USER GUIDE FOR THE

DART

DIAGNOSTIC ASSESSMENT RESEARCH TOOL

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Permissions and Citation

The DART was developed in Canada by psychologists primarily at St. Joseph's Healthcare Hamilton and in the Department of Psychiatry and Behavioural Neurosciences at McMaster University. The DART is an open-access tool which is freely available upon request. For permission to use the DART, please contact **Dr. Randi McCabe** at rmccabe@stjoes.ca.

Please note that the DART is intended to be used exclusively by trained professionals. It is the responsibility of the person(s) using this assessment to ensure that the proper credentials, education and training are met to administer and interpret this assessment, or that individuals are supervised by an individual meeting these requirements. The DART developers will not be held responsible for any misdiagnosis, loss, damage, contribution, fee, penalty, or claim that may result from the use or misuse of the DART.

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Summary of the DART

The DART is a modular, semistructured diagnostic interview for assessing mental disorders based on DSM-5 diagnostic criteria. It is suitable for use in research and clinical settings and designed to allow interviewers to select disorder-specific modules (Appendix A) relevant to their participant or patient populations. Each module can be administered independently or in combination with other modules based on positively endorsed items on a self-report DART Screener or at the interviewer's discretion.

Completion of a module in isolation may be useful for certain research purposes; however, given the overlap of symptoms across disorders, completion of all DART modules may facilitate differential diagnosis. Some DART modules are disorder-specific, whereas other modules contain disorders that are grouped together and are referred to as sections for greater efficiency in diagnosing (i.e., Depressive Disorders, Posttraumatic Stress Disorder and Acute Stress Disorder, Eating Disorders, and Risk Assessment).

The DART is intended for use among adults (i.e., 18 years of age or older) who are English-language proficient and presenting with a broad range of mental health concerns. Presently the DART is available in PDF format and, as such, no electronic version is available at this time.
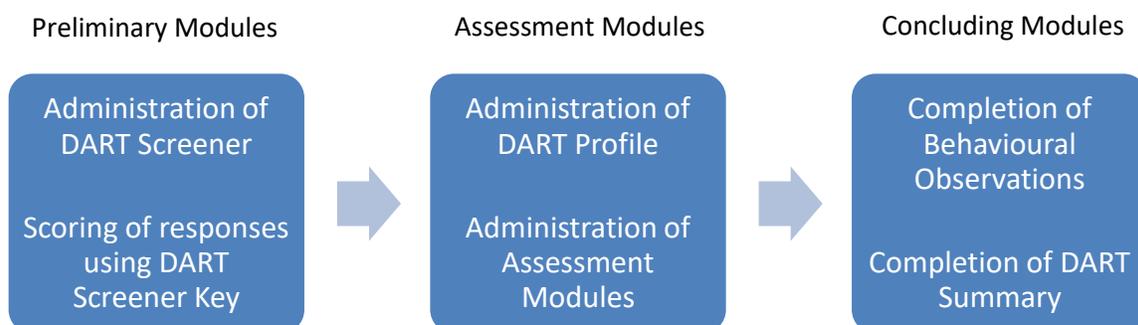
Please note that the DART is intended to be used by interviewers who are familiar with psychopathology and who have a basic understanding of the DSM-5 and diagnostic assessment.

DART Components

The DART consists of several different components, each serving a different purpose at each step of the assessment process. Generally speaking, the DART can be separated into three main sections: (1) preliminary modules, (2) assessment modules, and (3) concluding modules. A flow chart depicting the assessment process is provided below (Figure 1) along with brief descriptions of each section of the DART. For a detailed listing of all DART components, please see Appendix A.

Figure 1

Use of the DART in a typical assessment

Preliminary Modules	Assessment Modules	Concluding Modules
Administration of DART Screener Scoring of responses using DART Screener Key	Administration of DART Profile Administration of Assessment Modules	Completion of Behavioural Observations Completion of DART Summary

DART Screener and Key

A 26-item self-report screening tool (i.e., *DART Screener* module) is available for use and should be completed prior to the administration of the interview. Each question on the *DART Screener* module corresponds to key criteria of a particular DSM-5 disorder and follows a simple *yes/no* format. To facilitate scoring of the screening tool, a DART *Screener Key* is available to identify which module(s) should be completed.

Profile

A *DART Profile* module allows the interviewer to gather relevant background information (e.g., demographics, psychosocial history) which can inform the structure and focus of the interview. Though this section is not mandatory, it is intended to provide the interviewer with potentially important background information and establish rapport. It is recommended that the *DART Profile* be administered prior to the assessment modules to provide context for the interview.

