

January 2010 SCID release

As noted below, a significant number of predominantly minor changes have been made to the SCID-RV. Biometrics Research is in the process of working closely with programmers at TeleSage to develop a web-based, electronic version of the SCID. As part of this process, the programmers who meticulously reviewed the SCID pointed out a number of inconsistencies and implementation issues which have been corrected in this revision. Also included are several corrections addressing inconsistencies and ambiguities identified by Dr. Michael Phillips and his colleagues stemming from their development of a Chinese (Mandarin) SCID translation.

Many of the problems were related to inconsistent use of “?” and “2” ratings for individual SCID items. In general, ratings of “2” (i.e., subthreshold) only apply to items that can be rated on a continuum (e.g., insomnia) and do not apply to items that are categorical (e.g., “not due to the direct effects of a substance or GMC” —either it is or is not due to a substance or GMC). Close examination of the ratings revealed instances of items representing a continuum (e.g., symptoms causing clinical significant distress or impairment) where the “2” was missing; and categorical items where a “2” was erroneously offered. Concurrently, use of the “?” as an option was also inconsistently applied. Both ratings have now been modified for consistent and relevant applicability.

Finally, the changes listed below reflect a cumulative accounting of all changes made in the SCID-RV since October 2008. Copies of the SCID-RV ordered from Biometrics Research over the past two years may already have incorporated some of these revisions. This is because as a matter of practice, minor issues found are corrected and the updated SCID version is disseminated without a specific announcement that such changes have been made.

Module A: Mood Episodes – 17 pages

- 1) Page A.4, item A25: “2” rating added
- 2) Page A.5, item A27: to eliminate frequent confusion about the meanings of the “1” and “3” ratings, an explanatory note has been added:

NOTE: CODE “3” IF EITHER NOT FOLLOWING THE LOSS OF LOVED ONE OR IF BEREAVEMENT IS COMPLICATED BY MAJOR DEPRESSIVE EPISODE. CODE “1” IF SIMPLE BEREAVEMENT

- 3) Page A.6, item A30: “?” rating omitted
- 4) Page A.7, item A36: skip instruction corrected from Current Manic Episode A.18 to **Melancholic Features A.8**

- 5) Page A.15, item A76: “?” and “2” ratings added
- 6) Page A.17, item A78: to eliminate frequent confusion about the meanings of the “1” and “3” ratings, an explanatory note has been added:

NOTE: CODE “3” IF EITHER NOT FOLLOWING THE LOSS OF LOVED ONE OR IF BEREAVEMENT IS COMPLICATED BY MAJOR DEPRESSIVE EPISODE. CODE “1” IF SIMPLE BEREAVEMENT

- 7) Page A.17, item A78: “?” rating omitted
- 8) Page A.20, item A97: “?” and “2” ratings added
- 9) Page A.22, item A101: “?” rating omitted
- 10) Page A.27, item **A125a**: a new data field indicator has been inserted to assess **total number of lifetime hypomanic episodes**. This item is now included in the current hypomanic episode section to be consistent with similar items determining the number of lifetime episodes within the current and past manic and past hypomanic sections
- 11) Page A.28, item A128: duplicate question, “what was it like?” has been omitted
- 12) Page A.30, item A140: “?” and “2” ratings added. Further, when criterion D is coded “1” or “2,” (i.e., no impairment in functioning) for the past manic episode being assessed, the interviewer is instructed to ask the participant if there are other episodes which may have caused impairment. If so, the interviewer is instructed to recode the item as “3.” Prior SCID instructions mistakenly referred recoding to “criterion C.” This has been amended to read **IF YES: RECODE CRITERION D as “3”**
- 13) Page A.34, items **A153a, A153b**: data field indicators have been added for the specific symptoms to be checked for criterion B(6) “increase in activity and psychomotor agitation”
- 14) Page A.35, item A158: “2” rating added
- 15) Page A.36, item A159: “2” rating omitted
- 16) Page A.39, item A171: “?” and “2” ratings omitted
- 17) Page A.40, item A172: “?” and “2” ratings omitted
- 18) Page A.40, item A175: “?” rating omitted
- 19) Page A.41, item A177: “2” rating added

Module B: Psychotic Symptoms – 2 pages

- 1) Page B.2, item B8: the phrase “Were you ever convinced that your spouse or partner was being unfaithful to you?” has been changed to “**Have you ever been convinced that your spouse or partner was being unfaithful to you?**”
- 2) Page B.8, top of page: the instruction has been changed from “if any delusions or hallucinations...” to “**if any psychotic symptom...**” This modification has been made because the chronology applies to all types of psychotic symptoms, not only delusions and hallucinations

