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## A Review of the Clinical Utility and Psychometric Properties of the Multidimensional Inventory of Dissociation – 60-item Version (MID-60): Norms, Percentile Rankings, and Qualitative Descriptors

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The Multidimensional Inventory of Dissociation – 60-item version (MID-60) is a self-report screening measure designed to assess dissociative symptoms and experiences in adults (Kate et al., 2021). This technical review provides clinicians with comprehensive scoring frameworks, percentile rankings, and detailed interpretive guidelines. The document outlines the 12-subscale structure of the MID-60 aligned with DSM-5-TR diagnostic categories, a 16-category diagnostic profile classification system based on a priori rules (Kate, 2025), community data from combined university and general population samples, and a clinical sample. The MID-60 incorporates item-level clinical cutoffs, automated flagging of safety-critical items assessing self-harm and suicidal ideation, and dynamically generated interpretive text that prioritises clinically relevant subscale elevations. The measure's multidimensional approach enables clinicians to differentiate between dissociative presentations including Dissociative Identity Disorder, Other Specified Dissociative Disorder (OSDD-1), Dissociative Amnesia, Dissociative Subtype of PTSD, Depersonalisation/Derealisation Disorder, and Functional Neurological Symptom Disorder, supporting targeted assessment and treatment planning for trauma and dissociative disorders.

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Click to view information on the [MID-60](#)

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## Developer & Author

The Multidimensional Inventory of Dissociation – 60-item Version (MID-60) was developed by Kate and colleagues (2020):

Kate, M.-A., Jamieson, G., Dorahy, M. J., & Middleton, W. (2020). Measuring Dissociative Symptoms and Experiences in an Australian College Sample Using a Short Version of the Multidimensional Inventory of Dissociation. *Journal of Trauma & Dissociation*, 22(3), 265-287. <https://doi.org/10.1080/15299732.2020.1792024>

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This document was developed by NovoPsych to review contemporary literature and to describe original scoring methodologies and to provide interpretation material, enhance normative data and provide qualitative descriptors.

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## Description

The Multidimensional Inventory of Dissociation 60-item version (MID-60) is a screening tool for adults (18 years +) that assesses dissociative symptoms and experiences consistent with DSM-5-TR dissociative disorders. It also captures dissociative experiences, PTSD and somatic symptoms, and phenomena closely related to dissociation such as trance and self-confusion.

Dissociation is an adaptive defence in response to high stress or trauma that is characterised by amnesia or memory problems, depersonalisation, derealisation, identity confusion, and identity alteration. Around 10% of the population will meet criteria for a dissociative disorder during their lifetime (Kate et al, 2020).

### *MID-60 Subscales*

The MID-60 has 12 subscales, which are presented here according to the diagnostic category the subscale is most aligned to:

#### **- Dissociative identity disorder**

1. Amnesia (for recent events): Assesses episodes of "losing time," finding oneself in unexpected locations, discovering unexplained changes to appearance, and regaining awareness with objects in hand with no memory of how they got there

#### **- Dissociative identity disorder (DID) and its subclinical variant, other specified dissociative disorder – 1 (OSDD-1).**

2. Subjective Awareness of Alter Personalities and Self-States: Evaluates awareness of distinct personality states or "parts" with their own identities, voices, and perspectives, including hearing child voices internally and sensing other people inside who can speak or take control
3. Angry Intrusions: Measures intrusions of anger that feel outside one's control, including words or actions not remembered after calming down
4. Persecutory Intrusions: Assesses critical, hostile, or self-destructive internal voices that demean, command self-harm, or wish the individual dead

#### **- Depersonalisation/derealisation disorder**

5. Derealisation/Depersonalisation: Evaluates experiences of unreality about oneself, others, or surroundings, including feeling detached from one's body or emotions and perceiving the world as foggy or distant

#### **- Dissociative amnesia**

6. Distress about Severe Memory Problems: Measures subjective distress related to pervasive memory difficulties affecting daily functioning
7. Loss of Autobiographical Memory: Assesses substantial gaps in personal history, including missing periods from childhood or feeling that important life events cannot be recalled

#### **- Posttraumatic stress disorder**

8. Flashbacks: Evaluates intrusive re-experiencing of traumatic memories with vivid sensory detail

#### **- Functional Neurological Symptom Disorder (Conversion disorder):**

9. Body Symptoms: Measures episodes of neurological symptoms without medical explanation, including temporary blindness, deafness, paralysis, or difficulty swallowing
10. Psychogenic Non-Epileptic Seizures: Assesses seizure-like episodes that are not epileptic in origin

#### **- General subscales**

11. Trance: Evaluates prolonged trance states characterised by staring, reduced awareness, and disconnection from present reality

12. Self-Confusion: Measures profound uncertainty about identity, including confusion about who one is and struggling to maintain a coherent sense of self

### *Clinical Applications of the MID-60*

The MID-60 mean score represents the percentage of time the individual self-reports experiencing dissociative symptoms, providing an intuitive metric for both clinicians and clients. Subscale scores enable clinicians to form impressions about likely diagnoses. For example, elevated flashbacks and depersonalisation/derealisation subscales may indicate the dissociative subtype of PTSD, whilst elevated amnesia for recent events combined with identity-related subscales (i.e., Alter Personalities, Angry Intrusions, Persecutory Intrusions) suggests dissociative identity disorder.

The instrument is particularly valuable in identifying individuals who warrant comprehensive assessment using structured diagnostic interviews such as the Structured Clinical Interview for DSM-5 Dissociative Disorders (SCID-D) or the Dissociative Disorders Interview Schedule (DDIS). Given that dissociative symptoms are frequently misattributed to other conditions such as bipolar disorder or psychosis, the MID-60 can help clinicians recognise dissociative presentations that might otherwise be overlooked.

Clients who are completing the MID-60 at home may benefit from further instructions available here:

<https://bit.ly/MID-60>

### **Psychometric Properties**

The MID-60 is a short version of the 218-item Multidimensional Inventory of Dissociation, a diagnostic instrument (Dell, 2006). The MID-60 was derived from the five items with the highest pattern matrix loading for each of the MID's 12 factors (Dell & Lawson, 2009). The MID-60 has a nearly identical factor structure to the full MID, excellent internal reliability ( $\alpha = .97-.98$ ) and content and convergent validity (Kate et al., 2021a, 2021b, 2023, 2026).

### *MID-60 Community sample*

The Community sample is derived from an Australian university sample ( $n = 313$ ;  $M = 13.0$ ,  $SD = 13.8$ ; Kate et al., 2021a) and a United Kingdom general population sample ( $n = 701$ ;  $M = 12.9$ ,  $SD = 13.1$ ; McRoberts, 2025). This combined community sample has a mean of 12.94 and a standard deviation of 13.32 ( $n = 1,014$ ). Dissociation is highest among younger adults, particularly those aged 18-20, and declines steadily with age. The lowest median scores were observed among clients aged 75-84 (Kate et al., 2026).

### *MID-60 Clinical samples*

NovoPsych clinical data finds no statistically significant differences in dissociation between females ( $n = 8,401$ ,  $M = 25.50$ ,  $SD = 18.60$ ) and males ( $n = 2,834$ ,  $M = 24.60$ ,  $SD = 17.90$ ) but clients coded as non-binary/other by their clinician had notably higher scores ( $n = 339$ ,  $M = 37.20$ ,  $SD = 19.20$ ), which is in part, attributed to their younger age (Kate et al., 2026). Females with a dissociative disorder diagnosis ( $N = 30$ ) had a mean MID-60 score of 56.8 ( $SD = 18.8$ ; Kate, Jamieson & Middleton, 2023). This is consistent with the mean for the 218-item MID, i.e., DID ( $N = 76$ ,  $M = 51.3$ ,  $SD = 18.7$ ) and OSDD-1 ( $N = 40$ ,  $M = 39$ ,  $SD = 19.4$ ; Dell et al., 2017).

## Scoring & Interpretation

A total mean score (range 0 to 100) is calculated by averaging all 60 responses and multiplying by 10. The mean score represents the total level of dissociative experiences, also interpreted as the percentage of time the person self-reports having dissociative symptoms and experiences.

