

# Eating Pathology Symptoms Inventory – Clinician Rated Version\*

## Researcher and Clinician Guide

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## EPSI-CRV Description

The Eating Pathology Symptoms Inventory – Clinician Rated Version (EPSI-CRV) is a semi-structured interview that was designed to assess dimensional constructs of eating-disorder psychopathology and generate current *Diagnostic and Statistical Manual- Fifth Edition (DSM-5)* eating-disorder diagnoses. The EPSI-CRV is based on the self-report version of the EPSI (Forbush et al., 2013). There are 13 modules (or sections) within the EPSI-CRV. Eight modules measure content that is assessed in the self-report version of the EPSI, including: Body Dissatisfaction, Binge Eating, Cognitive Restraint, Excessive Exercise, Restricting, Purging, Muscle Building, and Negative Attitudes Towards Obesity. Five additional modules are included to derive *DSM-5* diagnoses. The five *DSM-5* modules include: Subjective Binge Episodes, Binge Eating Disorder, Low Weight, Overvaluation of Weight and Shape, and Fear of Weight Gain. The average administration time is approximately 38 minutes. The EPSI-CRV is designed to be used by clinicians and researchers working with adults with eating disorders across a range of settings. The interview may be useful for making admissions decisions, treatment planning, and discharge planning, as well as for research studies.

Prior to administering the EPSI-CRV, the interviewer should have a cursory knowledge of the psychopathology of eating disorders. We recommend that the interviewer have detailed knowledge of the *DSM-5* diagnostic criteria for eating disorders and have developed initial competence in basic interviewing skills. We recommend that users of the EPSI-CRV complete a series of readings prior to beginning the EPSI-CRV training videos.

### Suggested Reading List:

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders (DSM-5®)*. American Psychiatric Pub. (We recommend reading the eating disorder chapter.)

Bohrer, B. K., \*Chapa, D. A. N., \*Exum, A., \*Richson, B., Voss, M., & Forbush, K. T. (2019). Eating Disorders. In D. Segal (Ed.), *Diagnostic Interviewing*, Fifth Edition. New York, NY: Springer.

Forbush, K. T., Wildes, J. E., \*Pollack, L. O., \*Dunbar, D., \*Luo, J., \*Patterson, K., . . . Watson, D. (2013). Development and validation of the Eating Pathology Symptoms Inventory (EPSI). *Psychological Assessment*, 25, 859-878.

### For more information on basic interviewing skills, we recommend:

Sommers-Flanagan, J., & Sommers-Flanagan, R. (2017). *Clinical Interviewing*, Sixth Edition. John Wiley & Sons.

### For more information on eating disorders, we recommend:

Keel, P. K. (2018). *Eating Disorders*, Second Edition. Oxford University Press.

## **Suggested Training Plan**

The EPSI-CRV is designed to be a standardized semi-structured interview. As with any standardized assessment tool, careful consideration should be given to proper administration and scoring. The EPSI-CRV scales have demonstrated excellent reliability and validity. To maintain these strong psychometric properties, it is important that the EPSI-CRV is administered and scored accurately. Below, we suggest a training plan to help with learning the EPSI-CRV. This training plan led to excellent interrater reliability among our own interviewers.

### **Step One: Read articles on the suggested reading list**

This will ensure that you have a cursory knowledge of eating disorders and assessment issues that arise when working with people who have an eating disorder prior to beginning training.

### **Step Two: EPSI-CRV development article**

Next, we suggest reading the development article because it provides a detailed description of the EPSI-CRV, as well as its suggested uses and psychometric properties. This website does provide a brief summary. However, reviewing the materials on this site alone is likely not sufficient.

### **Step Two: Review the EPSI-CRV interview packet**

Read through the EPSI-CRV, in detail, including: instructions, scoring criteria, and item content. We recommend that you pay special attention to both the overall scoring criteria on pgs. 3-4 as well as the specific scoring criteria for each of the 13 modules. The module specific scoring criteria can be found at the end of each module.

### **Step Three: Watch the EPSI-CRV training video and rate along**

Print off a copy of the EPSI-CRV interview, so you can make ratings as you watch the provided training video. Please note that the interviewee in this video is not a real research participant or client.

Important: There may be some small discrepancies between the bold language on your printed interview packet and the language that the interviewer in the video uses due to minor changes to the interview after the videos were produced. The bolded language on your packet is correct, and we suggest you read those bolded prompts verbatim, exactly as they are written.

### **Step Four: Compare your ratings with the “answer key”**

Next, compare your ratings to the answer key. Identify any items that you scored incorrectly, and carefully review the EPSI-CRV scoring criteria to understand your mistake. At this stage of training, making some mistakes is completely normal!

Important: You may notice some differences in the items printed in the “answer key” compared to what you have in your packet. Some items were eliminated from the EPSI-CRV after this video was made when empirically evaluating the factor structure of the EPSI-CRV. Please see the EPSI-CRV development article for a detailed description of item selection analyses. A full list of the deleted items is provided at the end of these supplemental materials on pg. 9.

