STRUCTURED CLINICAL INTERVIEW FOR DIAGNOSING PROLONGED GRIEF DISORDER (SCIP)

Name: _______________________________   ID#: __________________
Interviewer: _______________________________            Date: __________________
Study: _______________________________

NOTE: THIS IS A DRAFT VERSION CURRENTLY UNDERGOING PSYCHOMETRIC EVALUATION

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April 12, 2019
Instructions

Standard administration and scoring of the Structured Clinical Interview for Prolonged Grief Disorder – SCIP is needed to produce reliable and valid scores and diagnostic decisions. The SKIP should be administered only by qualified interviewers who have formal training in structured clinical interviewing and differential diagnosis, a thorough understanding of the conceptual basis of Prolonged Grief Disorder 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 may involve a loss other than the death of a significant other, such as a divorce or death of a pet, as long as it is the loss of something that is dear or cherished to the bereaved person.

2. Read prompts verbatim, one at a time, in the order presented, except:
   a. Use the respondent’s own words for labeling the loss.

3. In general, do not suggest responses. If a respondent has pronounced 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:
   a. Be thoroughly familiar with the SCIP so that prompts flow smoothly.
   b. Ask the fewest number of prompts needed to obtain sufficient information to support a valid rating.
   c. Minimize note-taking and write while the respondent is talking to avoid long pauses.
   d. 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.

Scoring by Interviewer

1. SCIP symptom severity ratings are based on combined ratings of symptom frequency and intensity of disruption.

2. Frequency of distress is rated as the number of times that a given symptom has occurred within the past month (how often) or percentage of time (not at all or several times through the day).

3. Intensity of disruption is rated on a five-point ordinal scale with ratings of not at all, slightly, somewhat, quite a bit, and severely.

4. For both frequency of distress and intensity of disruption, the interviewer uses the key located at the bottom of pages 5, 6, and 7, to determine the severity rating of the symptoms in Criterion B and Criterion C.

5. The SCIP symptom severity rating scale is used for all symptoms. Rating scale anchors should be interpreted and used as follows:
0 **Absent**  The respondent denied the problem.

1 **Slight**  The respondent very minimally endorses the problem.

2 **Mild / subthreshold**  The respondent described a problem that is consistent with the symptom criterion but is not severe enough to be considered clinically significant.

3 **Moderate / threshold**  The respondent described a clinically significant problem. The problem would be a target for intervention. This rating requires a minimum frequency of at least once a day OR a minimum intensity of quite a bit.

4 **Severe / markedly elevated**  The respondent described a problem that is well above threshold. The problem is difficult to manage and at times overwhelming and would be a prominent target for intervention. This rating requires a minimum frequency of several times a day OR a minimum intensity of markedly
**Criterion A: Exposure to loss of a significant other**

I’m going to ask you about your experience of (insert their recent significant loss, referred to as Index Loss). I’ll ask you to describe the loss (e.g., who died and the deceased’s kinship and emotional relationship to you). In addition, I’ll ask you how the loss occurred, when it occurred and your emotional response to this loss. If there were multiple losses that you have experienced recently, please tell me the loss that has affected you the most emotionally. In general, I do not need a lot of information – just enough so I can understand any problems 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?

In relation to (Index Loss) I’d like to begin by asking you to briefly describe what happened:

**Who/what was lost? (e.g., kinship, friendship relationship; how significant was this person/thing to you)?**

___________________________________________________________________________________________

**Can you describe how the loss occurred (events surrounding)?**

___________________________________________________________________________________________

**Can you describe when the loss occurred?**

___________________________________________________________________________________________

**Can you describe the degree to which this loss has had an impact on you? (e.g., of major or minor significance)**

___________________________________________________________________________________________

Do you feel alone in this loss, in that you feel a sense of stigma, shame or uncertainty about how to connect with others about this loss?