Module C: Psychotic Differential – 11 pages

- 1) Page C.1: the initial statement that instructs the interviewer to skip to C.19 ***GMC/SUBSTANCE*** if symptoms in module B are due to a substance or a general medical condition has been modified from “IF ALL PSYCHOTIC SYMPTOMS CODED ‘3’...” to “**IF ALL DELUSIONS AND HALLUCINATIONS CODED ‘3’...**”. This modification has been made because both Substance-induced Psychotic Disorder and Psychotic Disorder Due to GMC only involve delusions or hallucinations, not psychotic symptoms in general
- 2) Page C.2, item C3: a note has been added below criterion A:

NOTE: CONSIDER A RATING OF “1” IF DELUSIONS PLUS HALLUCINATIONS CONSIST ONLY OF NON-BIZARRE DELUSIONS PLUS TACTILE AND/OR OLFACTORY HALLUCINATIONS (WHICH IS CONSISTENT WITH A DIAGNOSIS OF DELUSIONAL DISORDER)

Although typically a diagnosis of Schizophrenia is made when both delusions and hallucinations are present together, DSM-IV makes an exception for delusions accompanied by thematically-related tactile or olfactory hallucinations (i.e., a person with somatic delusion might believe he emits an odor that he and others can smell). In such cases, a diagnosis of Delusional Disorder should be made instead of Schizophrenia. This is communicated in the SCID note contained within criterion B of Delusional Disorder (page C.16, item C31) which states, “Tactile and olfactory hallucinations may be present in Delusional Disorder if they are related to the delusional theme.” Because the SCID presents the A criterion for Schizophrenia, however, before presenting the criteria for Delusional Disorder, this exception to the rule that delusions plus hallucinations equals Schizophrenia is not apparent to the interviewer during the rating of criterion A for Schizophrenia. This new explanatory note has been inserted to alert the interviewer to this issue

- 3) Page C.5, item C8: the box instruction regarding the possibility of a substance-induced or general medical condition etiology has been modified. The phrase “if there is any indication of psychotic symptoms” has been replaced with “**If there is any indication of delusions or hallucinations**”. In DSM-IV, only delusions or hallucinations can be considered due to a Substance-Induced Psychotic Disorder or to a Psychotic Disorder Due to a GMC

- 4) Page C.11, item C15: same as above (i.e., statement modified from “psychotic symptoms” to “**delusions or hallucinations**”)
- 5) Page C.13, item C22: the note under criterion A for Schizoaffective Disorder has been modified as follows:

CODE “3” IF MANIC, MIXED, OR MAJOR DEPRESSIVE EPISODES WITH DEPRESSED MOOD ARE CONCURRENT WITH “A” SYMPTOMS OF SCHIZOPHRENIA. CODE “1” IF THE ONLY CONCURRENT MOOD EPISODES ARE MAJOR DEPRESSIVE EPISODES WITHOUT DEPRESSED MOOD (I.E., WITH LOSS OF INTEREST ONLY)

This change reflects that the only way a “1” rating may be justified here (i.e., criteria not met for Schizoaffective Disorder) is if psychotic symptoms were concurrent with a Major Depressive Episode that lacked depressed mood (i.e., criteria were met based on the presence of loss of interest only, without depressed mood). Psychotic symptoms concurrent with an episode of loss of interest are consistent with a diagnosis of Schizophrenia and not Schizoaffective Disorder, since the loss of interest in such patients would be more likely to represent negative symptoms as opposed to a mood disturbance

- 6) Page C.14, item C26: the definitions for bipolar and depressive types of Schizoaffective Disorder have been corrected to match the actual wording in the DSM-IV-TR:

Bipolar Type: if the disturbance includes a Manic or Mixed Episode (or a Manic or Mixed Episode and Major Depressive Episodes);

Depressive Type: if the disturbance includes only Major Depressive Episodes

- 7) Page C.15, item C26a: the instruction at the top of the page that allows the interviewer to skip the assessment of Delusional Disorder has been modified from “IF THERE HAVE BEEN NO DELUSIONS” to “**IF THERE HAVE NEVER BEEN ANY DELUSIONS**”. This modification has been made to clarify the ambiguity of the previous phrase with respect to whether the timeframe being referred to is current or lifetime. The revised phrase more clearly indicates this skip instruction is valid only if there have never been any delusions in the participant’s lifetime
- 8) Page C. 18, item C36: the instruction inside the box regarding the possibility of a substance-induced or general medical condition etiology has been modified. The phrase “ If there is any indication of psychotic symptoms” has been replaced with “**If there is any indication of delusions or hallucinations.**” In DSM-IV, only delusions or hallucinations can be considered due to a Substance-Induced Psychotic Disorder or to a Psychotic Disorder Due to a GMC
- 9) Page C.19, item C41: a box instruction **GO TO SUBSTANCE-INDUCED C.21** has been added under the “1” rating. This is to cause a section skip out similar to item C42

