



STANDARD OPERATING PROCEDURE (SOP) Training for the Structured Clinical Interview for Sleep Disorders- Revised (SCISD-R)

1. INTRODUCTION. The University of Arizona Insomnia and Sleep Health Research Laboratory and the STRONG STAR Research Consortium aim to support the use of the SCISD-R in research and clinical settings. This Standard Operating Procedure (SOP) was developed to outline the training procedures for in order to ensure the ethical, consistent, and effective administration and interpretation of the Structured Clinical Interview for Sleep Disorders-Revised (SCISD-R) in the context of research protocols. The training SOP for providers seeking SCISD-R training in clinical settings may vary from the steps outline below.

2. DEFINITIONS.

- The Structured Clinical Interview for Sleep Disorders-Revised (SCISD-R) was developed to assist in screening for and diagnosing sleep disorders in accordance with the Diagnostic and Statistical Manual of Mental Disorders, 5th edition (DSM-5). The SCISD-R is divided into modules devoted to sleep disorders that can be diagnosed primarily through interview (e.g., insomnia, circadian rhythm sleep disorders, disorders of arousal, nightmare disorder, restless legs syndrome) and sleep disorders that can be screened with an interview but require an overnight sleep study or further medical evaluation for confirmation (e.g., obstructive sleep apnea, Rapid Eye Movement (REM) behavior sleep disorder, narcolepsy).
- Expert Evaluators are individuals who have been identified as demonstrating notable and consistent expertise in administering and scoring the SCISD-R. These skills have been developed through contact with the instruments, frequent administration, significant knowledge and understanding of the theoretical and methodological underpinnings relevant to the instruments' construction, and significant relevant expertise in the area of behavioral sleep medicine. Expert Evaluators' considerable knowledge, skills and scoring acuity represent a standard of administration and measurement to which all trainees should aspire (i.e., a "Gold Standard") and thus they are ideal persons to provide training, supervision, modeling, and feedback for trainees.
- Provisionally Proficient refers to a SCISD-R trainee who has successfully completed the direct training, readings, and mock interviews (described below) and has been deemed by the Expert Evaluator(s) as equipped to complete independent assessment interviews under continued supervision. In circumstances in which the SCISD-R is being utilized in research protocols, it is encouraged that SCISD-R trainees become Provisionally Proficient before attempting interviews with study participants/patients.
- Proficient Evaluator refers to an Independent Evaluator who, in a timely manner, has fully and skillfully completed all the training procedures detailed within this SOP.

3. PROCEDURES.

- Timeline of Training: Following attendance of in-person training (or review of the training video), SCISD-R trainees should complete all training elements within a three-month time span.
 - a. Required Readings.

Trainees will complete the following readings either prior to or shortly after Direct Training (see next step below).

 - American Psychiatric Association. (2013). Sleep-wake disorders. In *Diagnostic and statistical manual of mental disorders* (5th ed.). pp. 361-422.
 - Taylor, D.J., Wilkerson, A., Pruiksma, K. E., Dietch, J.,R., & Wardle-Pinkston, S. (2019). Structured Clinical Interview for Sleep Disorders-Revised (SCISD-R). Retrieved from <https://insomnia.arizona.edu/SCISD>
 - Pruiksma, K. E., Wilkerson, A., Dietch, J.R., Wardle-Pinkston, S., Dolan, M., & Taylor, D.J. (2019). User Manual for the Structured Clinical Interview for Sleep Disorders – revised (SCISD-R). Retrieved from <https://insomnia.arizona.edu/SCISD>
 - b. Optional Readings.
 - Kapur, V. K., Auckley, D. H., Chowdhuri, S., Kuhlmann, D. C., Mehra, R., Ramar, K., & Harrod, C. G. (2017). Clinical practice guideline for diagnostic testing for adult obstructive sleep apnea: an American Academy of Sleep Medicine clinical practice guideline. *Journal of Clinical Sleep Medicine*, 13(03), 479-504. doi.org/10.5664/jcsm.6506
 - Haynes, P. L. (2005). The role of behavioral sleep medicine in the assessment and treatment of sleep disordered breathing. *Clinical Psychology Review*, 25(5), 673-705. doi:10.1016/j.cpr.2005.04.009 PMID:15951084.
 - c. Direct Training.
 - Assessors will receive direct training from an Expert Evaluator (or will watch a SCISD-R training video). These trainings are designed to introduce the identification and diagnosis of sleep disorders.
 - d. Provisionally Proficient SCISD-R Status.
 - Qualifying Ratings. Expert trainers will maintain a collection of prototypical interviews. Following or during the Direct Training, the trainee will score at least two of these audio or video-taped SCISD-R interviews. After scoring each interview, the trainee will then compare their scores with the scores completed by the Expert Evaluator.
 - Mock Interviews. Each trainee will practice administration of the SCISD-R by completing **at least three** “mock” or practice interviews. These will be completed in a role-play format (and not with an actual patient). The administrations will be audio-recorded.
 - Mock interview #1: The first mock interview will be reviewed by the trainee that conducted the interview (i.e., self-review). The trainee will

review their own audio-recording and re-rate the interview. The trainee is encouraged to consider their own interviewing style and evaluate the accuracy of their ratings, the appropriateness of their follow-up questions, if additional questions needed to be asked, if the interviewer appropriately skipped or did not skip sections, and if all portions of the SCISD-R were completely correctly.

- Mock Interview #2: The second mock interview will be reviewed by another trainee who will co-rate the interview, consider the interviewing style, evaluate the accuracy of the ratings, the appropriateness of the follow-up questions, if additional questions needed to be asked, if the interviewer appropriately skipped or did not skip sections, and if all portions of the SCISD-R were completely correctly.
- Mock Interview #3: The third mock interview will be reviewed by an Expert Evaluator who will provide verbal and/or written feedback in a timely manner. *The trainee may be asked to complete additional mock interviews if additional practice is indicated.*
- Upon successful completion of the Qualifying Interviews and Mock Interviews, the SCISD-R trainee will achieve Provisionally Proficient status.

4. Fully Proficient SCISD-R Assessor Status.

- Following achievement of Provisionally Proficient status, trainees will be required to audio-record their administrations of the SCISD-R interviews with study participants or clinical cases and notify the Expert Evaluator when the interview is available for review.
 - At a minimum, each Provisionally Proficient SCISD-R Trainee's first three SCISD-R interviews will be reviewed by an Expert Evaluator with respect to diagnosis and interview skill. Feedback will be provided to the trainee in a timely manner.
 - As needed, trainees will engage in corrective action designed to increase rater reliability in assessment and decrease rater drift. Corrective actions may include: follow-up phone conversations to identify problematic patterns, additional readings, supervised SCISD-R interviews, and/or observation of others conducting the SCISD-R either in-person or by reviewing audio recordings.
 - When the Expert Evaluator(s) have judged that the Provisionally Proficient SCISD-R Trainee has met administration and scoring goals for the SCISD-R, the trainee will be considered to have become Fully Proficient in administration of the SCISD-R.

5. Continued Training. In order to maintain rater consistency over time, trainees will attend regularly scheduled SCISD-R Consultation calls to discuss each assessment that is conducted and to complete regularly scheduled SCISD-R co-ratings. During these meetings, trainees may be asked to engage in numerous activities to include but not limited to case consultation, receiving feedback, additional practice exercises,

or further didactic training.