# Interview for Mood and Anxiety Symptoms

# Revised

INTERVIEWER'S MANUAL

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## General Comments

*Interviewing style*

- Keep up a reasonably quick pace in asking the questions; do not go so fast that the interviewee misses parts of questions, but do not belabor the questions either. **Be conversational** when asking questions. There is a real danger of turning the interview into a telemarketing survey (especially if the interviewer assumes a quick pace). Eye contact helps, as it invites the participants to engage in a conversation. Try to have as much eye contact with the participant as possible, especially in the beginning.

- Tell participants that they are free to respond in ways other than "yes" or "no," such as "sometimes," "somewhat," or with examples from the past month. Emphasize that this is a conversation rather than a survey.

- If the participant largely gives "yes" or "no" answers, encourage them to tell their story. However, if the participant takes long detours when answering questions, bring them back to the task as soon as possible. One way to do this is to give a quick summary of what the participant said and immediately restate the question or ask the next question. Summarize as soon as possible- you don't need to wait for the participant to tell you everything about his/her life.

- When appropriate, make reflective comments to show empathy. For example, "It sounds like it was pretty difficult for you. Let me ask you if you had some other experiences like that…" and go on to the next question.

- Read in a matter of fact tone, emphasizing only the bold typeface words. However, take note of qualifying words (e.g., "a lot", "most", "almost all day", etc; most questions have at least one) and make sure that the participant takes these words into account when answering. Stress qualifying words if it helps the participant.

*Assessment of physical causes*

- If the person endorses the "physical causes" question on any of the modules, make sure you find out what cause they have in mind, what symptoms they believe it was affecting, and if they think the physical issues are the sole cause of the symptoms. Record this information on the record form.

- If the participant gives drug or medication use as a physical cause, probe to find out what types of drug(s) they have in mind. With medications it is not necessary to get the brand name, but make sure to get the type of medication (e.g., SSRIs or benzodiazepines) and what the medications are treating.

- In recording "physical causes" scores you may need to use your own judgment. This applies primarily to situations when the participant **clearly overestimates** the importance of the physical cause (e.g., they claim that coffee makes them depressed). Generally, medical training is necessary to evaluate the effects of physical causes, thus do not correct the participant's judgment unless it is obviously exaggerated. Be especially conservative in doing this when the participant seems to **underestimate** the role of physical causes, as almost no medication or illness is *certain* to produce psychiatric symptoms.

*Other issues*

- Be careful not to skip any items that you need to administer! In a long instrument, inadvertently leaving out a question can happen more frequently than one thinks. If you notice that you skipped a question, make sure to ask it. Also ensure that the record is correct, as it is likely that the scores have shifted for all items following the skipped question.

- Don't forget to hold pauses. Pauses are important as they give participants a time to think before they start to answer.

- Make sure to distinguish items that assess change from previous functioning from those that do not. This is apparent in the phrasing of the item. Change of functioning items contain phrases such as "…less than usual."

- Try to adhere to rules of administration (e.g., follow-up first two positive responses in the module with a probe) closely. However, you have certain discretion in administration depending on the feedback from the participant (e.g., they may grasp the format unusually quickly and have an excellent memory).

- On five-point scales, if the participant gives a response that does not fit either option (e.g. one and a half week), ask them what option is closer to what they have experienced.

- Watch for hesitation as it may require you to probe. Some individuals have a style of responding that implies hesitation (e.g., they frequently use words like "probably", "kind of" etc). If you are sure that the apparent hesitation is just a reflection of the individual's style, there is usually no need to probe. However, when you are just starting the interview, probe at the sign of hesitation until you become familiar with the participant's speech—learn what they say when they are actually hesitating.

- Some modules (e.g., Agoraphobia, Social Phobia, and Specific Phobia) ask about broad classes of events. If a participant endorses a subclass (e.g. social fears only in front of very large audiences) they can still get a 2, but the question of clinical significance becomes a large issue, as such situations tend to be infrequent. You may need to probe regarding frequency and severity (e.g., "is this is a problem for you").

- Some words/phrases may be interpreted differently by different people. If the participant asks what a word means, ask them for their interpretation (e.g., "what does 'desperate' mean to you?"). If this does not help, offer your interpretation.