### *MID-60 Percentiles*

Two percentiles are presented for the total mean score, indicating how the respondent scored in comparison to community and clinical populations. The community percentile provides a comparison against a sample of typical individuals (Kate et al., 2021). A percentile of 50 represents average (and healthy) levels of dissociative experiences. In contrast, a percentile of 90 indicates the respondent scored above 90 percent of typical individuals and is of clinical significance. The clinical percentile compares the respondent's score against clients with a diagnosed dissociative disorder, comprising predominantly females with DID (Kate, Jamieson & Middleton, 2023). A clinical percentile of 50 represents pathological levels of dissociation that is typical among those with a complex dissociative disorder, particularly DID.

### *MID-60 Total Score*

Interpretation for the MID-60 mean scores is as follows:

- 0–6: Does not have dissociative experiences
- 7–14: Has few diagnostically significant dissociative experiences
- 15–20: Mild dissociative symptoms and experiences. PTSD or a mild dissociative disorder (such as dissociative amnesia, depersonalisation / derealisation disorder) are possible
- 21–30: May have dissociative disorder and/or PTSD
- 31–40: May have a dissociative disorder (such as OSDD-1 or DID) and PTSD
- 41–63: Probably has DID or a severe dissociative disorder and PTSD
- 64–79: Severe dissociative and post-traumatic symptoms. Individuals with DID often score in this range. However, high scores may also reflect neuroticism, attention-seeking behaviour, exaggeration or malingering of symptoms, or psychosis
- 80+: Indicates an unusually high score, even among individuals diagnosed with severe and complex dissociative disorders

### *Probable MID-60 Profile Classification*

The MID-60 employs a 16-category diagnostic profile classification system based on a priori rules (Kate et al., 2026). Respondents are assigned to the first category for which criteria are met, evaluated hierarchically in descending order of clinical severity. The algorithm considers total MID-60 severity, specific subscale elevations at clinical cutoff, and symptom co-occurrence patterns.

Classifications are organised into four diagnostic families:

- **Dissociative Disorders** (categories 1–9) – Including DID, OSDD-1, Dissociative Amnesia variants, Dissociative Subtype of PTSD, and Depersonalisation/Derealisation Disorder
- **PTSD** (categories 10–13) – Trauma presentations with varying combinations of dissociative and functional neurological features

- **Functional Neurological Symptom Disorder** (categories 14–15) – Conversion presentations with or without dissociative features
- **Non-Clinical** (category 16) – No dissociative disorder indicated

Complete classification criteria, including MID-60 thresholds and required subscale combinations for each profile, are provided in the [Supporting Information](#).

### *MID-60 Subscales*

The MID-60 provides information on subscales relevant to different diagnoses. This enables the clinician to form an impression about the likely diagnosis. For example, a score of 27 is clinically significant, but does not indicate the most likely diagnosis. If the subscales of PTSD and depersonalisation/derealisation are both above the clinical threshold, this can indicate the person has the dissociative subtype of PTSD, whereas if the memory-related subscales are above the clinical threshold this can indicate dissociative amnesia. Another example is a person who has a total mean score of 45, which would seem to indicate dissociative identity disorder. Yet, if the subscale score for amnesia (for recent events) is not elevated, this points towards a more severe case of other specified dissociative disorder.

The subscales are:

1. DID: Amnesia (for recent events) - items 42, 45, 48, 58. Clinical cutoff = 10. Assesses episodes of "losing time," finding oneself in unexpected locations, discovering unexplained changes to appearance, and regaining awareness with objects in hand with no memory of how they got there
2. DID / OSDD-1: Subjective awareness of alter personalities and self-states - items 3, 36, 39, 49, 57. Clinical cutoff = 20. Subjective Awareness of Alter Personalities and Self-States: Evaluates awareness of distinct personality states or "parts" with their own identities, voices, and perspectives, including hearing child voices internally and sensing other people inside who can speak or take control
3. DID / OSDD-1: Angry intrusions - items 28, 33, 35, 46, 60. Clinical cutoff = 18. Measures intrusions of anger that feel outside one's control, including words or actions not remembered after calming down
4. DID / OSDD-1: Persecutory intrusions - items 22, 37, 44, 56, 59. Clinical cutoff = 18. Assesses critical, hostile, or self-destructive internal voices that demean, command self-harm, or wish the individual dead
5. Derealisation/Depersonalisation - items 2, 7, 9, 13, 25, 47, 50, 53. Clinical cutoff = 20. Evaluates experiences of unreality about oneself, others, or surroundings, including feeling detached from one's body or emotions and perceiving the world as foggy or distant
6. Dissociative Amnesia: Distress about severe memory problems - items 1, 8, 20, 38, 43, 52. Clinical cutoff = 30. Measures subjective distress related to pervasive memory difficulties affecting daily functioning
7. Dissociative Amnesia: Loss of autobiographical memory - items 16, 19, 24, 29, 34. Clinical cutoff = 34. Assesses substantial gaps in personal history, including missing periods from childhood or feeling that important life events cannot be recalled
8. PTSD: Flashbacks - items 4, 15, 31, 40, 54. Clinical cutoff = 16. Evaluates intrusive re-experiencing of traumatic memories with vivid sensory detail
9. Functional Neurological Symptom Disorder (Conversion Disorder): Body symptoms - items 5, 10, 14, 18. Clinical cutoff = 10. Measures episodes of neurological symptoms without medical explanation, including temporary blindness, deafness, paralysis, or difficulty swallowing
10. Functional Neurological Symptom Disorder (Conversion Disorder): Pseudo-Seizures (Psychogenic non-epileptic seizures) - item 26. Clinical cutoff = 10. Assesses seizure-like episodes that are not epileptic in origin

11. General Subscales: Trance - items 21, 27, 30, 32, 41, 51. Clinical cutoff = 11.7. Evaluates prolonged trance states characterised by staring, reduced awareness, and disconnection from present reality
12. General Subscales: Self-confusion - items 6, 11, 12, 17, 23, 55. Clinical cutoff = 33.3. Measures profound uncertainty about identity, including confusion about who one is and struggling to maintain a coherent sense of self

### *MID-60 Clinical Use*

The MID-60 is a screening instrument only. It is not designed to be the sole basis for diagnosis and should always be interpreted alongside clinical judgment. Clinicians are encouraged to follow up clinically significant elevations by asking targeted questions to clarify whether the nature and severity of the symptom truly match the item content. Where indicated, further evaluation can be undertaken using validated structured clinical interviews, such as the Structured Clinical Interview for DSM-5 Dissociative Disorders (SCID-D; Marlene Steinberg, MD), the Dissociative Disorders Interview Schedule (DDIS; Colin Ross, MD), or the Trauma and Dissociative Symptoms Interview (TADS-I; Suzette Boon).

### *MID-60 Graphs*

On first administration of the MID-60, three visualisations are presented. The Total Score Bar Chart displays the client's Total Mean Score as a vertical bar against colour-coded severity descriptor bands ranging from "None" through to "Extremely Severe", providing an immediate visual indication of overall dissociative symptom severity. The Horizontal Distribution Chart positions the client's score in comparison to two reference populations: a community (non-clinical) sample shown in green and a clinical sample of individuals with complex dissociative disorders shown in blue. Interquartile ranges (25th–75th percentiles) and median markers are displayed for both populations, enabling clinicians to determine whether the client's score is more consistent with typical dissociative experiences or with pathological dissociation. Severity descriptor bands appear along the bottom axis for additional interpretive context. The Subscale Bar Chart presents all 12 subscale mean scores as horizontal bars, with shaded regions indicating scores within the clinical range for each subscale. This allows clinicians to identify specific symptom domains that are elevated and may warrant focused assessment or intervention.

When multiple administrations are available, the Total Score Bar Chart and Horizontal Distribution Chart are replaced by a Multi-Administration Line Plot. This chart displays the Total Mean Score across all administrations as a line graph plotted against time, with severity descriptor bands shown in the background. The vertical axis automatically adjusts based on the range of scores to optimise readability. This visualisation enables clinicians to monitor treatment progress, track symptom trajectories, and identify patterns of improvement or deterioration over time. The Subscale Bar Chart continues to be displayed for the most recent administration, allowing comparison of current subscale elevations alongside longitudinal total score trends.

