

HOST SIDES

Host: The following two vignettes both detail a common response pattern from a patient: the most recent euthymic baseline period is initially difficult to recall. Rather than take a patient at “face value” and quickly move on, a thorough rater will attempt to probe further through signposting some specific periods of time for the patient, to ‘walk back’ a bit in time with them.

Typically, in addition to major cohort-related changes like a global pandemic, times of job or relationship or living or medication or therapy changes may be additional examples where a participant may be getting into and out of a major depressive episode. Spending a little bit of time attempting to follow-up will yield increased response accuracy, and this information is also vital toward capturing the length of a current major depressive episode, which is typically needed for other assessments. By the same token, a rater should not unnecessarily belabor this point. If a few additional questions still yield an inability to arrive at a more precise time of the most recent euthymic baseline, then the rater may move on, and will no longer need to compare selected items over the past week with that euthymic baseline.