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A Structured Clinical Interview for Kleptomania (SCI-K): preliminary validity and reliability testing

JON E. GRANT,[1] SUCK WON KIM,[1] JAMES S. MCCABE[1]*

1 Department of Psychiatry, University of Minnesota Medical School, Minneapolis, Minnesota USA

Abstract

Kleptomania presents difficulties in diagnosis for clinicians. This study aimed to develop and test a DSM-IV-based diagnostic instrument for kleptomania. To assess for current kleptomania the Structured Clinical Interview for Kleptomania (SCI-K) was administered to 112 consecutive subjects requesting psychiatric outpatient treatment for a variety of disorders. Reliability and validity were determined. Classification accuracy was examined using the longitudinal course of illness. The SCI-K demonstrated excellent test-retest (Phi coefficient = 0.956 (95% CI = 0.937, 0.970)) and inter-rater reliability (phi coefficient = 0.718 (95% CI = 0.506, 0.848)) in the diagnosis of kleptomania. Concurrent validity was observed with a self-report measure using DSM-IV kleptomania criteria (phi coefficient = 0.769 (95% CI = 0.653, 0.850)). Discriminant validity was observed with a measure of depression (point biserial coefficient = −0.020 (95% CI = −0.205, 0.166)). The SCI-K demonstrated both high sensitivity and specificity based on longitudinal assessment. The SCI-K demonstrated excellent reliability and validity in diagnosing kleptomania in subjects presenting with various psychiatric problems. These findings require replication in larger groups, including non-psychiatric populations, to examine their generalizability. Copyright © 2006 John Wiley & Sons, Ltd.

Key words: kleptomania, impulse control, diagnosis, structured clinical interview

Introduction

Although kleptomania was first officially designated a psychiatric disorder in 1980 in DSM-III, it has been discussed in the medical literature for almost 200 years (Goldman, 1991; McElroy et al., 1991). Currently classified in DSM-IV with impulse control disorders, the current DSM-IV diagnostic criteria for kleptomania reflect the urge-driven quality of the behaviour:

- recurrent failure to resist an impulse to steal unneeded objects;
- an increasing sense of tension before committing the theft;
- an experience of pleasure, gratification or release at the time of committing the theft; and
- the stealing is not performed out of anger, vengeance, or due to psychosis (APA, 2000).

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The prevalence of kleptomania remains unknown, but a recent study of psychiatric inpatients with multiple disorders revealed that kleptomania may in fact be fairly common. The study of 204 adult psychiatric inpatients in the US found that 7.8% (n = 16) endorsed current symptoms consistent with a diagnosis of kleptomania and 9.3% (n = 19) had a lifetime diagnosis of kleptomania (Grant et al., 2005). In addition, kleptomania appeared equally common in patients with mood, anxiety, substance-use, or psychotic disorders. These findings are further supported by two French studies that found current rates of 3.7% among 107 inpatients with depression (Lejoyeux et al., 2002) and 3.8% in 79 inpatients with alcohol dependence (Lejoyeux et al., 1999). These studies suggest that kleptomania may be fairly common; however, the shame and embarrassment associated with stealing may prevent a large number of people from voluntarily reporting kleptomania symptoms (Grant and Kim, 2002).

Although kleptomania is associated with impaired functioning and poor quality of life (Grant and Kim, 2005) there is some indication that both clinicians and researchers fail to screen for or diagnose the disorder (Goldman, 1991). This failure to diagnose kleptomania may stem in part from the lack of a DSM-IV-based diagnostic instrument for kleptomania. In addition, kleptomania presents many difficult considerations concerning differential diagnosis (Grant and Kim, 2002) and therefore a structured interview may optimize accurate assessment of kleptomania behaviour. The Structured Clinical Interview for DSM-IV (SCID) (First et al., 1995), a widely used diagnostic instrument, currently lacks a module for kleptomania.

Aims of the Study

The goal of this study was to develop a SCID-compatible, DSM-IV-based instrument for kleptomania and examine validity and reliability in subjects presenting with various psychiatric disorders.

