

Original article

Cross-cultural adaptation of the Peritraumatic Dissociative Experiences Questionnaire, Self-Report Version, to Brazilian Portuguese

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INTRODUCTION

In the late 1980's there was a resurgence of interest in theoretical and clinical studies about dissociative phenomena, specially in what concerns trauma-related experiences.¹⁻³ A number of findings have revealed fairly strong relations between the occurrence of dissociative symptoms during traumatic events (peritraumatic dissociation) and the development of posttraumatic stress disorder (PTSD).⁴⁻⁶ Moreover, a sensitization phenomenon was reported in patients who experience acute dissociative responses. In other words, patients developed higher long-term and more intense general dissociative states when exposed to constant and repeated distress or trauma-related memories than when they experienced the original trauma.⁷

The importance of dissociative responses increased even more when the acute distress disorder (ASD) was included in the DSM-IV⁸ as a diagnostic category that emphasizes the occurrence of dissociation.⁹ The ASD diagnosis was based on findings of a direct association between peritraumatic dissociative symptoms and the intensity of trauma exposure. Moreover, peritraumatic dissociation is a strong risk factor of later PTSD development.¹⁰⁻¹⁴ On the other hand, the claims that there is not enough evidence to support the diagnostic of ASD based on dissociation¹⁵⁻²¹ suggest the need for further investigations.

The increased interest on dissociative phenomena raises the need for instruments to assess them. In Brazil, there is a lack of instruments to detect dissociative symptoms occurring during or soon after exposure to traumatic events.

The present article describes the steps involved in the translation and adaptation of the *Peritraumatic Dissociative Experiences Questionnaire, Self-Report Version (PDEQ-SRV)*²² into Brazilian Portuguese. The PDEQ-SRV is a self-report questionnaire used to track dissociative experiences that take place during exposure to traumatic events. The questionnaire is composed of 10 items, which include the following experiences: loosing track of what is going on or experiencing a "blank out"; sensation of doing things that the person has not actively decided to do; change in the sense of time; sensation of unrealism – as though the person was in a movie or dream;

sensation of being a spectator; sensation of body size distortion; incapacity to distinguish what is happening with oneself from what is happening with others, incapacity to realize things that take place during the traumatic event that would not be missed otherwise, difficulty in understanding what is going on, and disorientation.

PDEQ was shown to have a high internal consistency and demonstrated to have strong associations with measures of trauma responses, of general tendencies to dissociation and of stress-exposure level. PDEQ was not correlated with general measures of psychopathology. Four studies have found high levels of reliability and convergent, discriminatory and predictive validity.²³⁻²⁶ The PDEQ authors have demonstrated that the questionnaire scores effectively predicted the occurrence of PTSD symptoms, regardless of the level of trauma-exposure and of the general tendency to dissociation.²⁷

METHOD

The process of cross-cultural adaptation of the questionnaire was based on procedures recommended by Herdman et al.,²⁸ which in Brazil have already been used by Reichenheim et al.²⁹ and Moraes et al.³⁰ It comprised six steps: translation, back-translation, semantic equivalence assessment, elaboration of the synthesis version, pretest with target population and final version.

In step 1, two experienced psychiatrists, fluent in English, translated the original questionnaire independently. Both are co-authors of the present paper. Step 2 consisted of the translation back into English by two translators (English native speakers).

The third step consisted of evaluating the semantic equivalence between the original and back translations. This task was performed by two other authors of the present paper, who took into consideration referential and general meanings. The equivalence between the original instrument and each back-translation was assessed under the referential meaning perspective. The referential meaning accounts for the literal equivalence between each word of the original instrument and the back-translation.²⁹

The general meaning of each original instrument's item and their correspondence in Portuguese was also assessed. The general meaning takes into account more subtle aspects of the text than the literal correspondence, as for example, the impact of ideas in the cultural context of the target population.²⁹ Differences found in the analysis of equivalence were discussed for a consensus. The fourth step consisted of the elaboration of a synthesis version incorporating the items discussed, either in full or with some changes. Some items resulted from the union and/or adaptation of both versions.

