



Letter to the Editor

A plea for a transdiagnostic tool and consistent psychiatric vocabulary is answered: The Standard for Clinicians' Interview in Psychiatry (SCIP)



Moritz and his colleagues raised two important issues: the need for a transdiagnostic tool that measures dimensions across different diagnoses and the need for a consistent psychiatric vocabulary (Moritz et al., 2019). The Standard for Clinicians' Interview in Psychiatry (SCIP) offers solutions to both issues (Aboraya et al., 2016).

The problem of inconsistent and unclear definitions of psychopathology symptoms and signs has been known for decades (Lorr and Rubinstein, 1953). The SCIP has defined and measured inter-rater reliability agreement (kappa) and the standard error for 206 psychopathology items: 29 screening items and 177 signs and symptoms of psychopathology covering most adult psychiatric disorders (Table 1). The SCIP also includes a comprehensive set of 18 rating scales for the following domains: anxiety, obsessions, compulsions, posttraumatic stress, depression, mania, delusions, hallucinations, disorganized thoughts, aggression, negative symptoms, alcohol use, drug use, attention deficit, hyperactivity, anorexia, binge-eating, and bulimia (Aboraya et al., 2018).

During the process of developing and testing the psychopathology items, efforts were made to establish a comprehensive and consistent psychiatric vocabulary. Here is how the SCIP defined some of the items discussed by Moritz and his colleagues:

MB3. Anhedonia:	Kappa
<i>Have you been unable to experience pleasure and enjoy things that you used to enjoy like exercising, enjoying your hobbies, or socializing with friends?</i>	0.87
0 Patient has no anhedonia.	
1 Patient has anhedonia less than half the time.	
2 Patient has anhedonia more than half the time.	

Anhedonia is placed twice in Table 1 (item # 32 in the context of depression and item # 93 in the context of negative symptoms of schizophrenia). Regardless of diagnosis, the SCIP has one consistent definition of anhedonia across different diagnoses (transdiagnostic).

More often, the same concept is given different labels or names, and even different labels were used more often at different times in the history of psychiatry (Kendler, 2016). To remedy this problem, similar descriptors are included with the definition to minimize confusion and to avoid using different terms for the same concept in different diagnoses.

MC32. Avolition (Other terms: motor apathy, general apathy, lack of drive) = decrease in goal-directed activities like school or work, or decrease in social activities with other people (asociality):	Kappa
0 Patient has normal activities.	0.74
1 Patient has avolition less than half time.	
2 Patient has avolition more than half time.	

Avolition was defined and measured as one item in the SCIP to reflect the three main activities of life: education, work and socialization.

MC31. Blunted or flat affect (Other terms: emotional apathy, emotional blunting, emotional indifference, blunting of emotional tone) = decreased facial expression, e.g., not smiling or laughing at a joke, poor eye contact, indifference to things around them, loss of emotional reaction and indifference:	Kappa
0 Patient has broad affect.	0.68
1 Patient has blunted affect.	
2 Patient has flat affect.	

Of note, the included term “decreased facial expression” is very close to “decrease in affective expression” proposed by Moritz.

The SCIP negative dimension includes five items: blunted affect, avolition, alogia, psychomotor slowing and poor self-care. Other researchers consider anhedonia, asociality and attention impairment as negative symptoms (Andreasen and Black, 2001). These negative symptoms are included together (items 92–99) in Table 1. Researchers may choose to create negative dimensions with six or more items and they can measure the psychometric properties of the new dimensions and use them to test certain hypotheses.

The SCIP represents a good start to developing a comprehensive and consistent psychiatric vocabulary. Researchers are welcome to refine and add additional items to the 206 items defined and measured in the SCIP. For example, if a researcher is interested in carving out and separating a decrease in social activities (asociality) as a separate item from a decrease in school or work activities, the researcher could do so by defining asociality as a separate concept and measuring its reliability. Another researcher may be interested in separating “diminished emotional expression” from “diminished experience of emotion”. The researcher could do so by defining both items and measuring their reliabilities, adding more refinement to the SCIP psychiatric vocabulary.