10) Pages C.21, C.22; items C43, C44, C45, C46: in the prior SCID, once the interviewer has reached the end of the evaluation for Substance-Induced Psychotic Disorder (either by making the diagnosis in item C46 or by terminating the evaluation due to a “1” rating in items C43, C44, or C45), the interviewer is instructed to “return to disorder being evaluated” (with the page numbers for the return included in the box on the upper right hand corner of page C.21). This reflects that the evaluation of psychotic disorder due to a GMC and substance-induced psychotic disorder is typically triggered by a suspicion of an organic etiology during the evaluation of relevant criterion within each psychotic disorder (e.g., in the case of Schizophrenia, it is criterion E, item C8 “The disturbance is not due to the direct physiological effects of a substance (e.g., a drug of abuse, a medication) or general medical condition.” The interviewer returns to this item when the evaluation of substance-induced psychotic disorder is finished). Unlike the rest of the SCID, in the Psychotic Disorders Module there is an alternative route to the evaluation of Psychotic Disorder Due to a GMC/Substance-Induced Psychotic Disorder, namely the skip instruction on page C.1 which directs the interviewer to go to ***GMC/SUBSTANCE,* C.19** if “all delusions and hallucinations coded ‘3’ in module B are due to a substance or a general medical condition”. If the evaluation of a substance-induced or GMC etiology was triggered by that skip instruction, when the evaluation of substance-induced psychotic disorder is concluded the interviewer should proceed to the next module rather than “return to the disorder being evaluated” which in this context makes no sense. Thus, the preamble at the top of page C.21, the “1” ratings for items C43, C44, and C45, and both the “1” and “3” ratings for C46 have been modified to indicate that the interviewer should either “return to the disorder being evaluated” OR **“else go to next module if skipped here from page C.1 because all psychotic symptoms in B were due to Substance or GMC”**

Module D: Mood Differential – 5 pages

- 1) Page D.3, item D13: there were two ratings corresponding to criterion A for Seasonal Pattern. Item D12 to rate the presence of a regular temporal relationship between the onset of the Major Depressive Episodes and a particular time of the year, which remains. Item D13 was also included alongside the note to exclude cases in which there is an obvious effect of seasonal-related psychosocial stressors. Ratings for this item have been removed and the fields codes now skip from D12 to D14 to maintain continuity with prior SCID versions
- 2) Page D.6, item D21: the instruction in the left hand column has been modified. The prior version of the SCID incorrectly instructed the interviewer to refer to ratings of items A27 and A77 when making the rating on D21. It now correctly refers to items **A28** and **A79** found on pages A.5 and A.17 respectively
- 3) Page D.10, item D34: this rating intended to indicate whether or not the diagnosis of Bipolar I Disorder or Bipolar II Disorder should be considered “current” for the purposes of the SCID Score Sheet has been a source of confusion, particularly the parenthetical phrase (except for duration). For Bipolar I Disorder, Manic, Bipolar I Disorder, Mixed, Bipolar I, Depressed, Bipolar II Hypomanic

and Bipolar II, Depressed, this item is rated “3” if the full symptomatic criteria for the relevant mood episode has been met at any time during the past month. For Bipolar I, Current Episode Unspecified, DSM-IV requires only that the full symptomatic criteria for the episode be met but suspends the requirement for duration (“Criteria, except for duration, are currently met...”). Thus, for the sake of clarity, the parenthetical (“except for duration”) has been removed and an exception for Bipolar I, Unspecified is indicated in the following note:

Note: for Bipolar I current episode unspecified, duration criteria do not have to be met for current episode

- 4) Page D.13, item D44a: this item, as with item D34, has been a source of confusion, particularly concerning whether the entire depressive episode must have been present in the last month in order to be considered “current.” According to standard SCID convention, a condition is considered current if it occurs at the full symptomatic level at any time during the past month. Thus, for clarification purposes, this item has been changed to:

Has met threshold criteria for Major Depressive Episode at any time in the past month