In the following step, a pretest of the synthesis version was carried out with a sample of the target-population. This was intended to detect meaning mismatches between the translated version and the original one. The synthesis version was tested with 10 patients from Universidade Federal do Rio de Janeiro (UFRJ), ages varying from 21 to 50 years. All of them had concluded the primary school and met the DSM-IV⁸ criteria for anxiety or mood disorder. The sixth and final step consisted of making some changes in the synthesis version in order to increase its acceptability by the target population, and elaborating the final version.

RESULTS

Table 1 exemplifies the results of steps 1, 2 and 3 as for the first three questions of the questionnaire. These phases included translations (V1 and V2) and their respective back-translations (R1 and R2), as well as the assessment of the semantic equivalence. In order to assess the referential meaning (A1, step 3), the equivalence between the original and the back-translations was given grades from 0 to 100%. The general meaning (A2, step 3) was assessed through a comparison of the original against the translations, and classified in one of four levels: equal, a little different, very different or completely different.

Table 1 - Steps 1, 2 and 3 of the semantic equivalence assessment for the three first questions of PDEQ-SRV in the original questionnaire in English as compared to the two translations (V1 and V2) and the back-translation (R1 and R2)

Original questionnaire (English)	V1 (Portuguese)	R1 (English)	A1	A2	V2 (Portuguese)	R2 (English)	A1	A2
<i>1. I had moments of losing track of what was going on – I “blanked out” or “spaced out” or in some way felt that I was not part of what was going on.</i>	1. Houve momentos em que eu perdi a noção do que estava acontecendo – Eu “tive um branco na mente” ou “saí do ar” ou de alguma forma eu senti como se eu não fizesse parte do que estava acontecendo.	<i>1. There were times when I lost my sense of what was happening – My mind “went blank” or “tuned out” or in some way I felt as though I was not a part of what was happening.</i>	95	EQ	1. Eu tive momentos de perda da noção do que estava acontecendo. Tive “um branco” ou “uma lacuna” ou de alguma maneira me senti como se não fizesse parte daquilo que estava acontecendo.	<i>1. I had moments when I lost my sense of what was happening. I “blanked out” or had a “gap” or in some way I felt as though I were not part of what was happening.</i>	70	LD
<i>2. I found that I was on “automatic pilot” – I ended doing things that I later realized I hadn’t actively decided to do.</i>	2. Eu senti que eu estava no “piloto automático” – Eu acabei fazendo coisas e percebi mais tarde que eu não havia tido intenção de fazer estas coisas.	<i>2. I felt as though I was on “auto-pilot” – I ended up doing things and realized later that I hadn’t intended to do these things.</i>	90	LD	2. Eu me vi como se estivesse no “piloto automático” - Eu acabei fazendo coisas que depois percebi que não havia ativamente decidido fazer.	<i>2. I saw myself as if I were on “automatic pilot” – I wound up doing things that I later realized I had not actively decided to do.</i>	70	LD
<i>3. My sense of time changed – things seemed to be happening in slow motion.</i>	3. Minha noção do tempo mudou – as coisas pareciam estar acontecendo em câmera lenta.	<i>3. My sense of time changed – things seemed to be happening in slow motion.</i>	100	EQ	3. Meu senso de tempo mudou – as coisas pareciam estar acontecendo em câmera lenta.	<i>3. My sense of time changed – things seemed to be happening in slow motion.</i>	100	EQ

A1 = Evaluation of the percentage of agreement in referential meaning; A2 = Evaluation of the percentage of agreement in general meaning according to categories; EQ = equal; LD = a little different; VD = very different; CA = completely different.

Both back-translations (R1 and R2) were shown to have a good equivalence of referential meaning (A1) as compared to the original instrument. Only item 7 had an equivalence percentage lower than 70%, both in R1 and R2. The general meaning (A2) was equal or a little different as compared to the original instrument in 10 of 11 items of both translations (V1 and V2). The only exception was item 7 again, which showed a very different meaning in V1 and completely different in V2.

The synthesis version was elaborated with items chosen from V1 and V2, in full or with some modification (step 4). V1 was given priority provided that six items were chosen from V1 and three from V2. The content of both translations was mixed in two situations. The target population found some difficulties in understanding some words used in the synthesis version (step 5), which were later replaced by more colloquial words in step 6. For example, the terms “circle” and “experiences” used in the scale instructions were replaced by “mark” and “sensations” respectively. Items 5 and 7 also needed modifications, while the others were well-understood.

