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Turgut Kundakçi MD , Vedat Şar MD , Emre Kiziltan MD , Ilhan L. Yargıç MD & Hamdi Tutkun MD

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Reliability and Validity of the Turkish Version of the Structured Clinical Interview for *DSM–IV* Dissociative Disorders (SCID-D): A Preliminary Study

TURGUT KUNDAKÇI, MD

Psychiatrist in Private Practice, Istanbul, Turkey

VEDAT ŞAR, MD

Department of Psychiatry, and Clinical Psychotherapy Unit and Dissociative Disorders Program, Istanbul University, Istanbul, Turkey

EMRE KIZILTAN, MD

Psychiatrist in Private Practice, Istanbul, Turkey

ILHAN L. YARGIÇ, MD

Department of Psychiatry, Istanbul University, Istanbul, Turkey

HAMDİ TUTKUN, MD

Department of Psychiatry, Medeniyet University, Istanbul, Turkey

A total of 34 consecutive patients with dissociative identity disorder or dissociative disorder not otherwise specified were evaluated using the Turkish version of the Structured Clinical Interview for DSM–IV Dissociative Disorders (SCID-D). They were compared with a matched control group composed of 34 patients who had a nondissociative psychiatric disorder. Interrater reliability was evaluated by 3 clinicians who assessed videotaped interviews conducted with 5 dissociative and 5 nondissociative patients. All subjects who were previously diagnosed by clinicians as having a dissociative disorder were identified as positive, and all subjects

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Address correspondence to Vedat Şar, MD, Istanbul Tıp Fakültesi Psikiyatri Kliniği, Capa, Istanbul 34390, Turkey. E-mail: vsar@istanbul.edu.tr

who were previously diagnosed as not having a dissociative disorder were identified as negative. The scores of the main symptom clusters and the total score of the SCID-D differentiated dissociative patients from the nondissociative group. There were strong correlations between the SCID-D and the Dissociative Experiences Scale total and subscale scores. These results are promising for the validity and reliability of the Turkish version of the SCID-D. However, as the present study was conducted on a predominantly female sample with very severe dissociation, these findings should not be generalized to male patients, to dissociative disorders other than dissociative identity disorder, or to broader clinical or nonclinical populations.

KEYWORDS *diagnosis, dissociative disorders, SCID-D, reliability, validity, DSM-5*

INTRODUCTION

General psychiatric instruments such as the Structured Clinical Interview for *DSM-IV* (First, Spitzer, Gibbon, & Williams, 1997) and the Composite International Diagnostic Interview (World Health Organization, 1997) lack sections for screening *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV)*, dissociative disorders. This has had serious negative consequences for psychiatric research for decades, leading to controversies among psychiatrists on the prevalence and diagnosis of dissociative disorders. One of the diagnostic tools developed to bridge this gap is the Structured Clinical Interview for *DSM-IV* Dissociative Disorders (SCID-D; Steinberg, 1994). The validity and reliability of the SCID-D has been documented in North America (Steinberg, Rounsaville, & Chicetti, 1990) and in The Netherlands (Boon & Draijer, 1991). A recent publication reported excellent interrater reliability for the German translation of the SCID-D in a Swiss psychiatric population (Mueller-Pfeiffer et al., 2012).

Dissociative disorders have been subject to phenomenological (Şar, Yargıç, & Tutkun, 1996), epidemiological (Akyüz, Dogan, Şar, Yargıç, & Tutkun, 1999; Şar, Akyüz, & Dogan, 2007), and neurobiological (Şar, Ünal, Kiziltan, Kundakçı, & Öztürk, 2001; Şar, Ünal, & Öztürk, 2007) studies in Turkey. The Turkish versions of several instruments assessing dissociation have been proven reliable and valid to demonstrate that dissociative disorders are not culture bound. The Dissociative Disorders Interview Schedule (Yargıç, Şar, Tutkun, & Alyanak, 1998) and the Dissociative Experiences Scale (DES; Yargıç, Tutkun, & Şar, 1995) are among them. The aim of the current study was to evaluate the reliability and validity of the SCID-D in Turkish patients.