## Supporting Information

### *MID-60 Profile Classification*

Based on Kate (2025) - A priori classification rules for DSM-5 aligned categories

#### *Key Variables*

Variable	Definition
<b>Identity Subscales Count</b>	Count of: AlterPerson + AngryIntrusion + PersecIntrusion (0-3)
<b>Dissociation-Relevant Subscales</b>	Any of: AlterPerson, AngryIntrusion, PersecIntrusion, DeperDereal, AutoMemory, Amnesia
<b>OCDSD Criteria Met</b>	MID-60 $\geq$ 15 AND at least one dissociation-relevant subscale
<b>Has Conversion</b>	Seizures OR BodySymptoms at cutoff

#### *DISSOCIATIVE DISORDERS (Evaluated first, gated by MID-60 severity)*

#	Profile	Criteria
1	<b>Dissociative Identity Disorder (DID)</b>	MID-60 $\geq$ 21 AND Amnesia at cutoff AND at least $\geq$ 2 Identity Subscales at cutoff
2	<b>Other Specified Dissociative Disorder (OSDD-1)</b>	Amnesia NOT at cutoff AND either: (a) MID-60 $\geq$ 31 with $\geq$ 1 Identity Subscales at cutoff, OR (b) MID-60 $\geq$ 21 with AlterPerson AND (AngryIntrusion OR PersecIntrusion) at cutoff
3	<b>Dissociative Subtype of PTSD with Dissociative Amnesia (dPTSD with DA)</b>	MID-60 $\geq$ 15 AND Flashbacks AND DeperDereal AND AutoMemory (all at cutoff)
4	<b>Dissociative Amnesia with Depersonalisation/Derealisation (DA with DP/DR)</b>	MID-60 $\geq$ 15 AND AutoMemory AND DeperDereal at cutoff AND Flashbacks NOT at cutoff
5	<b>Dissociative Amnesia with PTSD (DA with PTSD)</b>	MID-60 $\geq$ 15 AND AutoMemory AND Flashbacks at cutoff AND DeperDereal NOT at cutoff
6	<b>Dissociative Amnesia (DA only)</b>	MID-60 $\geq$ 15 AND AutoMemory at cutoff AND Flashbacks NOT AND DeperDereal NOT at cutoff

7	<b>Dissociative Subtype of PTSD (dPTSD)</b>	MID-60 $\geq$ 15 AND Flashbacks AND DeperDereal at cutoff AND AutoMemory NOT at cutoff
8	<b>Depersonalisation/Derealisation Disorder (DP/DR disorder)</b>	MID-60 $\geq$ 15 AND DeperDereal at cutoff AND Flashbacks NOT AND AutoMemory NOT at cutoff
9	<b>Other Clinically Significant Dissociative Symptoms (OCSD)</b>	MID-60 $\geq$ 15 AND $\geq$ 1 Dissociation-Relevant Subscales at cutoff AND Flashbacks NOT at cutoff AND Has Conversion NOT at cutoff (no conversion symptoms)

*PTSD CATEGORIES (NOT gated by MID-60)*

#	Profile	Criteria
10	<b>PTSD with Other Clinically Significant Dissociative Symptoms (PTSD + OCSD)</b>	Flashbacks at cutoff AND OCSD Criteria Met AND Has Conversion NOT
11	<b>PTSD with Functional Neurological Symptoms and OCSD (PTSD + Conversion + OCSD)</b>	Flashbacks at cutoff AND OCSD Criteria Met AND Has Conversion
12	<b>PTSD with Functional Neurological Symptom Disorder (PTSD + Conversion)</b>	Flashbacks at cutoff AND Has Conversion AND OCSD Criteria NOT Met
13	<b>PTSD</b>	Flashbacks at cutoff AND DeperDereal NOT at cutoff AND AutoMemory NOT at cutoff AND Has Conversion NOT AND OCSD Criteria NOT Met

*CONVERSION CATEGORIES (NOT gated by MID-60)*

#	Profile	Criteria
14	<b>Functional Neurological Disorder with OCSD</b>	Has Conversion AND OCSD Criteria Met AND Flashbacks NOT at cutoff
15	<b>Functional Neurological Disorder</b>	Has Conversion AND Dissociation-Relevant Subscales NOT at cutoff AND Flashbacks NOT at cutoff

*NON-CLINICAL*

#	Profile	Criteria
16	<b>No Dissociative Disorder Indicated</b>	None of the above criteria met

### *Percentile Calculations*

Percentile ranks were derived using the cumulative distribution function (CDF) of the standard normal distribution, assuming normality of MID-60 Total Mean Scores within each reference population. For a given raw score  $X$ , the corresponding percentile was calculated using the formula:

$$P = \Phi(z) \times 100$$

where  $z$  represents the standard score computed as:

$$z = \frac{X - \mu}{\sigma}$$

and  $\Phi$  denotes the CDF of the standard normal distribution.

Two reference populations were employed. The Community sample is derived from an Australian university sample ( $n = 313$ ;  $M = 13.0$ ,  $SD = 13.8$ ; Kate et al., 2021a) and a United Kingdom general population sample ( $n = 701$ ;  $M = 12.9$ ,  $SD = 13.1$ ; McRoberts, 2025). This sample provides a comparison against typical adults without clinical presentations, where a percentile of 50 represents the population mean and scores at or above the 90th percentile are considered clinically elevated. The clinical percentile was derived from a sample of adults diagnosed with complex dissociative disorders, predominantly females with dissociative identity disorder ( $N = 30$ ;  $M = 56.8$ ,  $SD = 18.8$ ; Kate, Jamieson & Middleton, 2023). This clinical comparison enables clinicians to contextualise a respondent's score relative to individuals with established pathological dissociation, where a percentile of 50 indicates symptom severity typical of those with DID.

This approach assumes approximate normality within each reference distribution; however, given the known positive skew of dissociative symptom distributions in community samples (Kate et al., 2020b), percentile estimates at the upper tail of the community distribution should be interpreted with appropriate caution.



Percentile Table

Total Mean Score			Descriptor
Mean Score	Normative	Clinical	
0	17	0.13	None
1	19	0.15	
2	21	0.18	
3	23	0.21	
4	26	0.25	
5	28	0.29	
6	31	0.34	Minimal
7	33	0.40	
8	36	0.47	
9	39	0.55	
10	41	0.6	
11	44	0.7	
12	47	0.9	Mild
13	50	1	
14	53	1.1	
15	56	1.3	
16	59	1.5	
17	61	1.7	
18	64	2	Moderate
19	67	2.2	
20	69	2.5	
21	72	2.8	
22	74	3	
23	77	3.6	
24	79	4	Moderate-High
25	81	4.5	
26	83	5	
27	84	5.6	
28	86	6	
29	88	7	
30	89	7.7	
31	90	8	
32	92	9	
33	93	10	
34	94	11	
35	94.5	12	
36	95	13	
37	96	15	
38	96.5	16	
39	97	17	
40	97.5	19	

cont'd

41	98	20	High
42	98.2	22	
43	98.5	23	
44	98.8	25	
45	99	27	
46	99.2	28	
47	99.3	30	
48	99.4	32	
49	99.5	34	
50	99.6	36	
51	99.7	38	Severe
52	99.8	40	
53	99.8	42	
54	99.85	44	
55	99.88	46	
56	99.91	48	
57	99.93	50	
58	99.94	53	
59	99.96	55	
60	99.97	57	
61	99.97	59	Ext. Severe
62	99.98	61	
63	99.99	63	
64	99.99	65	
65	99.99	67	
66	99.99	69	
67	99.99	71	
68	99.99	72	
69	99.99	74	
70	99.99	76	
71	99.99	77	
72	99.99	79	
73	99.99	81	
74	99.99	82	
75	99.99	83	
76	99.99	85	
77	99.99	86	
78	99.99	87	
79	99.99	88	
80	99.99	89	
81	99.99	90	
82	99.99	91	
83	99.99	92	
84	99.99	93	
85	99.99	93	
86	99.99	94	
87	99.99	95	
88	99.99	95.1	
89	99.99	95.7	
90	99.99	96.1	
91	99.99	96.6	
92	99.99	96.9	
93	99.99	97.3	
94	99.99	97.6	
95	99.99	97.9	
96	99.99	98.1	
97	99.99	98.4	
98	99.99	98.6	
99	99.99	98.8	
100	99.99	98.9	

### *Interpretive Text*

The MID-60 report includes automatically generated interpretive text that provides clinicians with a structured narrative summary of the assessment results. This text is designed to highlight the most clinically relevant findings while maintaining appropriate caution regarding diagnostic conclusions.

