

Administration and Scoring of the Dissociative Subtype of PTSD Scale

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Introduction:

The DSPS is a 15-item measure that assesses lifetime and past-month (current) dissociative symptoms, including symptoms that define the DSM-5 definition of the dissociative subtype of PTSD. The measure has a branching structure such that individuals are first asked if they have ever (in their lifetime) experienced a given symptom and then asked if that symptom has been present in the past month. If the symptom has been present in the past month, the frequency of the symptom is then rated on a 1-4 scale and the intensity of the symptom is rated on a 1-5 scale. The extent to which a given symptom has only occurred in the context of use of medications or drugs that made the individual very tired or drowsy is also assessed in a single follow-up item.

Administration:

The DSPS can be administered either as a self-report measure or as a semi-structured interview. **In either case, the assessor should have already determined the individual's "worst" traumatic event (that would typically be considered the index trauma for a PTSD assessment) as this event should be written into the space provided on Items 14 and 15 of the measure prior to the patient completing the DSPS.** If the measure is administered as an interview, the instructions at the top of the measure should be read to the patient or research participant. When administered as an interview, the interviewer should ask for examples and details for all positively endorsed lifetime and current items (e.g., Can you tell me more about that? What was that like for you? Can you give me an example of when that happened? Did other people notice this?). The interviewer should also attempt to ensure that the patient is reporting on perceptual, sensory, and/or consciousness disturbances as opposed to reporting on more existential concerns (such as feeling as if the world is "not real" because the patient's children have already grown up and moved out of the house). If a participant reports that a given symptom has only ever occurred in the context of consciousness-altering substances or extreme fatigue, the interviewer should attempt to follow-up by asking if the symptom ever occurred when the participant was not under these conditions.

If an individual does not endorse a given symptom as having "ever" occurred (the "a" items), then the remainder of the item should not be administered. If the participant does not endorse a given symptom as having occurred in the past month (the "b" items), then the two dimensional rating scales should not be administered but the rule-out (the "e" items) should still be administered in reference to the endorsement of the lifetime symptom.

Scoring:

1. If a participant did not endorse a given lifetime symptom but then rated the b-e items, the b-e items should be set to 0.
2. If a participant endorsed a given lifetime symptom but denies the symptom occurred in the past month, then the past-month rating scales should be set to 0.
3. If a participant reported lifetime and/or past-month symptoms but also endorsed that the symptoms occurred **only** while under the influence of medications or other substances that affected consciousness, then all responses should be set to 0.
4. The DSPS contains 3 subscales:
 - a. Derealization/Depersonalization: Items 1, 3, 5, 7, 8, 9, 12
 - b. Loss of Awareness: Items 2, 4, 6, 10, 11, 13
 - c. Psychogenic Amnesia: Items 14, 15

5. To score the lifetime subscales, calculate the sum of the lifetime items (“a”) using the item numbers identified above.
6. To calculate the current subscales:
 - a. First sum the current frequency and intensity scores (“c” and “d,” respectively) for each item and then calculate the total summary score across items for each subscale using the item numbers identified above.
 - b. Second, count the presence/absence of each symptom on a given subscale (using the item numbers above) with presence defined by a frequency score of at least 1 (“once or twice”) and an intensity score of at least 3 (“moderately strong”).

