

Research article

Validity and reliability of the Greek version of the semistructured Schedule Clinical Interview for personality disorders (SCID-II)

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ABSTRACT

The semistructured Schedule of Clinical Interview for Personality Disorders (SCID-II) is a useful tool for measuring personality disorders according to DSM criteria. Personality traits and their assessment are culturally sensitive. Because of this, it is important for clinicians and researchers to have a clearer view of the performance of such instruments in their own culture. Despite the fact that the SCID-II interview has been translated to the Greek language, the psychometric properties of this version have yet to be tested. To address this need, we conducted this study to assess the validity and reliability of the SCID-II interview in its DSM-III-R version in the Greek population. A total of 32 patients, 13 men and 19 women, were involved in this study. Sixteen patients were interviewed three times by three different interviewers. The first two interviewers used the Greek version of the SCID-II, and the third interviewer used the International Personality Disorder Examination (IPDE), which was used as the gold standard. Of the remaining 16 patients, 14 were interviewed with the SCID-II by two interviewers, and 2 were unable to complete the interview and were excluded from the study. A total of 69 interviews were performed. The internal consistency of the interview was acceptable, with a Cronbach's alpha coefficient of 0.623. The SCID-II also demonstrated good reliability. Cohen's Kappa score ranged between 0.375 for histrionic disorder and 1.000 for defeatism and antisocial personality disorder. Pearson's correlation coefficient was also very strong for both the individual criteria score and the overall diagnosis between the interviewers. There was an exception for the not otherwise specified personality disorder, where there was no agreement in any of the reliability measures between the interviewers. The interview validity was high when measured against the gold standard. The specificity of the SCID-II ranged from 79–100%, with the expectation of not otherwise specified personality disorder being 66%. The overall sensitivity was moderate and ranged from 0–100%. The Greek version of the SCID-II is a reliable, valid and easy-to-use instrument that can be adopted by various mental health professionals for clinical as well as research purposes.

KEYWORDS: Personality, semistructured interview, validity, reliability, SCID-II, Greece.

Introduction

Personality disorders are important and common psychiatric conditions. Epidemiological studies have revealed that personality disorders have prevalence between 4 and 12% for the general population.^{1,2}

It is a well-known that the presence of a personality disorder in a person has a significant negative impact on

both their quality of life and on the prognosis of any comorbid mental health problem. Thus, it is important to assess patients for the possible presence of a personality disorder.^{3,4}

Standardized clinical interviews are one of the most reliable methods for the diagnosis of personality disorders, but they are also quite time-consuming.⁵ A commonly

used semistructured interview is the Schedule Clinical Interview for personality disorders (SCID-II). The SCID-II for the Diagnostic and Statistical Manual in its third revised edition (DSM-III-R) covers ten personality disorders as well as the passive aggressive and defeatism personality disorders that are described in DSM-III-R supplement.⁶ This interview has been standardized in English as well as in other languages.⁷⁻⁹ Despite the fact that this semistructured interview has been translated to Greek, neither this nor any other semistructured personality interview for DSM disorders have ever been tested regarding their psychometric properties and, more specifically, their reliability and validity in the Greek population.¹⁰

The aim of this study was to assess the reliability and validity of the Greek version of the SCID-II for DSM-III-R in the Greek population. The International Personality Disorder Examination (IPDE) was used as the gold standard since it is also a semistructured interview that is used internationally in various languages and cultural settings. It has been culturally adapted to the Greek language and has also been used for this purpose according to the literature.^{11,12}

Materials and Method

Sample

This study was performed between 2011 and 2013 in the Alexandroupolis area. A total of 32 individuals, including 13 males and 19 females, were interviewed two or three times each. Their ages ranged from 22–59. A total of 69 interviews were performed.

Individuals were randomly selected from the general population, while a few were patients in the psychiatric department. Each participant was informed about the study through the informed consent document, and participation was strictly voluntary. The main exclusion criterion was the presence of an active mental health disorder during the time frame of the interviews. A full clinical interview from a specialized psychiatrist was performed for each individual before inclusion in the study.