### *Opening Summary*

The interpretive text begins with a standardised introduction that contextualises the assessment results. This includes the administration date, the Total Mean Score, and the corresponding qualitative descriptor. For scores at or above the 90th percentile of the community population, the percentile rank is included to emphasise the clinical significance of the elevation.

"The Multidimensional Inventory of Dissociation 60-item version (MID-60) was administered on [DATE]. The client obtained a total mean score of [SCORE], which falls in the '[DESCRIPTOR]' range."

When the community percentile is  $\geq 90$ , the following is appended:

"(at the [N]th percentile of the community population)"

The opening concludes with the probable profile classification:

"Based on the pattern of responses and subscale elevations, the probable profile classification is [PROFILE]."

Alternatively, if no dissociative disorder criteria are met:

"Based on the pattern of responses, no dissociative disorder is indicated."

### *Safety Flag Section*

Three items on the MID-60 specifically assess risk of self-harm or suicidal ideation. These items are evaluated independently of subscale scoring and are flagged whenever the respondent endorses them at any level above zero (i.e., response  $\geq 1$ ). The safety-critical items are:

Item 22: "Hearing a voice in your head that wants you to hurt yourself"

Item 44: "Hearing a voice in your head that wants you to die"

Item 58: "There were times when you 'woke up' and found pills or a razor blade (or something else to hurt yourself with) in your hand"

When one or more of these items is elevated, the following alert is displayed prominently in the report:

**Risk of Self-Harm or Suicide**

"The respondent indicated risk of self-harm or suicide based upon the following item[s]:

[ITEM NUMBER]: [ITEM TEXT] (Response: [N]/10)

It is recommended to follow suicide risk assessment protocols to determine the nature, severity, and immediacy of the risk."

### *Elevated Subscales Section*

Following the opening summary (and safety flag if applicable), the interpretive text provides detailed information about elevated subscales organised into two sections. A subscale is considered elevated when its mean score meets or exceeds the established clinical cutoff.

### *Subscale Selection and Ranking*

When subscales are elevated, clinical relevance is determined by a composite ranking score that equally weights two factors:

- Severity: The proportional excess above the clinical cutoff, calculated as  $(\text{Score} - \text{Cutoff}) / \text{Cutoff}$
- Breadth: The proportion of individual items within the subscale that meet their respective item-level clinical thresholds

The composite score formula is:

$$\text{Composite} = (0.5 \times \text{Proportional Excess}) + (0.5 \times \text{Item Clinical Proportion})$$

Elevated subscales are separated into two categories: those conceptually related to the assigned diagnostic profile (Section 1) and those representing additional symptom domains (Section 2). Within each section, subscales are sorted by composite score in descending order.

### *Section 1: Subscales Contributing to Probable Profile Classification*

This section is displayed only when a dissociative disorder is indicated AND there are diagnosis-related subscales elevated. Each diagnostic profile has a defined set of conceptually relevant subscales. For example, Dissociative Identity Disorder (DID) is associated with Amnesia, AlterPerson, AngryIntrusion, and PersecIntrusion subscales, while Dissociative Subtype of PTSD is associated with Flashbacks and DeperDereal.

A maximum of four subscales are reported in this section. The header text varies based on the number of elevated subscales:

One subscale elevated:

"Subscales Contributing to Probable Profile Classification

The probable profile classification of [PROFILE] is based upon the pattern of responses and subscale elevations. There was one subscale contributing to this classification that exceeded its clinical cutoff. See below for details."

Multiple subscales elevated:

"Subscales Contributing to Probable Profile Classification

The probable profile classification of [PROFILE] is based upon the pattern of responses and subscale elevations. There were [N] subscales contributing to this classification that exceeded their respective clinical cutoffs. See below for details."

### *Section 2: Additional Clinically Significant Symptom Domains*

This section is displayed when there are elevated subscales that are not conceptually related to the assigned diagnostic profile. This section appears regardless of whether a dissociative disorder is indicated, provided additional elevated subscales exist.

A maximum of three subscales are reported in this section. The header text varies based on the number of additional elevated subscales:

One subscale elevated:

"One Additional Clinically Significant Symptom Domain

One additional subscale exceeded its clinical cutoff. See below for details."

Multiple subscales elevated:

"Top [N] Additional Clinically Significant Symptom Domains

[N] additional subscales exceeded their respective clinical cutoffs. See below for details."

### *Individual Subscale Reporting*

For both sections, each reported subscale includes a header with quantitative metrics followed by the interpretive paragraph:

[Subscale Display Name] (Score: [SCORE], Cutoff: [CUTOFF], Items at clinical threshold: [N]/[TOTAL])

[Subscale interpretive text]

Additionally, for each elevated subscale, the three highest-endorsed items are listed with their response values:

"In particular, the client endorsed the following items:

[ITEM NUMBER]. [ITEM TEXT] (Response: [N]/10)"

Items are sorted by response value in descending order, with item number used as a tiebreaker.

### *No Elevated Subscales*

When no subscales meet their clinical cutoffs, the following text is displayed:

"No subscales exceeded their clinical cutoffs, indicating an absence of clinically significant dissociative symptoms across all measured domains."

### *Subscale Interpretive Text*

The following interpretive paragraphs are displayed for each elevated subscale:

#### DID: Amnesia (for recent events)

"The client reports episodes of suddenly finding themselves in a situation without knowing how they got there, reflecting periods of fugue or 'lost time.'"

#### DID/OSDD-1: Subjective awareness of alter personalities or self-states

"The client reports awareness of distinct self-states or 'parts' that feel as if they act independently and are 'not me.' This may include hearing child voices internally, sensing other people inside who can speak or take control, or experiencing themselves as having multiple personalities."

#### DID/OSDD-1: Angry intrusions

"The client experiences sudden, strong intrusions of anger that feel outside their control, as if an angry part 'takes over' their speech and behaviour and feels separate from their usual sense of self. During these episodes, they may or do things they would not ordinarily do."

#### DID/OSDD-1: Persecutory intrusions

"The client experiences persecutory intrusions in the form of critical, hostile internal voices that forcefully enter their mind and harshly criticise, belittle, or censor them. Voices that command self-harm or express a wish for the client to be dead are flagged for clinical attention."

#### Depersonalisation/Derealisation

"The client frequently experiences a sense of distance, disconnection, unfamiliarity, and unreality with regard to themselves, others, or their surroundings. This may include feeling detached from their body or emotions, perceiving the world as foggy or distant."

#### Dissociative Amnesia: Distress about memory problems

"The client reports significant distress related to pervasive memory difficulties affecting daily functioning. For example, they frequently forget recent conversations, meals, or activities. Severe memory problems can reflect a range of dissociative mechanisms, e.g. alters and intrusions (DID/OSDD-1) and depersonalization, as well as occurring alongside dissociative amnesia. Note: This subscale should be interpreted with caution as it may be elevated due to hyperarousal or hypoarousal (such as trance), inattention, including ADHD, traumatic brain injury, or other organic causes. When difficulties occur in interpersonal contexts, e.g. immediately forgetting conversations, social anxiety or shame may also play a role."

#### Dissociative Amnesia: Loss of autobiographical memory

"The client reports substantial gaps in their personal history and autobiographical memory, including missing periods from childhood or feeling that important life events occurred but cannot be recalled. These extensive memory gaps go beyond normal childhood amnesia and suggest significant dissociative barriers to accessing personal history."

#### PTSD: Flashbacks

"The client experiences frequent intrusive re-experiencing of traumatic memories with vivid sensory detail (sights, sounds, smells). These flashbacks are so immersive that they may lose contact with present reality, and the intensity can be debilitating enough to interfere with daily functioning."