In addition, the original instrument requires that the patient reports how truthful the experience was, according to the following categories: not at all true, slightly true, somewhat true and extremely true. Some people in the target-sample did not understand the translation of these levels of “truth”, so five categories expressing the intensity of the event were used, instead of a gradient of “truth”. Thus, the scale had its acceptability increased and meaning was not damaged as compared to the original instrument. The original instrument, translations and back-translations are shown in Table 1. The final version of the cultural adaptation of PDEQ-SRV into Brazilian Portuguese is available in the annex.

DISCUSSION

The present article has made available the first adaptation of a specific questionnaire for detection and quantification of peritraumatic dissociative symptoms. The process of cross-cultural adaptation of PDEQ-SRV follows a plan used in epidemiologic investigations.^{29,30} This plan was chosen because it is detailed and takes into account the need of evaluating nuances of the cross-cultural adaptation.

The six steps of the cross-cultural adaptation of PDEQ-SRV reached their goal of meeting the criteria established for semantic equivalence. Nevertheless, there are some critical points, as the reduced number of volunteers ($n = 10$) that took part in the pre-test (step 5), and their education level (primary school), which can prevent the applicability of the instrument in patients with lower instructional level. On the other hand, the clinical sample (anxiety and mood disorders) is representative of patients with history of traumatic events. The results obtained in the present study, although satisfactory, should be reviewed on future psychometric evaluations.

REFERENCES

1. Nemiah JC. Early concepts of trauma, dissociation, and the unconsciousness: their history and current implications. In: Bremner JD, Marmar CR, editors. Trauma, memory, and dissociation. Washington, DC: American Psychiatric Press; 1998. p. 1-26.
2. van der Kolk BA, van der Hart O. Pierre Janet and the breakdown of adaptation in psychological trauma. *Am J Psychiatry*. 1989;146:1530-40.
3. Spiegel D, Cardena E. New uses of hypnosis in the treatment of posttraumatic stress disorder. *J Clin Psychiatry*. 1990;51(Suppl):S39-43.
4. Marshall GN, Orlando M. Acculturation and peritraumatic dissociation in young adult Latino survivors of community violence. *J Abnorm Psychol*. 2002;111:166-74.
5. Marshall GN, Schell TL. Reappraising the link between peritraumatic dissociation and PTSD symptom severity: evidence from a longitudinal study of community violence survivors. *J Abnorm Psychol*. 2002;111:626-36.
6. Gershuny BS, Cloitre M, Otto MW. Peritraumatic dissociation and PTSD severity: do event-related fears about death and control mediate their relation? *Behav Res Ther*. 2003;41:157-66.
7. Bremner JD, Brett E. Trauma-related dissociative states and long-term psychopathology in posttraumatic stress disorder. *J Trauma Stress*. 1997;10:37-49.
8. American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders, 4th ed (DSM-IV). Washington, DC: American Psychiatric Association; 1994.
9. Bryant RA, Harvey AG. Acute stress disorder: a critical review of diagnostic issues. *Clin Psychol Rev*. 1997;17:757-73.
10. Brewin CR, Andrews B, Rose S, Kirk M. Acute stress disorder and posttraumatic stress disorder in victims of violent crime. *Am J Psychiatry*. 1999;156:360-6.

