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)