#### Conversion Disorder: Body symptoms

"The client reports episodes of neurological symptoms without medical explanation, including temporary blindness, deafness, paralysis, or difficulty swallowing. These functional neurological symptoms may represent the somatic expression of psychological distress."

#### Conversion Disorder: Psychogenic non-epileptic seizures

"The client experiences seizure-like episodes that medical evaluation has determined are not epileptic in origin. These psychogenic non-epileptic seizures often occur in the context of trauma history and dissociation."

#### General: Trance

"The client frequently enters prolonged trance states characterised by markedly reduced awareness of their surroundings and disconnection from present reality. During these episodes, they may be intensely focused on internal experience, which may range from focusing on traumatic events, engaging in enjoyable daydreams, to experiencing a state of total emptiness."

#### General: Self-Confusion

"The client reports a deep and persistent uncertainty about their identity, which is consistent with the cumulative impact of chronic dissociative experiences on a person's sense of self. However, as self-confusion can also arise in other identity-related contexts, this needs to be considered alongside elevations in other dissociation subscales."

## Developer

Kate, M.-A., Jamieson, G., Dorahy, M. J., & Middleton, W. (2020a). Measuring Dissociative Symptoms and Experiences in an Australian College Sample Using a Short Version of the Multidimensional Inventory of Dissociation. *Journal of Trauma & Dissociation*, 22(3), 265-287. <https://doi.org/10.1080/15299732.2020.1792024>

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## Assessment Questions



NovoPsych

### Multidimensional Inventory of Dissociation 60-item version (MID-60)

**Instructions:**

How often do you have the following experiences when you are not under the influence of alcohol or drugs? Please select the number that best describes you.

Select a "0" if the experience never happens to you; select a "10" if it is always happening to you. If it happens sometimes, but not all the time, choose a number between 1 and 9 that best describes how often it happens to you.

	Never - 0	1	2	3	4	5	6	7	8	9	10 - Always
1 Forgetting what you did earlier in the day	0	1	2	3	4	5	6	7	8	9	10
2 Having an emotion (e.g., fear, sadness, anger, happiness) that doesn't feel like it is "yours"	0	1	2	3	4	5	6	7	8	9	10
3 Hearing the voice of a child in your head	0	1	2	3	4	5	6	7	8	9	10
4 Reliving a traumatic event so vividly that you totally lose contact with where you actually are (that is, you think that you are "back there and then")	0	1	2	3	4	5	6	7	8	9	10
5 Having difficulty swallowing (for no known medical reason)	0	1	2	3	4	5	6	7	8	9	10
6 Having trance-like episodes where you stare off into space and lose awareness of what is going on around you	0	1	2	3	4	5	6	7	8	9	10
7 Being told of things that you had recently done, but with absolutely no memory of having done those things	0	1	2	3	4	5	6	7	8	9	10
8 Not remembering what you ate at your last meal-or even whether you ate	0	1	2	3	4	5	6	7	8	9	10
9 Things around you feeling unreal	0	1	2	3	4	5	6	7	8	9	10
10 Not being able to see for a while (as if you are blind) for no known medical reason	0	1	2	3	4	5	6	7	8	9	10
11 Feeling very detached from your behaviour as you "go through the motions" of daily life	0	1	2	3	4	5	6	7	8	9	10
12 Feeling uncertain about who you really are	0	1	2	3	4	5	6	7	8	9	10
13 Feeling that other people, objects, or the world around you are not real	0	1	2	3	4	5	6	7	8	9	10
14 Being paralysed or unable to move (for no known medical reason)	0	1	2	3	4	5	6	7	8	9	10



	Never - 0	1	2	3	4	5	6	7	8	9	10 - Always
15	0	1	2	3	4	5	6	7	8	9	10
16	0	1	2	3	4	5	6	7	8	9	10
17	0	1	2	3	4	5	6	7	8	9	10
18	0	1	2	3	4	5	6	7	8	9	10
19	0	1	2	3	4	5	6	7	8	9	10
20	0	1	2	3	4	5	6	7	8	9	10
21	0	1	2	3	4	5	6	7	8	9	10
22	0	1	2	3	4	5	6	7	8	9	10
23	0	1	2	3	4	5	6	7	8	9	10
24	0	1	2	3	4	5	6	7	8	9	10
25	0	1	2	3	4	5	6	7	8	9	10
26	0	1	2	3	4	5	6	7	8	9	10
27	0	1	2	3	4	5	6	7	8	9	10
28	0	1	2	3	4	5	6	7	8	9	10
29	0	1	2	3	4	5	6	7	8	9	10
30	0	1	2	3	4	5	6	7	8	9	10
31	0	1	2	3	4	5	6	7	8	9	10
32	0	1	2	3	4	5	6	7	8	9	10
33	0	1	2	3	4	5	6	7	8	9	10
34	0	1	2	3	4	5	6	7	8	9	10



	Never - 0	1	2	3	4	5	6	7	8	9	10 - Always
35	0	1	2	3	4	5	6	7	8	9	10
36	0	1	2	3	4	5	6	7	8	9	10
37	0	1	2	3	4	5	6	7	8	9	10
38	0	1	2	3	4	5	6	7	8	9	10
39	0	1	2	3	4	5	6	7	8	9	10
40	0	1	2	3	4	5	6	7	8	9	10
41	0	1	2	3	4	5	6	7	8	9	10
42	0	1	2	3	4	5	6	7	8	9	10
43	0	1	2	3	4	5	6	7	8	9	10
44	0	1	2	3	4	5	6	7	8	9	10
45	0	1	2	3	4	5	6	7	8	9	10
46	0	1	2	3	4	5	6	7	8	9	10
47	0	1	2	3	4	5	6	7	8	9	10
48	0	1	2	3	4	5	6	7	8	9	10
49	0	1	2	3	4	5	6	7	8	9	10
50	0	1	2	3	4	5	6	7	8	9	10
51	0	1	2	3	4	5	6	7	8	9	10
52	0	1	2	3	4	5	6	7	8	9	10
53	0	1	2	3	4	5	6	7	8	9	10
54	0	1	2	3	4	5	6	7	8	9	10



	Never - 0	1	2	3	4	5	6	7	8	9	10 - Always
55	0	1	2	3	4	5	6	7	8	9	10
56	0	1	2	3	4	5	6	7	8	9	10
57	0	1	2	3	4	5	6	7	8	9	10
58	0	1	2	3	4	5	6	7	8	9	10
59	0	1	2	3	4	5	6	7	8	9	10
60	0	1	2	3	4	5	6	7	8	9	10

**Developer Reference:**

Kate, M.-A., Jamieson, G., Dorahy, M. J., & Middleton, W. (2021). Measuring Dissociative Symptoms and Experiences in an Australian College Sample Using a Short Version of the Multidimensional Inventory of Dissociation. *Journal of Trauma & Dissociation*, 22(3), 265-287.  
<https://doi.org/10.1080/15299732.2020.1792024>

**Administer Online**

## Sample Result

### Multidimensional Inventory of Dissociation 60-item version (MID-60)

<i>Client Name</i>	Generic Client	<i>Date administered</i>	26 Nov 2025
<i>Date of birth (age)</i>	17 Feb 1975 (50)	<i>Time taken</i>	30s
<i>Assessor</i>	Dr David Hegarty		

### Probable Profile Classification

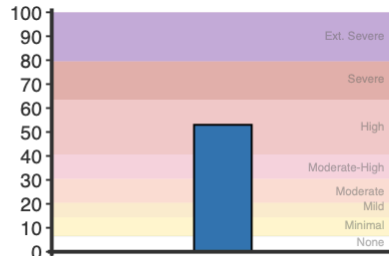
Classification	Subscales at Clinical Cutoff
Dissociative Identity Disorder (DID)	12 of 12

**This individual has indicated risk of self-harm or suicide.** It is recommended to follow suicide risk assessment protocols to determine the nature, severity, and immediacy of the risk.