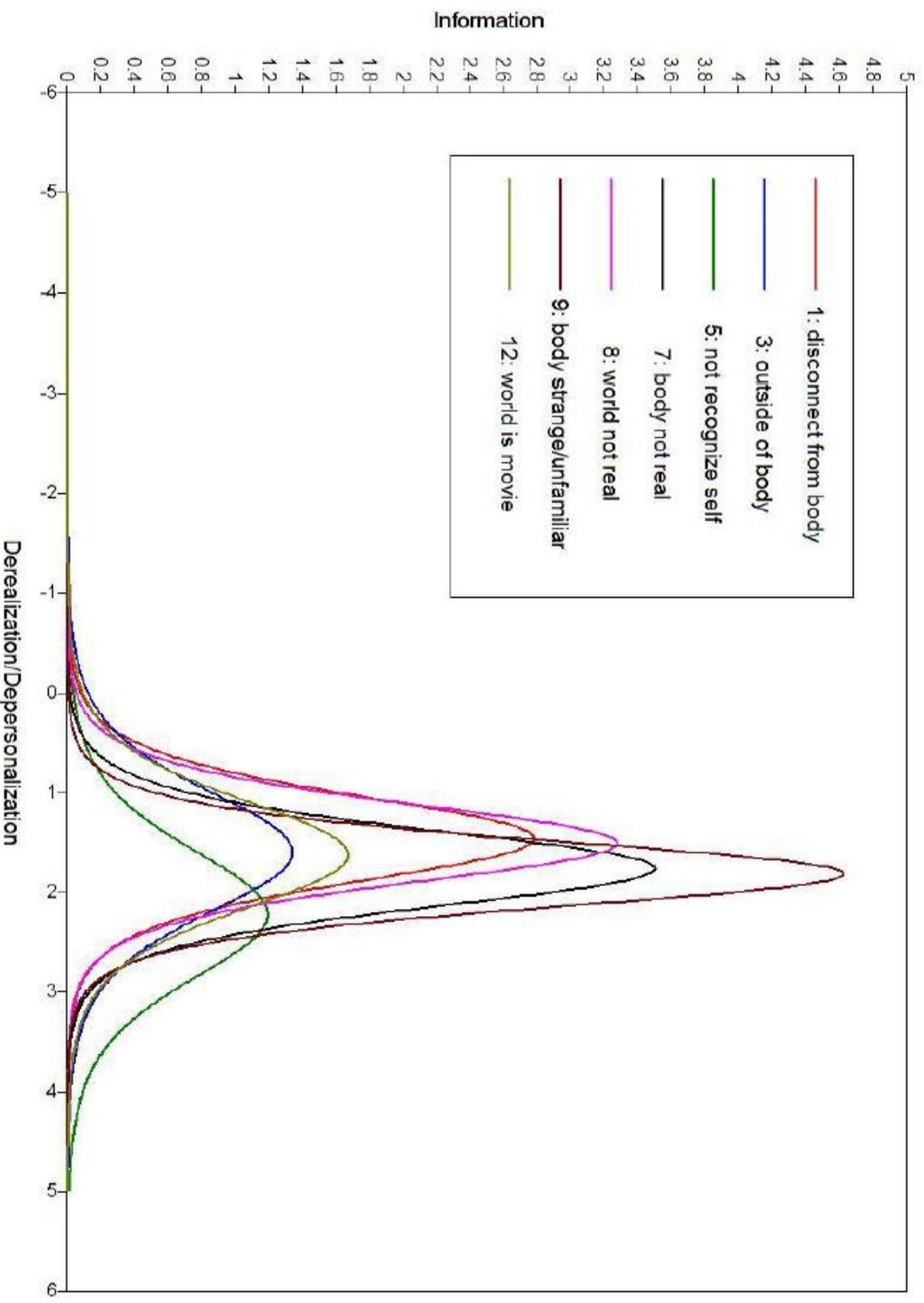
Interpretation:

1. Under DSM-5, only derealization and depersonalization define the dissociative subtype of PTSD and consistent with this, the Derealization/Depersonalization DSPS subscale performed the best in identifying a unique dissociative group per latent profile analyses. As such, only the Derealization/Depersonalization subscale on the DSPS should be used for identifying individuals with the dissociative subtype.
 - a. Derealization/Depersonalization Lifetime scores:
 - i. Receiver operating characteristic curves (ROC) revealed that a summary score of 1.5 optimized sensitivity (1.0) and specificity (.86) on the lifetime Derealization/Depersonalization subscale.
 - ii. **Given this, lifetime total severity scores of 2 or greater should be considered indicative of the dissociative subtype of PTSD (provided all DSM-5 PTSD criteria are also met).**
 - iii. Item response theory analyses (IRT; see Figures below) have suggested that item 8 best discriminates between presence/absence of the derealization/depersonalization construct and that endorsement of item 9 reflects generally high levels of derealization/depersonalization.
 - iv. The summary scores on the lifetime subscales can also be evaluated dimensionally to provide greater information about the severity of dissociative symptoms.
 - b. Derealization/Depersonalization Current scores:
 - i. The current (rating) scores have not yet been fully evaluated and scoring cut-points for them will be updated as available. In general, only the Derealization/Depersonalization scales should be used to differentiate the subtype. At present, we recommend considering a given symptom as present if it occurred at least once or twice in the past month and occurred with an intensity of at least moderate strength. We recommend that endorsement of at least two items at this level of frequency and strength should be considered indicative of current dissociative subtype.