### **Step Five: Watch the additional training videos of EPSI-CRV modules**

There are seven short additional training videos. These videos show modules that were not administered in the first interview and tricky situations that may arise when administering the EPSI-CRV. These include:

- Collecting objective binge episode details using “what else” language (Module B)
- Assessing for loss-of-control eating when initial probes not endorsed (Module B)
- Asking for additional objective binge episode examples when a person does not meet the frequency criterion for *DSM-5* full-threshold objective binge episodes in the past three months
- Assessing whether restricting is related to shape/weight in addition to other reasons like health and being “too busy” to eat (Module E)
- Overvaluation of Weight and Shape if contradictory responses provided (Module K)
- Administration of Module G, Muscle Building
- Administration of Module L, Fear of Weight Gain

*If training a clinical or research team, we suggest the following additional steps for trainees.*

### **Step Six: Shadow an advanced interviewer administering the EPSI-CRV and rate along**

After a trainee has completed steps 1 to 5, we recommend that they shadow an advanced EPSI-CRV interviewer. During these shadowing sessions, the person in training should make ratings during the interview. When the interview is complete, the advanced interviewer and trainee should compare ratings for any discrepancies.

### **Step Seven: Administer portions of the EPSI-CRV with live supervision**

When the trainee demonstrates an ability to make ratings with almost complete accuracy with advanced interviewers, the trainee should start administering some parts of the interview that they feel most comfortable with. An advanced interviewer should be in the room to provide live supervision (e.g., jumping in to help administer items or ask for clarification, when needed to make an accurate rating). The advanced interviewer can administer any portions of the interview that trainee is not comfortable with yet. Both the advanced interviewer and trainee should make ratings during the entire interview and should continue to compare ratings when the interview is complete.

### **Step Eight: Administer the full interview with live supervision**

Next the trainee should administer the full interview with live supervision. Ratings should be compared after the interview as described above. When the trainee has demonstrated an ability to

administer the full interview with minimal administration/scoring errors, we suggest having a final “check-out” interview. In this interview the trainee conducts the entire interview with the head supervisor. At that time, the supervisor may determine if more training is required or if the trainee may advance to conducting interviews independently.

### **Step Nine: Hold weekly consensus meetings for ongoing supervision for the team**

Following the final “check-out” video, all interviewers should meet regularly to consensus diagnoses. During weekly consensus meetings, we suggest that each member of the team present the interviews they completed over the past week. During interview presentations, the interviewer should describe eating episodes from the Objective Binge Eating, Subjective Binge Eating, and Restricting modules. The team should vote/consensus whether each episode meets the clinical definition of objective binge eating (i.e., loss-of-control when eating an unusually large amount of food, in a discrete period of time), subjective binge eating (i.e., loss-of-control when eating a small or normal sized meal/snack), and restricting (i.e., not eating for 8 or more consecutive waking hours or not eating enough food throughout the day to support daily bodily functions). We also recommend that the team consensus exercise patterns from the Excessive Exercise module. In addition to always reviewing objective/subjective binge episodes, restricting, and excessive exercise, consensus meeting is at time for interviewers to ask about any additional questions they had. For example, one common question that arises is whether a particular product that a person uses should be coded as a laxative or diuretic in the purging module.

## Training Videos

### **Video One: Full EPSI-CRV Training Video**

This video depicts a full EPSI-CRV interview. Please rate along with this video as described in Step Three of the Suggested Training Plan.

[https://mediahub.ku.edu/media/CARE+Video+Cut+Short/1\\_4pugcpon](https://mediahub.ku.edu/media/CARE+Video+Cut+Short/1_4pugcpon)

### **Video Two: Collecting objective binge episode details using “what else” language**

In Module B, the interviewer will ask for a detailed example of an objective binge-eating episode. The binge episodes that interviewees describe can sometimes be very large. This video depicts an interviewer using “what else” language to assess if more food was eaten during the binge episode. Using “what else” language is preferred over asking an interviewee whether they ate “anything else?” The “what else” language suggests that it is totally understandable and acceptable that the person may have more foods to include, while the “anything else” language suggests that the person should not have any more foods to include because the episode is already very large. This video also demonstrates the level of detail required when collecting objective binge episode information. The interviewer should try to collect enough information that they could go to the grocery store and retrieve all the grocery items necessary to “re-create” the described episode.