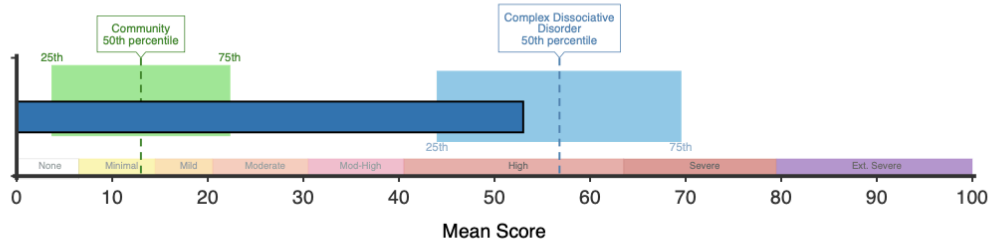
### MID-60 Total Score

Mean Score (0-100)	Community Percentile	Clinical Percentile	Descriptor
53	99.8	42	High dissociative symptoms

### MID-60 Total Mean Score



### MID-60 Total Mean Score in Comparison to Normative and Clinical Distributions





Client Name Generic Client

Interpretation

The Multidimensional Inventory of Dissociation 60-item version (MID-60) was administered on 26 November 2025. The client obtained a total mean score of 53, which falls in the 'High dissociative symptoms' range (at the 99.8th percentile of the community population). Based on the pattern of responses and subscale elevations, the probable profile classification is **Dissociative Identity Disorder (DID)**.

Risk of Self-Harm or Suicide

The respondent indicated risk of self-harm or suicide based upon the following items:

- 22. Hearing a voice in your head that wants you to hurt yourself (Response: 8/10)
- 44. Hearing a voice in your head that wants you to die (Response: 1/10)
- 58. There were times when you "woke up" and found pills or a razor blade (or something else to hurt yourself with) in your hand (Response: 1/10)

It is recommended to follow suicide risk assessment protocols to determine the nature, severity, and immediacy of the risk.

Subscales Contributing to Probable Profile Classification

The probable profile classification of **Dissociative Identity Disorder (DID)** is based upon the pattern of responses and subscale elevations. There were 4 subscales contributing to this classification that exceeded their respective clinical cutoffs. See below for details.

DID/OSDD-1: Persecutory intrusions (Score: 74, Cutoff: 18, Items at clinical threshold: 4/5)

The client experiences persecutory intrusions in the form of critical, hostile internal voices that forcefully enter their mind and harshly criticise, belittle, or censor them. Voices that command self-harm or express a wish for the client to be dead are flagged for clinical attention. In particular, the client endorsed the following items:

- 56. Hearing a voice in your head that tells you to "shut up" (Response: 10/10)
- 37. Hearing a voice in your head that calls you names (e.g., wimp, stupid, whore, slut, bitch, etc.) (Response: 9/10)
- 59. Hearing a voice in your head that calls you no good, worthless, or a failure (Response: 9/10)

DID: Amnesia (for recent events) (Score: 47.5, Cutoff: 10, Items at clinical threshold: 3/4)

The client reports episodes of suddenly finding themselves in a situation without knowing how they got there, reflecting periods of fugue or "lost time." In particular, the client endorsed the following items:

- 45. Suddenly finding yourself somewhere odd at home (e.g., inside the closet, under a bed, curled up on the floor, etc.) with no knowledge of how you got there (Response: 10/10)
- 48. Suddenly finding yourself somewhere (e.g., at the beach, at work, in a nightclub, in your car, etc.) with no memory of how you got there (Response: 8/10)
- 58. There were times when you "woke up" and found pills or a razor blade (or something else to hurt yourself with) in your hand (Response: 1/10)

DID/OSDD-1: Subjective awareness of alter personalities (Score: 72, Cutoff: 20, Items at clinical threshold: 5/5)

The client reports awareness of distinct self-states or "parts" that feel as if they act independently and are "not me." This may include hearing child voices internally, sensing other people inside who can speak or take control, or experiencing themselves as having multiple personalities. In particular, the client endorsed the following items:

- 36. Feeling that you have multiple personalities (Response: 10/10)
- 57. Having another part inside that has different memories, behaviors, and feelings than you do



**Client Name** | Generic Client

(Response: 10/10)

- 49. *Feeling that there is another person inside who can come out and speak if it wants*  
(Response: 9/10)

**DID/OSDD-1: Angry intrusions** (Score: 56, Cutoff: 18, Items at clinical threshold: 5/5)

The client experiences sudden, strong intrusions of anger that feel outside their control, as if an angry part "takes over" their speech and behaviour and feels separate from their usual sense of self. During these episodes, they may or do things they would not ordinarily do. In particular, the client endorsed the following items:

- 60. *Having a very angry part that "comes out" and says and does things that you would never do or say* (Response: 10/10)
- 46. *Feeling as if there is something inside you that takes control of your behaviour and speech* (Response: 6/10)
- 28. *Words just flowing from your mouth as if they were not in your control* (Response: 5/10)

**Top 3 Additional Clinically Significant Symptom Domains**

3 additional subscales exceeded their respective clinical cutoffs. See below for details.

**Conversion Disorder: Psychogenic non-epileptic seizures** (Score: 60, Cutoff: 10, Items at clinical threshold: 1/1)

The client experiences seizure-like episodes that medical evaluation has determined are not epileptic in origin. These psychogenic non-epileptic seizures often occur in the context of trauma history and dissociation. In particular, the client endorsed the following items:

- 26. *Having seizures for which your doctor can find no reason* (Response: 6/10)

**General: Trance** (Score: 58.3, Cutoff: 11.7, Items at clinical threshold: 6/6)

The client frequently enters prolonged trance states characterised by markedly reduced awareness of their surroundings and disconnection from present reality. During these episodes, they may be intensely focused on internal experience, which may range from focusing on traumatic events, engaging in enjoyable daydreams, to experiencing a state of total emptiness. In particular, the client endorsed the following items:

- 32. *Drifting into trance without even realising that it is happening* (Response: 10/10)
- 27. *Going into trance so much (or for so long) that it interferes with your daily activities and responsibilities* (Response: 8/10)
- 30. *Going into trance for hours* (Response: 6/10)

**Conversion Disorder: Body symptoms** (Score: 35, Cutoff: 10, Items at clinical threshold: 4/4)

The client reports episodes of neurological symptoms without medical explanation, including temporary blindness, deafness, paralysis, or difficulty swallowing. These functional neurological symptoms may represent the somatic expression of psychological distress. In particular, the client endorsed the following items:

- 14. *Being paralysed or unable to move (for no known medical reason)* (Response: 7/10)
- 18. *Not being able to hear for a while (as if you are deaf) (for no known medical reason)* (Response: 4/10)
- 10. *Not being able to see for a while (as if you are blind) for no known medical reason* (Response: 2/10)



<b>Client Name</b>	Generic Client
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**Dissociative Identity Disorder**

	Mean Score (0-100)	In Clinical Range?	Items in Clinical Range
Amnesia (for recent events)	47.5	Yes	3 of 4

**DID and OSDD-1**

	Mean Score (0-100)	In Clinical Range?	Items in Clinical Range
Awareness of alter personalities	72	Yes	5 of 5
Angry intrusions	56	Yes	5 of 5
Persecutory intrusions	74	Yes	4 of 5

**Depersonalisation / Derealisation Disorder**

	Mean Score (0-100)	In Clinical Range?	Items in Clinical Range
Depersonalisation / Derealisation	35	Yes	5 of 8

**Dissociative Amnesia**

	Mean Score (0-100)	In Clinical Range?	Items in Clinical Range
Distress about memory problems	36.7	Yes	4 of 6
Loss of autobiographical memory	44	Yes	2 of 5

**Post-Traumatic Stress Disorder**

	Mean Score (0-100)	In Clinical Range?	Items in Clinical Range
Flashbacks	52	Yes	5 of 5

**Conversion Disorder**

	Mean Score (0-100)	In Clinical Range?	Items in Clinical Range
Body symptoms	35	Yes	4 of 4
Pseudo-Seizures	60	Yes	1 of 1