- 5) Page D.15, item D46: researchers studying Premenstrual Dysphoric Disorder, Recurrent Brief Depressive Disorder and Minor Depressive Disorder might want to make these diagnoses in study participants who have been diagnosed with Major Depressive Disorder or Bipolar Disorder. However, because these ratings are made within Depressive Disorder NOS and because the module D decision tree skips Depressive Disorder NOS if Bipolar or MDD are diagnosed, there is no way to make these diagnoses in such cases. A note was added to a previous updated version of the SCID instructing the interviewer to go back to page D.8 to make these diagnoses. Given that this note was placed AFTER the skip instruction that allows the interviewer to skip the assessment of longitudinal course specifiers if there are fewer than two mood episodes, this note could be inappropriately skipped. The skip instruction has therefore been modified to direct the interviewer to the note itself, rather than providing instructions to the next module

Module E: Substance Use Disorders, Standard Version – 9 pages

- 1) Pages E.2, E.4, E.11, E.13; top of page: each question asked as part of the assessment for Dependence and Abuse offers a choice of two different phrases to start the question. The first (e.g., “Did you ever miss work...”) is applied in cases where the interviewer has identified a period of time in which the participant has acknowledged problematic use or else particularly heavy use. The interviewer is supposed to begin each question with the preamble “during that time...” and then focus on what happened during that time. Alternatively, if no distinct time can be identified, the second italicized phrase should be used (e.g., “*Have you ever missed work...*”) that would refer to the person’s lifetime of use. The alternate module E (for more comprehensive assessments of lifetime substance use disorder history) included these instructions at the beginning of Dependence

and Abuse, but these were inadvertently omitted from the streamlined (now standard) version of Module E. They have now been incorporated

- 2) Page E.6, item E18: a rating of “?” has been added to assess whether abuse is “current”
- 3) Page E.8, item E23: although the “on agonist therapy” specifier was removed from the Alcohol Dependence section of the SCID in an earlier update (because this specifier does not apply to alcohol), it remained in the note and is now removed
- 4) Page E.8, items E23a, E26: since the specifier “in a controlled environment” trumps the other remission specifiers (i.e., the other remission specifiers do not apply if the participant is in a controlled environment), logically the rating for “in a controlled environment” should appear first. This item has been moved up before the remission specifiers with the addition of field identifier **E23a**, and deletion of item E26
- 5) Page E.9: the screening module of the SCID, which is typically administered immediately following the Overview, includes two questions relevant to the assessment of Substance Dependence and Abuse. Question #2, “Have you ever used street drugs?” and question #3, “Have you ever gotten ‘hooked’ on a prescribed medicine or taken a lot more of it than you were supposed to?”. In prior SCID versions, the interviewer was able to completely skip the “Non-Alcohol Substance Use Disorders” section if the SCID participant answered “no” to both of these questions. A conclusion has been made that this provision may lead to false negatives on two grounds: 1) given the placement of the screening module at the beginning of the SCID before the interviewer may have had adequate time to develop a good rapport with the SCID participant, he or she may be more likely not to be forthright with the interviewer regarding his or her lifetime drug use; and 2) participants misinterpret the meaning of “street drugs” and assume that abuse of diverted prescription drugs may not qualify as “ever having used street drugs.” For these reasons, the option of skipping out of this section has been eliminated if both questions are answered “no.” Instead, all participants are to be given the drug list for review while the interviewer asks, “Have you ever taken any of these to get high, to sleep better, to lose weight, or to change your mood?” Still, a decision to retain these two questions in the screening module has been made. This is because it is helpful to know at the beginning of the SCID whether a person has ever used street drugs as this information may be relevant in determining whether mood or psychotic symptoms reported in modules A and B may be substance-induced
- 6) Page E.9: several misspelled names have been corrected: metamphetamine is changed to **methamphetamine**; Focolin changed to **Focalin**; Percoset changed to **Percocet**; aerosal changed to **aerosol**. Furthermore, the lists in the E module did not exactly correspond to the drug list that is to be shown to the SCID participant. This has been corrected: i.e., gamma hydroxybutyrate and Roxicet have been added and “dope” has been removed as a street name for heroin in the drug list

- 7) Page E.10, item E28: these questions (“which drug caused you the most problems” and “which one did you use the most?”) are intended to help the interviewer decide which drug class to focus on first. An additional question derived from the screening question #3 regarding abuse of prescribed medications has been included because it is relevant to this determination
- 8) Page E.10, item E28a: both the standard and alternate versions of Module E offer a column for the rating of polysubstance dependence. However, the standard version (in contrast to the alternate version) does not offer any guidance about when to use the polysubstance column nor even a definition of what constitutes polysubstance dependence in the DSM-IV. Thus, the screening question in the alternate expanded drug section about polysubstance dependence with regards to periods of indiscriminate use has been added to the standard drug section as a new data field indicator, **E28a**. Since the standard drug module focuses only on the drug most heavily used in order to determine whether or not a diagnosis of dependence has ever been met, the poly drug column is applicable only in those rare instances in which all of the person’s drug use conforms to this indiscriminate pattern. Generally, polysubstance drug users have had periods where they prefer a particular drug so that a diagnosis of “polysubstance dependence” would not be applicable
- 9) Page E.17: items E58a and E58b: given the specifiers “On Agonist Therapy” and “In a Controlled Environment” trump the other remission specifiers (i.e., the other remission specifiers do not apply if the participant is either on agonist therapy or in a controlled environment), these two specifiers have been moved up before the other remissions specifiers and assigned new field numbers **E58a** and **E58b**. The original field numbers E60 and E61 have been deleted

