**STRUCTURED CLINICAL INTERVIEW FOR PROLONGED GRIEF DISORDER (SCIP)**

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**INSTRUCTIONS**

Standard administration of the Structured Clinical Interview for Prolonged Grief Disorder (SCIP) is needed to ensure reliable and valid scoring and diagnosis. The SCIP should be administered by interviewers who have received training in structured clinical interviewing and instruction in how to make a differential diagnosis of mental illness in the context of bereavement. This would include a thorough understanding of the conceptual basis of Prolonged Grief Disorder (PGD) and its various symptoms, and detailed knowledge of the features and conventions of the SCIP itself.

Administration

1. Identify an index loss to serve as the basis for symptom inquiry. The index loss must involve the death of a significant other.
2. Read prompts verbatim, one at a time, in the order presented, except:
	1. Use the respondent’s own words for labeling the loss.
3. In general, do not suggest responses. If a respondent has difficulty understanding a prompt, it may be necessary to offer a brief example to clarify and illustrate. However, this should be done rarely and only after the respondent has been given ample opportunity to answer spontaneously.
4. Move through the interview as efficiently as possible to minimize respondent burden. Some useful strategies:
	1. Be thoroughly familiar with the SCIP so that prompts flow smoothly.
	2. Ask the fewest number of prompts needed to obtain sufficient information to support a valid rating.
	3. Minimize note-taking and write while the respondent is talking to avoid long pauses.
	4. Take charge of the interview. Be respectful but firm in keeping the respondent on task, transitioning between questions, pressing for examples, or pointing out contradictions.

Interviewer Scoring

To align with DSM-5-TR criteria for prolonged grief disorder, the SCIP assesses the frequency and intensity of symptoms, as well as the extent of functional impairment due to these symptoms. To receive a positive diagnosis of Prolonged Grief Disorder, the following is required:

Criterion A: The indexed loss must have occurred 12 months prior to the interview for adults, or 6 months prior for children and adolescents (reported in item A3)

Criterion B: The respondent must report symptoms of yearning or preoccupation about the deceased at a clinically significant degree and frequency. This criterion is met by responses of “quite a bit” or “overwhelmingly” to items B1 and B2, indexing clinical significance, and responses of “nearly every day” or “several times a day” for items B1a and B2a, indexing frequency of symptoms. Positive responses are colored in grey.

Criterion C: At least three out of the eight listed symptoms in this criterion must be reported at the same or greater level of clinical intensity and frequency as in Criterion B. This is satisfied by responses of “quite a bit” or “overwhelmingly” for the severity items and “nearly every day” or “several times a day” for the frequency items for at least three of the same symptoms. Positive responses are colored in grey.

Criterion D: At least one out of the four items must be reported as “moderate impact” or “severe impact.” Positive responses are colored in grey.

Criterion E: The grief reaction must exceed cultural norms for the interviewee, both in terms of duration (item E4) and severity (item E5). These items are rated by the interviewer with substantial input from the interviewee, who is the expert on their own cultural context. Grief reactions may vary widely between cultures; in discussing these items, both cultural competency and cultural humility are needed to ensure proper administration and evaluation.

Criterion F: Based on rater evaluation, the symptoms reported by the interviewee are not better explained by another mental disorder, such as major depressive disorder or posttraumatic stress disorder, medical condition, or physiological effects of a substance. The SCIP does not assess for presence of these factors. Rather, they must independently be ruled out by the interviewer. An evaluation of “no” in item F1 is required for a diagnosis of prolonged grief disorder.

Global Ratings: Overall validity of responses must be evaluated by the interviewer must be evaluated as “excellent” “good”, or “fair”. Positive responses are colored in gray.

For each section of the SCIP, responses necessary to establish a diagnosis of prolonged grief disorder are colored in grey.

**Criterion A:** Exposure to loss of a significant other

I’m now going to ask you about your grief related to the loss of [insert name]. I’ll ask you to share just a little about your relationship with [insert name], and then I’ll ask you about your emotional response to this loss. In general, I do not need a lot of information – just enough so that I can understand any problems that you may have had. Please let me know if you find yourself becoming upset as we go through the questions so we can slow down and talk about it. Also, let me know if you have any questions or if you don’t understand something. Do you have any questions before we start?

A1. I’d like to begin by asking you to tell me briefly about your relationship with [insert name]. What was your relationship like? Would you describe it as close?

**Note to probe:** How close were you? What are some ways you would describe your relationship (i.e., close, complicated, dependent, etc.)?

*The unscored items below may be used to assess potential prior history of prolonged grief disorder.*

* Just so I have a little more background, may I ask have you experienced any additional deaths of people close to you in the past, other than [insert name]?
	+ *If yes,* when did they occur?
	+ *If yes,* do you feel that your grief reaction was extremely distressing, persistent and disabling?