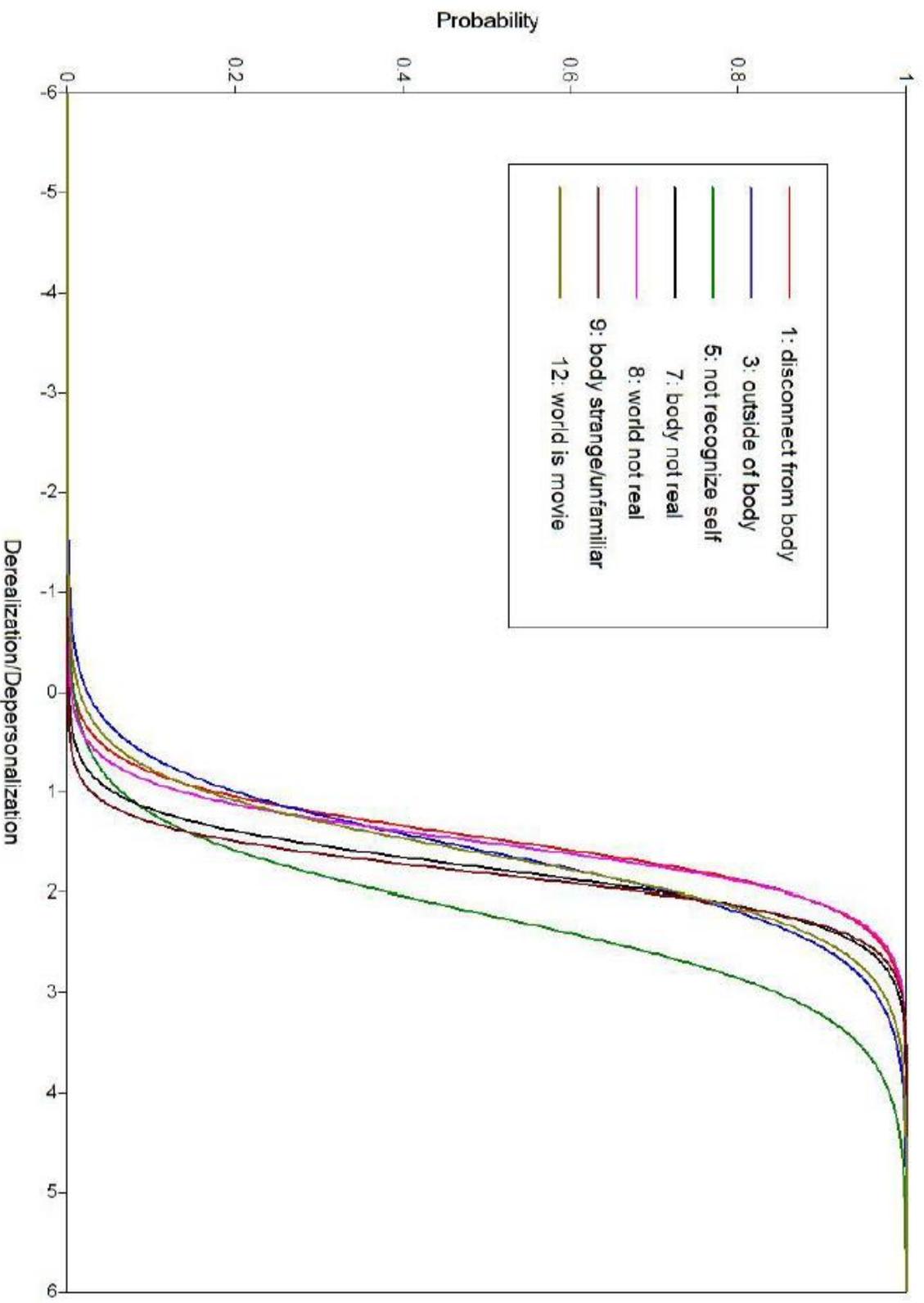
- ii. The summary scores on the current subscales can also be evaluated dimensionally to provide greater information about the severity of dissociative symptoms.
2. The Loss of Awareness and Psychogenic Amnesia subscales represent additional forms of dissociation that may be the focus of additional clinical assessment and/or the focus of treatment. Elevations on the Derealization/Depersonalization subscale tend to be accompanied by elevations on these other scales. However, these two subscales do not differentiate the dissociative subtype of PTSD from individuals with PTSD without the subtype.
 - a. Item 10 provided information at high levels of the loss of awareness construct and also best discriminated the presence/absence of loss of awareness per IRT analyses (see Figures below).
 - b. Item 14 endorsement reflected somewhat higher levels of psychogenic amnesia (compared to item 15) while item 15 better discriminated between presence/absence of psychogenic amnesia.

