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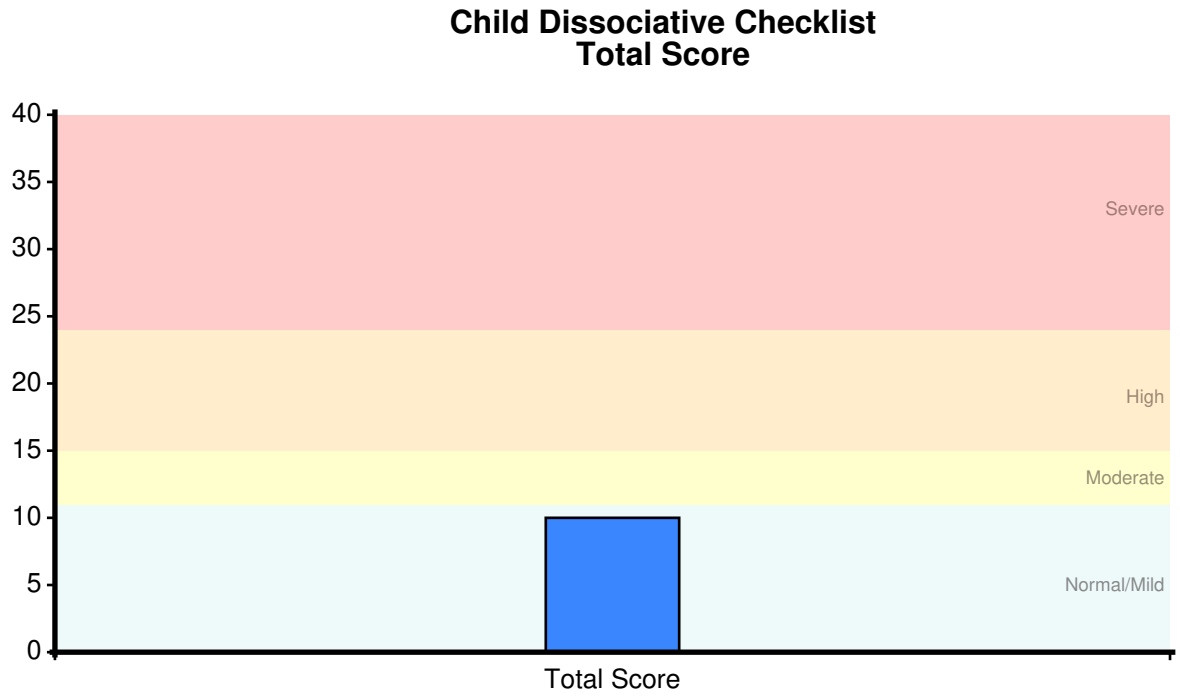
Child Dissociative Checklist (CDC)

Client Name	Generic Client	*Date administered*	10 Apr 2025
Date of birth (age)	1 Jan 1999 (26)	*Time taken*	12 min 48s
Assessor	Dr Emerson Bartholomew		

Results

	Total Score (0-40)	Community Percentile	Descriptor
Total	10	73	Normal/Mild



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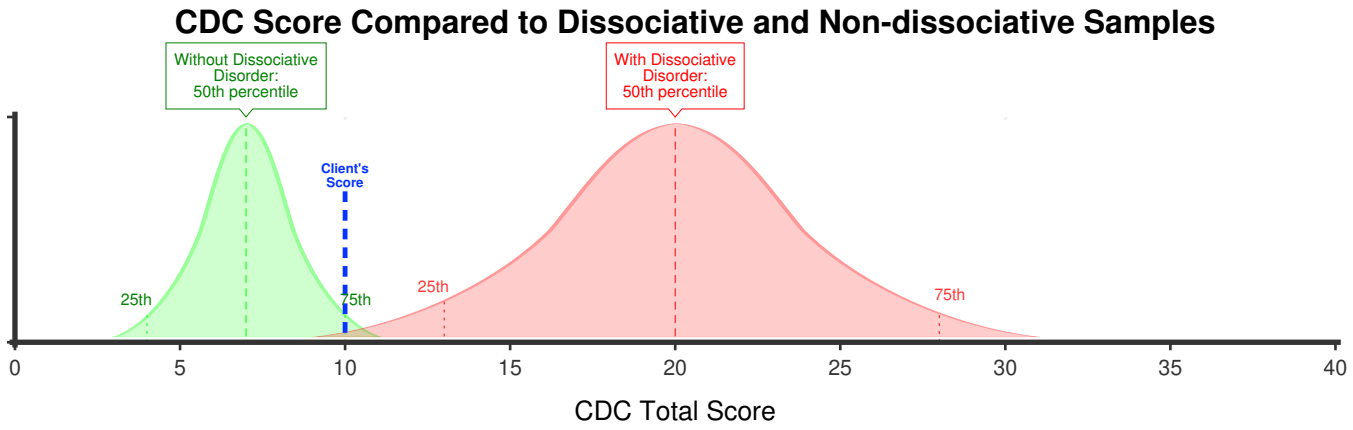

Interpretation

The client's total score indicates minimal to mild dissociative experiences within normal limits for most children. These experiences may include occasional daydreaming, absorption in play, or minor forgetfulness, particularly in younger children. Their score is lower than 27% of non-abused children.

