at least 2 X month/ clearly present Severe = at least 2 X week / pronounced	

7. **Seeing the world through a fog, as if in a bubble or behind glass.**

In the past month, have there been times in which you felt as if you were looking at the world through a fog or as if you were in a bubble or behind glass? **Can you describe this experience?** **What's that like for you?** (How much does it bother you?) **How long does it last?** Circle: = *Minimal Clearly Present Pronounced Extreme* **How often has this happened in the past month?** # of times _____	**0 *Absent*** ***1 Mild / subthreshold*** **2 *Moderate / threshold*** **3 *Severe / markedly elevated*** **4 *Extreme / incapacitating***
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8. Seeing the world from a distance (as if watching situations from a distance and/or watching a play).

In the past month, have there been times in which you felt as if you were looking at situations or things from a distance? or as if you were watching a play or movie? **Can you give me an example?** **What's that like for you?** (How much does it bother you?) **How long does it last?** Circle: = *Minimal* *Clearly Present* *Pronounced* *Extreme* **How often has this happened in the past month?** *# of times _____*	**0 *Absent*** ***1 Mild / subthreshold*** **2 *Moderate / threshold*** **3 *Severe / markedly elevated*** **4 *Extreme / incapacitating***
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9. Surroundings become distorted (e.g. surroundings or objects change in shape, structure or colour).

In the past month have there been times in which surroundings or objects seemed to change in shape, structure or colour? **Can you give me an example?** *(Have there been times in which surroundings changed as if you were in a tube? what about things looking flat, as if looking at a picture? Or objects getting bigger or smaller?)* **What's that like for you?** (How much does it bother you?) **How long does it last?** Circle: = *Minimal* *Clearly Present* *Pronounced* *Extreme* **How often has this happened in the past month?** *# of times _____*	**0 *Absent*** ***1 Mild / subthreshold*** **2 *Moderate / threshold*** **3 *Severe / markedly elevated*** **4 *Extreme / incapacitating***
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C. (if dissociative experiences are endorsed):
Duration, trauma relatedness and burden
10. You mentioned that at times you experience a feeling of disconnection from [yourself and/or reality] *(or mention the specific symptom)* **10.1** How long have you had these experiences? **Duration:……** **10.2** Did this feeling start or get worse after (EVENT)? *(Do you think it's related to [EVENT]? How so?)* Circle: Trauma-relatedness = *Definite Probable Unlikely* **10.3 Do you think these experiences were/are caused by effects of alcohol, drugs or a medical condition? Like seizures?)** **10.4 How much do these symptoms bother you on a scale from 0 to 100?**
Triggers and recovery
10.5 What tends to set off these experiences? Are there specific triggers that precede these experiences? **10.6** What is normally needed to stop these experiences? **10.7** How do other people notice it when you are having your dissociative experiences?

D. Observer items	
11. Did the respondent show moments of looking dazed or blank, have unusually long periods of staring, and/or seem in some other way to have difficulty with remaining engaged?	Circle: = *0.Absent* *1. Uncertain 2. Present.*
12. Did the respondent appear forgetful, have difficulty tracking the conversation, and/or repeatedly need questions to be repeated?	Circle: = *0.Absent* *1. Uncertain 2. Present.*
13. Did the respondent say something bizarre or out of the context or not speak when you would have expected it?	Circle: = *0.Absent* *1. Uncertain 2. Present.*
Indication of dissociative symptoms (at least two items of score 2)	**Yes / No**

Part 2 - *Associated features*

E. Blanking out/ disengagement	
In the past month, did you experience moments in which you were...	
1. staring into space without thinking, but still aware of what was going on around you?	0= NO 1=YES
2. staring into space without thinking, unable to perceive what was going on around you?	0= NO 1=YES
3. physically in a situation but not really experiencing it?	0= NO 1=YES
4. losing track of or tuning out conversations or therapy sessions and find that although listening you did not hear all or part of what was just said?	0= NO 1=YES

F. Emotional numbing	
In the past month, did you experience moments in which...	
1. you were disconnected from your emotions and unable to feel them?	0= NO 1=YES
2. you should be mad or sad about something, but did not have any feelings?	0= NO 1=YES
3. you felt no emotions when weeping and/or laughing?	0= NO 1=YES

