

Clinical Diagnostic Interview– Forensic Version (CDI-F)

Drew Westen, Ph.D.

General Principles

- This interview can be used for clinical or research purposes.¹ It should be conducted as a clinical interview, with probing as appropriate based on the interviewer’s clinical skill, empathy, and hypotheses that emerge over the course of the interview. As in clinical interviewing, if the patient says something with an ambiguous meaning, or that could lead to important information, the interviewer should ask about it (e.g., “What did you mean when you said that your husband is sometimes ‘off key?’”). **Questions in bold form the “skeleton” of the interview, i.e., the “script” around which the interviewer should improvise.** They are intended to standardize and systematize the interview but not to straightjacket the interviewer. As interviewers get comfortable with the interview, they should use the **Synopsis** at the end of this manual, which summarizes these questions, to guide research interviews.
- This is largely a narrative-based interview, which requires inferences based on what subjects say, the way they say it, and what they do not say that seems implicit. Thus, getting behind the “headlines”—the generic, explicit beliefs patients provide—to the “text” or narrative beneath it is essential to reliable and valid scoring. *When in doubt, ask for an example* of a specific instance, and always inquire about idiosyncratic or unusual word choices.
- If interview questions become redundant because the answers are clear from previous responses, do not ask them (e.g., do not ask about depression if patient has already told of a history of depression).
- The interviewer should inquire about *suicidality* or *psychosis* at any point in the interview if the patient’s symptoms, narratives, or presentation suggest that such questions are likely to be relevant (e.g., if the patient reports depression, or if the interviewer has any suspicion of suicidality, the interviewer should inquire about suicidal ideation, plans, and past suicidal behavior early in the interview). If at any point in the interview the patient seems disorganized, disoriented, manic, or shows subtle or frank signs of thought disorder or psychosis, the interviewer should immediately assess mental status (e.g., orientation to

¹ This interview can be used to assess both Axis I and Axis II syndromes by applying specific instruments to it (e.g., the SWAP-II or prototype ratings), although it cannot be used to apply DSM-IV diagnostic algorithms for each disorder, which require direct inquiry about the nature, length, and duration of hundreds of symptoms for disorders that may or may not be clinically relevant.

person, time, and place; memory; and comprehension of proverbs) and current or recent drug use, and should directly inquire about psychotic or manic symptoms (e.g., delusions, hallucinations, paranoia, racing thoughts). If the patient is psychotic or manic, the rest of the interview should be abbreviated, with a primary focus on questions necessary for making an appropriate clinical disposition.

- The interviewer should make use of all available data, including charts or records of arrests or convictions, and should introduce these as appropriate. In general, for offenders who are initially unwilling to discuss their offenses openly at the beginning of the interview, interviewers should introduce chart information when circling back to offense questions in the last third of the interview, after establishing rapport and hearing much of the person's "life story." Often discrepancies between what the interviewee is saying and what the interviewer knows about him can be addressed with an attitude of puzzlement or clarification, as in "I'm a little confused. From what I see in your record, this wasn't the first time you got picked up for this." In other cases, a more confrontive approach may be called for if the interviewee is clearly fabricating important information that needs to be clarified and/or is more psychopathic.
- The interview should take about 2 1/2 hours (or for clinical purposes, three 45-50-minute sessions, including feedback to the patient at the end of the last interview). If it is taking longer with a subject, the interviewer should ask for fewer vignettes or less detail as the interview proceeds, once s/he has a good "feel" for the patient. The interviewer should use familiarity with the instrument(s) s/he will be applying to the data (e.g., the SWAP-II Q-sort) to guide clinical inquiry and probing.
- The interviewer should take notes during the interview on comments the subject makes of relevance to coding the interview or to which s/he wants to return for further inquiry. If Q-sorting or making ratings from this interview, *be sure to do so within 24 hours after the interview, and be sure to review your notes before doing so.* Memory for specific details fades remarkably quickly, both from the beginning of the interview to the end, and after 24 hours, particularly if any other clinical contact occurs in the interim. *Note:* If more than 24 hours elapses between watching a videotaped interview and scoring it, the scorer needs to watch the videotape a second time because the data will not otherwise be valid.