METHODS

Participants

A total of 27 patients who were clinically diagnosed as having dissociative identity disorder (DID) and 7 patients with dissociative disorder not otherwise specified (DDNOS) participated in the study. A total of 34 nondissociative psychiatric patients matched with the dissociative group on age, education, and gender served as controls. All patients were diagnosed on the basis of *DSM-IV* criteria. Both dissociative and nondissociative patients were between 18 and 40 years of age. Thirty (88.2%) patients were female in both groups. The following psychiatric disorders were assigned to the control group: bipolar mood disorder in remission ($n = 8$), schizophrenia ($n = 7$), major depressive episode ($n = 6$), obsessive compulsive disorder ($n = 5$), panic disorder ($n = 3$), generalized anxiety disorder ($n = 2$), delusional disorder ($n = 2$), and brief psychotic episode ($n = 1$). Table 1 compares the dissociative and nondissociative patients in terms of sociodemographic variables and mental health history characteristics.

Assessment Measures

SCID-D. The SCID-D is a semistructured diagnostic interview. This instrument investigates five dissociative disorders according to *DSM-IV* criteria. It also rates five symptom areas (depersonalization, derealization, amnesia, identity confusion, and identity alteration) of dissociation and systematically rates the severity of individual symptoms (Steinberg, 1994). The instrument was translated into Turkish by a team of researchers (Vedat Şar, Hamdi Tutkun, İlhan Yargıç, Turgut Kundakçi, and Emre Kiziltan) with extensive clinical experience on dissociative disorders in Turkey. The Turkish version was discussed in detail and checked for readability by the entire team of translators. Pilot interviews were conducted with clinical and nonclinical subjects until full consensus about the content was reached. A back-translation into English showed no significant discrepancy with the original instrument.

DES. The DES is a 28-item self-rating scale of good reliability and validity (Bernstein & Putnam, 1986). It is not a diagnostic tool but serves as a screening device for dissociative disorders. Possible scores range from 0 to 100. The Turkish version of the DES has good reliability and validity (Yargıç et al., 1995). A cutoff score of 30.0 has proven useful in screening for dissociative disorders in Turkey (Yargıç et al., 1998).

Procedures

All patients provided written informed consent to participate in the study. The study was approved by the academic council of Istanbul University,

TABLE 1 Comparison of Dissociative and Nondissociative Groups on Sociodemographic Variables and Mental Health Characteristics

Characteristic	Dissociative group		Control group		<i>t</i>	<i>df</i>	<i>p</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>			
Age	24.2	5.5	25.2	6.3	0.67	66	.504
Education (years)	8.3	3.6	9.9	3.2	1.96	66	.054
Dissociative Experiences Scale	52.7	20.0	10.0	8.0	11.56	43.41	.001
Duration in mental health system (months)	30.5	55.8	36.1	37.5	0.49	66	.630
	<i>n</i>	%	<i>n</i>	%	χ^2	<i>df</i>	<i>p</i>
Income							
Upper	0	0.0	2	5.9	4.56	4	.335
Middle upper	2	5.9	5	14.7			
Middle	22	64.7	19	55.9			
Middle lower	9	26.5	8	23.5			
Low	1	2.9	0	0.0			
Marital status					3.06	4	.549
Single	19	55.9	24	70.6			
Married	11	32.4	8	23.5			
Divorced	2	5.9	2	5.9			
Widowed	1	2.9	0	0.0			
Separated	1	2.9	0	0.0			
Employed	11	32.4	11	32.4			
Inpatient	7	20.6	6	17.6	0.10	1	.758
Previous hospitalization	17	50.0	21	61.8	0.95	1	.329
Pharmacotherapy	18	52.9	32	94.1	14.81	1	.001