The study was approved by the Democritus University of Thrace ethics committee, and permission for this study was granted from the translators of the instrument in the Greek language.

Instruments

Schedule of Clinical Interview for Personality Disorders (SCID-II)

The interview is divided into three parts. The first part is a self-administered questionnaire that includes 120 questions regarding subjects' views about their personality traits. This questionnaire was administered before the rest of the interview. The mean time that a person needs

to complete it is approximately 20 minutes. According to the manual of the interview, if someone is unable to complete this questionnaire, then the individual is not a good candidate for the SCID-II because the interview is based on the ability that someone has to recognize his or her own personality traits. The second part consists of a leaflet that includes 120 criteria regarding personality traits that can be scored as absent (score 1), subthreshold (score 2), or present (score 3). Each of these criteria corresponds to one question from the self-administered questionnaire. If the interviewee gave a positive response to a question in the self-administered questionnaire, then the criterion that corresponded to this particular answer was discussed in detail with the interviewer according to the second part of the leaflet instructions. This happens to determine if the patient fulfils the criteria for the specific personality trait to be rated as present, subthreshold or absent. Additionally, the answers in the questionnaire can also be discussed if a certain personality trend becomes apparent in the interview. Demographic data as well as the sum of the total scores are marked on different papers that are also included in the SCID-II and compose the third part of the interview.

International Personality Disorder Examination (IPDE)

This interview was also used for the diagnosis of personality disorders. It is compatible with the International Classification of Disorders Manual in its tenth edition (ICD-10). This is a tool designed for use by clinicians, including either psychiatrists or clinical psychologists, who have experience in the evaluation of personality disorders. The IPDE consists of 157 questions that are classified into the following six categories: Work, Self, Interpersonal Relationships, Mood, Reality Checking, Impulsivity. The questions are open-ended, and further instructions are included to obtain a better rating. The responses are scores on a scale ranging from 0 to 2. If the answer is negative, then a score of 0 is given; if it is subthreshold, a score of 1 is given; and if it is above threshold, a score of 2 is given. The entire interview lasts approximately one hour. Overall, the results take into account the number of criteria that are scored as above the threshold and whether they are sufficient to diagnose a personality disorder.¹³

Procedure

At the beginning of the interview, each individual completed the SCID-II questionnaire. Then, the full SCID-II interview was administered. Two interviewers were present for each interview. During the interview, each interviewer independently scored the SCID-II. One of them was asking the questions. If the other one needed any more information regarding any of the criteria in the interview, he

could also ask the interviewee. Each interviewer was unaware of the other's score. The above procedure was used to ensure reliability between the raters of the instrument.

Half of the participants were also interviewed within a three-month time frame with the International Personality Disorder Examination (IPDE), which was considered the gold standard, by a third interviewer who was trained and certified in its use.

Out of the 32 initial participants, interviews were administered to 30 of them; one participant was found to have an active mental health disorder despite the initial screening, and another participant provided unreliable answers on the questionnaire.

Statistical analysis

The internal consistency of the instrument was rated with Cronbach's alpha coefficients. Interrater correlation was assessed with Pearson's correlation coefficient (r), and Cohen's kappa was used to assess interrater reliability. The specificity and sensitivity of the SCID-II compared with IPDE were assessed using crosstabs.

Results

Reliability

The internal consistency score of the SCID-II calculated with Cronbach's alpha coefficient was 0.623. This score is considered acceptable.

The reliability of the SCID-II was calculated with the following measures. Initially, we calculated Cohen's kappa, which is a strong measure of interrater reliability. The diagnosis set by the two raters was used for this calculation. Cohen's kappa ranged from 0.375 for histrionic personality disorder to 1.000 for defeatism and antisocial personality disorder. In the cases of schizoid personality disorder and schizotypal personality disorder, it was not possible to calculate the K value since no interviewees received such a diagnosis. Furthermore, for not otherwise specified personality disorder, there was no agreement between raters (table 1).