Clinical Diagnostic Interview: Probe Questions and Instructions

1. Could you tell me a little bit about yourself, and what brought you here?

- If the patient asks what the interviewer means by “tell me about yourself,” clarify, “Like who you are, what you do, what you're like as a person, and who the important people in your life are.” The goal is to get a sense of who the person is, how s/he views him/herself, current adaptive functioning, and his/her broader social context. Note that the goal here is also to help the patient feel comfortable with the interview and interviewer.
- *For offenders:* the interviewer should inquire about both the index offense and history of offenses, including sense of remorse, understanding of the victim's point of view, etc. The interviewer is likely to get the most valid data by taking a matter of fact, nonjudgmental, “medical history-taking” approach in asking questions, and to begin with the assumption that such an attitude will invite relatively forthcoming responses. If the interviewee is willing to discuss offenses at this point, the interviewer should get *very specific* in probing specific incidents, including *what led up to it, what the offender was thinking and feeling at the time, what s/he imagines the victim was thinking and feeling, the outcome of the incident for everyone involved, and how the interviewee thinks and feels about it in retrospect*. If the interviewee is not forthcoming with details, the interviewer should inquire about the sources for his/her discomfort or wariness in answering questions (e.g., if he thinks the information will be used against him), and address these as appropriate (e.g., “I can see that you don't want to get much into details. Is that because you're uncomfortable talking about it, or you're worried that if you tell me something it will be used against you?”). Where it is clear following such interventions that the offender is not ready to disclose much about what s/he has done, the interviewer should move on to questions about developmental history, establish rapport, and return for more specific details at appropriate points later in the interview.
- *For custody evaluations:* after asking the parent to describe him/herself, the interviewer should begin by focusing on a) what led to the divorce and what the divorce and ensuing custody issues have been like for him/her; b) his/her perception of how the child or children are doing and how they are experiencing the divorce and its aftermath (probing about each individual child if the parent does not spontaneously offer separate descriptions); c) what s/he believes is important for the interviewer to know about him/herself and spouse as people and as parents; d) how s/he perceives imagines what this process is like for his/her spouse; and e) what s/he expects the interview process and interviewer to be like. The interviewer should carefully assess the extent to which the parent can set aside ill will and his/her own wishes and focus on the needs, interests, and emotional experiences of the child(ren).

- **Has anyone in your family ever been in trouble with the law?** Take a complete history, and try not only to get “the facts” but to understand the impact on the interviewee and his/her attitudes toward the family member’s actions where appropriate (e.g., if father engaged in criminal behavior). *For custody evaluations*, the interviewer should skip this question, and inquire about it later in the interview as appropriate.

2. Can you tell me about your childhood--what was it like growing up?

- Probe for specific milestones and significant experiences, including *losses, major illnesses, family moves, parental discipline, abuse, parental criminality or poverty where appropriate, etc.*
- Be sure to get a general impression about both childhood and adolescence and of the “cast of characters” in the person’s life as a child.

3. Can you tell me about your relationship with your mother? What was (is) she like as a person, and what was she like as a parent?

- If patient asks for clarification, inquire about the history of the relationship as both a child and an adult.
- **Now I'd like you to describe a specific encounter with your mother, something that stands out. It can be an incident that's typical of your relationship, really meaningful, really good, really bad--whatever comes to mind.**
- Probe if subject leaves out any of the following: *what led up to the event, what both people were thinking and feeling, and the outcome.* If subject has trouble with the task, give these probes at the beginning and repeat once or twice as necessary.
- Inquire about *one or two more events*; probe incomplete, ambiguous, or incoherent narratives.

4. Could you tell me about your relationship with your father? What was (is) he like as a person, and what was he like as a parent? Ask for *two vignettes*.

5. Do you have brothers and sisters? Could you tell me a little bit about them and your relationships with them?

- **Can you describe a specific encounter with one of your brothers or sisters?**
- Ask for *one or two more vignettes*; if more than one sibling, ask for an encounter with a different sibling than described in the first vignette.

- **Was there anyone else who was really important to you as a child or teenager?** If so, probe for *one specific incident*.

6. What was school like for you? Probe for success or failures, difficulties, peer rejection or neglect, etc. Ask for specific incidents where appropriate.

7. What were your friendships like when you were a kid, and what are they like now? Probe friendship history.

- **Who are your closest friends now? Could you tell me about your relationship with one of them--what is it like?**
- Ask for *two specific incidents*, either with one friend or different friends if the subject prefers.

8. Can you tell me about your romantic relationships--what have they been like?

- Get history of adult relationships. If necessary, ask, "Do your relationships tend to be stormy or smooth?"
- Ask for *two to three specific encounters* in recent or past romantic relationships.
- **How is/was your sex life?** Probe for enjoyment, conflicts, and specific dysfunctions. If the patient describes no problems in his/her sex life, ask if things have always been that way. Inquire about first sexual experiences.
- **Are there things that make you uncomfortable sexually, or have led to friction in your relationships? Is there anything about your sexual attitudes or behavior that other people might consider unusual?**
- *For sexual offenders*, take a complete sexual history, from first sexual experiences (consensual and nonconsensual, human or bestial) through adult romantic relationships (if any). Then explore the first offense and the offender's history of offenses, obtaining as detailed narratives as possible of each individual incident, using the structure and probes used throughout the interview, with which the interviewee should now be familiar.