[https://mediahub.ku.edu/media/Short+2.m4v/1\\_g40zbqjs](https://mediahub.ku.edu/media/Short+2.m4v/1_g40zbqjs)

### **Video Three: Assessing for loss-of-control eating when initial probes not endorsed**

This video demonstrates how to ask follow-up probes when the initial item about loss-of-control in Module B is denied (i.e., item B1b). The interviewer demonstrates how to ask the suggested optional follow-up probes that follow item B1b. Please note that these follow-ups should be asked when the participant denies loss-of-control in B1b. If the person says no to all of the suggested follow-up questions, it is sometimes helpful to assess whether the feeling of loss-of-control has faded or is less intense due to having experienced objective binge episodes for a long period of time. This video provides an example of how to use additional probing.

[https://mediahub.ku.edu/media/Short+5.m4v/1\\_62dd4x4q](https://mediahub.ku.edu/media/Short+5.m4v/1_62dd4x4q)

### **Video Four: Asking for additional objective binge episode examples**

In Module B, sometimes it is useful to ask for more than one example of a binge eating example (e.g., if it is unclear whether the amount of food is objectively large or if the frequency criterion is not met). This video provides an example of a person who does not meet the frequency criterion for *DSM-5* full-threshold objective binge episodes in the past three months because they reported less than 12 episodes over the past three months (only one in this example). The interviewer in this video asks for another type of binge episode to assess if the person experienced more objective binge episodes over the past three months.

[https://mediahub.ku.edu/media/Short+6.m4v/1\\_hthgvjgn](https://mediahub.ku.edu/media/Short+6.m4v/1_hthgvjgn)

**Video Five: Assessing whether restricting is related to shape/weight**

Item E1b in Module E assesses whether the person restricted their eating to influence their body weight or shape or to gain a sense of control over their eating. It is very common for some individuals to report that they restricted their eating for “health” reasons or because they were “too busy” to eat during the day. In these instances, the interviewer should ask additional follow-up probes to assess whether any part of restricting was related to influencing shape/weight or to gain control over their eating. This video provides an example of how to ask additional follow-up probes when other reasons are provided to rationalize dietary restricting.

[https://mediahub.ku.edu/media/Short+3.m4v/1\\_3mmxew7n](https://mediahub.ku.edu/media/Short+3.m4v/1_3mmxew7n)

**Video Six: Assessing Overvaluation of Weight and Shape when contradictory responses provided**

In Module K, some individuals will endorse one or both items in K2 (i.e., gaining weight or jeans not fitting would affect self-evaluation), and then deny that shape/weight were among the most important aspects of self-evaluation in months 1, 2, or 3. These responses are contradictory. If a person endorses overvaluation of weight and/or shape in item K2 and then denies overvaluation over the past three months (in items K3 and K4), you should ask the K2 questions again with respect to each month. This video provides a demonstration for how to take this approach when contradictory answers are provided in Module K.

[https://mediahub.ku.edu/media/Short+4.m4v/1\\_5supv49l](https://mediahub.ku.edu/media/Short+4.m4v/1_5supv49l)

**Video Seven: Administration of Muscle Building Module**

This video demonstrates how to administer Module G if G1a is endorsed.

[https://mediahub.ku.edu/media/Short+7.m4v/1\\_95tminyn](https://mediahub.ku.edu/media/Short+7.m4v/1_95tminyn)

**Video Eight: Administration of Fear of Weight Gain Module**

This video demonstrates how to administer Module L if an interviewee has a low body weight as assessed in Module J.

[https://mediahub.ku.edu/media/Short+1.m4v/0\\_vphv01wy](https://mediahub.ku.edu/media/Short+1.m4v/0_vphv01wy)



## **List of Items Deleted or Removed from Total Score Calculation**

### **Module A: Body Dissatisfaction**

- Did you feel at all dissatisfied with your body weight or shape in the past three months? (Item A1)\*
- Did you like how your body looked?
- Did you try on different outfits (clothes), because you did not like how you looked?
- Did your feelings of body dissatisfaction cause you to feel badly about yourself or upset?

### **Module B: Objective Binge Episodes**

- Did you eat a very large amount of food within one sitting, for example within two hours? (Item B1a)\*
- During these times did you feel as though your eating was out-of-control? (Item B1b)\*
- Stuff yourself with food to the point of feeling sick?
- Eat until you were uncomfortably full?
- Snack throughout the evening without realizing it?

### **Module E: Restricting**

- Did you have any times when you felt you were restricting (in other words purposely limiting the types or amounts of foods that you ate)? (Item E1a)\*
- Did you enjoy having an empty stomach?
- Did you get full more easily than most people?

### **Module F: Cognitive Restraint**

- Now I'm going to ask you a slightly different question. Did you have any times when you tried to avoid or limit the type or amount of food you ate, whether or not you succeeded? (Item F1a)\*

### **Module H: Purging**

- Use diet teas or cleansing teas to lose weight? (Item H1d)\*
- Use enemas to lose weight?
- Use suppositories to lose weight?

### **Module M: Negative Attitudes Toward Obesity**

- Did you think that overweight people were lazy?

\*Items kept in the interview but removed from the total scale calculations for each respective scale. All items without an asterisk were deleted from the interview completely.