Additional Information is available in: Wolf, E. J., Mitchell, K.S., Sadeh, N., Hein, C., Fuhrman, I., Pietrzak, R. H., & Miller, M. W. (in press). The Dissociative Subtype of PTSD Scale (DSPS): Initial evaluation in a national sample of trauma-exposed veterans. *Assessment*.

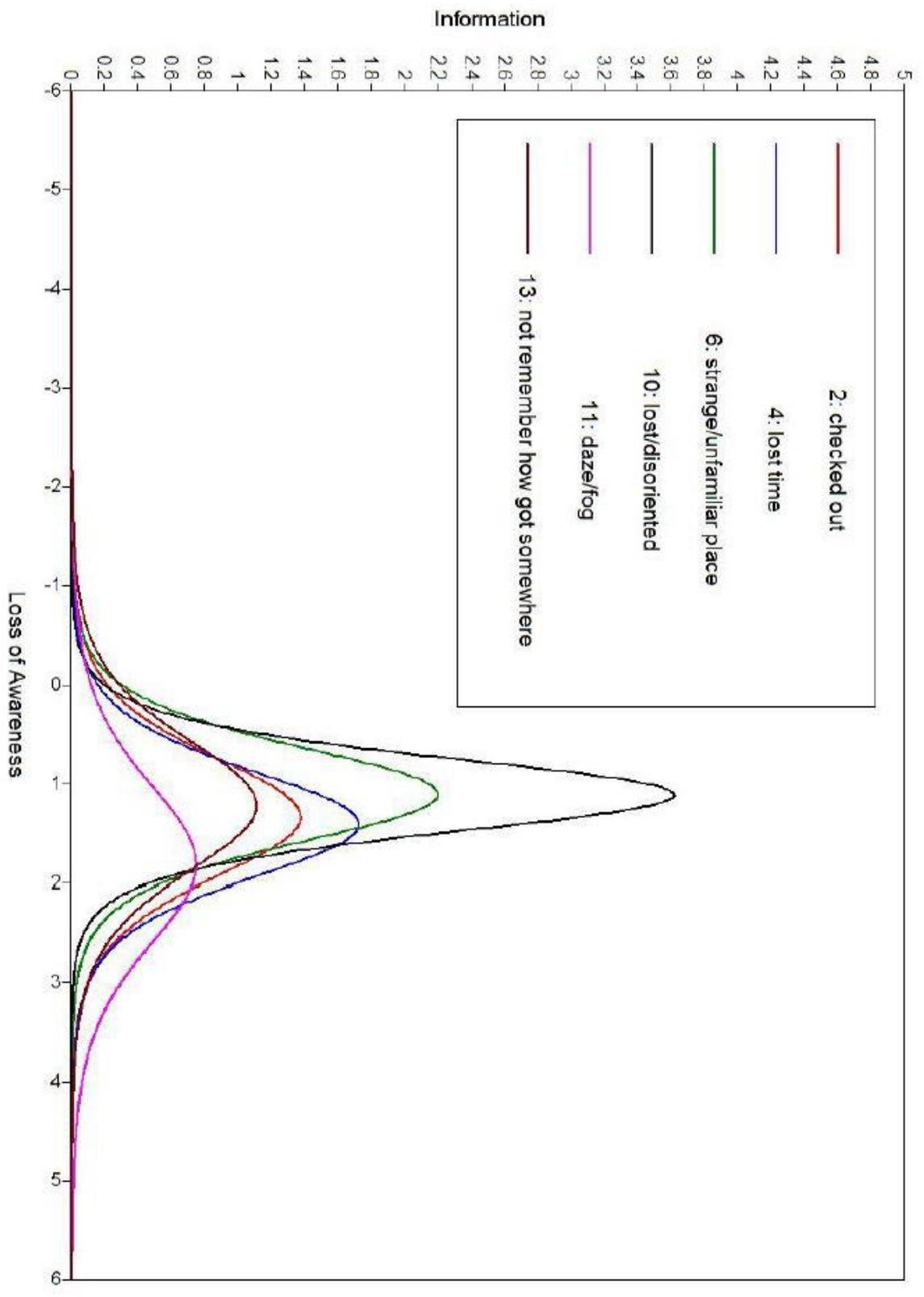
Information Curves for Items Loading on the Derealization/Depersonalization Factor