Istanbul Medical Faculty, Department of Psychiatry, also for consideration as a dissertation to be submitted to Istanbul University. The study was conducted between January 1, 1997, and January 31, 1998. Members of the dissociative disorders group were patients in the Dissociative Disorders Program of the Istanbul Medical Faculty Hospital recruited consecutively during the study period. Six patients (5 DID and 1 DDNOS) were excluded as they were in treatment with the interviewer, five DID patients due to refusal ($n = 2$) or being younger than 18 years of age ($n = 3$). Besides undergoing clinical examination, all dissociative patients were evaluated using the Rorschach projective test and electroencephalogram (except 1 patient) to eliminate an eventual epilepsy or schizophrenic disorder. One patient who had nonspecific abnormalities on electroencephalogram was included in the study, as a neurology consultation yielded a decision of no epilepsy.

All interviewers had at least 4 years of experience in general clinical psychiatry. They had extensive experience in the diagnosis and treatment of

complex dissociative disorders and were trained in administering the SCID-D by a senior psychiatrist. Besides having attended a presentation about the SCID-D content in full detail, the study clinicians also sat in on joint interviews with the senior psychiatrist when they administered the SCID-D to dissociative and nondissociative psychiatric patients in order to achieve sufficient familiarity with the instrument.

RESULTS

Interrater Reliability

To examine the interrater reliability of the SCID-D, we conducted 10 videotaped interviews. Five patients with dissociative disorder (four DID and one DDNOS) and five nondissociative patients (three bipolar mood disorder, one delusional disorder, one panic disorder) were included. The interviews were scored by three psychiatrists (excluding the interviewer). All raters (except the interviewer) were blind to the diagnoses. Because 10 interviews were rated by three independent raters, 30 judgments were made.

The interrater reliability of the SCID-D was examined at four levels of analysis: presence or absence of a dissociative disorder, type of dissociative disorder, specific dissociative symptoms, and total SCID-D assessment. There was total agreement on the absence or presence of a dissociative disorder among all three raters (100% of 30 judgments). There was total agreement on the type of dissociative disorder in four of the five dissociative subjects among all three raters; raters assigned a diagnosis of DID to these subjects. One rater differed from the others in his evaluation of one subject who had been assigned a diagnosis of DDNOS by two others; this rater assigned a diagnosis of DID. This patient had a clinical diagnosis of DDNOS prior to the study evaluation, as the personality states were not considered sufficiently distinct to fit the diagnosis of DID. Nevertheless, her attending therapist changed the clinical decision to DID during follow-up with this patient. The mean Kendall's tau for interrater agreement among the three raters was between 0.78 and 1.00 for severity ratings of dissociative symptoms and 0.76 (range = 0.70–0.86) for total SCID-D score. These data suggested good interrater reliability.

Validity

All patients with a clinical diagnosis of dissociative disorder were diagnosed as having dissociative disorder in the SCID-D interview, including the specific type of the dissociative disorder (i.e., DID or DDNOS). None of the comparison subjects received a diagnosis of dissociative disorder on the SCID-D. A comparison of the dissociative and nondissociative groups on

TABLE 2 Comparison of the Severity of Dissociative Symptoms Between the Two Patient Groups

Symptom	Dissociative group		Control group		<i>t</i>	<i>df</i>	<i>p</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>			
Amnesia	3.91	0.51	1.26	0.57	21.16	65.38	.001
Depersonalization	3.79	0.48	1.79	1.01	10.45	47.15	.001
Derealization	3.41	1.02	1.50	0.75	8.82	66	.001
Identity confusion	3.82	0.52	1.29	0.76	16.01	66	.001
Identity alteration	3.82	0.46	1.00	0.00	35.90	33.00	.001
Total score	18.76	2.05	6.85	2.08	23.82	66	.001

the severity of the main dissociative symptoms and the SCID-D total score yielded significant results (see Table 2).

