The Dissociative Experiences Scale-II (DES-II) is a screening instrument within the public domain created by Carlson and Putnam. The self-reporting measure uses a scale to quantify the dissociative experiences, in adults. Adolescents should use the adolescent version of the DES. The DES measures the full range of dissociative spectrum from normal dissociation that everyone experiences from time to time, to what the authors of the scale consider "pathological" dissociation. [1] This is a mandated practice within EMDR to determine the appropriateness for advancing to reprocessing. It is critical to screen for dissociation to determine the need for a therapist with advanced training in dissociation for reprocessing to proceed.

Screener vs. Diagnostic Measurement:
The DES-II is a screening tool and is not diagnostic. A high score shows the critical need for further assessment of dissociation. The DES is considered reliable and valid, and according to Carlson and Putnam, only 1% of people with full Dissociative Identity Disorder have had a normal score (considered low or below the threshold). [1] This does not address other dissociative disorders in regard to scoring high or low. Therefore, if a clinician sees a score below the threshold, but does see clinically relevant signs of dissociation, further assessment is still warranted.

### Dissociative Experiences Scale Scores in Research:

<table>
<thead>
<tr>
<th></th>
<th>General Adult Population</th>
<th>Eating Disorders</th>
<th>PTSD (with &amp; without dissociation specifiers)</th>
<th>Anxiety Disorder</th>
<th>Schizophrenia</th>
<th>Dissociative Disorder Not Otherwise Specified (DDNOS)</th>
<th>Affective Disorders</th>
<th>Borderline Personality Disorder</th>
<th>Dissociative Identity Disorder (DID)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total DES</td>
<td>5.4</td>
<td>15.8</td>
<td>31</td>
<td>7</td>
<td>15.4</td>
<td>36</td>
<td>9.35</td>
<td>19.2</td>
<td>48</td>
</tr>
</tbody>
</table>

Diagnostic Follow Up to the DES:
In the case of a high DES score or a low score despite clinically relevant signs of dissociation, other diagnostic instruments are required for conclusive diagnosis. The Multidimensional Inventory of Dissociation (MID) by Paul Dell and the Dissociative Disorders Interview Schedule (DDIS) by Colin Ross are considered diagnostic and within the public domain. The Structured Clinical Interview for DSM Dissociation (SCID-D) by Marlene Steinberg is another gold standard, however not public domain.

### Scoring the DES-II

**Using Enhanced DES calculator**

The DES-II can be scored entirely in the Enhanced DES Taxon Calculator created by Andrea Patten, LICSW, based on the original DES Taxon Calculator created by Darryl Perry (provided within the public domain). The original DES Taxon Calculator calculated the total DES average, DES-T average, and the DES Taxon probability were calculated. The Enhanced calculator additionally calculates the 3-factor categories of dissociation measured by the DES: Amnesia, Depersonalization/Derealization, and Absorption. All of these items are shown on the first sheet. There is an additional sheet (3) with additional items that are clearly labeled.

Enter the item responses (0-100) into column E2-E29. Everything will automatically populate after that. All the clinician has to do next is review the scores.

### Results and how to report them:

Because the DES is a screening measurement and non-diagnostic, reporting the scores should be stated simply as either elevated or not.

**Elevated levels of dissociation include any of the below:**

- **Total DES:** 30 and above
- **DES-T (critical items):** 30 and above
- **Probability of Taxon given X (or Pt x):** .5 and above

Any elevated score indicates a need for the client to have a therapist who is highly trained in dissociation to proceed with EMDR and trauma reprocessing.

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**DES overall (or total) score:**
A score of 30 or higher is considered elevated. The DES-II total score can be seen in column E, row 20

**DES-T:**
The DES- Taxon (DES-T) is an 8 item sub-measure of critical items, that determines whether the individual's score is related to “pathological” dissociation (Taxon). Because the DES also measures normal dissociation that would not indicate dissociative disorders, this sub-scale is significant. The taxon is based on these critical items: 3, 5, 7, 8, 12, 13, 22, and 27.

The DES-T score will automatically appear in Column F, Row 30. This is an average of the critical items.

**DES-Taxon Probability (Pt_x):**
The probability of the individual belonging to the pathological taxon will automatically be calculated by the program in Column E, row 32. For example, if the Pt_x is .867, the likelihood of the client having a dissociative disorder is slightly above 86%. As mentioned above, a probability of .5 or high is clinically elevated.

**3 main factors of dissociation:**
The DES has 28 questions, and measures numerous different types of dissociative symptoms. The most reliable factor analysis thus far has been a 3-factor analysis. Not all of the 28 questions fall within the 3 factors. Any of the excluded questions from the 3 factors is listed on sheet 3.