Material and methods

The following were administered to 112 consecutive subjects (Table 1) seeking either pharmacotherapy or psychotherapy treatment in an outpatient psychiatric clinic at a public university academic centre (n = 29) or at a specialty clinic for impulse control disorders at a private psychiatric hospital (n = 83), at entry into the study and at the next follow-up visit:

- the Structured Clinical Interview for Kleptomania (SCI-K) (appendix);
- the Hamilton Rating Scale for Depression (HAM-D 17-item version) (Hamilton, 1960); and
- a thorough clinical interview using DSM-IV criteria and assessing for primary Axis I disorders as well as borderline personality disorder and antisocial personality disorder.

A random subset of the subjects (n = 71) was administered a self-report version of the DSM-IV inclusion criteria for kleptomania at entry and at the second visit. The institutional review board of the two hospitals approved the study. After a complete description of the study, all subjects provided written informed consent.

The SCI-K consists of nine probe and additional follow-up questions (five probes for inclusionary criteria and four for exclusionary criteria) reflecting DSM-IV criteria. A diagnosis of kleptomania is made if all five inclusionary questions and the four exclusionary items (not due to anger/vengeance, psychosis, mania, or antisocial personality disorder) are answered affirmatively. Therefore, once a subject answered 'no' to any question in the SCI-K, the interview was ended as the diagnosis requires affirmative answers to all questions. In the case of inter-rater reliability, subjects were asked all questions regardless of the answers. For the diagnostic criteria of 'recurrent impulses', subjects were asked if they had 'urges', 'cravings', or 'drive' to steal. These terms were not operationalized. Subjects met the threshold for this criterion only if there was an obvious craving or urge state associated with their stealing based on clinician judgement. Subjects were administered the SCI-K prior to the other measures. The self-report version listed DSM-IV kleptomania criteria A, B, and C verbatim and without elaboration. Subjects were asked to answer 'yes' or 'no' as to whether each criterion described their behaviour.

Test-retest reliability was assessed in 112 subjects (Table 1). Test-retest reliability was performed at two consecutive time points (mean (SD) = 17.8 (20.9) days). Inter-rater reliability was assessed in a random group of 35 subjects (Table 1). Ratings were based on a single interview with one clinician administering the SCI-K and another observing and rating the subject.

Scale item internal consistency was calculated using Cronbach's alpha. To assess inter-rater and test-retest reliability of the scale's diagnosis of kleptomania (kleptomania versus non-kleptomania), we calculated phi

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Table 1. Subject demographics and clinical characteristics

	Test-retest reliability sample (n = 112)	Inter-rater reliability sample (n = 35)	Concurrent validity sample (n = 71)	Longitudinal assessment (n = 46)
Age				
Mean (±SD) years	39.7 (11.9)	36.9 (9.3)	37.8 (10.4)	37.2 (6.6)
Gender: n (%)				
Male	44 (39.3)	12 (34.3)	27 (38.0)	22 (47.8)
Female	68 (60.7)	23 (65.7)	44 (62.0)	24 (52.2)
Marital status: n (%)				
Single	55 (49.2)	16 (45.7)	30 (42.3)	19 (41.3)
Married	28 (25.0)	8 (22.9)	18 (25.4)	16 (34.8)
Divorced/separated/widowed	29 (25.9)	11 (31.4)	23 (32.4)	11 (23.9)
Race				
White	97 (86.6)	32 (91.4)	61 (85.9)	44 (95.7)
Black	11 (9.8)	3 (8.6)	8 (11.3)	2 (4.3)
Latino	2 (1.8)	0 (0)	1 (1.4)	0 (0)
Asian	1 (0.9)	0 (0)	0 (0)	0 (0)
Native American	1 (0.9)	0 (0)	1 (0.4)	0 (0)
Education				
Less than high school	20 (17.9)	2 (5.7)	7 (9.9)	1 (2.2)
High school graduate	60 (53.6)	24 (68.6)	48 (67.6)	31 (67.4)
Some college	21 (18.8)	6 (17.1)	11 (15.5)	9 (19.6)
College graduate	8 (7.1)	2 (5.7)	3 (4.2)	5 (10.9)
College +	3 (2.7)	1 (2.9)	2 (2.8)	0 (0)

coefficients using the Pearson product moment correlation formula. For individual item correlations we determined kappa coefficients for inter-rater reliabilities. Concurrent validity was measured using phi coefficients (using the Pearson product moment correlation formula) with the self-report measure of DSM-IV criteria. Discriminant validity was assessed against the HAM-D using point biserial coefficients.