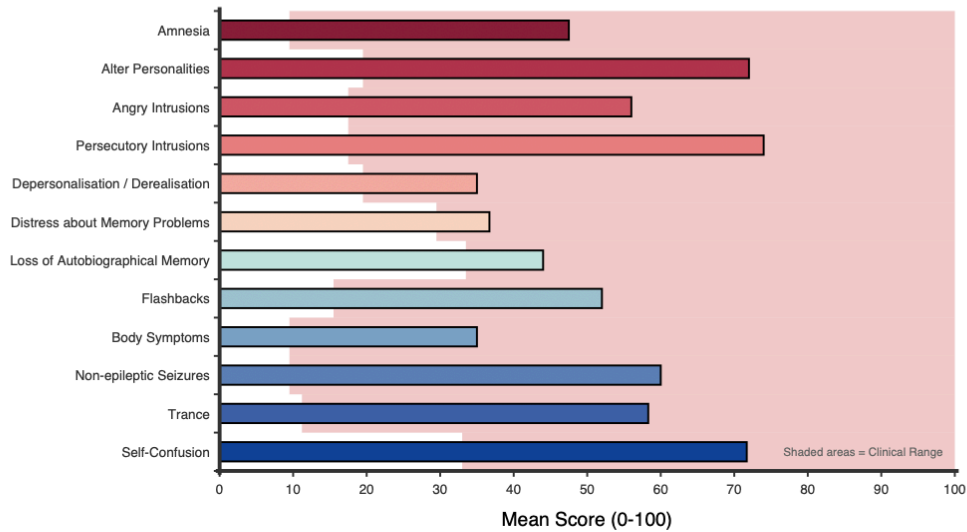
**General Subscales**

	Mean Score (0-100)	In Clinical Range?	Items in Clinical Range
Trance	58.3	Yes	6 of 6
Self-Confusion	71.7	Yes	6 of 6



Client Name Generic Client

### MID-60 Subscale Mean Scores



### Scoring and Interpretation Information

For comprehensive information on the MID-60, [see here](#).

A total mean score (range 0 to 100) is calculated by averaging all 60 responses and multiplying by 10. The mean score represents the total level of dissociative experiences, also interpreted as the percentage of time the person self-reports having dissociative symptoms and experiences.

#### MID-60 Percentiles

Two percentiles are presented for the total mean score, indicating how the respondent scored in comparison to community and clinical populations. The community percentile provides a comparison against a sample of typical individuals (Kate et al., 2021). A percentile of 50 represents average (and healthy) levels of dissociative experiences. In contrast, a percentile of 90 indicates the respondent scored above 90 percent of typical individuals and is of clinical significance. The clinical percentile compares the respondent's score against clients with a diagnosed dissociative disorder, comprising predominantly females with DID (Kate, Jamieson & Middleton, 2023). A clinical percentile of 50 represents pathological levels of dissociation that is typical among those with a complex dissociative disorder, particularly DID.

#### MID-60 Total Score

Interpretation for the MID-60 mean scores is as follows:

- 0–6: Does not have dissociative experiences
- 7–14: Has few diagnostically significant dissociative experiences



**Client Name** | Generic Client

- 15–20: Mild dissociative symptoms and experiences. PTSD or a mild dissociative disorder (such as dissociative amnesia, depersonalisation / derealisation disorder) are possible
- 21–30: May have dissociative disorder and/or PTSD
- 31–40: May have a dissociative disorder (such as OSDD-1 or DID) and PTSD
- 41–63: Probably has DID or a severe dissociative disorder and PTSD
- 64–79: Severe dissociative and post-traumatic symptoms. Individuals with DID often score in this range. However, high scores may also reflect neuroticism, attention-seeking behaviour, exaggeration or malingering of symptoms, or psychosis
- 80+: Indicates an unusually high score, even among individuals diagnosed with severe and complex dissociative disorders

**MID-60 Subscales**

The MID-60 provides information on subscales relevant to different diagnoses. This enables the clinician to form an impression about the likely diagnosis. For example, a score of 27 is clinically significant, but does not indicate the most likely diagnosis. If the subscales of PTSD and depersonalisation/derealisation are both above the clinical threshold, this can indicate the person has the dissociative subtype of PTSD, whereas if the memory-related subscales are above the clinical threshold this can indicate dissociative amnesia. Another example is a person who has a total mean score of 45, which would seem to indicate dissociative identity disorder. Yet, if the subscale score for amnesia (for recent events) is not elevated, this points towards a more severe case of other specified dissociative disorder.

The subscales are:

1. DID: Amnesia (for recent events) - items 42, 45, 48, 58. Clinical cutoff = 10. Assesses episodes of "losing time," finding oneself in unexpected locations, discovering unexplained changes to appearance, and regaining awareness with objects in hand with no memory of how they got there
2. DID / OSDD-1: Subjective awareness of alter personalities and self-states - items 3, 36, 39, 49, 57. Clinical cutoff = 20. Subjective Awareness of Alter Personalities and Self-States: Evaluates awareness of distinct personality states or "parts" with their own identities, voices, and perspectives, including hearing child voices internally and sensing other people inside who can speak or take control
3. DID / OSDD-1: Angry intrusions - items 28, 33, 35, 46, 60. Clinical cutoff = 18. Measures intrusions of anger that feel outside one's control, including words or actions not remembered after calming down
4. DID / OSDD-1: Persecutory intrusions - items 22, 37, 44, 56, 59. Clinical cutoff = 18. Assesses critical, hostile, or self-destructive internal voices that demean, command self-harm, or wish the individual dead
5. Derealisation/Depersonalisation - items 2, 7, 9, 13, 25, 47, 50, 53. Clinical cutoff = 20. Evaluates experiences of unreality about oneself, others, or surroundings, including feeling detached from one's body or emotions and perceiving the world as foggy or distant
6. Dissociative Amnesia: Distress about severe memory problems - items 1, 8, 20, 38, 43, 52. Clinical cutoff = 30. Measures subjective distress related to pervasive memory difficulties affecting daily functioning
7. Dissociative Amnesia: Loss of autobiographical memory - items 16, 19, 24, 29, 34. Clinical cutoff = 34. Assesses substantial gaps in personal history, including missing periods from childhood or feeling that important life events cannot be recalled
8. PTSD: Flashbacks - items 4, 15, 31, 40, 54. Clinical cutoff = 16. Evaluates intrusive re-experiencing of traumatic memories with vivid sensory detail
9. Functional Neurological Symptom Disorder (Conversion Disorder): Body symptoms - items 5, 10, 14, 18. Clinical cutoff = 10. Measures episodes of neurological symptoms without medical



**Client Name** | Generic Client

explanation, including temporary blindness, deafness, paralysis, or difficulty swallowing

10. Functional Neurological Symptom Disorder (Conversion Disorder): Pseudo-Seizures (Psychogenic non-epileptic seizures) - item 26. Clinical cutoff = 10. Assesses seizure-like episodes that are not epileptic in origin

11. General Subscales: Trance - items 21, 27, 30, 32, 41, 51. Clinical cutoff = 11.7. Evaluates prolonged trance states characterised by staring, reduced awareness, and disconnection from present reality

12. General Subscales: Self-confusion - items 6, 11, 12, 17, 23, 55. Clinical cutoff = 33.3. Measures profound uncertainty about identity, including confusion about who one is and struggling to maintain a coherent sense of self

**MID-60 Clinical Use**

The MID-60 is a screening instrument only. It is not designed to be the sole basis for diagnosis and should always be interpreted alongside clinical judgment. Clinicians are encouraged to follow up clinically significant elevations by asking targeted questions to clarify whether the nature and severity of the symptom truly match the item content. Where indicated, further evaluation can be undertaken using validated structured clinical interviews, such as the Structured Clinical Interview for DSM-5 Dissociative Disorders (SCID-D; Marlene Steinberg, MD), the Dissociative Disorders Interview Schedule (DDIS; Colin Ross, MD), or the Trauma and Dissociative Symptoms Interview (TADS-I; Suzette Boon).

**MID-60 Graphs**

On first administration of the MID-60, three visualisations are presented. The Total Score Bar Chart displays the client's Total Mean Score as a vertical bar against colour-coded severity descriptor bands ranging from "None" through to "Extremely Severe", providing an immediate visual indication of overall dissociative symptom severity. The Horizontal Distribution Chart positions the client's score in comparison to two reference populations: a community (non-clinical) sample shown in green and a clinical sample of individuals with complex dissociative disorders shown in blue. Interquartile ranges (25th–75th percentiles) and median markers are displayed for both populations, enabling clinicians to determine whether the client's score is more consistent with typical dissociative experiences or with pathological dissociation. Severity descriptor bands appear along the bottom axis for additional interpretive context. The Subscale Bar Chart presents all 12 subscale mean scores as horizontal bars, with shaded regions indicating scores within the clinical range for each subscale. This allows clinicians to identify specific symptom domains that are elevated and may warrant focused assessment or intervention.