Now we can define a transdiagnostic instrument as the tool that has

Table 1

Inter-rater Reliability Agreement (Kappa) and Standard Error (SE) for the SCIP Items (Symptoms and Signs) in Patients at Sharpe Hospital, Chestnut Ridge Center (inpatient and outpatient), Ain Shams University Hospital and Mansoura University Hospital.

Item #	SCIP Items (Symptoms and Signs)	Total Number of Positive Cases for a given item	Kappa (*)	SE
1	Panic attacks	30	0.92	0.06
2	Worry about having another panic attack	25	0.81	0.04
3	Action to prevent panic attacks	26	0.87	0.04
4	Generalized anxiety	25	0.84	0.04
5	Restlessness with anxiety	26	0.74	0.04
6	Tension with anxiety	22	0.77	0.04
7	Exhaustion with anxiety	22	0.79	0.05
8	Poor concentration with anxiety	27	0.76	0.05
9	Irritability with anxiety	28	0.83	0.04
10	Insomnia with anxiety	25	0.82	0.05
11	Obsessions	26	0.85	0.04
12	Compulsions	18	0.77	0.04
13	Experienced traumatic events	10	0.83	0.05
14	Distressing recollection of events	30	0.88	0.05
15	Bad dreams or nightmares	26	0.94	0.05
16	Flashbacks	23	0.87	0.05
17	Psychological distress due to events	26	0.91	0.05
18	Physical reactions due to events	24	0.93	0.05
19	Avoidance of thoughts and feelings	27	0.94	0.05
20	Avoidance of people and places	27	0.94	0.05
21	Amnesia	15	0.70	0.06
22	Diminished social interest (asociality)	17	0.83	0.05
23	Detachment and isolation	22	0.87	0.05
24	Diminished emotional feelings	24	0.88	0.05
25	Insomnia	16	0.78	0.05
26	Anger	19	0.80	0.05
27	Attention impairment/ poor concentration	14	0.78	0.05
28	Hypervigilance	17	0.87	0.05
29	Startle response	20	0.86	0.05
30	Daze (feeling out of touch with surroundings)	16	0.82	0.05
31	Depressed mood	128	0.91	0.04
32	Anhedonia	121	0.87	0.04
33	Crying when depressed	11	0.76	0.04
34	Hopelessness	11	0.82	0.04
35	Fatigue and loss of energy	97	0.72	0.04
36	Attention impairment/ poor concentration	116	0.80	0.04
37	Psychomotor retardation/ slowing	97	0.72	0.04
38	Appetite changes when depressed	93	0.79	0.04
39	Weight loss	62	0.71	0.04
40	Weight gain	15	0.76	0.05
41	Initial insomnia	103	0.79	0.04
42	Middle insomnia	79	0.65	0.04
43	Late insomnia	46	0.62	0.04
44	Hypersomnia	26	0.68	0.05
45	Decreased libido	74	0.80	0.04
46	Worthlessness	97	0.78	0.04
47	Guilt	86	0.80	0.04
48	Thoughts of suicide	68	0.64	0.04
49	Elated mood	71	0.75	0.04
50	Irritable mood	70	0.76	0.04
51	Mixed mood (mood labilities)	41	0.58	0.05
52	Racing thoughts	71	0.85	0.04
53	Pressured speech	53	0.72	0.04
54	Flight of ideas	15	0.62	0.06

Table 1 (continued)