A comparison of the presence and frequency of the selected items yielded significant results, except for the experience of possession (see Table 3). All dissociative patients reported internal dialogues. At least 80% of the patients reported memory gaps, identity confusion, acting as if a child, feelings of estrangement, and feelings of the unreality of surroundings. In a comparison of intra-interview signs of dissociation, there were significant differences in all items except spontaneous age regression and intra-interview derealization (see Table 4). The most frequently observed signs were the subject talking to himself or herself, referring to himself or herself as “we” or “he/she/they,” and showing alterations in demeanor. The dissociative group had 7.1 (*SD* = 2.9; range = 1–12) intra-interview signs, whereas the nondissociative patients had 0.2 (*SD* = 0.5; range = 0–2), $t(35.06) = 13.59$, $p = .001$.

Strong correlations (Pearson’s *r*; all significant at $p = .001$) were found between the severity of dissociative symptoms (as measured by SCID-D subscales and the total score) and the DES total and subscale scores (amnesia, depersonalization–derealization, and absorption–imagination), respectively: amnesia (0.79, 0.68, 0.71, 0.80), depersonalization (0.72, 0.59, 0.66, 0.71), derealization (0.71, 0.63, 0.63, 0.68), identity confusion (0.73, 0.59, 0.67, 0.75), identity alteration (0.81, 0.68, 0.73, 0.87), and total score (0.81, 0.69, 0.75, 0.83).

DISCUSSION

The findings of the present study support the validity and interrater reliability of the Turkish version of the SCID-D. One subsequent study conducted on a consecutive series of psychiatric outpatients in Turkey demonstrated that there was a 79.5% agreement between the Dissociative Disorders Interview

TABLE 3 Comparison of the Presence and Frequency of Selected Structured Clinical Interview for *DSM-IV* Dissociative Disorders Items

Symptom	Dissociative group (<i>n</i> = 34)		Control group (<i>n</i> = 34)		$\chi^2(df = 1)$	<i>p</i>
	<i>n</i>	%	<i>n</i>	%		
Amnesia						
Memory gaps	32	94.1	1	2.9	56.58	.001
Difficulty remembering daily activities	32	94.1	5	14.7	43.22	.001
Coming out of a blank spell in a strange place	24	70.6	1	2.9	33.46	.001
Inability to recall personal information	24	70.6	1	2.9	33.46	.001
Depersonalization						
Feelings of estrangement	27	79.4	11	32.4	15.27	.001
Altered perception of the body	21	61.8	1	2.9	11.90	.001
Watching oneself from a distance/point outside the body	17	50.0	7	20.6	19.34	.001
Derealization						
Surroundings unreal	26	76.5	7	20.6	21.25	.001
Not recognizing one's friends or family	23	67.6	0	0.0	34.76	.001
Identity confusion						
Internal struggle	31	91.2	5	14.7	39.90	.001
Confused as to who one is	31	91.2	1	2.9	53.13	.001
Identity alteration						
Acting as if a different person	30	88.2	0	0.0	53.68	.001
Acting as if a child	29	85.3	3	8.8	39.90	.001
Referred to by strangers by different names	15	40.0	1	2.9	16.02	.001
Possession experience	8	23.5	7	20.6	0.09	.770
Associated features						
Internal dialogs	34	100.0	8	20.0	42.10	.001
Affect dysregulation	32	94.1	11	32.4	27.90	.001
Flashbacks/reliving the past as if present	25	73.5	1	2.9	35.87	.001

Schedule (Ross et al., 1989) and the SCID-D regarding the presence or absence of a dissociative disorder (Şar et al., 2003). Further studies have been conducted in Turkey using the SCID-D on clinical (Karadağ et al., 2005; Şar, Akyüz, Kundakçi, Kiziltan, & Dogan, 2004) and nonclinical (Şar, Akyüz, Kugu, Öztürk, & Ertem-Vehid, 2006) populations. Detailed case studies using the Turkish version of the SCID-D have been published (Sakarya, Günes,

