Relevant Assessments

DIAGNOSTIC ASSESSMENT
(The following sections contain measures that can be used to evaluate the appropriateness of potential clients for your DBT program)

Diagnostic Assessment – Axis I

Clinical Interview

- **Use DSM-IV criteria, observations, informants; Use consensus diagnosis Structured Clinical Interview for DSM-IV, Axis I (SCID)**

  Contact: Michael First, NY State Psych Institute; 212-960-5531.

  This instrument is the standard in the field for DSM diagnoses. Training tapes are available by contacting the author directly.

- **Composite International Diagnostic Interview (CDI)**


  This diagnostic interview was designed for use by para-professionals, and does not require the training that the use of the SCID interviews does. It is also used by the World Health Organization.

- **Longitudinal Interview Follow-up Evaluation - Psychiatric Status Ratings (LIFE)**

  Contact: Claire Walker c/o Martin Keller’s office at 401-444-1943.

  This measure evaluates the presence and severity of psychiatric diagnoses over time. The LIFE can be used as a measure of quality-of-life-interfering behavior because, in addition to substance abuse, psychiatric symptomatology also represents quality of life interfering behavior and is common in women with BDP. High interviewer-observer reliability has been shown for the change points in diagnostic criteria as well as for the level of psychopathology.

Diagnostic Assessment – Axis II (For Diagnosis of BDP)

Structured Interview

- **Structured Clinical Interview for DSM-IV Axis II Personality Disorders (SCID-II)**


  This diagnostic interview can be used to obtain Axis II diagnosis of BDP. Previous studies with the DSM III-R version of the SCID have shown reliabilities by diagnosis over .60. This is the best scale for...
Relevant Assessments

clinician use; it is easier, briefer, but does not require clinical expertise in noticing clinically relevant criteria.

- **Diagnostic Interview for Borderlines-Revised (DIB-R) (Psychodynamic)**
  
  Contact: Mary Zanarini by fax request to 617-855-3580.

  This semi-structured interview includes subscales assessing personality dimensions of BPD as well as a scale which measures “borderline-ness”. This instrument has been used in numerous research studies with borderline clients. An important caveat in considering its use however, is that it is over-inclusive and therefore cannot be used to give a DSM diagnosis of BDP.

- **International Personality Disorders Examination (IPDE) (research)**
  
  Contact: Armand Loranger @ NY Hospital, White Plains, NY. 914-997-5922.

  This measure obtains Axis II diagnoses including BPD. The IPDE is the most widely established measure of personality disorders currently available and is used by the World Health Organization. Inter-rater reliability for BDP diagnoses on the IPDE has been found to be from .73 to .89 and temporal stability from .56 to .84, clearly in the acceptable range. Reliabilities for other disorders are .81 to .89 for inter-rater reliability and .67 to .75 for temporal stability. This measure may not be useful for clinicians; it is long and somewhat cumbersome, and requires more training than the SCID. It is however, the accepted research instrument for those interested in publishing.

- **SIDP-IV Structured Interview for DSM-IV Personality Disorders – Revised (SIDP-IV)**
  

  This semi-structured interview is described as a “nonpejorative” approach to assessing both personality traits and behavior. It was designed to be used in conjunction with a psychiatric interview and can assist the clinician distinguish between episodic and chronic psychiatric disorders.

- **Personality Assessment Schedule (PAS)**
  
  Contact: Psychological Assessment Resources at [http://www.parinc.com](http://www.parinc.com).

  This measure includes 24 personality characteristics rated on a 9-point scale and involves an interview with both the patient and a close informant. The ratings for the informant are given the most weight in the final scoring.

**PAPER & PENCIL**

- **Personality Interview Questionnaire II (PIQ II)**
Relevant Assessments

- **Borderline Personality Disorder Scale**

- **Personality Diagnostic Questionnaire-4th Edition (PDQ-4)**
  To order, call: 800-424-9537.

  The personality Diagnostic Questionnaire is a 100 item, self-administered, true/false questionnaire that yields personality diagnoses consistent with the DSM-IV diagnostic criteria for the axis II disorders. It takes approximately 20 to 30 minutes to complete. In the past, this instrument has been criticized for resulting in a high rate of false positives. The authors have attempted to address this weakness with the current version of the instrument. There are both paper & pencil and computer-administered & scored versions available.

- **Million Clinical Multi-axial Inventory III (MCMI-III); MCMI-III Manual 4**
  Contact: NCS Assessments (800-627-7271, xt. 5151); [http://assessments.ncs.com](http://assessments.ncs.com); Email: assessment@ncs.com

  This instrument is designed to help assess both Axis I and Axis II disorders.

- **Wisconsin Personality Disorders Inventory (WISPI)**
  Contact: Madison, WI: Department of Psychiatry, University of Wisconsin.

  This is a self-report questionnaire derived from an interpersonal perspective on the Diagnostic and Statistical Manual of Mental Disorders-III-Revised (DSM-III-R) personality disorders (PDs). Internal consistency for 11 PD scales was very high in a sample of 1,230 psychiatric patients and normal disorders (PDs). Internal consistency for 11 PD scales was very high in a sample of 1,230 psychiatric patients and normal non-patient control Ss. Two-week test-retest reliability in 80 additional patients and non-patients was also high.

- **Schedule for Normal and Abnormal Personality (SNAP)**
  Contact publisher: University of Minnesota Press. Test Division, 800-621-2736; Email: Ump@fc.umn.edu.

- **Screening questions for Structured Clinical Interview**
  This is a screening measure used in conjunction with the SCID-II (see below). Would give indication if diagnosis of BDP is likely but should not be used alone as a diagnostic tool.

**Screening**

- **Demographic Data Schedule (DDS)**
Relevant Assessments

This measure obtains a wide range of demographic data. High concurrent validity was established by comparing DDS responses to hospital chart data for a sample of psychiatric inpatients.