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## Probing

- During the interview, you are likely to get some answers that are not an obvious 0 (the symptom is clearly absent) or a 2 (the symptom is clearly present). When this occurs, you need to probe the interviewee for further information to be able to assign a score. An ambiguous responses does not automatically qualify for '1', it may actually be '0' or '2', although the participant did not convey that clearly. Certain responses should almost always illicit probing from the interviewer, for example: "sometimes," "a little," or "kind of."

- Do not assign a score unless you are fairly certain about your scoring. If after a few probes the scoring is still unclear assign '1' (if the symptom clearly is not minor) or 'NR' (if the symptom may actually be minor).

- When probing **do not simply repeat** the question. A question can be repeated at the interviewee's requests but this does not constitute a probe. Rather:

  - Check that the symptom fits the qualifiers (e.g., ask "so did it last more days than not?" or "was it **a lot** more than usual?"). If the response is vague, provide the participant with a time continuum (e.g., "did it last less than seven days, between seven and fourteen days, or more than fourteen days?") or continuum of severity (e.g., "was it **a little** more than usual, **somewhat** more than usual, or **a lot** more than usual?").

  - Keep in mind that positive scores ('1' or '2') often require a certain severity of symptoms indicated at the beginning of the module. Thus, pay attention to qualifier phrases such as "strongly fear." If the person gives a vague answer, you need to determine if they just dislike it (usually score '0'), fear it ('1'), or **strongly** fear it ('2').

  - On questions that don't have such qualifiers, probing for **severity** (e.g., "is this at all a problem for you?") or **duration** (e.g., "how often have you felt it?") can still be used, as it helps to distinguish between scores. Remember that nearly all symptoms have to be clinically significant to obtain a score of 2 (except for panic symptoms).

  - If duration and severity probes do not clarify the score, ask questions that get at psychopathology more generally (e.g., "Was it a problem for you?" or "Did it interfere with your life?").

  - If those questions fail to yield enough information, use an **open-ended question**, for example: "Could you explain?" "What do you mean?" "Could you describe…?"

- Yes-or-no probing questions may lead participants to agree to a particular score, although it does not capture their experience; that is, they may say yes to a question just to be agreeable. It is best to phrase questions to provide a few alternatives, for example: "Were you very

upset, somewhat upset, or a little upset." However, yes or no questions are appropriate in the context of asking for clarification.

- As a general rule, do not ask about reasons for a symptom, as it is difficult to determine whether the reasons are rational or irrational (pathological). In addition, some participants offer reasons spontaneously. Consider lowering the score only if the symptom is clearly normative given the situation (e.g. slept more than usual after not sleeping during finals week). This does not apply to bereavement; bereavement related symptoms are scored fully.

- If all else fails**,** try **rephrasing** the question.

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**Qualifying Suspect Answers:** A suspect answer could be considered any response that is not consistent with the pattern of previous answers in a module (e.g., the participant denied previous OCD symptoms but suddenly endorses counting). If this happens, probe on the question to make sure that there is no misunderstanding (e.g., the participant works as an accountant). If the inconsistency persists, remind the participant about their previous statements and ask for clarification, if appropriate.

Another type of suspect answer is when a participant gives a positive response ('1' or '2') to an item that is likely to reflect a normative experience, for example most people dislike speaking in front of a large audience, almost everyone would be scared after encountering a rattlesnake in the woods, many people occasionally have trouble getting a thought or tune out of their head, etc. The interviewer has to determine whether or not the problem is worse than 'normal'. After probing, the interviewer can decide whether the experience is normative (i.e., most people have it); this decision will necessarily involve some degree of subjectivity.

# MODULE COMMENTS

■ Differentiate between modules that are time-dependent and those that are not.
■ Pay attention to the qualifiers for each section.

## DEPRESSION

- This is the first module, and the interviewee is still learning the format. Moreover, the module is rather long. Hence, it is a good idea to probe positive responses with "Did it last at least several days?" a few times throughout the module to remind the interviewee of the time frame. Definitely follow-up the first two responses, except for responses to items 8 and 9, which have built in time frames.

- "Several days" does not mean "several days in the row"; bad days can be mixed-up with good days. Consider the duration criterion met if the bad days are somewhat clustered together and **add up** to several. In other words, the bad days cannot be completely random.