9. Could you tell me about your work history?

- Probe if necessary: "Do/did you tend to stay with jobs for a long time or move around a lot?" "Do/did you sometimes get into conflicts with people at work—coworkers or bosses?"
- Ask for *one or two specific encounters* at current or previous jobs.
- Probe for signs of passive aggression, trouble committing to an occupation, leaving jobs before having a new job in place, etc.

- If a homemaker, get a sense of the extent to which s/he feels fulfilled at what s/he is doing and any conflicts at home regarding the way s/he fulfills responsibilities.

10. Do you have children? Can you tell me a little bit about them, and about your relationships with them?

- Ask for *two or three incidents*; if subject has more than one child, solicit information on different children.
- How do/did you discipline your kids? Assess for interpersonal violence and the motives behind it (e.g., sadism, modeling or identification with an abusive parent, conflict about it).

11. Now I'd like to know a little bit more about troubles you've had with the law. *For custody evaluations:* ask instead, "Have you ever had trouble with the law?"

- At this point, the interviewer should circle back and try again to obtain a detailed history of criminal or violent behavior (including acts for which the interviewee was not arrested or convicted) that the person has not previously fully disclosed. For each incident, the interviewer should try to obtain a detailed narrative account of the incident, from what led up to it, to what was going on in both people's minds if it was a crime with a victim, to what ended up happening. This is where the interviewer should bring up information from records and ask about discrepancies or omissions from the interviewee's account.
- **Did you ever get into trouble with the law as a kid?**
- **Some kids get into things like fighting, hurting animals, lighting fires, joining gangs, or running away from home. Did you get into any of those kinds of things as a kid?**
- **Have you ever hit anybody as an adult—at home, in a bar, at work, or anywhere else?**
- **Have you ever used a weapon on somebody, or threatened somebody with one?**
- Probe past and current experiences with and attitudes toward corrections officers, parole officers, etc.

12. Now I'd like you to think of a really difficult, stressful, or upsetting time in the last year or two, and tell me about it. Do not ask this question if you have already heard of several recent events and have a clear sense of how the subject tends to deal with pressure and regulate emotions.

- Probe precisely how the person responded to the experience, including conscious coping strategies.
- **Now tell me about another incident or situation that was difficult, stressful, or upsetting in the last year or two.** Use same probes as above.

13. Now I'd like to finish up with some questions about your physical and mental health. In following up on psychiatric symptoms, the interviewer should be sure to get a good sense of both *current problems* and *history of psychiatric problems*. For each problem (e.g., depression, anxiety, eating disorder, substance abuse), the interviewer should assess (a) subjective distress; (b) severity, including, where appropriate, impact on adaptive functioning and relationships; (c) vegetative signs or medical complications (e.g., trouble sleeping, rapid weight loss or weight gain); (d) precipitants and duration of most recent episode or exacerbation or of recent examples; and (e) history and course of the disorder, including precipitants, if known, of the original episode. *Do not ask any of the questions below if they are redundant or unnecessary in light of what the interviewee has already said.*

- **Have you ever had problems with depression or anxiety?** (Probe bipolar disorder and panic where appropriate.)
- **People differ a lot in the emotions they tend to feel. Some people often feel anxious, others feel sad, others feel ashamed or embarrassed, and others feel angry. What emotions do you tend to feel?**
- **What about positive feelings, like happiness or pride?**
- **Do you ever get overwhelmed by your feelings?**
- **Are there times when you try to shut off your feelings entirely, or when you just feel numb?**
- **Have you ever had trouble with alcohol or drugs?** If unclear, ask if anyone close to him/her has complained about his/her drinking or drug use. Take a complete drug and alcohol history, beginning with first use.
- **How does your body hold up under stress? Do you often get sick or have headaches, stomach problems, backaches, etc.? How is your health in general?** Probe hypochondriasis and somatization. Ask about eating problems or other symptoms if doing so seems clinically indicated based on prior material, appearance, etc.
- **How do you usually feel about yourself?** If the person has a history of trauma or traumatizing others, inquire into self-blame and feelings of badness, shamefulness, or self-loathing. **Do your feelings about yourself change a lot? What do you most like and dislike about yourself?**
- **Have you ever hurt yourself, tried to kill yourself, or thought seriously about suicide?** If so, probe frequency, intensity, and at least one specific incident.
- **Do you ever feel like you don't know who you are, or like the different sides of you don't fit together?** If interviewee's sense of identity is not clear, ask, "Are there times when you feel empty inside, or like you're a different person depending on who you're with?"