___________________________________________________________________________________________

Index loss (specify):

<table>
<thead>
<tr>
<th>What happened? (Was it a death from an accident, natural or manmade disaster, homicide, suicide, natural causes? If natural causes, was it a death from a terminal illness like cancer or heart disease or Alzheimer’s Disease or from an acute illness in an otherwise healthy person? Were you present when it occurred? Was anyone seriously injured or killed? Do you feel that you or someone else there could have prevented the death?)</th>
<th>Exposure type:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Exposure type:</strong></td>
<td><strong>Present at death ___</strong></td>
</tr>
<tr>
<td><strong>Exposed to life-threat to self ___</strong></td>
<td><strong>Was the loss due to:</strong></td>
</tr>
<tr>
<td><strong>Disease/illness? NO YES</strong></td>
<td><strong>If YES, from terminal or acute illness (circle one)</strong></td>
</tr>
<tr>
<td><strong>Homicide? NO YES</strong></td>
<td><strong>Suicide? NO YES</strong></td>
</tr>
<tr>
<td><strong>Others injured/killed? NO YES</strong></td>
<td><strong>Criterion A met? NO PROBABLY YES</strong></td>
</tr>
</tbody>
</table>

For the rest of the interview, I want you to keep (Index Loss) in mind as I ask you about different problems it may have caused you. You may have had some of these problems before, but for this interview we’re going to focus just on the past month. For each problem, I’ll ask if you’ve had it in the past month, and if so, how often and how much it bothered you.
**Criterion B:** Separation distress: The bereaved person experiences yearning (e.g., craving, pining, or longing for the deceased; physical or emotional suffering as a result of the desired, but unfulfilled, reunion with the deceased) at least daily or to a disabling degree:

1. In the past month, how often have you felt yourself longing or yearning for the person you lost?
   - _____ 1 = Not at all
   - _____ 2 = At least once
   - _____ 3 = At least once a week
   - _____ 4 = At least once a day
   - _____ 5 = Several times a day

2. In the past month, how often have you had intense feelings of emotional pain, sorrow, or pangs of grief related to the lost relationship?
   - _____ 1 = Not at all
   - _____ 2 = At least once
   - _____ 3 = At least once a week
   - _____ 4 = At least once a day
   - _____ 5 = Several times a day

   Have these pangs of grief in the past month bothered you? NO or YES
   Do these pangs of grief in the last month interfere with your ability to function? NO or YES

**Symptom Severity Rating**

- 0 Absent
- 1 Mild / subthreshold
- 2 Moderate / threshold
- 3 Severe / markedly elevated

**Key rating dimension = frequency of distress**

Moderate = at least 1 X day
Severe = > 1X day

The respondent must experience SCIP questions #1 or 2 at least daily (≥4 for frequency of distress or ≥ 2 threshold on the Symptom Severity Rating for a PGD diagnosis).

1. (C1-C9) – distressing thoughts, feelings, or behaviors associated with the loss.
**Criterion C:** Cognitive, emotional, and behavioral symptoms: The bereaved person must have five (or more) of the following symptoms experienced at least daily or to a disabling degree:

C1. In the past month, how often have you tried to avoid things that remind you that the person you lost is gone?
   - 1 = Not at all
   - 2 = At least once
   - 3 = At least once a week
   - 4 = At least once a day
   - 5 = Several times a day

C2. In the past month, how often have you felt stunned, shocked, or dazed by your loss?
   - 1 = Not at all
   - 2 = At least once
   - 3 = At least once a week
   - 4 = At least once a day
   - 5 = Several times a day

**Symptom Severity Rating**
- 0: Absent
- 1: Mild / subthreshold
- 2: Moderate / threshold
- 3: Severe / markedly elevated

