APPENDIX B: Interview Guide for Dissociative Symptoms in Children

A. Perplexing Shifts in Consciousness

1. (If observing a momentary lapse): What are you doing when you are spaced out like that?
2. What were you thinking just before that happened? Have you noticed what your thoughts or feelings are right before you space-out?
3. Do you ever finding yourself blanking out, not paying attention at all? What are you doing at those times? What are you thinking, hearing, seeing, and feeling?
4. Do you have an imaginary place you like to go to in your mind? Do you have imaginary friends you like to talk to?
5. Do you ever have times when you feel like you are reliving some from the past? What does that feel like?
6. Where are you when you are not paying attention?
7. Have you been told you do strange things in your sleep?
8. Do you have trouble waking up in the morning? Tell me about that.
9. Do you sometimes feel like you change after going into a deep sleep?
10. Do you ever feel like you are not really there, like you are watching yourself from a distance?
11. Do you ever feel like you are looking through a fog?

B. Vivid Hallucinatory Experiences

1. “Many times children who have lost someone special to them, still hear them talking to them in their mind. Does this happen to you? What does he/she say?”
2. Some children feel like their brain is fighting with itself. Does yours? Do you ever hear the fight?
3. Sometimes mean words that children heard over and over and over again seem to be stuck in the children’s minds. Does this happen to you?
4. Sometimes children do things they wish they had not done. Has that happened to you?
5. Sometimes they feel like they didn’t want to but someone or something made them feel like they had to. Do you have anything like that?
6. Some children have toys that they have had for a long time that are particularly special to them. Do you have this? Can you talk to it? Can you hear it talk to you?

7. Some children have invisible friends that others can’t see. Do you have this now? Did you have this when you were younger? Do you feel sometimes like it is still there? Can you see them?

C. Marked fluctuations in knowledge, moods, or patterns of behavior and relating.

1. Do you feel sometimes like you can do something one day, and have great trouble doing it the next day?
2. Does it surprise you when your moods change? Give examples.
3. Do your tastes change from day to day?
4. Do your feelings about family members seem to go through changes? What are some examples of this?

D. Perplexing memory lapses for one’s own behavior or recently experienced events.

1. Do you forget things you should remember—what you did with friends, places you went, birthday parties?
2. Do you sometimes forget what you did when you are angry? Let’s try together to remember one of these. Make sure to emphasize how logical the anger was to destigmatize the shame associated with the events.
3. Assess whether you can get the child to remember something about their behavior they have forgotten using incentives and gentle encouragement.
4. Do your friends tell you have done things that you cannot remember doing?
5. Do you ever forget good things that happened to you?

E. Abnormal Somatic Experiences

1. Do you notice that you do not experience pain the way other children do?
2. Do you find yourself injuring your body in some way repeatedly? How does this feel after you do this?
3. Do you have a pain or disability for which no medical reason can be found?
4. Do you have unusual weakness in your body, or unusual strength at times?