TABLE 4 Intra-Interview Signs of Dissociation

Symptom	Dissociative group (<i>n</i> = 34)		Control group (<i>n</i> = 34)		$\chi^2(df = 1)$	<i>p</i>
	<i>n</i>	%	<i>n</i>	%		
Subject is observed talking to himself/herself	30	88.2	1	2.9	49.86	0.001
Referring himself/herself as “we” or “he/she/they”	28	82.4	1	2.9	43.83	0.001
Alterations in demeanor	24	70.6	0	0.0	37.09	0.001
Many “I do not know” responses	20	58.8	1	2.9	24.87	0.001
Alterations in identity (switching)	18	52.9	0	0.0	24.48	0.001
Fluctuations in functioning or mood	18	52.9	2	5.8	18.13	0.001
Ambivalent responses	17	50.0	0	0.0	22.67	0.001
Intra-interview amnesia	17	50.0	0	0.0	22.67	0.001
Emotional response to Structured Clinical Interview for <i>DSM-IV</i> Dissociative Disorders questions	17	50.0	0	0.0	22.67	0.001
Trance state	17	50.0	0	0.0	22.67	0.001
Intra-interview depersonalization	16	47.1	0	0.0	20.00	0.001
Spontaneous age regression	3	8.8	0	0.0	Fisher’s exact	0.119
Intra-interview derealization	0	0.0	0	0.0		

Öztürk, & Şar, 2012; Şar, Öztürk, & Kundakçi, 2002). Both the present study and these subsequent ones support the cross-cultural validity of the SCID-D.

The high prevalence of intra-interview signs of dissociation suggests that our patient group had a relatively severe dissociative psychopathology. These signs may be less prominent among patient groups with moderate or mild psychopathology or in nonclinical populations. Thus, studies collecting further data on milder dissociative conditions as well as those other than DID would be helpful in assessing the validity and reliability of the Turkish version of the SCID-D. As normative dissociation is relatively prevalent among adolescents, a separate study is also required in younger age groups (Steinberg & Steinberg, 1995).

The *DSM-5* covers revisions to the diagnostic criteria for DID and other dissociative disorders (American Psychiatric Association, 2013). The revised Diagnostic Criterion A of DID states that the disruption of identity characterized by two or more distinct personality states may be described in some cultures as an experience of possession. The SCID-D item inquiring about possession experiences requires a judgment on the part of the interviewer about the broad cultural acceptability (i.e., nonpathological

possession) of the experience. In the present study, possession experiences did not differentiate dissociative patients from controls (see Table 3). Dissociative phenomena may accompany other psychiatric disorders, including schizophrenic disorder (Ross, 2004; Şar et al., 2010). For instance, patients with psychotic disorders may experience possession or may even have delusions of possession. However, SCID-D assessments of possession are always performed in the context of all five SCID-D dissociative symptom dimensions, and thus those patients suffering from dissociative versus nondissociative (e.g., psychotic) experiences can be distinguished in the final judgment after the whole clinical picture is taken into consideration (Haugen & Castillo, 1999; Steinberg, Cicchetti, Buchanan, Rakfeldt, & Rounsaville, 1994).

Nevertheless, the SCID-D is subject to update to adjust to the *DSM-5*. However, as the instrument covers the main symptoms of all dissociative disorders, these revisions would affect only sections inquiring about diagnostic criteria rather than questions targeted at specific symptoms, signs, or mental health history. The *DSM-5* introduced acute dissociative disorder in response to stressful events with a duration less than 1 month, which is listed among examples of other specific dissociative disorders. As the SCID-D already inquires about the duration of dissociative symptoms, this new *DSM-5* example of other specific dissociative disorders is already assessable with the SCID-D without any modification to the questions.

This preliminary study has several limitations. First, all interviews were conducted by the same clinician. Ideally, reliability and validity should be demonstrated with several interviewers as well as several independent raters. Second, the diagnoses of the nondissociative patients were not made with a structured interview. Third, more patients with dissociative disorders other than DID should have been included in the sample to determine the reliability and validity of the instrument for the entire spectrum of dissociative disorders. These results were obtained from a predominantly female sample with very severe dissociation and cannot be generalized to broader clinical or nonclinical populations or to male patients. Despite these limitations, the data obtained in this preliminary study are promising for the reliability and validity of the Turkish version of the SCID-D. Further studies should address these limitations.

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