G. Alterations in sensory perception	
In the past month, did you experience moments in which...	
1. you were less able or unable to feel physical pain when you got hurt?	0= NO 1=YES
2. your perception of taste, smell, touch or sounds changed or disappeared?	0= NO 1=YES
3. you experienced an altered body shape or position?	0= NO 1=YES
4. sounds or colours increased or diminished in intensity?	0= NO 1=YES
5. you were unable to feel things properly when touching them with your hands?	0= NO 1=YES
6. you felt an urge to touch yourself to be reassured of your body being real?	0= NO 1=YES
7. your body felt very light, as if it were floating on air?	0= NO 1=YES

H. Amnesia	
In the past month, did you experience moments in which you...	
1. suddenly realised that time had gone by and you did not know what you had been doing or thinking during that time, more than people generally do?	0= NO 1=YES
2. were told by people that you said or did something that you did not remember saying or doing, more than people generally do?	0= NO 1=YES
3. had gaps in your experience of time?	0= NO 1=YES
4. suddenly found yourself somewhere and did not know how you got there?	0= NO 1=YES
5. found objects in your possession (e.g. clothes, groceries, drawings) that you did not remember acquiring or creating?	0= NO 1=YES
6. found gaps in your memory of your life after age 6?	0= NO 1=YES

I. Identity confusion	
In the past month, did you experience moments in which you...	
1a. felt like your mind was divided into different states, self aspects or ways of thinking and feeling?	*'Yes' on both I.1a and I.1b ?*
[If yes]: 1b. Did these experiences shift, switch, or interfere within your mind?	0= NO 1=YES
2. had thoughts, feelings, or urges that did not feel like they belonged to you?	0= NO 1=YES

Scoring part 1

Dissociative subtype	Past Month	
	Sev	Sx (Sev ≥ 2)?
1. Disconnection from the self		0= NO 1=YES
2. Watching self as if another person		0= NO 1=YES
3. Body (parts) not belonging to the self		0= NO 1=YES
4. Feeling mechanical		0= NO 1=YES
5. Own voice sounds remote and unreal		0= NO 1=YES
6. Surroundings unreal, strange or unfamiliar		0= NO 1=YES
7. Seeing the world through a fog, or as if in a bubble or behind glass		0= NO 1=YES
8. Seeing the world from a distance		0= NO 1=YES
9. Surroundings become distorted		0= NO 1=YES
Total score Meets Dissociative subtype diagnosis: TSx ≥ 2 *Note: only if the experiences are not better explained by a medical condition or use of alcohol or drugs.*	TSev=	TSx=

Scoring part 2

Associated features		Symptoms	Indication
E. Blanking out/ disengagement	score ≥ 2		0= NO 1=YES
F. Numbing	score ≥ 2		0= NO 1=YES
G. Alterations in sensory perception	score ≥ 2		0= NO 1=YES
H. Amnesia	score ≥ 2		0= NO 1=YES
I. Identity confusion	score = 2		0= NO 1=YES

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OPTIONAL

J. Content, duration and triggers of associated features

The following questions can be used to explore the content, severity and duration of any associated dissociative symptoms.

You mentioned that at times you experience [Associated feature].

J.1 Please tell me about it

J.2 For how long have you had these experiences? **Duration:**…….

J.3 Do other people notice? **[if yes]** Please tell me about it.

J.4 What tends to set off these experiences?

J.5 Did these experiences start or get worse after (EVENT)?

Blanking out/ disengagement

Numbing

Alterations in sensory perception

Amnesia

Identity confusion

APPENDIX: Instruction for the interviewer

To reliably diagnose PTSD and the dissociative subtype of PTSD, the Clinician-administered PTSD scale for DSM-5 (CAPS-5[1]) is considered the gold standard. In the CAPS-5 the dissociative subtype is summarised in two items: depersonalisation and derealisation.

The DSP-I is more comprehensive, consists of nine symptom manifestations of the subtype and facilitates understanding of its content and severity. Part two of the DSP-I is a checklist consisting of dissociative symptoms that may be observed in people with PTSD but that diagnostically do not belong to the dissociative subtype. By positive endorsement on dissociation of one of the domains, we recommend to consider the presence of a dissociative disorder.

Structure, assessment and scoring

Interviewers using the DSP-I should be qualified in structured clinical interviewing and differential diagnosis, and should have a thorough understanding of the conceptual basis of PTSD, dissociation and the dissociative subtype. Interviewers should also be familiar with the CAPS-5 instructions. Please study the CAPS-5.

Part 1: The dissociative subtype

The first part is designed to particularize and differentiate the items of depersonalization and derealizationand. It does this by assessing the dissociative subtype according to DSM-5, using 9 items; 5 items for depersonalisation (items 1, 2, 3, 4, 5) and 4 items for derealisation (items 6, 7, 8, 9). This section has the same structure as the CAPS-5, meaning that for section 1 the CAPS-5 instructions and scoring format should be used. To determine trauma-relatedness, duration and triggers, compartment C is used.