When multiple administrations are available, the Total Score Bar Chart and Horizontal Distribution Chart are replaced by a Multi-Administration Line Plot. This chart displays the Total Mean Score across all administrations as a line graph plotted against time, with severity descriptor bands shown in the background. The vertical axis automatically adjusts based on the range of scores to optimise readability. This visualisation enables clinicians to monitor treatment progress, track symptom trajectories, and identify patterns of improvement or deterioration over time. The Subscale Bar Chart continues to be displayed for the most recent administration, allowing comparison of current subscale elevations alongside longitudinal total score trends.



Client Name Generic Client

Client Responses

DID: Amnesia (for recent events)

	Never - 0	1	2	3	4	5	6	7	8	9	10 - Always
42 Discovering that you have changed your appearance (e.g., cut your hair, or changed your hairstyle, or changed what you are wearing, or put on cosmetics, etc.) with no memory of having done so	0	1	2	3	4	5	6	7	8	9	10
45 Suddenly finding yourself somewhere odd at home (e.g., inside the closet, under a bed, curled up on the floor, etc.) with no knowledge of how you got there	0	1	2	3	4	5	6	7	8	9	10
48 Suddenly finding yourself somewhere (e.g., at the beach, at work, in a nightclub, in your car, etc.) with no memory of how you got there	0	1	2	3	4	5	6	7	8	9	10
58 There were times when you "woke up" and found pills or a razor blade (or something else to hurt yourself with) in your hand	0	1	2	3	4	5	6	7	8	9	10

DID/OSDD-1: Awareness of alter personalities

	Never - 0	1	2	3	4	5	6	7	8	9	10 - Always
3 Hearing the voice of a child in your head	0	1	2	3	4	5	6	7	8	9	10
36 Feeling that you have multiple personalities	0	1	2	3	4	5	6	7	8	9	10
39 Having other people (or parts) inside you who have their own names	0	1	2	3	4	5	6	7	8	9	10
49 Feeling that there is another person inside who can come out and speak if it wants	0	1	2	3	4	5	6	7	8	9	10
57 Having another part inside that has different memories, behaviors, and feelings than you do	0	1	2	3	4	5	6	7	8	9	10

DID/OSDD-1: Angry intrusions

	Never - 0	1	2	3	4	5	6	7	8	9	10 - Always
28 Words just flowing from your mouth as if they were not in your control	0	1	2	3	4	5	6	7	8	9	10
33 Words come out of your mouth, but you didn't say them; you don't know where those words came from	0	1	2	3	4	5	6	7	8	9	10
35 When you are angry, doing or saying things that you don't remember (after you calm down)	0	1	2	3	4	5	6	7	8	9	10
46 Feeling as if there is something inside you that takes control of your behaviour and speech	0	1	2	3	4	5	6	7	8	9	10
60 Having a very angry part that "comes out" and says and does things that you would never do or say	0	1	2	3	4	5	6	7	8	9	10



Client Name Generic Client

DID/OSDD-1: Persecutory intrusions

Table with 12 columns (Never-0 to 10-Always) and 5 rows of items related to persecutory intrusions. Circled values: 8, 9, 1, 10, 9.

Depersonalisation/Derealisation

Table with 12 columns (Never-0 to 10-Always) and 8 rows of items related to depersonalisation/derealisation. Circled values: 2, 8, 8, 4, 1, 2, 3, 0.

Dissociative Amnesia: Distress about memory problems

Table with 12 columns (Never-0 to 10-Always) and 2 rows of items related to dissociative amnesia. Circled values: 5, 0.



<b>Client Name</b>	Generic Client
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**Client Responses (cont.)**

		Never - 0	1	2	3	4	5	6	7	8	9	10 - Always
20	Immediately forgetting what other people tell you	0	1	2	3	4	5	6	7	8	9	10
38	Poor memory causing serious difficulty for you	0	1	2	3	4	5	6	7	8	9	10
43	Being bothered or upset by how much you forget	0	1	2	3	4	5	6	7	8	9	10
52	Suddenly not knowing how to do your job	0	1	2	3	4	5	6	7	8	9	10

**Dissociative Amnesia: Loss of autobiographical memory**

		Never - 0	1	2	3	4	5	6	7	8	9	10 - Always
16	Not remembering large parts of your childhood after age 5	0	1	2	3	4	5	6	7	8	9	10
19	Feeling that pieces of your past are missing	0	1	2	3	4	5	6	7	8	9	10
24	Feeling that important things happened to you earlier in your life, but you cannot remember them	0	1	2	3	4	5	6	7	8	9	10
29	Feeling that there are large gaps in your memory	0	1	2	3	4	5	6	7	8	9	10
34	Being able to remember very little of your past	0	1	2	3	4	5	6	7	8	9	10

**PTSD: Flashbacks**

		Never - 0	1	2	3	4	5	6	7	8	9	10 - Always
4	Reliving a traumatic event so vividly that you totally lose contact with where you actually are (that is, you think that you are "back there and then")	0	1	2	3	4	5	6	7	8	9	10
15	Being so bothered by flashbacks that it was hard to get out of bed and face the day	0	1	2	3	4	5	6	7	8	9	10
31	Bad memories coming into your mind and you can't get rid of them	0	1	2	3	4	5	6	7	8	9	10
40	Reliving a past trauma so vividly that you see it, hear it, smell it, etc	0	1	2	3	4	5	6	7	8	9	10
54	Being bothered by flashbacks for several days in a row	0	1	2	3	4	5	6	7	8	9	10



**Client Name** Generic Client

**Conversion Disorder: Body symptoms**

		Never - 0	1	2	3	4	5	6	7	8	9	10 - Always
5	Having difficulty swallowing (for no known medical reason)	0	1	2	3	4	5	6	7	8	9	10
10	Not being able to see for a while (as if you are blind) for no known medical reason	0	1	2	3	4	5	6	7	8	9	10
14	Being paralysed or unable to move (for no known medical reason)	0	1	2	3	4	5	6	7	8	9	10
18	Not being able to hear for a while (as if you are deaf) (for no known medical reason)	0	1	2	3	4	5	6	7	8	9	10

**Conversion Disorder: Pseudo-Seizures**

		Never - 0	1	2	3	4	5	6	7	8	9	10 - Always
26	Having seizures for which your doctor can find no reason	0	1	2	3	4	5	6	7	8	9	10

**General: Trance**

		Never - 0	1	2	3	4	5	6	7	8	9	10 - Always
21	Having difficulty walking (for no known medical reason)	0	1	2	3	4	5	6	7	8	9	10
27	Going into trance so much (or for so long) that it interferes with your daily activities and responsibilities	0	1	2	3	4	5	6	7	8	9	10
30	Going into trance for hours	0	1	2	3	4	5	6	7	8	9	10
32	Drifting into trance without even realising that it is happening	0	1	2	3	4	5	6	7	8	9	10
41	Going into trance several days in a row	0	1	2	3	4	5	6	7	8	9	10
51	Having difficulty staying out of trance	0	1	2	3	4	5	6	7	8	9	10

**General: Self-Confusion**

		Never - 0	1	2	3	4	5	6	7	8	9	10 - Always
6	Having trance-like episodes where you stare off into space and lose awareness of what is going on around you	0	1	2	3	4	5	6	7	8	9	10
11	Feeling very detached from your behaviour as you "go through the motions" of daily life	0	1	2	3	4	5	6	7	8	9	10
12	Feeling uncertain about who you really are	0	1	2	3	4	5	6	7	8	9	10



<b>Client Name</b>	Generic Client
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**Client Responses (cont.)**

		Never - 0	1	2	3	4	5	6	7	8	9	10 - Always
17	Feeling disconnected from everything around you	0	1	2	3	4	5	6	7	8	9	10
23	Feeling very confused about who you really are	0	1	2	3	4	5	6	7	8	9	10
55	Being confused or puzzled by your emotions	0	1	2	3	4	5	6	7	8	9	10