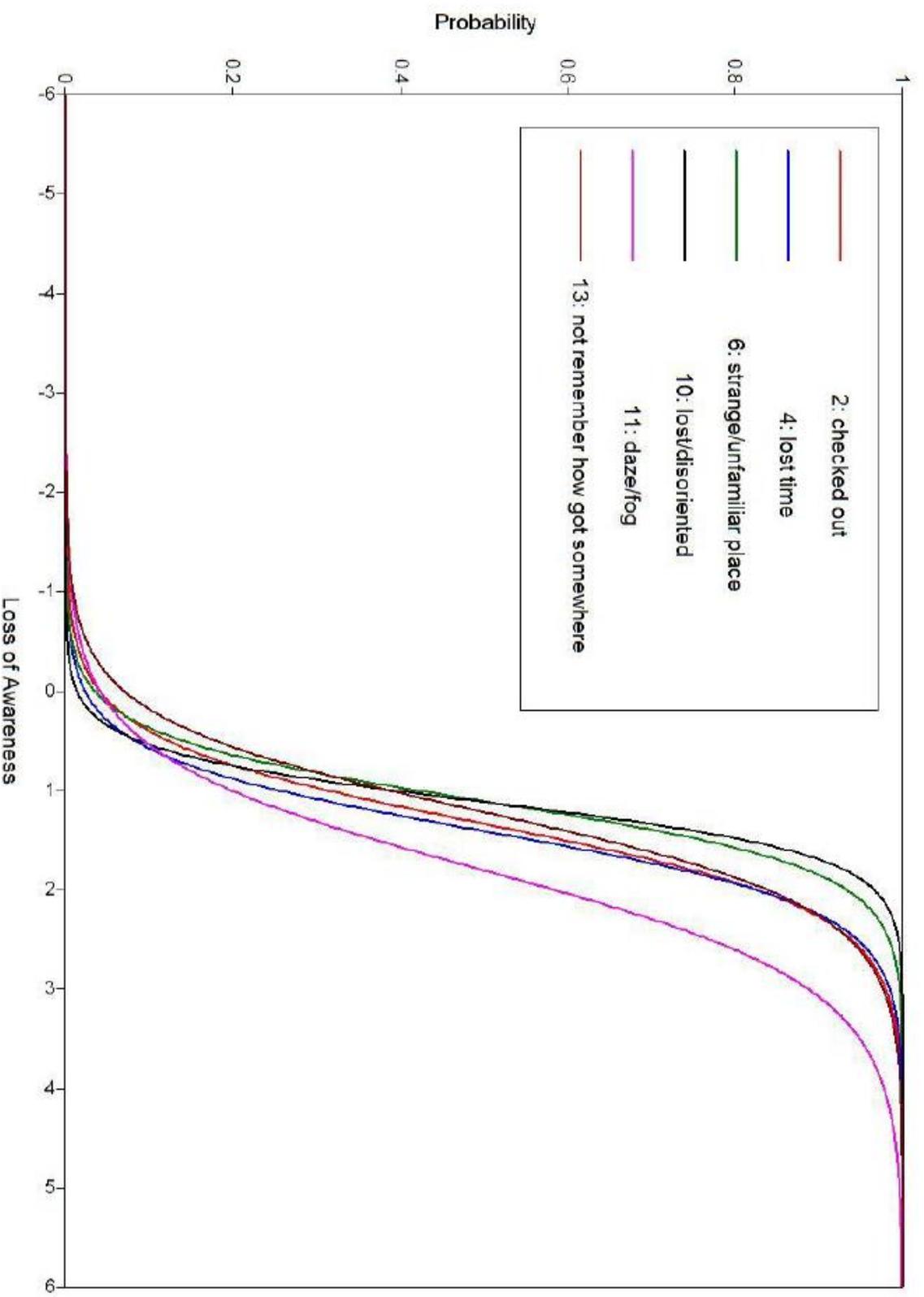
Item Characteristic Curves for Items Loading on the Derealization/Depersonalization Factor