Symptom severity ratings are made based on a combination of symptom frequency and intensity. A given severity rating may be made only if the minimum frequency and intensity for that rating are both met. If unable to decide between two severity ratings, the lower rating is made. If intensity is at least two scores above frequency, the severity score may be increased by one. To assess intensity in terms of time the incident takes or time to recover, the following rule of thumb is used.

- Minimal = less than 5 minutes
- Clearly present = 5-15 minutes
- Prounounced = 30-45 minutes
- Extreme = more than 1 hour

Observational items

The respondent may not be aware of the presence of these symptoms. In section D observer items are included in order to assess the presence of dissociative symptoms when noticeable. Observation should not be used as the only indicator; these items are useful for the interviewer to

refer to when trying to understand the respondent's behaviour. For example, the interviewer may mention that the individual made the impression of being spaced out and try to figure out whether the individual was aware of that and what he/she was experiencing while this happened.

Part 2: Associated features

The second section consists of a checklist of associated features –i.e. dissociative symptoms that do not belong to the dissociative subtype according to DSM-5. These symptoms are frequently seen in patients with PTSD and can be categorized into five domains (sections E, F, G, H, I): *consciousness* (e.g. blanking out/disengagement); *emotion* (emotional numbness); *sensory perception* (e.g. alterations in perception, taste, sounds and/or pain); *memory* (amnesia); *and identity* (identity confusion/state shifting).

For the associated features short items are used to indicate the likelihood of these symptoms to be present.

This checklist (section E till I) can be used as interview or as self-report. When two or more manifestations of a symptoms are answered with 'Yes', dissociation on this domain is considered. To determine the duration, trauma relatedness and triggers, compartment J can be used, depending on the purpose of assessment.

Note: Endorsement on the associated features indicates the presence of dissociative symptoms other than depersonalization and derealization. If the associated features are endorsed, evaluation for a dissociative disorder or conversion disorder is recommended.

The DSP-I has been translated into other languages than English and can be obtained through the authors. If you decide to translate and/or validate the DSP-I, please let us know and send us the validated version, so we can keep track of the versions.

[1] Weathers, F.W., Blake, D.D., Schnurr, P.P., Kaloupek, D.G., Marx, B.P., & Keane, T.M. (2013). *The Clinician-Administered PTSD Scale for DSM-5 (CAPS-5)*. Interview available from the National Center for PTSD at www.ptsd.va.gov.

Interpretational analysis in the assessment of the dissociative subtype in PTSD

Differential aspects should be considered in the assessment of the dissociative subtype of PTSD. Based on our data from pilot studies, we propose a working model for interviewers as a support in differentiating symptoms of depersonalization and derealization from other phenomena, such as PTSD or depressive symptoms, social exclusion, adaptation process, and medical conditions or alcohol or drug use.

PTSD symptoms

Some experiences may belong to the PTSD symptom main clusters and should not be classified as symptoms of the dissociative subtype, e.g., when derealization is reported only in flashbacks (e.g., “When I am reminded of traumatic experiences my surroundings are unreal, strange, and unfamiliar”), or when separation from surroundings refer to a social context and therefore depicts symptoms of detachment and estrangement from others (e.g., “I feel separated from what is going because when I think about my trauma or problems, I’d rather be alone and avoid social contacts or conversations”).

Depressive symptoms

Disconnection from reality may be endorsed due to depressive episodes (e.g., “I continuously feel as if I am in a different world than others, a world in which everything is dark and nobody understands me“).

Social exclusion

When referring to the social context, some answers may indicate a feeling of social exclusion, for example because of racism or discrimination (e.g., “Because I am from a different tribe, I was not invited, I feel separated from what is going on”).

Adaptation process

In respondents who are currently confronted with real changes in their surroundings, for example due to being resettled, alterations in perception may be endorsed because of an ongoing adaptation processes (e.g., “I am a refugee, I am living in a new place, I do not know the people, I do not know the languages, everything looks strange and unfamiliar to me”).

Medical conditions or alcohol or drug use

Dissociative experiences can be caused by medical conditions, such as sickness, tiredness (e.g., “when I feel very tired each sound is like a noise for me”), starvation (e.g., “after work when I have not eaten anything the whole day, I am very hungry and I can perceive sounds and colors differently”) alcohol or drugs.