Item #	SCIP Items (Symptoms and Signs)	Total Number of Positive Cases for a given item	Kappa (*)	SE
55	Clanging	12	0.49	0.04
56	Distraction	63	0.79	0.04
57	Increase in activities	68	0.83	0.04
58	Grandiosity	40	0.81	0.04
59	Impulsivity	41	0.92	0.12
60	Over spending (poor judgment in new activities)	49	0.74	0.04
61	Decreased sleep	56	0.78	0.04
62	Hypersexuality	24	0.69	0.04
63	Auditory hallucinations	54	0.90	0.04
64	Hallucinations frequency	54	0.93	0.05
65	Internal hallucinations	50	0.84	0.04
66	Voices commenting	40	0.77	0.04
67	Second and third hallucinations	45	0.78	0.04
68	Visual hallucinations	27	0.81	0.04
69	Other hallucinations	10	0.95	0.05
70	Observed hallucinations	12	0.55	0.04
71	Reading thoughts	17	0.83	0.04
72	Thought insertion	16	0.76	0.04
73	<u>Thought withdrawal</u>	<u>6</u>	<u>0.8 (**)</u>	<u>0.04</u>
74	Thought broadcasting	16	0.71	0.04
75	<u>Somatic passivity</u>	<u>7</u>	<u>0.58 (**)</u>	<u>0.04</u>
76	Paranoid delusions	50	0.86	0.04
77	Conspiracy delusions	49	0.84	0.04
78	Delusions of reference	31	0.81	0.05
79	Religious delusions	17	0.80	0.04
80	Grandiose delusions	16	0.77	0.05
81	Other delusions	12	0.40	0.05
82	Bizarreness of delusions	14	0.43	0.05
83	Derailment	37	0.65	0.06
84	Flight of ideas	15	0.62	0.06
85	Tangentiality	28	0.57	0.06
86	Incoherent speech	18	0.41	0.06
87	Illogical speech	13	0.25	0.05
88	Agitation	33	0.48	0.04
89	Violence	25	0.64	0.04
90	Odd behavior	19	0.67	0.06
91	Inappropriate affect	14	0.77	0.06
92	Alogia	29	0.62	0.05
93	Anhedonia	121	0.87	0.04
94	Blunted or flat affect	42	0.68	0.05
95	Avolition	35	0.74	0.04
96	Diminished social interest (asociality)	35	0.74	0.04
97	Attention impairment/ poor concentration	41	0.92	0.12
98	Psychomotor retardation/ slowing	97	0.72	0.04
99	Poor self-care	27	0.79	0.06
100	Alcohol tolerance	39	0.99	0.06
101	Alcohol withdrawal	33	0.93	0.06
102	Drinking alcohol to avoid withdrawal	29	0.96	0.06
103	Unable to control alcohol	51	0.96	0.06
104	Unable to reduce or stop alcohol	47	0.85	0.06
105	Time spent to drink alcohol	37	0.94	0.06
106	Failure to fulfil major obligations	36	0.92	0.06
107	Giving up social or recreational activities	36	0.92	0.06
108	Fighting when intoxicated	31	0.90	0.06
109	Alcohol-related family problems	51	0.82	0.06
110	Alcohol-related legal problems	29	0.92	0.06
111	Alcohol-induced medical problems	11	0.70	0.06
112	Continue alcohol with problems	57	0.87	0.06

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Table 1 (continued)