- "Several days" is whatever it means to the participant, although we generally interpret it as "4 days or more." If the participant asks you directly what you mean by several, you can ask for their interpretation and then adjust it (e.g., "it does not have to be that long") if they are considerably off. If the symptom lasted more than two days but less than four, the score would probably be 1. If the symptom lasted only a day or two, the score would probably be 0(unless the symptom is severe).

- Keep in mind that some items reflect a change from previous functioning (e.g. "much smaller appetite than usual"), while others do not. You may need to probe about previous functioning for items that ask about a change.

**3)** **"**Most" is the key word in this question. Make sure that it is not just one thing or a few small things. You don't have to ask for details, but you can ask the participant to think about all of the things that they enjoy in their daily life and whether they have lost interest in the majority of them**.**

**4-7)** If more than one introductory question (1-3) was endorsed "/" stands for "or."

**5)** Ask the participant how many of their symptoms were due to the physical causes. However, if you feel they are overestimating the amount of symptoms due to physical causes, use your own judgment in scoring.

**8)** "Nothing" only includes everyday things (e.g., the person can still be cheered up by winning the lottery).

**9)** This question is about appetite (which is a subjective experience), not about observable behavior (actual amount of food consumed).

**10-13)** Do not score a positive response if the sleep problems are clearly due to some external source, like construction or noisy roommates. However, this applies only to cases when the participant volunteers the information (you don't need to probe for this) and the sources of

disturbance are clearly external rather than used to rationalize insomnia (e.g., a leaking faucet makes constant dripping noise).

**19-21)** "Moving slowly" refers to physical slowness, not being spacey, or inattentive.

**24)** Make sure that participants don't just fidget unconsciously or only when they are bored; emphasize that it felt like a **need** and that it occurred much of the time.

**35)** For a 2 on this item, participant's self-esteem should have been **very** low for at least several days.

**36)** On this item it may be useful to distinguish if the subject is avoiding a certain person (in which case they would receive a 0) or many different people (indicating a 1 or 2). This must represent a change from previous functioning.

**44)** An actual death of a relative, friend, or pet, does not automatically discount endorsement. If the death was more than a couple months ago, or it was recent but the respondent is dwelling on it more than an average person, a positive rating is possible.

**45-47)** "Only once" may score a 2; these questions do not need to be qualified by "at least several days."

**47)** For this item intent (even if not a firm decision) is a 2, a passive wish is 1, and a fleeting thought or fantasizing is 0.

## PANIC

- The physiological symptoms are fairly dichotomous—scores of 1 usually reflect responses like "a little bit"—so generally there is no need to probe on these items. Probing may only be needed in relation to intensity. There are no time limitations, since you only ask about a typical episode. In fact, if the participant responds "sometimes" to questions 5-29, remind them that this refers to a typical episode.

**2)** Make sure to pause and give participants an opportunity to respond. If the participant only experienced the first part of the question and not the second part, they may say no to the entire question. If they say yes at the pause, you do not have to ask the second part of the question.

**3)** Ask all subsequent questions about episodes that fall in this highest category. If the person volunteers that they only had one episode like that, say "episode" rather than "episodes" for questions 4, and instead of "a typical episode" you may say "that episode."

**5)** Sometimes participants will say they can't remember if they had symptoms. If you are unable to gauge this or they really can't remember rate it a NR.

**8)** Feeling faint (scoring '2') does not require fainting.

**9)** "Noticeably" doesn't necessarily have to be noticed by others.

**13, 14, 17)** If the participant had this thought, score it positively, even if they realized that the thought was irrational.

**13)** "Lose control" refers to doing something foolish, dangerous, or embarrassing.

## SOCIAL PHOBIA

- In this module, to warrant a score of 2 the person must STRONGLY fear the situation or find it VERY uncomfortable. If the person fears the situation, but not strongly, they would probably receive a score of 1. "Kind of" or "a little" fear/discomfort is probably a 0. If the

participant says they "just dislike it" they should probably receive a 0. However, if the participant comments that they fear it "no more than a normal person," probe to see what they think is normal.

- Here and in other phobia modules, participants may replace "fear" or "discomfort" with a synonym, such as "nervous." Such responses are acceptable. In fact, please try to use the term the participant favors at least on that item.

- If the participant specifies a subclass of situations within the provided class (e.g., only professors for "authority figures") consider how common this subclass is. Any class that is not unusually rare (e.g., crowds of a million people) can get a score of 2.

