

Changes to the Organization and Diagnostic Coverage of the SCID-5-RV

Core vs. Enhanced SCID configuration: A number of new disorders have been added to the SCID-5-RV. To try to reduce the length and complexity of the SCID-5-RV, two versions of the SCID-5-RV are available: a standard “core” SCID-5-RV and an “enhanced” SCID-5-RV that includes everything that is in the “core” SCID as well as the optional disorders. See Table 1, page 15 for a listing of a disorders included in the SCID-5.

As noted above, the SCID-5-RV contains 12 modules that mirror the new organizational structure of the DSM-5.

- Modules A-D (Mood and Psychotic Disorders) and Module E (Substance Use Disorders) cover roughly the same disorders as in the DSM-IV SCID with the exception of the addition of some new disorders (i.e., Cyclothymic Disorder, Past Persistent Depressive Disorder, Premenstrual Dysphoric Disorder) and specifiers (i.e., With Anxious Distress, With Mixed Features).
- Module F (Anxiety Disorders) parallels the new smaller Anxiety Disorder grouping in DSM-5 and includes Panic Disorder, the phobias (Agoraphobia, Specific Phobia and Social Anxiety Disorder) and Generalized Anxiety Disorder in the core version and an optional assessment of Separation Anxiety Disorder in the enhanced version.
- Module G, created to correspond to the new DSM-5 grouping for Obsessive-Compulsive and Related Disorders, includes Obsessive-Compulsive Disorder in the core version of the SCD, and four optional disorders: Hoarding Disorder, Body Dysmorphic Disorder, Trichotillomania (Hair-Pulling Disorder, and Excoriation (Skin-Picking) Disorder in the enhanced SCID.
- Module H is completely new in the SCID and is entirely optional. It includes three Sleep-Wake Disorders: Insomnia Disorder, Hypersomnolence Disorder, and Substance-induced Sleep Disorder.
- Module I (now called Feeding and Eating Disorders to correspond to the grouping in DSM-5) includes Anorexia Nervosa, Bulimia Nervosa, and Binge-Eating Disorder in the “core” SCID as well as the optional Avoidant/Restrictive Food Intake Disorder in the enhanced SCID.
- Module J (Somatic Symptom and Related Disorders, corresponding to the DSM-IV Somatoform Disorders) is also entirely optional and includes Somatic Symptom Disorder and Illness Anxiety Disorder.
- Module K (“Externalizing” Disorders, which does not correspond to any single DSM-5 diagnostic class), includes Adult Attention-Deficit/Hyperactivity Disorder in the “core” SCID and two optional disorders, Intermittent Explosive Disorder and Gambling Disorder in the enhanced version.
- Module L (Trauma- and Stressor-Related Disorders) includes Acute Stress Disorder, Posttraumatic Stress Disorder, and Adjustment Disorder, all in the “core” SCID.

Changes to the Chronology Sections: Another significant change in the DSM-5 SCID is the greater attention paid to determining whether or not full criteria are currently met for the disorders. The assessment of most of the disorders in the DSM-IV SCID, especially the Anxiety Disorders, focused on determining the lifetime presence of each disorder by using questions such as “Have you ever been very anxious about or afraid of (PHOBIC SITUATIONS)?” Once it was determined that full criteria had been met on a lifetime basis, whether or not criteria were currently met was determined by simply asking the subject a single general question about the disorder [in the case of agoraphobia, “During the past month, have you avoided (PHOBIC SITUATIONS)?”]. While this worked as a rough approximation of whether the disorder was also “current”, it fell far short of actually documenting whether the full criteria were currently met, the determination of which can be important for selecting proper

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treatment, determining current prevalence rates, or documenting whether the subject meets the inclusion and exclusion criteria for a clinical trial.

the SCID-5 includes a more detailed and rigorous assessment of whether the full criteria are currently met in order to address this shortcoming. Three methods have been adopted for doing this, depending on the type of criteria set.