Then, we calculated the correlation of the diagnosis between the two interviewers. Pearson's r was used since our data followed a normal distribution. The diagnosis set by the two raters was used for this calculation. Pearson's r ranged from 0.375 for histrionic personality disorder to 1.000 for defeatism and antisocial personality disorder. In the cases of schizoid personality disorder and schizotypal personality disorder, it was not possible to calculate the interrater correlation since no interviewees received such a diagnosis. Furthermore, for not otherwise specified personality disorder, there was a statistically significant correlation (table 2).

Table 1. Interrater reliability measured with Cohen's Kappa.

Personality disorder	Kappa	p
Avoidant	0.710	<0.001
Dependent	0.783	<0.001
Obsessive-Compulsive	0.651	<0.001
Passive-Aggressive	0.526	0.001
Defeatism	1.000	<0.001
Paranoid	0.760	<0.001
Schizoid	n/a	
Schizotypal	n/a	
Histrionic	0.375	0.040
Narcissistic	0.667	<0.001
Borderline	0.489	<0.001
Antisocial	1.000	<0.001
Not Otherwise Specified	-0.410	0.789

Table 2. Correlation of the diagnosis and each item score between the two interviewers measured by Pearson's correlation coefficient (r).

Personality disorder	Diagnosis		Item score	
	r	p	r	p
Avoidant	0.742	<0.001	0.833	<0.001
Dependent	0.802	<0.001	0.791	<0.001
Obsessive-Compulsive	0.695	<0.001	0.788	<0.001
Passive-Aggressive	0.598	<0.001	0.808	<0.001
Defeatism	1.000	<0.001	0.789	<0.001
Paranoid	0.760	<0.001	0.793	<0.001
Schizoid	n/a		0.682	<0.001
Schizotypal	n/a		0.390	0.033
Histrionic	0.390	0.033	0.606	<0.001
Narcissistic	0.375	0.041	0.811	<0.001
Borderline	0.489	0.006	0.765	<0.001
Antisocial	1.000	<0.001	0.691	<0.001
Not Otherwise Specified	-0.049	0.797		

Last, the correlation between the scores for each criterion, not in the diagnosis, for the two interviewers was calculated. Pearson's r was used since our data followed a normal distribution. The correlation between interviewers was, on average, higher for the individual items than for the overall diagnosis, ranging from 0.390 for items related to schizoid personality traits to 0.833 for items related to avoidance personality disorders (table 2).

Validity

The criterion validity of the SCID-II was calculated by measuring its sensitivity and specificity against IPDE, which served as the gold standard. The SCID-II had high specifici-

ty, ranging from 66% for not otherwise specified personality disorder to 100% for dependent, schizoid and histrionic personality disorders. However, it had moderate sensitivity, ranging from 0% for obsessive-compulsive, schizoid, antisocial and not otherwise specified personality disorders to 100% for borderline personality disorder (table 3).

Discussion

The results of the validation of this scale in the Greek population were overall positive. The Greek version of the IPDE was used as a gold standard because its psychometric properties have been tested and it has been adapted in the Greek population.¹⁴ Its overall characteristics, although not ideal, were deemed to be adequate for our study. Its cultural applicability, which is a form of transcultural validity,¹⁵ was tested against DSM-IV criteria and was quite satisfactory; its interrater reliability was also quite good.

The interview was relatively easy in its use. Despite the fact that it was time-consuming for the interviewers both during the interview and in the scoring procedure, it was proven to be highly reliable. This reliability was found regarding the overall diagnosis as well as the separate individual criteria since the correlation criteria scoring and overall setting of the diagnosis between interviewers was very satisfactory.