Item #	SCIP Items (Symptoms and Signs)	Total Number of Positive Cases for a given item	Kappa (*)	SE
113	Alcohol in hazardous situations	42	0.77	0.06
114	Alcohol binge	37	0.88	0.06
115	Alcohol blackout	53	0.98	0.06
116	Drug tolerance	49	0.95	0.06
117	Drug withdrawal	46	0.97	0.06
118	Using drug to avoid withdrawal	40	0.94	0.06
119	Unable to control drug use	55	0.97	0.06
120	Unable to reduce or stop drug use	54	0.97	0.06
121	Time spent to use drug	56	0.88	0.06
122	Failure to fulfil major obligations	50	0.95	0.06
123	Giving up social or recreational activities	50	0.95	0.06
124	Fighting when using drug	22	0.80	0.06
125	Drug-related family problems	58	0.80	0.06
126	Drug-related legal problems	22	0.80	0.06
127	Drug-induced emotional problems	19	0.76	0.06
128	Drug use with problems	64	0.91	0.06
129	Drug use in hazardous situations	57	0.90	0.06
130	Being underweight	32	0.83	0.11
131	Weight affect feelings	50	0.75	0.12
132	Fear of weight gain	20	1.00	0.12
133	Losing weight by fasting	32	0.95	0.12
134	Losing weight by exercise	22	0.86	0.12
135	Losing weight by diet pills	22	0.97	0.12
136	Losing weight by vomiting	27	0.94	0.12
137	Losing weight by laxatives	14	1.00	0.12
138	<u>Losing weight by other methods</u>	<u>8</u>	<u>1.00 (**)</u>	<u>0.12</u>
139	Binge eating	27	0.97	0.12
140	Binge eating frequency	27	0.85	0.09
141	Losing control with binge eating	17	0.96	0.12
142	Binge eating behavior	27	1.00	0.12
143	Eating fast during binge eating	16	1.00	0.12
144	Eating until uncomfortably full during binge eating	25	0.94	0.12
145	Eating when not hungry	22	0.97	0.12
146	Eating alone	16	0.96	0.12
147	Feeling disgusted and guilty	22	0.86	0.12
148	Distressed by overeating	24	0.77	0.11
149	Compensatory behavior after binge eating	25	0.97	0.12
150	Fasting after binge eating	19	0.93	0.12
151	Exercise after binge eating	12	0.95	0.12
152	Using diet pills after binge eating	12	0.95	0.12
153	Vomiting after binge eating	17	1.00	0.12
154	Taking laxatives after binge eating	14	1.00	0.12
155	<u>Other losing weight methods after binge eating</u>	<u>9</u>	<u>1.00 (**)</u>	<u>0.12</u>
156	Binge eating compensatory behavior frequency	25	0.87	0.09
157	<u>Other eating behaviors</u>	<u>4</u>	<u>0.39 (**)</u>	<u>0.09</u>
158	Attention impairment/poor concentration	41	0.92	0.12
159	Sustained attention impairment	39	0.95	0.12
160	Avoiding sustained attention tasks	34	0.97	0.12
161	Attention when spoken to	32	0.97	0.12
162	Organization and meeting deadlines	30	0.82	0.12
163	Changing activities	40	0.92	0.12
164	Distraction	43	0.97	0.12
165	Misplacing things	43	0.94	0.12
166	Forgetting daily activities	24	0.94	0.12

Table 1 (continued)

Item #	SCIP Items (Symptoms and Signs)	Total Number of Positive Cases for a given item	Kappa (*)	SE
167	Losing track	40	0.92	0.12
168	Fidgety	41	0.81	0.12
169	Leaving seats	30	0.88	0.12
170	Restlessness/moving	49	0.61	0.12
171	Hyperactivity	22	0.97	0.12
172	Waiting in line	23	1.00	0.12
173	Talking too much	12	1.00	0.12
174	Loud and noisy	22	0.58	0.11
175	Impulsivity	41	0.92	0.12
176	Disturbing others	23	0.97	0.12
177	Blurt out answers	32	0.89	0.12

* Kappa values were calculated based upon inter-rater interviews of 322 patients at Sharpe Hospital, Chestnut Ridge Center (inpatient and outpatient), Ain Shams University Hospital and Mansoura University Hospital.

**Kappa is unstable if the number of positive cases for a given item is < 10.

comprehensive and consistent definitions of psychopathology items, allows the use of the same items in different diagnoses and allows measurement of dimensions across different diagnostic categories. Regardless of the diagnosis, the clinician or the researcher can use the SCIP negative dimension in patients diagnosed with psychotic disorders, affective disorders or even posttraumatic stress disorder. The SCIP is another transdiagnostic tool that includes a comprehensive set of consistent psychopathology items and 18 reliable and validated scales across the domains of adult psychopathology.

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Declaration of Competing Interest

None.

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Ahmed Aboraya
 William R. Sharpe, Jr. Hospital, Clinical Professor of Psychiatry, West Virginia School of Osteopathic Medicine, Adjunct Faculty, School of Public Health, West Virginia University (WVU), 936 Sharpe Hospital Road, Weston, WV 26452, USA
 E-mail address: Ahmed.S.Aboraya@wv.gov.