**Note to probe:** Were these deaths significant and impactful for our discussion?

**Criterion B:** Separation distress: The bereaved person experiences yearning or preoccupation with the loss at least daily and at a clinically significant degree

For the remainder of the interview, as I ask you about different feelings and reactions, grief related to other losses (if relevant, name other losses previously mentioned) may come up. Please try to keep feelings and reactions related to the loss of [insert child’s name] in mind as I ask you about different reactions it may have evoked for you. (If you find that it’s hard to disentangle your grief over (other losses), please let me know and I’ll make a note of it.) You may have experienced some of these thoughts, feelings, and behaviors before the death of [insert name], but for this interview, we’re going to focus just on the past month in the period since the death. For each reaction I ask about, I’ll ask if you’ve had experienced it in the past month, and if so, how often and how much it bothered you. These questions are multiple choice, so I will ask the question and then present you with the options.

**Note:** Apologize to the participant that many of these questions may be repeated from your previous conversation

B1. Do you feel yourself longing or yearning for [name]?

Not at all Slightly Somewhat

Overwhelmingly

Quite a bit

*If Item B1 = “Quite a bit” or “Overwhelmingly”* B1a. How frequently have you experienced this?

At least once At least once in the past month a week

Several times a day

Nearly every day

B2. Have you felt preoccupied with thoughts or memories of [name]?

Not at all Slightly Somewhat

Overwhelmingly

Quite a bit

*If Item B2 = “Quite a bit” or “Overwhelmingly”* B2a. How frequently have you experienced this?

At least once At least once in the past month a week

Several times a day

Nearly every day

**Criterion C:** Cognitive, emotional, and behavioral symptoms: The bereaved person must have three (or more) of the following symptoms experienced at least daily or to a disabling degree:

C1. Since the death, or as a result of the death, do you feel confused about your role in life or feel like you don’t know who you are any more (i.e., feeling like a part of you has died)?

Not at all

Slightly

Somewhat

Overwhelmingly

Quite a bit

*If Item C1 = “Quite a bit” or "Overwhelmingly”* C1a. How frequently have you experienced this?

At least once At least once in the past month a week

Several times a day

Nearly every day

C2. Do you have trouble believing that [name] is really gone?

Not at all

Slightly

Somewhat

Overwhelmingly

Quite a bit

*If Item C2 = “Quite a bit” or "Overwhelmingly”* C2a. How frequently have you experienced this?

At least once At least once in the past month a week

Several times a day

Nearly every day

C3. Do you avoid reminders that [name] is really gone? [e.g., memories, images, places, happy memories]

Not at all

Slightly

Somewhat

Overwhelmingly

Quite a bit

*If Item C3 = “Quite a bit” or "Overwhelmingly”* C3a. How frequently have you experienced this?

At least once At least once in the past month a week

Several times a day

Nearly every day

C4. Do you feel emotional pain (e.g., anger, bitterness, sorrow) related to the death?

Not at all

Slightly

Somewhat

Overwhelmingly

Quite a bit

*If Item C4 = “Quite a bit” or "Overwhelmingly”* C4a. How frequently have you experienced this?

At least once At least once in the past month a week

Several times a day

Nearly every day

C5. Since the death, or as a result of the death, do you feel that you have trouble re-engaging in life (e.g., problems engaging with friends, pursuing interests, planning for the future)?

Not at all

Slightly

Somewhat

Overwhelmingly

Quite a bit

*If Item C5 = “Quite a bit” or "Overwhelmingly”* C5a. How frequently have you experienced this?

At least once At least once in the past month a week

Several times a day

Nearly every day

C6. Since the death, or as a result of the death, do you feel emotionally numb or detached from others?

Not at all

Slightly

Somewhat

Overwhelmingly

Quite a bit

*If Item C6 = “Quite a bit” or "Overwhelmingly”* C6a. How frequently have you experienced this?

At least once At least once in the past month a week

Several times a day

Nearly every day

C7. Do you feel that life is meaningless without [name]?

Not at all

Slightly

Somewhat

Overwhelmingly

Quite a bit

*If Item C7 = “Quite a bit” or "Overwhelmingly”* C7a. How frequently have you experienced this?

At least once At least once in the past month a week

Several times a day

Nearly every day

C8. Do you feel alone or lonely without [name]?

Not at all

Slightly

Somewhat

Overwhelmingly

Quite a bit

*If Item C8 = “Quite a bit” or "Overwhelmingly”* C8a. How frequently have you experienced this?

