



The Child Dissociative Checklist (CDC)

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The CDC is a tool, which compiles observations by an adult observer regarding a child's behaviors on a 20-item list. Behaviors that occur in the present and for the last 12 months are included. As a research tool, the CDC can qualify dissociative behavior for dimensional approaches and can generate cutoff score that categorize children into low and high dissociation groups. Research shows that healthy non-maltreated normal children score low on the CDC, with younger children scoring slightly higher. As a group, maltreated children score higher than those with no trauma history; however as a group, they still score substantially lower than children diagnosed with a dissociative disorder. Generally scores of 12 or more can be considered tentative indications of a sustained pathological dissociation. As with any screening tools, a trained clinician should assess the child in a face-to-face interview before a diagnosis is confirmed.

As a clinical tool, the CDC has multiple uses. It can be a routine screening instrument used in a clinic setting as a standalone tool or in addition to other reporting tools for parents. In special circumstances, teachers or others who know the child reasonably well could be asked to complete it. In these circumstances, allowances need to be made for the observer's familiarity with the child and also the observer's opportunity to observe the child at night. If the observer has no nighttime observation of the child, items 17 and 18 should be ignored (Putnam, 1997). For finer screening, the CDC also could be administered sequentially in an interval-based series. Putnam notes that non-dissociative children often increase their scores by a small amount (1-3 points) over the first few completions because the questions draw attention to minor dissociative behaviors that had not previously been noticed. Last, the CDC can be used as a rough index of treatment progress. While evidence for this is limited, it seems that the CDC provides a reasonable indication of whether a child is improving over time or with treatment. Putnam reports consistent results on several children from the CDC and clinical observations (Putnam, 1997).

Users of the CDC are cautioned that CDC reported in the literature for the various groups are means that reflect the 'average' child in a given group. Individual children in any of the groups can, and often do, exhibit varying scores on the CDC. This, a high score doesn't prove a child has a dissociative disorder, not does a low score rule it out. Also, since the CDC reports observers' ratings of a child, variations in the observers' interpretations of behavior as well as actual variations in child behavior may affect the variance. This is a potential complication in any observer-based assessment, but it may be especially important when observers are drawn from those whose perceptions may be clouded by their attachment to the child (Putnam, 1997).

References

Putnam, F.W. (1997). Dissociation in children and adolescents: A developmental perspective. New York, NY, Guildford Press