

The background of the slide is black, featuring a series of dynamic, white, light-streak-like patterns on the left side that sweep across the frame. The text is centered on the right side of the image.

The SCID

for DSM-5

Basic Overview of the SCID

- ◆ Possible Uses (nonexhaustive list)
 - ◆ Systematically evaluate (nearly) all DSM diagnoses
 - ◆ Select a population for study (inclusion, exclusion)
 - ◆ Characterize a study population (current, past hx)
 - ◆ Improve interviewing skills of students in mental health professions

Basic Overview of the SCID

◆ Versions

◆ Clinical Version (CV)

- ◆ Streamlined, limited specifiers covered
- ◆ Limited disorders covered
 - ◆ Screening questions for others
 - ◆ Missing many important disorders
- ◆ Focus on current, not lifetime disorder (except MDD, BP-I/II, Schizophrenia Spectrum Disorders, Panic Disorder, PTSD)

◆ Research Version (RV)

- ◆ Covers more disorders and specifiers than CV
- ◆ Core plus optional modules
- ◆ Published in e-format so researcher can tailor

◆ Clinical Trials (CT)

- ◆ Streamlined version of RV for typical clinical trial screening

Disorders only screened for in SCID-CV

- ◆ Premenstrual Dysphoric Disorder
- ◆ Specific Phobia
- ◆ Separation Anxiety Disorder
- ◆ Hoarding Disorder
- ◆ Body Dysmorphic Disorder
- ◆ Trichotillomania (Hair-pulling Disorder)
- ◆ Excoriation (Skin-picking Disorder)
- ◆ Insomnia Disorder
- ◆ Hypersomnolence Disorder
- ◆ Anorexia Nervosa
- ◆ Bulimia Nervosa
- ◆ Bing-eating Disorder
- ◆ Avoidant/Restrictive Food Intake Disorder
- ◆ Somatic Symptom Disorder
- ◆ Illness Anxiety Disorder
- ◆ Intermittent Explosive Disorder
- ◆ Gambling Disorder

Note: Only one question on each of these disorders!

Basic Features of SCID

- ◆ Suitable for anyone with 8th grade education
- ◆ Takes 45-120 Minutes (Your results may vary)
- ◆ Inclusion of an Open-Ended Overview
 - ◆ Present Illness
 - ◆ Treatment history
 - ◆ Substance use treatment history; current use
 - ◆ Medical conditions/issues
 - ◆ Suicidal thoughts/behavior
 - ◆ Should gather enough info to formulate *tentative* differential diagnosis to be fleshed out with the various modules of the SCID
- ◆ Use overview to establish rapport, explain purpose, gather information
- ◆ 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)

- ◆ Mandatory questions

 - ◆ Depending on answer, follow-up questions

 - ◆ And you almost always need to ask *more* questions

- ◆ Diagnostic summary sheet

 - ◆ Should be completed by end of interview

 - ◆ Can try concurrently (if you are a wizard)

 - ◆ Or markup a copy of the interview and then transfer the information

“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 (Two columns, evaluate the second, the criteria!)

“Do’s” and “Don’ts”

- ◆ DO give the patient the benefit of the doubt about a questionable psychotic symptom by rating “-” (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 “YES”
- ◆ DON’T skip a section without completing it because you feel sure it does not apply (e.g., psychotic symptoms in a college student)

A. MOOD EPISODES

	CURRENT MAJOR DEPRESSIVE EPISODE	MAJOR DEPRESSIVE EPISODE CRITERIA		
	Now I am going to ask you some more questions about your mood.	A. Five (or more) of the following symptoms have been present during the same 2-week period and represent a change from previous functioning; at least one of the symptoms is either (1) depressed mood or (2) loss of interest or pleasure.		
A1	<p>In the past month, since (ONE MONTH AGO), has there been a period of time when you were feeling depressed or down most of the day, <u>nearly every day</u>? (Has anyone said that you look sad, down, or depressed?)</p> <p>IF NO: <u>How about feeling sad, empty, or hopeless, most of the day, nearly every day?</u></p> <p>IF YES TO EITHER OF ABOVE: What has it been like? How long has it lasted? (As long as 2 weeks?)</p>	1. Depressed mood most of the day, nearly every day, as indicated by either subjective report (e.g., feels sad, empty, hopeless) or observation made by others (e.g., appears tearful).	-	+
A2	<p>IF PREVIOUS ITEM RATED "+": During that time, did you have less interest or pleasure in things you usually enjoyed? (What has that been like?)</p> <p>IF PREVIOUS ITEM RATED "-": What about a time since (ONE MONTH AGO) when you lost interest or pleasure in things you usually enjoyed? (What has that been like?)</p> <p>IF YES TO EITHER OF ABOVE: <u>Has it been nearly every day?</u> How long has it lasted? (As long as 2 weeks?)</p>	2. Markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day (as indicated by either subjective account or observation).	-	+

Two columns:
 ratings are for the
criteria,
 not the specific answer
 to your question

Use open-ended questions whenever possible!

- ◆ What, how, in what way
- ◆ NOT: Did, is, was...
- ◆ By example:
 - ◆ *What was that like?* (Were you sad?)
 - ◆ *How did that affect your ability to do things?* (Did that interfere with your work, school, social life?)
 - ◆ *How long did that last?* (Did that last at least 2 weeks?)
 - ◆ *What kinds of thoughts did you have at that time?* (Did you feel worthless?)
- ◆ And you can always say: *Tell me more about that...*