1. “Current” is assessed after lifetime. After the completing the initial lifetime assessment, the interviewer then determines whether the disorder is “current.” This is similar to the approach used throughout the SCID for DSM-IV. The difference in the SCID-5 is that the interviewer actually verifies that certain critical diagnostic criteria (e.g., those requiring persistence and distress or impairment) are met during the current time period.
2. Lifetime is assessed after “current.” For some disorders, whether the criteria are currently met is determined first and lifetime occurrence is then determined only if criteria are not currently met. This is the approach used in the DSM-IV SCID for mood episodes. In the SCID-5, its use has been expanded to include past episodes of Persistent Depressive Disorder, Generalized Anxiety Disorder, as well as being adopted for the assessment of Substance Use Disorders.
3. Lifetime and “current” are assessed in tandem. Finally, for some criteria sets (like Eating Disorders and PTSD), for each criterion rated “3” for lifetime, the interviewer then determines whether or not the criterion has been met for the current time period.

The time frame for what constitutes “current” in the SCID-5 differs from prior editions of the SCID, in which most disorders were considered to be “current” if criteria were met for any time during the past month. (Notable exceptions were current Dysthymic Disorder, which had a two-year time frame and current Generalized Anxiety Disorder, with a six-month time frame). For the SCID-5, the time frame for “current” varies much more widely across the various disorders and is determined by the duration and symptom clustering requirements set forth in the DSM-5 criteria. For example, PTSD, which has a required minimum duration of 1 month, uses the past month as the time frame for “current,” whereas Agoraphobia, Social Anxiety Disorder, and Specific Phobia utilize the past 6 months given that each of these disorders requires persistence over a 6-month period. Since the symptom clustering time frame in Substance Use Disorders is at least 2 items over a 12-month period, the prior 12 months is used as the time frame for “current” Substance Use Disorders.

Specifiers for the DSM-5 disorders (including severity) are applicable in the SCID when the disorder is considered to be “current.” DSM-5 offers severity and remission specifiers for only a subset of disorders unlike DSM-IV, which offered mild, moderate, severe, in partial remission, and in full remission for every disorder. The dimensional severity ratings for the psychotic disorders (which are included in the criteria sets for the DSM-5 Psychotic Disorders) have been incorporated into the SCID; however, none of the other dimensional severity measures included in Section III of DSM-5 are included.

Changes to Other Specified (formerly “NOS”) Conditions: The SCID includes the DSM-5 Other Specified Disorder categories for situations in which none of the specific DSM-5 categories is appropriate. The SCID requires the interviewer to indicate the specific reason for using the residual category, as is the case with DSM-5. Some new Other Specified categories have been added to the DSM-5 SCID that were not included in the DSM-IV SCID: Other Specified Obsessive-Compulsive and Related Disorder, Other Specified Eating Disorder, and Other Specified Trauma and Stressor-Related Disorder.

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Patient Edition vs. Non-patient Edition: The research version of the SCID-5 (SCID-5-RV) no longer has separate designated “editions” for use with patients (SCID-P) vs. non-patients (SCID-NP), as these two editions of the DSM-IV SCID differed only with respect to which version of the Overview was used. For the SCID-5, the appropriate version of the Overview (i.e., Patient Version vs. Non-patient Version) is used when configuring the modules.

Changes to the Overview: One significant change is that the screening for drugs and alcohol now takes place in the Overview section, rather than in the E module. This allows the interviewer to become familiar with the subject’s drug history in advance of doing the Mood and Psychotic modules in order to facilitate the determination of whether mood or psychotic symptoms are primary, due to a general medical condition, or substance-induced.

Questions have been added to the overview to assess lifetime suicidal ideation and behavior as well as current (past week) ideation or behavior. These questions are not intended to substitute for the use of a suicide rating scale to make a more quantified determination of suicide risk but instead are intended to uncover past episodes of psychopathology and treatment as well as provide important information to help the clinician determine current suicide risk (and the possible need for immediate intervention).

Changes to the Screener: Two versions of the screening module are available: one with only 15 questions that screens for the standard “core” SCID disorders and an expanded version with 30 questions that also screens for the optional disorders. These correspond to the two versions of the SCID, “core” vs. “enhanced.” Consequently, the screening questions are now contained in a separate module from the overview, in order to allow the interviewer to select the appropriate screening module. Note also that separate screening questions are provided for current and past GAD. Posttraumatic Stress Disorder, Acute Stress Disorder, and Adjustment Disorder continue not to have screening questions in the Overview.

