



The SCID

Research Version for DSM-5

Basic Features of SCID

- ◆ Suitable for anyone with 8th grade education
- ◆ Takes 45-120 Minutes (I'd guess)
- ◆ Separate Administration Booklet and Scoresheet
- ◆ Inclusion of an Open-Ended Overview
 - ◆ Present Illness
 - ◆ Past psychiatric history
 - ◆ Substance use history
 - ◆ Should gather enough info to formulate tentative differential diagnosis
- ◆ Flow of interview is designed to approximate an experienced clinician

A few details (part 1)

- ◆ Ratings are of Criterion Items, *not* of answers to questions per se
 - ◆ Simple "Yes" not sufficient -- elaboration
 - ◆ Sometimes extra-interview info is required -- rating will reflect all available sources of information!
 - ◆ An item can be coded as present even in the face of a denial by the patient
 - ◆ If clinician doubts the presence of a symptom that a patient insists is present, rate it as not present.

A few details (part 2)

◀ Diagnostic Summary Sheet

- ◀ Summary sheet for disorders and specifiers
- ◀ May take some practice to get accustomed to the format

“Do’s” and “Don’ts”

- ◆ DO use the Overview to obtain the patient’s perception of the problem and treatment history
- ◆ DON’T ask questions in the Overview for details of specific symptoms (as those are covered later)
- ◆ DO stick to the initial questions as they are written, except for minor modifications to consider what the patient has already said.
- ◆ DON’T make up your own initial questions because you feel that you have a better way of getting the same information.
- ◆ DO ask additional clarifying questions to elicit details in the patient’s own words

“Do’s” and “Don’ts”

- ⬅ DON’T use the interview as a checklist or true/false test
- ⬅ DO use your judgment about a symptom, considering all of the information available, and confront the patient (gently of course) about responses that conflict with other information
- ⬅ DON’T automatically accept a patient’s response if it contradicts other info or if you believe it is not valid
- ⬅ DO make sure the patient understands what you are asking; repeat or rephrase if needed; describe entire syndrome if needed (e.g., manic episode)
- ⬅ DON’T use words or jargon the patient does not understand

“Do’s” and “Don’ts”

- ◆ DO make sure that you and the patient are focusing on the same (and appropriate) time period for each question
- ◆ DON’T assume the symptoms a patient is describing cluster together in time unless you have clarified the time period for each question.
- ◆ DO focus on getting enough information to evaluate each DSM criterion, which will require asking follow-up questions
- ◆ DON’T focus on simply getting an answer to the questions

“Do’s” and “Don’ts”

- ◆ DO give the patient the benefit of the doubt about a questionable psychotic symptom by rating “1” (absent)
- ◆ DON’T call a subculturally accepted religious belief or an overvalued idea a delusion.
- ◆ DO be careful with rule-outs: If it is TRUE that an episode is not better accounted for by the physiological effects of a substance, then mark “3”
- ◆ DON’T skip a section without completing it because you feel sure it does not apply (e.g., psychotic symptoms in a college student)