Scoring and Interpretation Information

The CDC total score ranges from 0-40. Higher scores indicate more severe dissociative symptoms. While no formal subscales exist, clinicians may find it helpful to evaluate items in context of the domains described earlier (amnesia, identity confusion, depersonalization/derealization, perceptual disturbances, and mood/behavior fluctuations) to better understand specific symptoms.

Based on research using the CDC, the following interpretive guidelines are recommended:

Normal to mild: Score 0-11 = 1st to 80th percentile: Within normal limits for most children.

Moderate: Score 12-15 = 81st to 95th percentile: Above the typical range for non-dissociative children and may reflect some significant dissociative symptoms. Scores are common in children with histories of abuse or significant stressors.

High: Score 17-20 = 99th to 99.98th percentile: Strong indication of clinically significant dissociative symptoms and potential traumatic etiology. Most children with dissociative disorders score in this range.

Severe: Score 21+ = 99.99th+ percentile: Extreme level of dissociative symptoms, strongly suggestive of Dissociative Identity Disorder or other severe dissociative condition. Scores in this range are commonly seen in children with diagnosed dissociative disorders.

The total score is also expressed as a percentile rank, based on normative data from Endo et al. (2006) of non-dissocative children. This percentile contextualises the client's score relative to the general population, indicating the percentage of individuals who scored lower than the client. For

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Scoring and Interpretation Information (cont.)

example, a score at the 85th percentile means that 85% of people in the community sample scored lower than the client, placing them in the upper range of dissociative experiences.

When the CDC score is at 12 or higher, further assessment for a dissociative disorder may be recommended as this threshold identified 96% of children meeting criteria for dissociative disorders in previous validation studies (Putnam et al., 1993). Scores at or above this threshold warrant additional attention and potential follow-up with structured interviews or other more comprehensive assessment to investigate the nature and extent of dissociative symptoms.

Significant changes in the total score are indicated by shifts of half a standard deviation or greater (approximately 6 total score points or more) following the guidelines of the Minimally Important Difference (Turner et al., 2010).

On first administration a bar graph showing the CDC total score is displayed. In addition to the bar graph, a comparison graph illustrating the client's scores relative to dissociative and non-dissociative reference groups are displayed. When the assessment is administered multiple times, a longitudinal line graph of the total CDC score is generated to track changes over time.

Client Responses

		Not true	Somewhat or sometimes true	Very true
1	Child does not remember or denies traumatic or painful experiences that are know to have occurred.	**0**	**1**	**2**
2	Child goes into a daze or trance-like state at times or often appears "spaced-out." Teachers may report that he or she "daydreams" frequently in school.	**0**	**1**	**2**
3	Child shows rapid changes in personality. He or she may go from being shy to being outgoing, from feminine to masculine, from timid to aggressive.	**0**	**1**	**2**
4	Child is unusually forgetful or confused about things that he or she should know, e.g. may forget the names of friends, teachers or other important people, loses possessions or gets easily lost.	**0**	**1**	**2**
5	Child has a very poor sense of time. He or she loses track of time, may think that it is morning when it is actually afternoon, gets confused about what day it is, or becomes confused about when something has happened.	**0**	**1**	**2**
6	Child shows marked day-to-day or even hour-to-hour variations in his or her skills, knowledge, food preferences, athletic abilities, e.g. changes in handwriting, memory for previously learned information such as multiplication tables, spelling, use of tools or artistic ability.	**0**	**1**	**2**
7	Child shows rapid regressions in age-level behavior, e.g. a twelve-year-old starts to use baby-talk sucks thumb or draws like a four-year old.	**0**	**1**	**2**
8	Child has a difficult time learning from experience, e.g. explanations, normal discipline or punishment do not change his or her behavior.	**0**	**1**	**2**
9	Child continues to lie or deny misbehavior even when the evidence is obvious.	**0**	**1**	**2**
10	Child refers to himself or herself in the third person (e.g. as she or her) when talking about self, or at times insists on being called by a different name. He or she may also claim that things that he or she did actually happened to another person.	**0**	**1**	**2**
11	Child has rapidly changing physical complaints such as headache or upset stomach. For example, he or she may complain of a headache one minute and seem to forget about it the next.	**0**	**1**	**2**

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Client Responses (cont.)

		Not true	Somewhat or sometimes true	Very true
12	Child is unusually sexually precocious and may attempt age-inappropriate sexual behaviour with other children or adults.	**0**	**1**	**2**
13	Child suffers from unexplained injuries or may even deliberately injure self at times.	**0**	**1**	**2**
14	Child reports hearing voices that talk to him or her. The voices may be friendly or angry and may come from "imaginary companions" or sound like the voices of parents, friends or teachers.	**0**	**1**	**2**
15	Child has a vivid imaginary companion or companions. Child may insist that the imaginary companion(s) is responsible for things that he or she has done.	**0**	**1**	**2**
16	Child has intense outbursts of anger, often without apparent cause and may display unusual physical strength during these episodes.	**0**	**1**	**2**
17	Child sleepwalks frequently.	**0**	**1**	**2**
18	Child has unusual nighttime experiences, e.g. may report seeing "ghosts" or that things happen at night that he or she can't account for (e.g. broken toys, unexplained injuries).	**0**	**1**	**2**
19	Child frequently talks to him or herself, may use a different voice or argue with self at times.	**0**	**1**	**2**
20	Child has two or more distinct and separate personalities that take control over the child's behavior.	**0**	**1**	**2**