At least once At least once in the past month a week

Several times a day

Nearly every day

**Criterion D:** The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

*The following items are asked as open-ended questions and scored by the administrator to reflect the most appropriate category.*

These questions will be open-ended so I will ask you them and then you can respond freely.

|  |
| --- |
| *Significant distress*D1. Overall, in the past month, to what extent have you felt distressed by your grief symptoms?**Note to probe:** “Distress”: symptoms are upsetting; bothersome; cause anxiety, frustration, or anger; wishes symptoms/feelings would go away or were not present (or worried they will not improve) |
| Not at all distressed | Mildly distressed (“slightly” or “a little” upset or bothered about the presence of grief symptoms) | Moderately distressed (more than “slightly” or “a little” upset or bothered by the presence of grief symptoms, but not “quite a bit” or overwhelming distress) | Significantly distressed (quite a bit of upset, bother, anxiety, or frustration about the presence of grief symptoms but not overwhelming or all-consuming) | Severely distressed (overwhelmed or consumed by distress related to the presence of grief symptoms) |
| *Social functioning – consider impairment in social functioning reported on in earlier items*D2. Overall, in the past month, has your loss affected your relationships with other people? How so? Would you say you felt socially isolated before the death?*If yes:* Was there a marked change in your feelings of social isolation following the death? |
| No adverse impact | Mild impact, minimal impairment insocial functioning | Moderate impact, distress clearly present and significant but notincapacitating | Marked impact, distress clearly present and significantly impairing | Severe impact, considerable distress, socially incapacitated |
| *Occupational functioning - Consider reported work history, including number and duration of jobs, as well as the quality of work relationships. If premorbid functioning is unclear, inquire about work experiences before the loss.*D3. *If unclear:* Are you working now?*If yes:* Overall, in the past month, has your loss affected your work or your ability to work? |
| No adverse impact | Mild impact, minimal impairment in occupational functioning | Moderate impact, definite impairment but not severe occupationaldysfunction | Marked impact, distress clearly present and significantly impairing | Severe impact, marked impairment, unable to work |
| *Other functioning*D4. Overall, in the past month, do you have trouble doing any other things you normally do because of your loss? |
| No adverse impact | Mild impact, minimal impairment in other important areas of functioning | Moderate impact, definite impairment but not severe dysfunction in other important areas offunctioning | Marked impact, distress clearly present and significantly impairing | Severe impact, marked impairment, fewif any aspects offunctioning still intact in specified areas |

**Criterion E:** Severity and duration of grief exceeds social/cultural/religious norms

Next, I would like to ask you some questions about your culture. I’d like to ask these questions

to better understand how the way you’ve been feeling relates to how people like your friends

and family may expect you to feel or behave.

E1. Do you feel connected to any social groups, ethnic groups, or traditions? How would you

describe your culture? Do you have multiple cultures that you feel that you are part of?

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E2. How do people in your culture(s) or religion(s) experience grief? Are there any rules or

traditions about *how* someone like yourself should grieve? Are there any traditions or rules

about *how long* someone like yourself should grieve?

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E3. In your opinion, is how you feel and act different than what people in your culture expect for

someone who is experiencing grief?

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E4. Based on responses of E1 – E3, evaluate whether the interviewee’s duration of grief symptoms clearly exceeds the social, cultural, or religious norms for their culture and context.

Does not exceed social, cultural or religious norms

Exceeds social, cultural, or religious norms

E5. Based on responses of E1 – E3, evaluate whether the interviewee’s severity of grief symptoms clearly exceeds the social, cultural, or religious norms for their culture and context.

Does not exceed social, cultural or religious norms

Exceeds social, cultural, or religious norms

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| No clinically significant symptoms, no distress and no functional impairment | Mild, minimal distress or functional impairment | Moderate, definite distress or functional impairment that is not incapacitating | Marked distress or functional impairment that is clearly present and significantly impairing but not incapacitating | Severe, considerable distress or functional impairment, limited functioning even with effort |

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| F1. Are the symptoms reported by the participant better explained by major depressive disorder, posttraumatic stress disorder, or another mental disorder, or attributable to the physiological effects of a substance (e.g., medication, alcohol) or another medical condition?**Criterion F:** Differential diagnosisYesNo**Global Ratings** |
| *Estimate the overall validity of responses. Consider factors such as compliance with the interview, mental**status (e.g., problems with concentration, comprehension of items, dissociation), and evidence of efforts to exaggerate or minimize symptoms.* |
| Excellent, no reason to suspect invalid responses | Good, factors present that may adversely affect validity | Fair, factors present that may reduce validity | Poor, factors present that clearly reduce validity | Invalid responses, severely impaired mental status or possible deliberate “faking bad” or“faking good” |