

Central Mental Hospital study

Dear Editor - L Siponmaa, M Kristiansson, D Jonson, A Nyden, C Gillberg (2001). Juvenile and Youth Adult Mentally Disordered Offenders, The Role of Child Neuropsychiatric Disorders, *Journal of the American Academy of Psychiatry Law*, 29, 420-6. They point out that "Attention Deficit Disorder or Attention Deficit Hyperactivity Disorder has been reported in 55% of juvenile delinquents". This refers to a study by Zagar R., Arbit J., Hughes J.R., Busell R.E., Busch K. (1989). Developmental and Disruptive Behaviour Disorders among Delinquents. *Journal of the American Academy of Child and Adolescent Psychiatry*, 28: 437 - 40. Scragg and Shah describe the rate of Asperger's syndrome in patients in adult Forensic Security Hospitals as being between 1.5% - 2.3%. This is higher than in the general population at 0.4%. Scragg P., Shah A. Prevalence of Asperger's syndrome in a Secure Hospital. *British Journal of Psychiatry*, 165: 679 - 82, 1994. Ehlers S., Gillberg C. (1993). The Epidemiology of Asperger's syndrome: A total population study. *Journal of Child Psychology Psychiatry*, 34; 1327 - 50.

Siponmaa *et al* found that "the diagnosis of Pervasive Developmental Disorder Not Otherwise Specified and Asperger's syndrome were statistically more frequent in the arson group than it was in other crime groupings" (Page 423). They found that the rate of Pervasive Developmental Disorder (15% definite cases) was particularly striking and we are confident that this represents at least a 15-fold increase over the incidence in the general population (Page 423). Pervasive Development Disorder is an overarching category which includes Autism Spectrum Disorder and Asperger's syndrome. Siponmaa *et al* found "the rate of definite cases of Asperger's syndrome (3%) was higher than that in the general population (0.4%) but was of the same order of magnitude as that found by Scragg and Shah (1.5% -

2.3%), who studied adult subjects in a Secure Hospital who were undergoing forensic psychiatric treatment" (Page 424). They point out that " what's needed now is a systematic prospective study of autistic-type problems and attention disorders in cohorts of forensic psychiatric patients, using the most appropriate and up-to-date methodology and relevant control groups".

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The Dissociative Experiences Scale

Re: The Dissociative Experiences Scale: Replacement items for use with the visually impaired

Dear Editor - Over the last twenty years a number of self-report instruments designed to measure the frequency and types of dissociative experiences have been developed. Presently, the most frequently used is the Dissociative Experiences Scale (DES1), a 28-item self-report instrument that measures the frequency with which individuals experience a wide variety of dissociative phenomena (eg. absorption, imaginative involvement, depersonalisation, derealisation, amnesia). As dissociation is associated with altered sensory perceptions, it is argued that established measures of dissociation, including the DES, are unsuitable for use with the visually impaired given the wording of a number of items (see *Table 1*).

Consequently, there was a clear imperative to revise the most commonly used measure of dissociation, the DES, for use among the visually impaired, by replacing items identified as being unsuitable for this population with suitably equivalent ones. Three clinicians independently identified six items

Table 1: Six items of the DES (original and revised versions items).

Original item

1. Some people have the experience of driving or riding in a car or bus or subway and suddenly realising that they don't remember what has happened during all or part of the trip.
7. Some people sometimes have the experience of feeling as though they are standing next to themselves or watching themselves do something and they actually see themselves as if they were looking at another person.
11. Some people have the experience of looking in the mirror and not recognizing themselves.
17. Some people find that when they are watching television or a movie they become so absorbed in the story that they are unaware of other events

Equivalent Item

26. Some people sometimes find writings, drawings, or notes among their belongings that they must have done but cannot remember doing.
28. Some people sometimes feel as if they are looking at the world through a fog so that people and objects appear far away or unclear.

New equivalent item

1. Some people have the experience while being driven in a car or riding on a bus or train of suddenly realising that they don't remember what has happened during all or part of the trip.
7. Some people sometimes have the experience of feeling as though they are standing next to themselves and believing they are in the presence of another person.
11. Some people have the experience of touching a part of their own body and feeling as if it doesn't belong to them.
17. Some people find that they become so absorbed in listening to the radio or reading a book that they are unaware of other events happening around them.
26. Some people sometimes find things among their belongings which they must have made or written but cannot remember doing.
28. Some people sometimes feel as if the place they are in seems unreal or strange to them.

as being unsuitable for the visually impaired, as they made reference either directly or indirectly to the sense of vision. These six items were subsequently re-written by the authors to be functionally equivalent to the original items, and be appropriate for use among the visually impaired. *Table 1* contains the six original items alongside the new items that were designed to replace them. Further work is now required to examine the reliability and validity of the six new items.