Changes to Module A: The major change in the SCID assessment of Current and Past Major Depressive Episodes is the elimination in DSM-5 of the bereavement exclusion (i.e., that the disturbance is not better accounted for by bereavement) and its replacement with a note recommending the exercise of clinical judgment in situations in which the MDE occurs in the context of a significant loss. Because of a lack of clear instructions in guiding the interviewer how to make this clinical judgment, this note has not been implemented in the SCID-5; thus, a diagnosis of MDE is given regardless of context.

For Current MDE, two new specifiers which were added to DSM-5 are included in the SCID: With Anxious Distress and With Mixed Features. Similarly, the assessments of Current Manic Episode and Current Hypomanic Episode are also followed by assessments of the With Anxious Distress and With Mixed Features specifiers.

The SCID assessment of Persistent Depressive Disorder (PDD) (formerly Dysthymic Disorder) has been greatly simplified by the elimination of the DSM-IV exclusion of a Major Depressive Episode during the first two years of the disturbance. The SCID now assesses both current and past Persistent Depressive Disorder, with past PDD being assessed only if criteria are not met for current. An assessment for current Premenstrual Dysphoric Disorder, which is new to DSM-5, has been added to the SCID. Premenstrual Dysphoric Disorder requires a 12-month duration and hence, the SCID assessment uses the past 12 months as the current timeframe.

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Finally, DSM-5 no longer has categories for Mood Disorder Due to AMC and Substance-induced Mood Disorder, in keeping with the splitting of Mood Disorders grouping in DSM-IV into Bipolar Disorders and Depressive Disorders in DSM-5. Instead, there are now separate diagnoses for Bipolar Disorder Due to Another Medical Condition and Depressive Disorder Due to Another Medical Condition, and Substance/Medication-induced Bipolar Disorder and Substance/Medication-induced Depressive Disorder.

Changes to Module B and Module C: For Module B (as well as for the B/C Psychotic Screening Module), separate ratings, SCID questions, and definitions have been added for religious delusions, delusions of guilt, jealous delusions, and erotomanic delusions. Similarly, separate ratings are now made for olfactory and gustatory hallucinations.

The DSM-5 Severity ratings for delusions, hallucinations, disorganized speech, grossly disorganized or catatonic behavior, and negative symptoms during the prior 7 days are included in Module B in keeping with the DSM-5 recommendation that they be used to rate current severity of each of the Psychotic Disorders. These are in place of the Schizophrenia subtypes, which have been eliminated in DSM-5. The past 7 days is used (as opposed to past month, which is typically used in the SCID-5 to indicate “current”) in keeping with the specific instructions in the DSM-5 for the use of these severity dimensions.

Changes to Module E (Substance Use Disorders): The elimination of the DSM-IV distinction between Dependence and Abuse has resulted in a simplification of this module as there is now only one 11-item “Alcohol Use Disorder” criteria set and one 11-item non-alcohol Substance Use Disorder criteria set to evaluate. However, the SCID-5 first assesses “current” Alcohol or Substance Use Disorder (defined as having symptoms that meet criteria in the past 12 months) and if criteria are not met, assesses whether criteria have been met for any 12-month period prior to the past 12 months.

The drug classes have been re-organized: there is no longer a separate drug class for cocaine (it is included within the “stimulants” grouping); hallucinogens and PCP have been separated into two separate drug classes, and inhalants have been split out of the “other” category. Given the elimination of “Polysubstance Dependence” in DSM-5, that drug use diagnosis has been eliminated from the SCID as well.

Because of the complexity of the dependence/abuse assessment in the DSM-IV SCID, two versions of this module were offered: a “standard” version, in which the interviewer determined whether criteria were met for dependence/abuse on any drug class (starting with the class used most heavily) and an alternative version which allowed for the simultaneous rating of Substance Use Disorders for every drug class that the subject had ever used. For the SCID-5, there is now only one version of the E module, but it has been modified for more flexible use so that the interviewer can decide how many different drug classes to assess. The interviewer is thus asked to choose from one of three “methods” of assessment. Method #1 (which corresponds to the standard method in the DSM-IV SCID) involves first assessing the drug class most heavily used. If criteria are met for a Substance Use Disorder, the assessment ends. If not, the interviewer is asked to go successively through drug classes until criteria are met for one of the drug classes. In Method #2, the interviewer assesses lifetime Substance Use Disorder for the top three drug classes. In Method #3 (equivalent to the “alternative” approach in the SCID-4), the interviewer assesses the criteria for all drug classes that have ever been used.