- **Peabody Picture Vocabulary Test – Revised (PPVT-R)**
  
  Contact: American Guidance Service.

This brief measure of verbal intelligence identifies mental retardation. Unlike many other brief instruments, it has the advantage of low sensitivity to learning disabilities (high rate of false positives) which are seen frequently among BPD clients. It results in an IQ score comparable to those of other intelligence tests such as the WAIS-III and Stanford-Binet. This measure is best used if you don’t have time or training for use of the WAIS.

**MEASURING CHANGE ON STAGE I TARGETS**

(Once clients have been determined as meeting criteria for inclusion in, or exclusion from, your program, the following sections contain measures that can be used to evaluate client and therapist change)

**Suicidal/Life-Threatening Behaviors**

Adult (UW Measures)
(Measures used in University of Washington clinical trials; those followed by an * can be requested by contacting Thao Truong or Deborah Perskinson at the BRTC; University of Washington, Department of Psychology; Seattle WA 98195; (206) 658-2037. Recipient must pay for xeroxing and mailing of materials.)

**Paper & Pencil, Self-Report**

- **Brief Outcomes Measure**
  
  Contact: Behavioral Tech, LLC at info@behavioraltech.org or 206-675-8588

This new measure lacks psychometric data at this time. However, for those doing program evaluations who are not primarily concerned with publishing in peer-reviewed journals, AND who want a measure that is easily used to track costs, resource usage, and DBT targets (over time), this may be the best single measure to use and can replace the LIFE (described above).

- **Parasuicide History Interview (PHI)**

This measure assess the topography, intent, medical severity, social context, precipitating and concurrent events, and outcomes of parasuicidal behavior during a target time period. Each episode of a parasuicide is coded separately and details of each episode are obtained. Major PHI outcome variables are the frequency of parasuicidal behaviors (single acts as well as clusters of acts), medical treatment for the behaviors, and a set of four factors for each parasuicide episode: medical risk, suicide intent, instrumental intent, and impulsiveness. The factor scales are internally consistent, with alpha coefficients ranging from .64 to .86. Three of the factors (suicide intent, medical risk, and impulsivity) represent characteristics commonly associated with the lethality of parasuicide. The fourth factor, instrumental intent, represents behaviors labeled by others and DSM-III-R as “suicide gestures.” In order to obtain summary information from this measure, it is recommended that the
Relevant Assessments

Clinician create rational subsets based on the information obtained (e.g., “most serious,” “most recent,” “first,” “number of different methods”).

- **Suicidal Behaviors Questionnaire (SBQ)**

  This brief questionnaire assesses subject’s suicidal behaviors such as suicide threats and suicidal ideation, as well as range of methods used over the past year and semantic differential scale of perceived results of parasuicide.

- **Reasons for Living Inventory (RFL)**

  This is a 45-item self-report questionnaire, which taps expectancies about the consequences of living versus killing oneself and assesses the importance of reasons for living. The measure has six subscales: Survival and Coping Beliefs, Responsibilities of Family, Child-Related Concerns, Fear of Suicide, Fear of Social Disapproval, and Moral Objections. The instrument has been found to be negatively and uniquely related to suicidal behavior, independent of its relationship to depression and hopelessness, and not related to general psychopathology.

- **Lifetime Parasuicidal Count**

  This measure obtains a lifetime overview of parasuicidal behavior (does not include ideation or threat). Provides brief information on 1st incident, most recent incident, and most severe parasuicidal behavior, as well as intent, and medical severity. Most useful for the clinician in that is provides a chart of all methods, and gives numbers by intent, as well as highest medical severity, providing a visual summary of the severity of parasuicidal behavior. This measure was designed for use with adults but has also been used with adolescents.

Other Adult Measures
(Other possible measures of suicidal/life threatening behavior in adults)

Interviews

- **SAD PERSONS Scale**

  Reviews the SAD PERSONS Scale, a suicide risk scale intended to assess immediate probability of suicidal behaviors. The scale’s name is an acronym, each letter standing for 1 of the 10 risk factors of suicide, easily guiding clinicians through a thorough assessment. One point is scored for each risk factor present. Suggested clinical actions for varying scores are listed. The scale has been found to be useful, especially because it encourages a semi-structured interview format vital to accurate risk assessment, but it does have a lack of supporting reliability and validity.

- **Scale for Suicide Ideation (SSI)**

Contact: Psychological Corporation at 1-800-228-0752
Relevant Assessments

The 19-item clinician-administered scales measure current suicide ideation (SSI-C) as well as suicide ideation at its worst point in the patient’s life (SSI-W). Developed for use with adults but has also shown to be reliable and valid for use with adolescents (DeMan, A.F., Leduc, C.P. (1994). Validity and reliability of a self-report suicide ideation scale for use with adolescents. Social Behavior & Personality, 22(3), 261-266).

Paper & Pencil, Self-Report

- **The Brief Reasons For Living Inventory (BRFL)**

- **Daily self-monitoring (SMG)**

  Contact: George Clum at 540-231-5701.

This is a system of daily self-monitoring (SMG) of suicidal ideation. A 3-item SMG scale is used to assess the strength, duration, and level of control relative to suicide ideation. Positive correlations with previously validated measures of suicide ideation (e.g., the Scale for Suicide Ideation) supported the validity of the use of SMG. Positive relationships with measures of depression and hopelessness provided evidence of concurrent validity. There was no evidence that SMG and concomitant increased attention to ideation to ideation increased suicidality. Decreases were noted in measures of suicide ideation following 2 weeks of pretreatment SMG.

- **Beck Hopelessness Scale (BHS)**

  Contact publisher: The Psychological Corp: 1-800-228-0752.