Schizotypal and schizoid personality disorders were not detected since it is relatively rare and difficult for individuals with these disorders to engage in a study.^{16,17} To overcome this shortcoming, correlations between the individual criteria were used to calculate the reliability of the interview regarding these personality traits. This is an acceptable method that can yield a fair reliability measure.¹⁸

Regarding the lack of reliability that was observed in the diagnosis of for not otherwise specified personality disorder; it can be argued that this is considered generally a problematic diagnosis, because it is heterogenic

and because there is no real agreement regarding its description in the various diagnostic systems.¹⁹

The internal consistency of the interview was satisfactory, although the levels were not high. We have to point out here although that the current study did not include the translation of the instrument but only psychometric testing of the translated interview, there was not a real way to correct this feature.

Regarding the criterion validity of the SCID-II against the IPDE, we calculated specificity and sensitivity.²⁰ The specificity of the SCID-II is quite satisfactory, and in many cases, there was complete agreement with the IPDE. The sensitivity of the instrument is poor. Of course, it would be more satisfactory its sensitivity was better, but this semistructured interview is not supposed to be used as a screening tool. In such use, specificity is a more important characteristic than sensitivity.²¹

There were some concerns about the time frame of validity testing since the time between the SCID and the IPDE was up to three months. We believe that this delay did not affect the results since we assessed personality characteristics that tend to be stable over time. Furthermore, there is a significant latency between two tests regarding psychometric testing of semistructured personality interviews.²²

Limitations

The main limitation of this study was the relatively small sample size, especially when comparing the SCID-II with the gold standard. The main reason for this was small sample size was that there was only one researcher who was certified to use the IPDE. In addition, some of the patients were unwilling to engage in an interview procedure again. In the international literature, there is substantial variance between the sample sizes in personality questionnaire testing. On many occasions, including the psychometric assessment of the Greek version of the IPDE, small samples were also used.²³⁻²⁵

Another restriction was the lack of test-retest reliability. When designing the study, it was considered impractical for the individuals to engage in repeated lengthy interviews. Furthermore, it was considered that personality traits are usually stable features and that little would be gained from a test-retest design.²⁶

Another limitation was the lack of complete agreement regarding the classification of disorders of the two interviews. The IPDE, which served as the gold standard, is based on the ICD-10, while SCID-II is based on the DSM-III-R. This leads to some problems regarding validity comparisons. More specifically, defeatism and passive aggressive disorder are not truly included in any diagnostic system, but we argue that this short-

Table 3. Criterion validity of Schedule of Clinical Interview for Personality Disorders (SCID-II) against International Personality Disorder Examination.

Personality disorder	Specificity %	Sensitivity %
Avoidant	85	25
Dependent	93	33
Obsessive-Compulsive	92	0
Paranoid	82	33
Schizotypal	100	0
Histrionic	100	43
Borderline	81	100
Antisocial	94	0
Not Otherwise Specified	66	0

coming does not have an impact in clinical practice. Schizotypal personality disorder is not listed as a personality disorder in the ICD-10 and is considered psychosis, so it is not evaluated along with personality disorders. The main problem is the inability to calculate the validity of narcissistic personality disorder because this disorder is not included in the Greek version of the IPDE. It is possible that the use of another test, such as the MMPI, can be used in the future to assess the validity of this diagnosis.

Conclusions

Testing the psychometric properties of the SCID-II for DSM-III-R in the Greek population complements a proce-

cedure that was initiated long ago with its translation and adaptation to the Greek language. This interview presents very good interrater reliability in all diagnoses except the diagnosis of not otherwise specified personality disorder. It requires minimal training in its use and can be adopted by a variety of mental health professionals. We conclude that the SCID-II is a flexible, valid and reliable instrument that can be used for research and clinical purposes in the Greek population.