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Changes to Module F (Anxiety Disorders): To accommodate the inclusion of the specifier With Panic Attacks (that can be applied to any DSM-5 disorder), this module begins by assessing the lifetime presence of panic attacks. In cases in which there have not been at least two recurrent unexpected panic attacks (which qualifies for Panic Disorder), the interviewer notes the context in which the panic attacks have occurred (e.g., during separation from attachment figures). This is done so that the panic attack specifier can be used later on in the SCID when the corresponding disorder is diagnosed (e.g., PTSD with Panic Attacks).

Other changes in this module include separate assessments of Panic Disorder and Agoraphobia (now distinct disorders in DSM-5) and adding an assessment for past Generalized Anxiety Disorder, which is completed only if criteria are not met for current GAD.

Changes to Module G (Obsessive-Compulsive and Related Disorders): The assessment of OCD now begins with three separate screening questions designed to screen for the various types of obsessions experienced by patients (i.e., thoughts, images, and urges). Level of insight is also assessed for OCD, Hoarding Disorder, and Body Dysmorphic Disorder in the form of a specifier.

New Module H (Sleep-Wake Disorders): This optional module assesses current Insomnia Disorder and Hypersomnolence Disorder, as well as Substance/Medication-Induced Sleep Disorder. Insomnia Disorder and Hypersomnolence Disorder require a 3-month duration and hence, the SCID assessment uses the past three months as the current timeframe. Note that both Sleep-Wake Disorders include a criterion that excludes the diagnosis if the sleep disturbance is better explained by, or occurs exclusively during, the course of another Sleep-Wake disorder (e.g., Narcolepsy, Breathing-related Sleep Disorder; see criterion F in Insomnia Disorder and criterion D in Hypersomnolence Disorder). Given that such information may require an evaluation by a sleep specialist (e.g., using polysomnography), the interviewer is given the option of making a provisional diagnosis of Insomnia Disorder or Hypersomnolence Disorder, and to make a definite diagnosis only if such information is available.

Changes to Module J (Somatic Symptom Disorders): This optional module replaces the DSM-IV SCID module for Somatoform Disorders and now covers current Somatic Symptom Disorder and Illness Anxiety Disorder. Screening questions have been added to the version of the Overview Screener that includes the optional disorders. As with the Somatoform Disorders in the DSM-IV SCID, these are diagnosed for the current period (i.e., past 6 months) only.

New Module K (Externalizing Disorders): This module includes Adult ADHD (past 6 months) and, optionally, current Intermittent Explosive Disorder and Gambling Disorder (lifetime), all new to the SCID for DSM-5. Since these are drawn from three different DSM-5 diagnostic groupings (Disruptive, Impulse Control and Conduct Disorders, Substance Use and Addictive Disorders, and Neurodevelopmental Disorders), they have been grouped together in the SCID under the rubric Externalizing Disorders (a SCID term).

Changes to Module L (Trauma- and Stressor-Related Disorders): Several changes have been made to the assessment of exposure to traumatic events (Criterion A). The wordy and complicated initial question that was used in the DSM-IV SCID to query subjects about past trauma exposure has been broken down in the SCID-5 into a series of shorter questions that cover a broader range of traumatic events. Moreover, a more detailed alternative trauma history assessment is available for studies that require a greater level of detail. It includes interview questions and ratings for 16 types of trauma (adapted from the DSM-5 text for PTSD). The initial screening question in the DSM-IV SCID which

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allowed the interviewer to skip out of the PTSD assessment if the subject denied re-experiencing the symptoms in some way has also been eliminated to reduce the risk of false negatives. The assessment of Acute Stress Disorder, which was included in the optional module J in the DSM-IV SCID, has been integrated into the SCID-5 trauma assessment: after determining which qualifying Criterion A trauma has affected the person the most, the interviewer proceeds with the Acute Stress Disorder assessment if the trauma exposure was in the past month and PTSD if it was prior to the past month. The SCID now concludes this module with an opportunity to assess Other Specified Trauma and Stressor-Related Disorder, for trauma or stressor-related presentations that do not meet the criteria for PTSD, ASD, or Adjustment Disorder.