Classification accuracy was assessed by examining sensitivity, specificity, and positive and negative predictive values based on longitudinal courses of a random sample of 46 subjects who continued to seek treatment from the first author in his specialty clinic for impulse control disorders (Table 1). The longitudinal assessment was based on clinical judgement using DSM-IV criteria. Mean duration of treatment for the 46 subjects was 212.4 (SD = 43.9) days.

Results

Acceptability

The SCI-K took an average of 20 minutes to administer and was well accepted by subjects with and without kleptomania. Neither the wording nor the concepts were difficult for the subjects to understand.

Reliability

The internal consistency of the nine items (Cronbach's Alpha = 0.964 (95% CI = 0.953, 0.973)), the five-item inclusionary criteria domain (Cronbach's Alpha = 0.932 (95% CI = 0.910, 0.950)), and the four-item exclusionary domain (Cronbach's Alpha = 0.979 (95% CI = 0.972, 0.985)) were examined.

Test-retest reliability (phi coefficient = 0.956 (95% CI = 0.937, 0.970)) was determined for the diagnosis of kleptomania versus non-kleptomania using the nine-item SCI-K. The removal of criterion A3 ('stealing items not needed for their personal use or monetary value') resulted in a perfect correlation (phi coefficient = 1.00).

Inter-rater reliability for the determination of kleptomania versus non-kleptomania using the nine-item SCI-K was good (phi coefficient = 0.718 (95% CI = 0.506, 0.848)) and it also improved with the removal of criterion A3 (phi coefficient = 1.00). Inter-rater reliability for the individual items of the SCI-K are presented in Table 2.

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Table 2. Inter-rater reliability of individual criteria for kleptomania

DSM-IV diagnostic criterion for kleptomania	Inter-rater reliability (n = 35)	
	Kappa	95% CI
A1. Recurrent impulses to steal objects	0.423	0.155, 0.691
A2. Recurrent failure to resist impulses	0.600	0.340, 0.859
A3. Stealing items not needed for personal use or monetary value	0.486	0.231, 0.741
B. Increasing sense of tension immediately before committing the theft	0.806	0.599, 1.00
C. Pleasure, gratification, or relief at the time of committing the theft	0.860	0.672, 1.00
D1. The stealing is not committed to express anger or vengeance	0.928	0.789, 1.00
D2. The stealing is not committed in response to a delusion or hallucination	0.928	0.789, 1.00
E1. Stealing behaviour not better accounted for by a manic episode	0.917	0.759, 1.00
E2. Stealing behaviour is not better accounted for by antisocial personality disorder	1.000	1.00, 1.00

Validity

Concurrent validity of diagnosis (kleptomania versus non-kleptomania) was examined by correlating the SCI-K with the self-report measure for kleptomania using DSM criteria (first visit: phi coefficient = 0.769 (95% CI = 0.653, 0.850)); second visit: phi coefficient = 0.890 (95% CI = 0.829, 0.930)). On the first visit there were five subjects that self-reported that they are kleptomaniac but the SCI-K rated them as not being kleptomaniacs. On the second visit, two subjects self-reported that they are kleptomaniacs but the SCI-K rated them as not being kleptomaniacs.

Discriminant validity of the SCI-K was examined against the HAM-D at the first visit (point biserial coefficient = −0.020 (95% CI = −0.205, 0.166)) and again at the second visit (point biserial coefficient = −0.041 (95% CI = −0.225, 0.146)).

Sensitivity and specificity

To determine classification accuracy, a diagnosis of kleptomania using the SCI-K was compared to that using DSM-IV criteria based on longitudinal course (n = 46). The SCI-K demonstrated the following classification accuracy indices: sensitivity was 90.0%, specificity was 94.0%, positive predictive value was 81.8%, and negative predictive value was 97.1%.

Discussion

In this study, the SCI-K demonstrated excellent test-retest and inter-rater reliability and concurrent validity in the diagnosis of kleptomania in treatment-seeking subjects. Further validity of the SCI-K using the 'LEAD standard' (Longitudinal observation by Experts using All available Data as sources of information) (Spitzer, 1983), demonstrated excellent procedural validity in a random sample of subjects.