The three factor categories help further tease out both the likelihood of a dissociative disorder and the type of dissociation the client may experience. Those with amnesia and symptoms of intrusions of dissociative parts are more likely to have a dissociative disorder than are those who score higher only on absorption items.

**Depersonalization/Derealization Factor:** These items are both characterized by a feeling of detachment or a sense of unreality. Depersonalization is related to one’s self: body, mind, emotion. Examples include out of body experiences, not recognizing one’s self in the mirror, or feeling like one’s body is distorted or not real. Derealization is related to the environment: people and places, sometimes in relation to the self. Examples include feeling that other’s are far away, the world is distorted or foggy, or the world is not real.

Items in this subset — 7, 11, 12, 13, 27, 28.
The Depersonalization/Derealization score (average) will automatically appear in Column G, Row 30.

**Amnesic Factor:** This factor measures memory loss. Memory loss typically includes gaps in memory, fugue states, finding evidence or being told of behavior or activity without memory of it, “coming to” and not knowing what has occurred, where one is, and/or having a loss of time.

Items in this subset — 3, 4, 5, 8, 25, 26.
The Amnesia score (average) will automatically appear in Column H, Row 30.

**Absorption Factor:** This factor measures the experiences of being preoccupied or absorbed by something to the extent that a person is not tuned in to what else is happening. In dissociation, absorption would often have to do with traumatic experiences a person has had. However, the DES does have some more common experiences of dissociation which tend to fall into this category. Imaginative involvement falls within this combined category as imagination (daydreaming, fantasizing, etc.) can be a part of what someone is absorbed into. Examples of absorption include being absorbed in a tv or movie and being unaware of what is happening nearby, recognizing that within a conversation one has not heard what the other has said. These tend to be more common. Other absorption items can be more trauma-related such as staring off into space without awareness of the time that passes (zoning out) or remembering a past event so vividly that it feels like it is happening right now.

Items in this subset — 2, 14, 15, 17, 18, 20.
The Absorption score (average) will automatically appear in Column I, Row 30.


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DES-T items:
#3. Traveling without recall. (Amnesia)
#5. Evidence of bought items without recall. (Amnesia)
#7. Out of body experience- observing self as another. (Depersonalization)
#8. Don’t recognize well known people. (Amnesia)
#12. People/World feel unreal. (Derealization)
#13. Feel no ownership of body. (Depersonalization)
#22. Act differently- like two different people.
#27. Hear voices, directing or commenting. (Listed as Dep/Der)

Depersonalization/Derealization Factor:
#7. Out of body (Depersonalization)
#11. Don’t recognize self in mirror. (Depersonalization)
#12. People/world feel unreal. (Derealization)
#13. Feel no ownership of body (Depersonalization)
#27. Hear voices, directing or commenting
#28 World foggy/far away. (Derealization).

Amnesic Factor:
#3. Traveling without recall.  
#4. Find self in clothes don’t recall putting on.  
#5. Evidence of bought items without recall.  
#8. Don’t recognize well known people.  
#25. Find evidence of behavior. (Also considered as a memory failure in some studies)  
#26. Evidence of actions (writings, drawings, notes)

Absorption Factor:
#2. Missed parts of conversation. (Also considered as an attention failure in some studies)
#14. Reliving events (flashbacks)  
#15. Confused dream or happened? (Also considered as a memory failure in some studies)
#17. Absorbed in TV, unaware of other things. (attention failure in some studies)  
#18. Fantasy/Daydream feels real.
#20. Staring into space unaware of passing of time.

The above items for the 3 factors were based on the article sited by Carlson & Putnam, upon review of numerous studies of factor analysis, it is clear that no factor categorization has been perfect. Despite efforts attempting to try to categorize these items, but there has been much agreement about excluding the following items, which have been excluded in the enhanced calculator as well. It does not mean that some of these items are not important.
#1. Riding in car, don’t recall. (Also considered as an attention failure in some studies)
#6. Approached by people/called by different name.
#9. No memory for important events.
#10. Accused of lying, no recall.
#16. Find a known place unfamiliar (Also considered as a memory failure in some studies)
#19. Able to ignore pain.
#21. Talk out loud to self.
#23. Skill changes (ease vs. difficulty)
#24. Confused done something vs. thought about doing it. (Also considered as a memory failure in some studies)

The following items showed some agreement about being “pathological” despite not being listed on the 3 factor analysis.
#9. No memory for important events. (also excluded from the DES-T critical items scale)
#22. Act differently- like two different people. (this one does show up on the DES-T critical items scale)

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