- **Do you ever feel like you're outside your body, or that you're somehow separate from the things around you, like you're looking at them through a pane of glass?**
- **Do you ever have memories of painful things that happened to you suddenly come back into your mind, or thoughts that just keep coming back that you can't get out of your mind?**
- **Are you a superstitious person? Do you have any beliefs that other people would find unusual?**
- **Do you believe in ESP, or believe that people can read other people's minds? Do you ever have strange thoughts or feelings that come into your head, like sensing that another person is in the room, or suddenly seeing images or hearing voices?** Do not ask these questions if they seem inappropriate or the answers are obvious at this point. Follow up with direct questions about frank thought disorder if appropriate.
- **How do you see your life going in the long run—what do you think it's going to be like?**
- **How do you think the things you've experienced in your life [give examples] have affected you?**

14. I've asked you a lot of questions. How has this been? Is there anything we haven't covered that's really important in understanding you as a person? Is there anything else you'd like to add, or anything you'd like to ask?

For both patients/offenders and research participants, it is useful to provide feedback to the person about what you've seen, including both things s/he is concerned about and his/her potential strengths.

Synopsis of Clinical Diagnostic Interview Questions—Forensic Version

1. Could you tell me a little bit about yourself, and what brought you here? Has anyone in your family ever been in trouble with the law?
2. Can you tell me about your childhood--what was it like growing up?
3. Can you tell me about your relationship with your mother? What was (is) she like as a person, and what was she like as a parent? Now I'd like you to describe a specific encounter with your mother, something that stands out. It can be an incident that's typical of your relationship, really meaningful, really good, really bad—whatever comes to mind.
4. Could you tell me about your relationship with your father?
5. Do you have brothers and sisters? Could you tell me a little bit about them and your relationships with them? Was there anyone else who was really important to you as a child or teenager?
6. What was school like for you?
7. What were your friendships like when you were a kid, and what are they like now? Who are your closest friends now? Could you tell me about your relationship with one of them—what is it like?
8. Can you tell me about your romantic relationships--what have they been like? How is/was your sex life? Are there things that make you uncomfortable sexually, or have led to friction in your relationships? Is there anything about your sexual attitudes or behavior that other people might consider unusual? (For sex offenders, take a detailed history.)
9. Could you tell me about your work history?
10. Do you have children? Can you tell me a little bit about them, and about your relationships with them?
11. Now I'd like to know a little bit more about troubles you've had with the law. A) Did you ever get into trouble with the law as a kid? B) Some kids get into things like fighting, hurting animals, lighting fires, joining gangs, or running away from home. Did you get into any of those kinds of things as a kid? C) Have you ever hit anybody as an adult—at home, in a bar, at work, or anywhere else? D) Have you ever used a weapon on somebody, or threatened somebody with one?
12. Now I'd like you to think of a really difficult, stressful, or upsetting time in the last year or two, and tell me about it.
13. Now I'd like to finish up with some questions about your physical and mental health. A) Have you ever had problems with depression or anxiety? B) People differ a lot in the emotions they tend to feel. Some people often feel anxious, others feel sad, others feel ashamed or embarrassed, and others feel angry. What emotions do you tend to feel? C) What about positive feelings, like happiness or pride? D) Do you ever get overwhelmed by your feelings? E) Are there times when you try to shut off your feelings entirely, or when you just feel numb? F) Have you ever had trouble with alcohol or drugs? G) How does your body hold up under stress? Do you often get sick or have

headaches, stomach problems, backaches, etc.? How is your health in general? H) How do you usually feel about yourself? I) Do your feelings about yourself change a lot? What do you most like and dislike about yourself? J) Have you ever hurt yourself, tried to kill yourself, or thought seriously about suicide? K) Do you ever feel like you don't know who you are, or like the different sides of you don't fit together? L) Do you ever feel like you're outside your body, or that you're somehow separate from the things around you, like you're looking at them through a pane of glass? M) Do you ever have memories of painful things that happened to you suddenly come back into your mind, or thoughts that just keep coming back that you can't get out of your mind? N) Are you a superstitious person? Do you have any beliefs that other people would find unusual? Do you believe in ESP, or believe that people can read other people's minds? Do you ever have strange thoughts or feelings that come into your head, like sensing that another person is in the room, or suddenly seeing images or hearing voices? O) How do you see your life going in the long run—what do you think it's going to be like? P) How do you think the things you've experienced in your life have affected you?

15. I've asked you a lot of questions. How has this been? Is there anything we haven't covered that's really important in understanding you as a person? Is there anything else you'd like to add, or anything you'd like to ask?