Module F: Anxiety Disorders – 14 pages

- 1) Page F.3, item F17: “?” and “2” ratings have been omitted and the coding instruction “AT LEAST FOUR ITEMS CODED ‘3’” to “**AT LEAST FOUR ITEMS CODED ‘3’ AND REACHED PEAK WITHIN 10 MINUTES (item F3)**”. This is to indicate that four panic attack symptoms AND item F3 requiring the symptoms reached a peak within 10 minutes are both required in order for a “3” rating
- 2) Page F.3, item F18: “2” rating omitted
- 3) Page F.3. item F19: “2” rating omitted
- 4) Page F.3, F19a: the summary rating for Panic Disorder criteria was missing, essentially allowing a diagnosis of Panic Disorder to be made without all of the criteria having been rated “3”. A new summary rating “**A, B, C, AND D CODED ‘3’**” has been added with the assignment of item number **F19a**
- 5) Page F.5, item F22: “2” rating omitted

- 6) Page F.5, item F23: “?” and “2” ratings omitted
- 7) Page F.6, item F24: “2” rating omitted
- 8) Page F.8, item F38: “2” rating omitted
- 9) Page F.8, item F39: “?” and “2” ratings omitted
- 10) Page F.9, item F40: “2” rating omitted
- 11) Page F.10, item F42: “2” rating omitted
- 12) Page F.13, item F58: “2” rating omitted
- 13) Page F.18, item F73: “2” rating omitted
- 14) Page F.19. item F80: “2” rating omitted
- 15) Page F.22 item F95: “2” rating omitted
- 16) Page F.31: the note IF: IN RESIDUAL PHASE OF SCHIZOPHRENIA,CHECK HERE ____ AND GO TO *ANXIETY DISORDER NOS,* F. 40 now has an item number, **F134b**
- 17) Page F.31, item 137: “2” rating omitted
- 18) Page F.35: current severity question for chronology of GAD now has an item number, **F148a**
- 19) Page F.38, item 155: “2” rating omitted
- 20) Page F.40, items F156d, F156e: item F156d which was already assigned to a previous item has changed to F156e

Module G: Somatoform Disorders – 4 pages

- 1) Page G.6., item G47: “2” rating omitted
- 2) Page G.7, item G51: instruction in left hand column corrected from “code these items” to “**code this item**”
- 3) Page G.9, item G63: the interview question, “**IF NOT ALREADY KNOWN: How much have these concerns interfered with your life? (Has it made it hard for you to do your work or be with**

friends?)” has been added and replaces the prior instruction to code this item ‘3’ if both criterion A and B were coded “3” under the assumption that if the SCID participant is preoccupied with fears of having a serious disease, then he or she is almost certainly “distressed” (as required in criterion C). While likely true in most cases, the newly inserted interview questions provide the interviewer an opportunity to inquire about the impact of this preoccupation on the participant’s life

- 4) Page G.9, item G66: “2” rating omitted
- 5) Page G.10, item G70: “2” rating omitted
- 6) Page G.10, items G71, G72: the rating item G71 while the age of onset has been changed to G72

Module H: Eating Disorders – 4 pages

- 1) Page H4, header: “Anorexia Nervosa’ has been modified to “Bulimia Nervosa” to correctly apply to the first page of the Bulimia Nervosa assessment
- 2) Page H.5, item H16: “2” rating omitted
- 3) Page H.7, item H31: “2” rating omitted
- 4) Page H.8, item H33: “2” rating omitted

Module I: Adjustment Disorder – 1 page

- 1) Page I.1, item I4: “2” rating omitted

Module E: Substance Use Disorders, Alternate Version – 1 page

- 1) Page Alt-E.10: several misspelled names have been corrected: metamphetamine to **methamphetamine**; Focolin to **Focalin**; Percoset to **Percocet**; aerosal to **aerosol**

Drug List – 1 page

- 1) Drug names corrected: metamphetamine now **methamphetamine**; Focolin now **Focalin**; Percoset now **Percocet**; aerosal now **aerosol**