THE SELF-ADMINISTERED VERSION OF THE STRUCTURED INTERVIEW FOR DISORDERS OF EXTREME STRESS (SIDES-SR) IN A CLINICAL AND NON-CLINICAL PORTUGUESE SAMPLE

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INTRODUCTION

- **DESNOS** (Disorders of extreme stress not otherwise specified; Pelcovitz et al., 1997): constellation of symptoms and altered beliefs that emerge as a consequence of prolonged, repeated adverse interpersonal experiences (e.g., child abuse, domestic violence).
- Traumatic interpersonal experiences compromise the individual’s self-development, particularly when occur during developmentally vulnerable periods (i.e., childhood or adolescence), and when they are inflicted by caregivers or in the context of other intimate relationships (Cook et al., 2017; Ford, Grasso, Greene, Levine, & Spinazzola, 2013; Luxenberg, Spinazzola, van der Kolk, 2001).
- The DSM-5 (APA, 2013) included DESNOS psychopathology outcomes as specific features of PTSD, however, findings from clinical and research studies support that a diagnosis of PTSD fails to adequately capture DESNOS’ symptoms (Luxenberg et al., 2001; Pelcovitz et al., 1997; van der Kolk, 2014).
- Pelcovitz et al. (1997) developed the Structured Interview for Disorders of Extreme Stress (SIDES), a rationally derived structured interview that assesses DESNOS symptomatology. In its prevailing form, there are two versions of the instrument, the interview (SIDES-R) and **the self-administered version (SIDES-SR; Spinazzola, Blaustein, Kisiel, & van der Kolk, as cited in Luxenberg, 2001).**

OBJECTIVES

- The present study is part of a major project designed to validate the Portuguese version of the **SIDES-SR**
- Reliability: Internal consistency indices were examined in clinical and non-clinical samples.
- Validity: Psychiatric patients’ results in the SIDES-SR were compared to those obtained by the community sample.

METHOD

PARTICIPANTS: Community sample: $N = 814$; $M_{age} = 40.09$, $SD = 14.25$, 39.2% male, 60.8% female; Clinical sample: $N = 310$; $M_{age} = 42.49$, $SD = 12.47$, 57.7% male, 42.3% female). **PROCEDURES:** The community and clinical samples’ data collection was approved by the Ethic Committee of the Faculty of Psychology and, in the case of the clinical sample, by the host institutions involved. The participation in the study was informed, consented, anonymous and voluntary. **MEASURES:** The **SIDES-SR** is a 45 item self-report measure which assesses lifetime and current presence of DESNOS, in addition to current symptom severity (past month). Lifetime presence of DESNOS is rated on a dichotomic scale (Yes/No) and current presence in the past month and symptom severity are rated on a 4-point Likert scale ranging from 0 (none; not at all) to 3 (maximum severity). Scores of 2 or above suggest clinical severity of the symptoms presented.

The **SIDES-SR** characterizes the DESNOS’ six symptomatology clusters: **I) ALTERATIONS IN REGULATION OF AFFECT AND IMPULSES, II) ALTERATIONS IN ATTENTION OR CONSCIOUSNESS, III) ALTERATIONS IN SELF-PERCEPTION, IV) ALTERATIONS IN RELATIONSHIPS WITH OTHERS, V) SOMATIZATION, VI) ALTERATIONS IN SYSTEMS OF MEANING.**

RESULTS

Table 1. SIDES-SR scales’ means (M), standard deviations (SD), Cronbach’s alphas (α) in the community and clinical samples

	SIDES-R (Pelcovitz et al., 1997)	SIDES-SR Portuguese version					
		Community ($N=814$)			Clinical ($N=310$)		
	α	M	SD	α	M	SD	α
I	.90	.18	.33	.90	.67	.61	.77
II	.76	.18	.50	.68	.67	.82	.62
III	.77	.07	.21	.78	.37	.52	.69
IV	.77	.15	.37	.67	.48	.66	.62
V	.88	.06	.21	.69	.26	.51	.71
VI	.78	.16	.45	.69	.53	.86	.67

DISCUSSION

- Internal consistency indices above .60, lower than the original ones, but similar to other studies (.68-.82, Luxenberg et al., 2001; .67-.71, Scoboria et al., 2008).
- The SIDES-SR results highly differentiated a community and a clinical sample, with the clinical sample reporting, as expected, more severe symptomatology.
- Moderate effect sizes suggest that the SIDES-SR adequately captures the severity of DESNOS symptomatology.
- Results support SIDES-SR relevance for clinical practice in the assessment of the DESNOS diagnosis.

Table 2. SIDES-SR scales’ median ranks, Independent Samples Mann-Whitney U (Z) and size effects (r) in the community ($N=814$) and clinical ($N=310$) samples.

		Mean Ranks	Z	p	r
I	Community	450.49	-14.05	.000	.44
	Clinical	717.96			
II	Community	489.87	-11.78	.000	.36
	Clinical	674.36			
III	Community	483.32	-12.25	.000	.38
	Clinical	674.47			
IV	Community	500.14	-9.70	.000	.30
	Clinical	656.71			
V	Community	504.86	-7.78	.000	.24
	Clinical	608.40			
VI	Community	506.57	-7.88	.000	.24
	Clinical	618.37			

Note. $R = Z/N$, $N = n_{community\ sample} + n_{clinical\ sample}$; small effect: $.10 \leq r < .30$, medium effect: $.30 \leq r < .50$, large effect: $r \geq .50$

- **Study limitations:** the composition of the clinical sample, in which the diagnosis of substance use is overrepresented.
- **Future directions:** balance diagnoses; expand the validity studies (e.g., factor structure, history of interpersonal trauma, associations with PTSD measures)

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