11. Foa EB, Riggs DS, Gershuny BS. Arousal, numbing, and intrusion: symptom structure of PTSD following assault. *Am J Psychiatry*. 1995;152:116-20.
12. Shalev AY, Peri T, Canetti L, Schreiber S. Predictors of PTSD in injured trauma survivors: a prospective study. *Am J Psychiatry*. 1996;153:219-25.
13. Spiegel D, Koopman C, Cardena E, Classen C. Dissociative symptoms in the diagnosis of acute stress disorder. In: Michelson L, Ray W, editors. *Handbook of dissociation: theoretical, empirical, and clinical perspectives*. New York: Plenum Press; 1996. p. 367-80.
14. Spiegel D, Classen C, Cardena E. New DSM-IV diagnosis of acute stress disorder. *Am J Psychiatry*. 2000;157:1890-1.
15. Bryant RA, Harvey AG. Acute stress disorder: a critical review of diagnostic issues. *Clin Psychol Rev*. 1997;17:757-73.
16. Bryant RA, Harvey AG. Relationship between acute stress disorder and posttraumatic stress disorder following mild traumatic brain injury. *Am J Psychiatry*. 1998;155:625-9.
17. Bryant RA, Harvey AG. New DSM-IV diagnosis of acute stress disorder. *Am J Psychiatry*. 2000;157:1889-91.
18. Harvey AG, Bryant RA. The relationship between acute stress disorder and posttraumatic stress disorder: a prospective evaluation of motor vehicle accident survivors. *J Consult Clin Psychol*. 1998;66:507-12.
19. Harvey AG, Bryant RA. Acute stress disorder after mild traumatic brain injury. *J Nerv Ment Dis*. 1998;186:333-7.
20. Harvey AG, Bryant RA. The relationship between acute stress disorder and posttraumatic stress disorder: a 2-year prospective evaluation. *J Consult Clin Psychol*. 1999;67:985-8.

21. Marshall RD, Spitzer R, Liebowitz MR. Review and critique of the new DSM-IV diagnosis of acute stress disorder. *Am J Psychiatry*. 1999;156:1677-85.
22. Marmar CR, Weiss D, Metzler T. Peritraumatic Dissociative Experiences Questionnaire. In: Bremner JD, Marmar CR, editors. *Trauma, memory, and dissociation*. Washington, DC: American Psychiatric Press; 1998. p. 249-52.
23. Weiss DS, Marmar CR, Metzler TJ, Ronfeldt HM. Predicting symptomatic distress in emergency services personnel. *J Consult Clin Psychol*. 1995;63:361-8.
24. Marmar CR, Weiss DS, Schlenger WE, Fairbank JA, Jordan BK, Kulka RA, et al. Peritraumatic dissociation and posttraumatic stress in male Vietnam theater veterans. *Am J Psychiatry*. 1994;151:902-7.
25. Tichenor V, Marmar CR, Weiss DS, Metzler TJ, Ronfeldt HM. The relationship of peritraumatic dissociation and posttraumatic stress: findings in female Vietnam theater veterans. *J Consult Clin Psychol*. 1996;64:1054-9.
26. Marmar CR, Weiss DS, Metzler TJ, Delucchi K. Characteristics of emergency services personnel related to peritraumatic dissociation during critical incident exposure. *Am J Psychiatry*. 1996;153:94-102.
27. Marmar CR, Weiss D, Metzler T. The Peritraumatic Dissociative Experiences Questionnaire. In: Wilson JP, Keane TM, editors. *Assessing psychological trauma and PTSD*. New York: Guilford Press; 1997. p. 412-26.
28. Herdman M, Fox-Rushby J, Badia X. A model of equivalence in the cultural adaptation of HRQoL instruments: the universalist approach. *Qual Life Res*. 1998;7:323-35.
29. Reichenheim ME, Moraes CL, Hasselmann MH. [Semantic equivalence of the Portuguese version of the Abuse Assessment Screen tool used for the screening of violence against pregnant women]. *Rev Saude Publica*. 2000;34:610-16.

30. Moraes CL, Hasselmann MH, Reichenheim ME. [Portuguese-language cross-cultural adaptation of the Revised Conflict Tactics Scales (CTS2), an instrument used to identify violence in couples]. *Cad Saude Publica*. 2002;18:163-76.

ABSTRACT

Background: This paper presents the cross-cultural adaptation to Brazilian Portuguese of the Peritraumatic Dissociative Experiences Questionnaire, Self-Report Version (PDEQ-SRV), aimed at the screening and quantification of peritraumatic dissociative phenomena.

Methods: Two translations and their respective back-translations were carried out, followed by semantic equivalence evaluation, preparation of the synthesis version, pre-testing in the target population, and definition of the final version.