As with the SCID, interviewers using the SCI-K are encouraged to use all available information, not just the subject's self-report, in generating ratings and determining diagnosis. Administration of the SCI-K can be readily learned, requires less than 20 minutes to complete for most patients with kleptomania and is generally completed more rapidly in individuals without kleptomania. Because shoplifting may present diagnostic difficulties (for example, the exclusionary criteria of a manic episode or antisocial personality disorder), some familiarity with the phenomenology of kleptomania is recommended for the proper use of this instrument.

We found that the diagnosis of kleptomania has low correlation with symptoms of depressed mood. In this study, few subjects had any notable depressive symptoms. This finding is contrary to studies reporting elevated rates of mood disorders in patients with kleptomania (McElroy et al., 1991; Presta et al., 2002; Bayle et al., 2003). This difference may be due to the fact that there were few patients with kleptomania enrolled in this study, and of those enrolled, only current, not lifetime, mood disorders were assessed. Furthermore, the relationship of mood disorders to kleptomania is complicated, with some patients reporting that stealing elevates mood and others reporting stealing causes their depressed mood (Goldman, 1991). This sample may not be representative of many patients with kleptomania, and larger studies examining the

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relationship of stealing behaviour and mood are therefore needed.

One item on the SCI-K (stealing items not needed for personal use or their monetary value) resulted in lower test-retest and inter-rater reliability for the diagnosis of kleptomania. This criterion has generated controversy in diagnosing kleptomania (Goldman, 1991). If a subject has recurrent, uncontrollable impulses to steal, should the subject's need for the stolen items be a defining feature of the disorder? For example, if a subject steals something that she wants in order to reduce the impulse to steal, she does not meet criteria for kleptomania under DSM-IV. In fact, that person would have no disorder under DSM-IV, and yet clinically there would appear to be some problem with impulsivity. Greater research into the biological correlates of this urge-driven behaviour may shed light on possible similarities between those subjects who steal unnecessary items compared to those whose urges result in the theft of desired items.

This study suffers from several limitations. First, the sequence of the administered instruments may have affected the results. Subjects were administered the self-report measure after the administration of the SCI-K. This may have resulted in artificially elevating the positive responses to the self-report measure as the subjects may have been primed to consider their behaviour problematic based on the previous instrument. Second, the self-report measure, although exhibiting some face validity as it used the DSM-IV inclusionary criteria verbatim, lacks psychometric testing. Third, many people who steal may not honestly answer questions focusing on their behaviour and this could result in fewer positive responses. This sample, however, was drawn from patients voluntarily seeking treatment and therefore secondary gain from lying appears less likely. Finally, the sample, while including a variety of psychiatric disorders, was largely derived from subjects with problems of impulsivity. Whether the use of this instrument will generalize to larger, more varied psychiatric populations or the general population is still undetermined.

In summary, these preliminary validity and reliability findings of the SCI-K appear promising. In addition, a structured instrument for kleptomania should be clinically useful as more accurate diagnosis may aid in treatment interventions. These findings, however, require replication in larger, more varied psychiatric populations to examine their generalizability. The evaluation of the psychometric properties of the SCI-K employed in general population samples would also be of particular interest, and would further substantiate the use of the SCI-K in conjunction with the SCID.

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Appendix: Structured Clinical Interview for Kleptomania (SCI-K)

Subject Initials:_____ Date:_____

SKIP IF ALREADY KNOWN.

Have you ever stolen anything? ___Yes ___No

NOTES

IF ANSWER IS 'YES', CONTINUE: _____

_____

At what age did you start stealing? _____
When in your life were you stealing most? _____
How long did that period last? _____
How often do you steal now? _____
When was the last time you stole? _____

During that time (when you were stealing most) . . . _____
how often were you stealing? _____
what kind of items did you steal? _____
what did you usually do with the items? _____
did you have the money to buy the items? _____

During that time . . . _____
how did you feel right before you stole something? _____
how did you feel right after stealing? _____
did you do engage in other illegal activities? _____
if so, what kinds of illegal activities _____

PROCEED IF THERE HAS EVER BEEN AN INDICATION OF AN INABILITY TO RESIST STEALING.