The first step in this process would be to administer the original 28 items of the DES, along with the six new items, to a sample with normal vision. This would allow for the statistical examination of the relationship between each of the six new items with those items they were designed to replace. Providing the six new items were found to be valid replacements, the amended version of the DES can be recommended for use among the visually impaired, either by clinical administration or, when converted to Braille, by self-report.

Reference

1. Bernstein EM Putnam FW. Development, reliability, and validity of a dissociation scale. *J Nerv Ment Dis* 1986; 174: 727-735.

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Self-esteem in national school children in Ireland

Dear Editor - As part of a wider study examining alcohol, tobacco, drug use, behavioural problems and depression in National School children in the Mid-West region the decision was taken to incorporate a brief self-esteem scale in this project. However difficulties were encountered in finding a relatively short self-esteem questionnaire using language appropriate for the age of participants in this survey.

In light of these difficulties, the researchers involved decided to use the 14 item self-esteem subscale from the child version of the Child Health Questionnaire (CHQ-CF87).¹ The CHQ-CF87 had previously been identified as a useful tool to examine child health in Ireland, and norms

produced for its many subscales.² The CHQ-CF87 is designed to be self-completed by children aged ten years and over and covers how the respondent has felt over the past four weeks, using a five point Likert Scale for each question (ranging from "Very good" to "Very bad").¹

Although normative scores for the CHQ-CF87 have been produced for secondary school children in Ireland, to the authors' best knowledge no data is available on normative scores for National School children on the self-esteem subscale. This information therefore is presented below.

Participants included 5th and 6th class pupils (7th and 8th years of education) in 43 randomly selected National Schools in the Mid-West region. Fifty schools were originally approached. Three schools were newly established and had no children in this age group, while four others declined to participate. Active parental consent was a condition of inclusion in this study. Therefore children whose parents said no to their participation in the research, or who did not return the parental consent form were excluded from this study. Including the non-participating schools the response rate was 76.2%.

There were 1,255 children who participated in this study ranging in age from 10 - 14 years (574 boys and 681 girls). However only two children were aged 14 and so these have been excluded from the analysis below. The mean age of those included was 11.5 years (sd = 0.73).

Table 1 details the mean scores, 95% confidence intervals and sample sizes for the self-esteem scale by age and gender. Analysis of self-esteem scores using a two-way ANOVA revealed no significant effect for either age or gender. As anticipated one sample *t*-tests comparing the overall scores in this sample with older Irish children² and the older African-American group on which the CHQ-CF87 was originally normed¹ revealed that the younger cohort in this study had significantly higher self-esteem scores ($t[1145] = 39.38, p < .001$; $t[1145] = 9.47, p < .001$).

Internal reliability of this scale was adequate (Cronbach Alpha = .894). Pearson correlations between the 14 items on this scale were all significant ($p < .001$ between all items), ranging from .178 to .640. Principal components factor analysis followed by normalised varimax rotation identified two factors each comprising seven items, accounting for 50.4% of the variance. These may be termed the global self-esteem factor (25.23%; items 1, 2, 7, 8, 9, 10 & 14) and the interpersonal relations factor (25.21 %; items 3, 4, 5, 6, 11, 12 & 13).

Correlations with two depression inventories supported the construct validity of the self-esteem scale. This scale was negatively correlated with both the Children's Depression Inventory Short Form (CDI-S)³ ($r = -.668, p < .001, n = 1129$) and the revised four item version of the Center for Epidemiological Studies' Depression Scale for Children (CES-DC)^{4,5} ($r = -.544, p < .001, n = 1124$). The CHQ-CF87 self-esteem scale therefore can be considered a useful tool for examining this construct in Ireland and should be considered when a relatively short scale is required for use in populations aged 10 years and over.

References

1. Landgraf JM, Abetz L, Ware JE. The CHQ user's manual. Boston, MA: The Health Institute, New England Medical Center, 1996.
2. Houghton F, Gleeson M, Kelleher K. The use of the Child Health Questionnaire (CHQ-CF87) in a rural Irish context. *Ir J Psychol* 2003; 24: 35-45.
3. Kovacs M. Children's Depression Inventory manual. California: Western Psychological Services, 1992.
4. Weissman MM, Orvaschel H, Padian N. Children's symptom and social functioning