- If the participant restricts the class or the subclass by indicating that only certain members of the category affect them, also rely on frequency. Consider probing for proportion of members in this class that the participant is affected by (e.g., "do you fear all professors, some professors, or are there only a few specific ones you don't like).

- If the participant avoids situations, this can help the rating, but it is not necessary to give a score of 2.

**2)** Examples: professors, police.
**4)** Speaking up in a meeting or class can be stressful for anyone, so try to gauge the amount of fear, as well as whether it is a problem for the participant.
**5)** Audience of any size is fine, but keep in mind that this item refers to a setting where the participant is in the spotlight, while item 4 is more about speaking in situations where nearly everyone is on an equal level.
**11)** This can be any situation when others make a judgment or judgments about the participant (e.g., exam, presentation, date).
**12)** This refers to using any skill in public (not necessarily for entertainment).
**13)** This question is tapping into insight (i.e., whether the participant sees it as problematic).

## AGORAPHOBIA

- Same general comments as for Social Phobia. Also, you do not need to know the reason why participants fear situations, and it does not have to be panic related.

- Some of the items give a limited list of situations, but they tap a **broader** class of situations than indicated explicitly (e.g., fear of any type of store would fall under #5, and any large public space would qualify for #13).

- Keep in mind that objectively dangerous situations do not count.

**1)** If the participant avoids public transportation because they dislike it or because it is simply inconvenient, the score is 0.
**3)** If the person simply dislikes standing in a line (as most people do), the score is 0.

**13)** This is a general item that weas intentionally made fairly open-ended. If endorsed, ask for examples to establish prevalence of relevant situations.

**14-20)** At this point it may be useful to remind the participant what they endorsed so far. Please be very clear that these questions are about endorsed feared situations (their function is to explore reasons for these fears). Importantly, if the participant has a particular fear in only one of the endorsed situations, they can still get a 2. These items are basically yes/no and do not require extensive probing.

## GENERALIZED ANXIETY

- Remember to ask the person "was it for more days than not?" on the first two positive responses given by the participant. Apply this rule to the final block of items (9-16) as well, especially if you went in the skip-out.

- "One week" to "exactly half of the month" will usually give a score of '1'.

**1)** Worry does not have to be all day long. This question is not just about length or just about intensity but is about a combination of the two.

**3-4)** This symptom does not need to last the entire time the participant worried, just a considerable portion of the worried time.

**5)** This item is about only one topic, although it may be broad (e.g., just money or just health).

**9)** The item refers to observable restlessness, not just internal sensation.

**13)** If endorsed, probe to verify that the reason for being tense, sore, or aching muscles is not due to manual labor, intense workouts, etc.

## OBSESSIVE-COMPULSIVE

- In this module, you should pay extra attention to determine that positive responses are neurotic problems and not that the person is simply highly conscientious/orderly. Remember that conscientious behavior and being super organized does not count in this module. The behavior must be unreasonable and provoke anxiety if it isn't done.

- Pay close attention to the frequency words (e.g., "often," "repeated," and "recurring").

**2)** For this item, the washing doesn't necessarily have to be clearly excessive. The important issue is that participant 'felt the need' to wash their hands many times. Probing for reasons may be helpful. Do not necessarily take reasons at face value, but if a person clearly has a legitimate reason to wash often (e.g., works as a mechanic), assign a 0.

**6)** This item refers to obsessions of doubt and associated checking compulsion. The wording "everything is right" does not necessarily imply a global concern (e.g., about safety of the house). The focus of the obsession may be just one thing (e.g., just the stove).

**6,7,9)** Must be more than double checking. Triple checking would probably get a score of 1, and more frequent is likely to get a 2.

**14)** This should not be a sexual fantasy, but a disturbing thought that the person wanted to get rid of. You may also probe to see whether the thought was intrusive.

**16)** There must be no functional reason for their counting. Make sure that this is not just due to boredom. It should be because they felt compelled or found that this alleviated negative emotions.

**17)** This does not include normal routines, such as morning or bedtime; "fixed" and "exactly defined" is the key here, as it suggests irrationality. If the participant becomes distressed when the routine were to be interrupted and/or would start over again, they are likely to receive a 2.