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NOTE TO INTERVIEWER: USE SPACE BELOW EACH QUESTION TO DESCRIBE RESPONSES TO EACH QUESTION.

For each criterion, circle one of the following four choices:

? = Inadequate information
1 = absent or false
2 = subthreshold
3 = threshold or true

Let me ask you a few more questions about your stealing. We will be talking primarily about the time when you were stealing most.

NOTE TO INTERVIEWER: CHANGE TENSE OF QUESTIONS IF TIME OF MOST STEALING WAS IN THE PAST

		Criterion Rating
Criteria A1.	**Recurrent impulses to steal objects**	?
How often do you steal?		1
Why do you steal?		2
IF UNCLEAR, do you have urges or cravings to steal?		
Do you steal because you're bored or depressed?		3
Do you steal because friends or family steal?		
Do you have urges or temptations to steal even when you don't steal?		
How often do you have a drive, urge or temptation to steal?		
Do you feel that your stealing is out of control?		

Criteria A2.	**Recurrent failure to resist impulses**	?
When you have a temptation, drive or urge to steal, have you tried not to steal?		1
If YES, how often do you try?		2
. . . . . Most of the time?		
. . . . . Some of the time?		3
. . . . . Rarely?		
How often were you successful in stopping yourself?		
. . . . . Most of the time?		
. . . . . Some of the time?		
. . . . . Rarely?		
Do you generally feel unable to stop yourself from stealing when you have the temptation, urge or drive to steal?		

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Criteria A3.

What types of items do you steal?	**Steals items not needed for personal use or for their monetary value**	?
Do you need the items you steal?		1
Could you afford to buy the items instead of stealing them?		2
What do you do with the items you steal? . . . . . sell them for money? . . . . . return them to the store for other items or for money? . . . . . give them away in exchange for something else?		3
Do you sometimes steal items that seem silly or nonsensical to you to steal?		
Do you ever steal the same items, or types of items, over and over again?		

Criteria B.

I NOW WANT TO ASK YOU ABOUT THE PERIOD (THIS MAY BE MINUTES OR HOURS) JUST BEFORE YOU STEAL	**Increasing sense of tension immediately before committing the theft**	?
How do you feel right before you steal something?		1
. . . . . is this different from how you usually feel?		2
Does the way you feel before stealing get better or worse if you . . . . . delay stealing, ... are prevented from stealing, or . . . . . don't steal anything?		3
Does the feeling you have before stealing go away if you steal?		

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Criteria C.

I NOW WANT TO ASK YOU ABOUT THE VERY MOMENT WHEN YOU'RE STEALING SOMETHING	**Pleasure, gratification, or relief at the time of committing the theft**	
How do you feel when you're stealing something?		?
. . . . . do you feel exhilarated/is there a 'rush'?		
. . . . . do you feel powerful?		1
. . . . . do you feel happy or satisfied?		
		2
Does the act of stealing change the way you feel?		
		3
Does the act of stealing help to calm you down or make you feel less tense?		

Criteria D1.

Have you ever stolen when you were feeling angry?	**The stealing is not committed to express anger or vengeance**	
. . . . . IF YOU STOLE FROM AN INDIVIDUAL, were you angry at the person you stole from?		?
or, were you trying to 'get even' for yourself or someone close to you?		1 2
. . . . . IF YOU STOLE FROM A STORE, were you upset about the way someone in the store had treated you or treated someone close to you?		3
or, did you feel you deserved what you stole because the store has so much money and you don't?		
or, were you stealing for a social or political reason aimed against that particular store?		
IF YES, Is this the reason (USE SUBJECT'S REASON) that you *usually* steal?		

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Criteria D2.

I'D LIKE TO ASK YOU ABOUT UNUSUAL EXPERIENCES. . . .	**Stealing is not committed in response to a delusion or a hallucination**	?
		1
Have you ever stolen because you felt a store or person was going out of their way to hurt you or give you a hard time?		2
		3
Have you stolen because you felt you were especially important In some way or had special powers?		
Have you stolen because someone or something outside yourself was controlling your actions against your will?		
Have you stolen because you heard voices of people telling you to steal even when no one was with you?		
IF YES, Is this the reason (USE SUBJECT'S REASON) that you *usually* steal?		