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Ερευνητική εργασία

Η εγκυρότητα και η αξιοπιστία της ελληνικής εκδοχής της ημιδομημένης συνέντευξης Schedule Clinical Interview για το DSM III-R που αφορά τις διαταραχές προσωπικότητας (SCID-II)

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ΠΕΡΙΛΗΨΗ

Η ημιδομημένη κλινική συνέντευξη για διαταραχές προσωπικότητας (SCID-II) είναι ένα χρήσιμο εργαλείο για τη αξιολόγηση διαταραχών προσωπικότητας σύμφωνα με τα κριτήρια του αμερικανικού ταξινομικού συστήματος DSM. Τα χαρακτηριστικά προσωπικότητας και η αξιολόγηση τους είναι πολιτισμικά ευαίσθητα. Λόγω αυτό του χαρακτηριστικού είναι σημαντικό τόσο οι κλινικοί ιατροί όσο και οι ερευνητές να έχουν μια πιο καθαρή εικόνα για τις επιδόσεις τέτοιων εργαλείων στη δική τους πολιτισμική πραγματικότητα. Παρά το γεγονός ότι αυτή η συνέντευξη έχει μεταφραστεί στα Ελληνικά δεν έχει ελεγχθεί για τις ψυχομετρικές της ιδιότητες στην ελληνική της έκδοση. Προκειμένου να καλύψουμε αυτή την ανάγκη πραγματοποιήσαμε αυτή την έρευνα ώστε να ελέγξουμε την εγκυρότητα και την αξιοπιστία του συγκεκριμένου εργαλείου στην έκδοση του για το DSM-III-R στον ελληνικό πληθυσμό. 32 ασθενείς, 13 άνδρες και 19 γυναίκες πήραν μέρος σε αυτή τη μελέτη. 16 από αυτούς εξετάστηκαν από τρεις εξεταστές. Δύο φορές με τη δομημένη συνέντευξη SCID-II και μία φορά με τη Διεθνή Εξέταση για τις Διαταραχές Προσωπικότητας (IPDE), που αποτέλεσε και τον χρυσό κανόνα και 14 από δύο εξεταστές με τη δομημένη συνέντευξη SCID-II. Δύο δεν μπόρεσαν να συνεργαστούν επαρκώς και δεν συμμετείχαν στη μελέτη. Συνολικά πραγματοποιήθηκαν 69 συνεντεύξεις. Η εσωτερική συνοχή του οργάνου ήταν αποδεκτή με τιμή Cronbach α 0,623. Τα αποτελέσματα δείχνουν ότι η αξιοπιστία του οργάνου είναι καλή. Η βαθμολογία Cohen's Kappa κυμαίνεται μεταξύ 0,375 για την ιστριονική και 1,000 για την ηττοπαθή και αντικοινωνική διαταραχή προσωπικότητας. Πολύ υψηλή είναι και η συσχέτιση τόσο μεταξύ των διαγνώσεων όσο και μεταξύ των κριτηρίων ανάμεσα στους εξεταστές. Εξάιρεση αποτελεί η διαταραχή προσωπικότητας μη προσδιοριζόμενη αλλιώς, στην οποία δεν υπάρχει συμφωνία σε κανένα από τα μέτρα αξιοπιστίας που χρησιμοποιήθηκαν. Η εγκυρότητα αξιολογήθηκε σε σύγκριση με τον χρυσό κανόνα. Η ειδικότητα ήταν εξαιρετικά υψηλή από 79–100% με εξαίρεση τη διαταραχή προσωπικότητας μη προσδιοριζόμενη αλλιώς, στην οποία ήταν 66%. Η ευαισθησία ήταν κακή και κυμαινόταν από 0–50%. Η SCID-II είναι ένα αξιόπιστο, έγκυρο και εύκολο στην εξοικείωση με αυτό το όργανο το οποίο μπορεί να χρησιμοποιηθεί από διάφορους επαγγελματίες της ψυχικής υγείας στην Ελλάδα τόσο στην έρευνα όσο και στην κλινική πράξη.

ΛΕΞΕΙΣ ΕΥΡΕΤΗΡΙΟΥ: Προσωπικότητα, ημιδομημένη συνέντευξη, εγκυρότητα, αξιοπιστία, SCID-II, Ελλάδα.