**18)** An example of a consequence: the house will burn down if the participant does not flip the light switch 10 times. To score 2, the activity should not have a clear connection to the feared outcome (e.g., running everyday to avoid heart attack would not count). If the two are associated, the probability of the activity having the desired effect should be very low.

## POST-TRAUMATIC STRESS

- In this section we are looking for the experience that has been **affecting participants the most during the past month**. It doesn't necessarily have to be the most stressful event they have ever experienced. Severity of the initial stressors is an important consideration, but if there are currently few, or no reactions to it, then a less severe stressor should be chosen. The key for most of the qualifiers is frequency.

**2)** Nightmares do not have to occur every night, just some recurring dreams.

**10)** Try to give an empathetic response to the event if they share it, so that you don't appear cold or uncaring.

**11-14)** If the person names an event that clearly did not involve injury or death (e.g. finals), then you may **mark these items without asking questions**, since the answers are obvious. However, make sure to ask the rest of the skipout. If the participant names an event and it is unlikely to have been physically dangerous (e.g., divorce), you can preface the items by saying "Just to make sure…" If the event did involve injury/death (e.g. car accident), ask these questions for clarification.

**11-17)** If the participant told you what experience they were thinking of, subsequently replace "stressful event" with whatever event they described.

## OTHER STRESS-RELATED

**1)** For this item, the person should have felt that they **could not** experience strong emotions, not just that they didn't feel them.

**3)** This item assesses disturbance in perception of interpersonal relationships. This is getting at the feeling that they are set apart from humanity and that no one else really relates to them (especially on the emotional level).

**5)** "Not real" refers to participant perceiving everyday things as strange, or unfamiliar, e.g., feeling like they are in the "twilight zone."

**8-10)** The item does not include behavior in clearly dangerous situations (e.g., dark alleys at night). Make sure participants have felt extremely watchful in a number of situations.

Distinguish watchfulness from being observant, which is an asset rather than a problem.

**11)** This item does not require a change in functioning, so the participant can get a 2 even if they are always easily startled.

## SPECIFIC PHOBIA

- If receiving a positive response, you may need to verify that the fear is not due to the presence of actual danger (like a dangerous animal or tornadoes). If the fear is **clearly** rational, assign a score of 0.

- If the stimulus only makes the person nervous or upset (and not **very** nervous or upset), then they get a score of 1. They must feel **very** nervous or upset in the presence of the stimuli to warrant a score of 2.

**7)** If participant endorses either of these, find out what kind of blood they are thinking of because some will automatically think of gory scenes. To receive a 2 fear should be present even if amounts of blood are relatively small.

**8)** To distinguish from 8, make sure that the fear is not just due to presence of blood. Possible bloodless injuries may involve bruises, limbs twisted at unnatural angles, etc.

**10)** Do not count situations of real danger (or fear that is clearly warranted), for instance, if the participant is standing on a high cliff.

**12)** If you are unsure how strongly the participant fears the weather event, probe for situations when they would be afraid or stay indoors.

## IRRITABILITY

- This module is used to assess high levels of irritability or grumpiness, it does not have to be different from the person's normal functioning.

**1-5)** Make sure that the experiences lasted at least several days. This does not apply to items 6, however.

## MANIA

- Keep the time frame in mind. Almost all of these questions ask about a change from previous functioning

**1)** Many people endorse this item. Make sure that this experience was unusual for them. It is assessing for extreme feelings, not just having a cheerful, happy personality.

**2)** **"**Over activeness" should involve significant locomotor behaviors, not just small ones such as foot tapping.

**11)** Participants may endorse this with the idea of starting a new job or class. Probe to see if the new projects were initiated by the participant while they were in an usual mood state and are not a result of environmental pressures (e.g., have to take extra classes to graduate on time) or were planned in advance (e.g., the participant was elected for a leadership position and has many new responsibilities).

**14)** This item taps high distractibility by minor stimuli that are irrelevant to the task at hand. Make sure that there was a considerable **increase** in distractibility.

**18)** This item taps delusions of grandeur (e.g., being able to write a book over the weekend, become fluent in a new language after reading a dictionary, or expecting everyone to go along with their plans). Probe to make sure that the participant does not simply report normal overestimation of their abilities.

**20)** The key is disregarding negative consequences that might occur due to their actions.