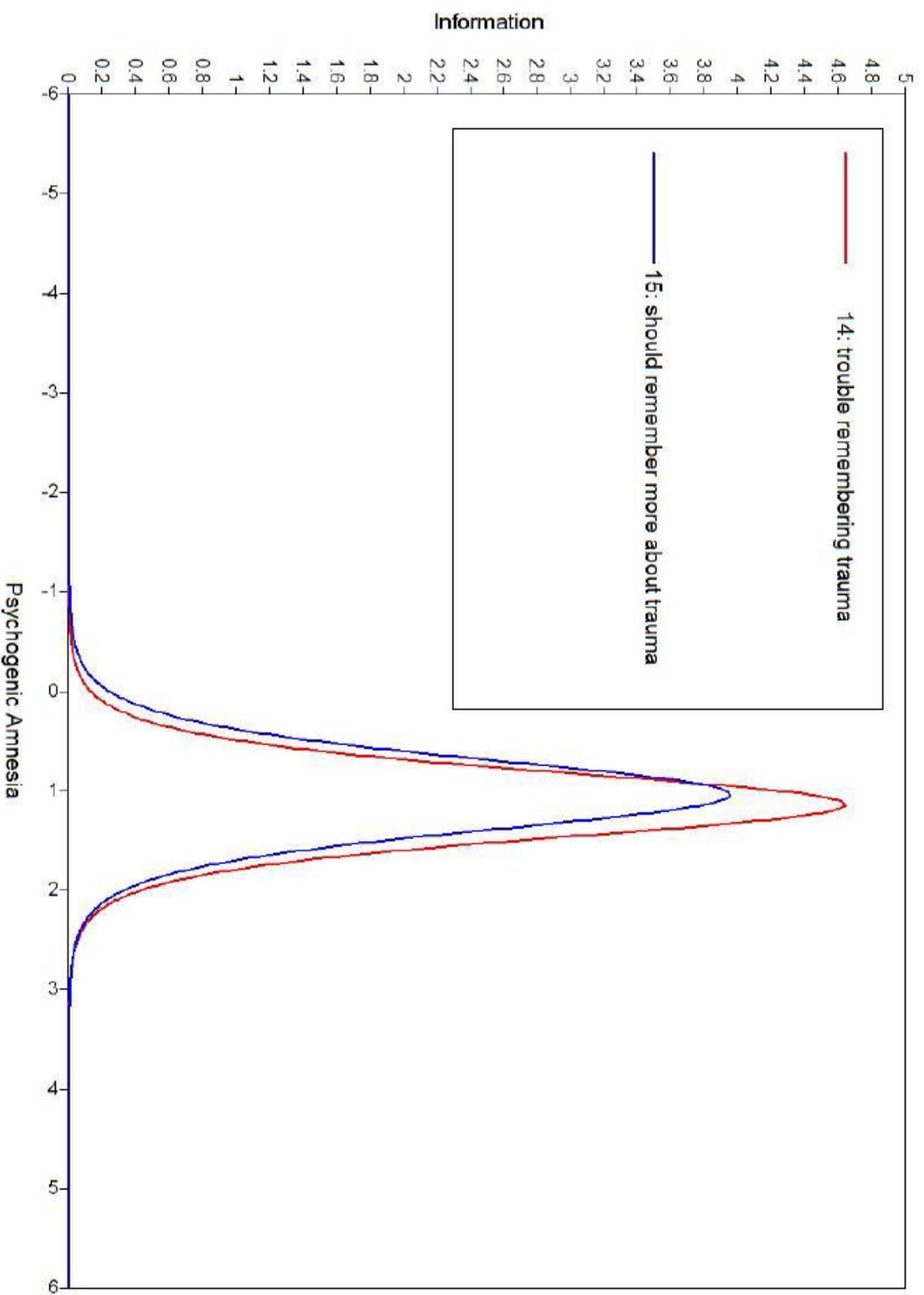
Information Curves for Items Loading on the Loss of Awareness Factor



Item Characteristic Curves for Items Loading on the Loss of Awareness Factor



Information Curves for Items Loading on the Psychogenic Amnesia Factor



Item Characteristic Curves for Items Loading on the Psychogenic Amnesia Factor