EXCLUSION CRITERIA:

NOTE TO INTERVIEWER: IF THIS MODULE IS BEING USED IN CONJUNCTION WITH THE SCID, REFER TO MANIC EPISODE CRITERIA.	The stealing behavior is not better accounted for by a Manic Episode.	?
		1
IF MANIC EPISODE CRITERIA ARE NOT MET, YOU MAY RATE AS 'STEALING BEHAVIOR NOT BETTER ACCOUNTED FOR BY A MANIC EPISODE'.	**NOTE TO INTERVIEWER: CIRCLE 3 FOR STEALING BEHAVIOR NOT BETTER ACCOUNTED FOR BY A MANIC EPISODE.**	2
		3
IF MANIC EPISODE CRITERIA ARE MET, ASK THE FOLLOWING: Is your stealing mainly limited to the period(s) when you are feeling _____ **(USE SUBJECT'S OWN WORD(S) FOR MANIA)?**	(Since individuals who experience Manic Episodes sometimes steal in ways that appear similar to kleptomania, Manic Episodes must be ruled out as the primary cause of the diagnostic indicators of kleptomania. However, diagnoses of both kleptomania and Bipolar I Disorder may be made when both are present independently.)	

Do you steal generally only when you are _____
(USE MANIC SYMPTOMS ACKNOWLEDGED)
for example:
. . . sleeping only a few hours a night yet still feeling rested?
. . . feeling more self confident than usual?
. . . experiencing thoughts racing through your head?
. . . having more difficulty than usual maintaining concentration or focus?)

REMINDER TO INTERVIEWER: A PERIOD OF MANIC BEHAVIOR MUST LAST FOR AT LEAST ONE WEEK TO QUALIFY FOR A MANIC EPISODE.

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IF THIS MODULE IS BEING USED IN CONJUNCTION WITH THE SCID-II, REFER TO ANTISOCIAL PERSONALITY DISORDER CRITERIA.

IF ANTISOCIAL PERSONALITY DISORDER CRITERIA ARE NOT MET, YOU MAY RATE AS 'STEALING BEHAVIOR NOT BETTER ACCOUNTED FOR BY ANTISOCIAL PERSONALITY DISORDER'.

The stealing behavior is not better accounted for by antisocial personality disorder

?
1
2
3

CIRCLE 3 FOR STEALING BEHAVIOR NOT BETTER ACCOUNTED FOR BY ANTISOCIAL PERSONALITY DISORDER.

IF ANTISOCIAL PERSONALITY DISORDER CRITERIA NOT ASKED,

Before you were 15 years old, did you
. . . . . initiate physical fights.
. . . . . bully others
. . . . . use weapons
. . . . . act physically cruel to others
. . . . . act physically cruel to animals
. . . . . force someone into sexual activity
. . . . . set fires
. . . . . deliberately destroy property
. . . . . break into someone else's car or home
. . . . . run away from home or stay out all night?

IF ANTISOCIAL PERSONALITY DISORDER CRITERIA ARE MET, ASK THE FOLLOWING:

Is your stealing mainly limited to items you don't need or could afford to buy?

Is your stealing generally due to having a drive, temptation, or urge to steal?

(Since individuals who suffer from antisocial personality disorder sometimes steal in ways that appear similar to kleptomania, antisocial personality disorder must be ruled out as the primary cause of the diagnostic indicators of kleptomania. However, diagnoses of both kleptomania and antisocial personality disorder may be made if they are present independently.)

TO MEET DIAGNOSTIC CRITERIA FOR KLEPTOMANIA, THE SUBJECT MUST MEET THRESHOLD FOR ALL CRITERIA AND MUST NOT MEET EXCLUSION CRITERIA.

FINAL DETERMINATION FOR DIAGNOSIS OF KLEPTOMANIA:

Present

Absent

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Correspondence: Jon E. Grant, Department of Psychiatry, University of Minnesota, 2450 Riverside Avenue, Minneapolis, MN 55454, USA.
Telephone: (+1) 612-273-9736
Fax: 612-273-9779
Email: grant045@umn.edu

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