**Key rating dimension = frequency of distress**
- Moderate = at least 1 X day
- Severe = > 1X day
<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
<th>Not at all</th>
<th>Slightly</th>
<th>Somewhat</th>
<th>Quite a bit</th>
<th>Severely</th>
</tr>
</thead>
<tbody>
<tr>
<td>C3</td>
<td>Do you feel confused about your role in life or felt like you don’t know who you are (i.e., feeling that a part of yourself has died)?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>C4</td>
<td>Have you had trouble accepting the loss?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>C5</td>
<td>Has it been hard for you to trust others since your loss?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>C6</td>
<td>Have you felt bitter over your loss?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>C7</td>
<td>Have you felt that moving on (e.g., making new friends, pursuing new interests) would be difficult for you now?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>C8</td>
<td>Have you felt emotionally numb since your loss?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>C9</td>
<td>Do you feel that life is unfulfilling, empty, or meaningless since your loss?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>C10</td>
<td>Do you feel alone, lonely, or detached from others?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

**Key rating dimension = intensity of disruption**
Moderate = quite a bit
Severe = markedly
**Criterion D**: Duration of the disturbance: Symptom Criteria B and C must be at or above the diagnostic threshold levels at six months or beyond from the loss.

| D1. Onset of symptoms | Total # months delay in expression _________  
With delayed expression (≥ 6 months-<12)? NO YES  
With delayed expression (≥ 12 months)? NO YES |
|-----------------------|-------------------------------------------------|
| **When did you first start having (PGD SYMPTOMS) you’ve told me about? (How long after the loss did they start? More than six months? More than twelve months?)** | **Total # months duration _________**  
Duration more than 6 months? NO YES  
With delayed onset (≥ 12 months)? NO YES |
| **How long have these (PGD SYMPTOMS) lasted altogether?** | **Total # months duration _________**  
Duration more than 6 months? NO YES  
With delayed onset (≥ 12 months)? NO YES |
**Criterion E:** The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

**E1. Subjective distress**

| Overall, in the past month, how much have you been bothered by these (PGD SYMPTOMS) you’ve told me about? [Consider distress reported on earlier items] | 0 | No adverse impact |
| | 1 | Mild impact minimal distress |
| | 2 | Moderate impact, distress clearly present but still manageable |
| | 3 | Severe impact, considerable distress |

**E2. Impairment in social functioning**

| In the past month, have these (PGD SYMPTOMS) affected your relationships with other people? How so? [Consider impairment in social functioning reported on earlier items] | 0 | No adverse impact |
| 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? | 1 | Mild impact, minimal impairment in social functioning |
| | 2 | Moderate impact, definite impairment but many aspects of social functioning still intact |
| | 3 | Severe impact, marked impairment, few aspects of social functioning still intact |

**E3. Impairment in occupational or other important area of functioning**

| [If not clear:] Are you working now? [If yes:] In the past month, have these (PGD SYMPTOMS) affected your work or your ability to work? How so? [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 trauma/loss.] [If no:] Have these (PGD SYMPTOMS) affected any other important part of your life? [As appropriate, suggest examples such as parenting, housework, schoolwork, volunteer work, etc.] How so? | 0 | No adverse impact |
| | 1 | Mild impact, minimal impairment in occupational/other important functioning |
| | 2 | Moderate impact, definite impairment but many aspects of occupational/other important functioning still intact |
| | 3 | Severe impact, marked impairment, few aspects of occupational/other important functioning still intact |
### Global Ratings

<table>
<thead>
<tr>
<th>26. Global validity</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
</tr>
<tr>
<td>0</td>
</tr>
<tr>
<td>1</td>
</tr>
<tr>
<td>2</td>
</tr>
<tr>
<td>3</td>
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<tr>
<td>4</td>
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</tbody>
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<table>
<thead>
<tr>
<th>27. Global severity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Estimate the overall severity of PGD symptoms. Consider degree of subjective distress, degree of functional impairment, observations of behaviors in interview, and judgment regarding reporting style.</td>
</tr>
<tr>
<td>0</td>
</tr>
<tr>
<td>1</td>
</tr>
<tr>
<td>2</td>
</tr>
<tr>
<td>3</td>
</tr>
</tbody>
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