Results: A high level of semantic equivalence was observed between the original instrument and the two pairs of translations/back-translations in terms of the referential and general meanings. The pre-testing stage in the target population led to few alterations aiming at fulfilling semantic equivalence criteria.

Discussion: This study presents the first adaptation to the Brazilian context of an instrument specifically designed to detect and quantify peritraumatic dissociative symptoms.

Keywords: Dissociative disorders, trauma, questionnaires, translation.

Title: Cross-cultural adaptation of the Peritraumatic Dissociative Experiences Questionnaire, Self-Report Version, to Brazilian Portuguese

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Annex - Final version of the Peritraumatic Dissociative Diseases Questionnaire in Brazilian Portuguese

Questionário de Experiências Dissociativas Peritraumáticas – Versão Auto-Applicativa

Instruções: Por favor, preencha os itens abaixo marcando a opção que melhor descreve suas sensações e reações durante o _____ e imediatamente após este acontecimento. Para cada item, marque um número de 1 a 5 para mostrar o quanto esta situação ocorreu com você. Se o item não ocorreu, marque “Não”.

Houve momentos em que eu perdi a noção do que estava acontecendo – “Me deu um branco” ou “eu saí do ar” ou de alguma forma eu senti como se eu não fizesse parte do que estava acontecendo. Marque um número de 1 a 5 para mostrar o quanto esta situação ocorreu com você.

1	2	3	4	5
Não	Leve	Moderado	Muito	Extremamente

Eu senti que eu estava no “piloto automático” – Eu acabei fazendo coisas que mais tarde percebi que não tive intenção de fazer. Marque um número de 1 a 5 para mostrar o quanto esta situação ocorreu com você.

1	2	3	4	5
Não	Leve	Moderado	Muito	Extremamente

Minha noção do tempo mudou – as coisas pareciam estar acontecendo em câmera lenta. Marque um número de 1 a 5 para mostrar o quanto esta situação ocorreu com você.

1	2	3	4	5
Não	Leve	Moderado	Muito	Extremamente

O que estava acontecendo parecia que não era real, como se eu estivesse num sonho ou assistindo um filme ou uma peça de teatro. Marque um número de 1 a 5 para mostrar o quanto esta situação ocorreu com você.

1	2	3	4	5
Não	Leve	Moderado	Muito	Extremamente

Eu senti como se estivesse assistindo a tudo o que estava acontecendo comigo pelo lado de fora, como um espectador, ou como se eu estivesse flutuando, vendo tudo de cima. Marque um número de 1 a 5 para mostrar o quanto esta situação ocorreu com você.

1	2	3	4	5
Não	Leve	Moderado	Muito	Extremamente

Houve momentos em que a noção que eu tinha do meu próprio corpo parecia distorcida ou modificada. Eu me senti desligado do meu corpo ou que meu corpo estava maior ou menor do que o habitual. Marque um número de 1 a 5 para mostrar o quanto esta situação ocorreu com você.

1	2	3	4	5
Não	Leve	Moderado	Muito	Extremamente

Eu senti como se as coisas que estavam acontecendo com outras pessoas estivessem acontecendo comigo – por exemplo, alguém foi preso, e eu senti que era eu quem estava sendo preso. Marque um número de 1 a 5 para mostrar o quanto esta situação ocorreu com você.

1	2	3	4	5
Não	Leve	Moderado	Muito	Extremamente

Eu fiquei surpreso por descobrir mais tarde que várias coisas que tinham acontecido naquela ocasião eu não havia percebido, principalmente coisas que eu normalmente teria notado. Marque um número de 1 a 5 para mostrar o quanto esta situação ocorreu com você.

1	2	3	4	5
Não	Leve	Moderado	Muito	Extremamente

Eu me senti confuso, ou seja, houve momentos em que eu tive dificuldade para entender o que estava acontecendo. Marque um número de 1 a 5 para mostrar o quanto esta situação ocorreu com você.

1	2	3	4	5
Não	Leve	Moderado	Muito	Extremamente

Eu me senti desorientado, ou seja, houve momentos em que eu me senti perdido no tempo e no espaço. Marque um número de 1 a 5 para mostrar o quanto esta situação ocorreu com você.

1	2	3	4	5
Não	Leve	Moderado	Muito	Extremamente