Assessment Modules

The assessment modules used in the DART are disorder-specific, however, certain modules assess multiple disorders because they rely on shared information (as highlighted in the Sections column of Appendix A). Additional instructions are included at the beginning of these modules to assist interviewers and provide diagnostic guidance. Furthermore, additional specifier sections are present at the end of several assessment modules to gather additional information (e.g., episode length, episode severity, relevant symptom features). Although the DART is designed to assesses current disorders, in some cases information about past symptoms or the lifetime presence of a disorder is also collected. This occurs for the following modules: Alcohol Use Disorder, Depressive Disorders, Gambling Disorder, Schizophrenia Spectrum and Related Psychotic Disorders Algorithm, and Substance Use Disorder.

Regardless of how many modules are being administered during an assessment, completion of the Risk Assessment module is highly recommended.

Behavioural Observations

A *Behavioural Observations* module assists with documenting mental status and behavioural observations. This includes, but is not limited to documenting patient appearance, affect, engagement, speech, and mood using a variety of check boxes. Blank space is also provided for additional notes.

DART Summary

The final module of the DART is the *DART Summary*, which is intended to conclude and summarize the DART assessment. Several open-ended questions allow patients to provide additional information and identify goals for change. An additional segment allows interviewers to track diagnostic impressions and notate a treatment plan if appropriate.

Using the Assessment Modules

Formatting Conventions

Questions are numbered sequentially using an alpha-numerical format and should be read in the order in which they are presented, unless otherwise specified.

All text that is presented in lowercase bold font must be read out loud, as written.

Text that is presented in lowercase regular font indicates optional follow-up queries that can be asked for clarification or to obtain further information after a mandatory (i.e., bold font) question has already been asked. Interviewers may also use their own follow-up queries as necessary at their discretion.

Text that is presented in UPPERCASE font or in [UPPERCASE IN SQUARE BRACKETS] is intended to guide the interviewer and is not to be read out loud to the patient.

[NOTES:] boxes are included throughout the modules to be used at the interviewer's discretion to take notes on the patient's responses.

The interviewer should indicate their clinical impression in the gray shaded area of a given module by circling one of the response options (see below).

Response Options

Where indicated, the interviewer should rate the response to a question or series of questions along the right-hand side of the page using the ratings below. These ratings are provided both for questions directly asked, as well as items indicated in [UPPERCASE] that require the interviewer to make a decision before moving forward.

   A =   **Absent** (i.e., symptom or diagnosis is absent; a question or series of questions has been negatively endorsed)

   S =   **Subthreshold** (i.e., symptom is present but is below a clinically significant level; features of diagnosis are present but are below diagnostic threshold; or consider Other Specified Disorders)

   P =   **Present** (i.e., a question or series of questions has been positively endorsed; symptom is present at a clinically significant level; diagnostic threshold is met)

Of note, for all items, if the statement is true, the appropriate response code is "P". However, for some questions, a code of "P" may indicate that the symptom or condition is absent. For example, "[ANOREXIA NERVOSA OR BULIMIA NERVOSA IS NOT PRESENT]" would be coded as "P" to indicate that it is true that neither of these disorders is present.

Some questions contain tick boxes (❑) to allow the interviewer to query and indicate the presence of various symptoms for a given question. A check mark should be placed in the box corresponding to symptoms endorsed. Tick boxes also follow clinical impressions sections to allow the interviewer to identify diagnostic specifiers or other relevant information.

When the ⊠ character is indicated below a response option circled by the interviewer, the interviewer should **stop** and either move on to the next module, move onto the next section in multi-disorder modules, or end the interview, as appropriate. When this character is not indicated below a response option circled by the interviewer, the interviewer should move on to the next question within that module or onto the next module, as appropriate.

Research Support for the DART

Preliminary evaluations of the DART are encouraging and support it as a useful diagnostic tool. Several formal evaluations of the DART are presently underway, including a study of the psychometric properties of the DART. Once published in a peer-reviewed journal, a list of these and other studies involving the DART will appear here and online at:
https://psychiatry.mcmaster.ca/research/dart

Present DART Publications

➢ McCabe, R. E., & Pawluk, E. J. (2021). The Diagnostic Assessment Research Tool (DART): A new, open-access psychodiagnostic interview. *Psynopsis*, *43*(1), 27. https://cpa.ca/docs/File/Psynopsis/2021-Vol43-1/index.html#p=27

➢ Pawluk, E. J., Musielak, N., Milosevic, I., Rowa, K., Shnaider, P., Schneider, L. H., Antony, M. M., & McCabe, R. E. (in press). Psychometric properties of the Diagnostic Assessment Research Tool (DART) Self-Report Screener for DSM-5 mental disorders. *Journal of Psychopathology and Behavioral Assessment*.

➢ Schneider, L. H., Pawluk, E. J., Milosevic, I., Shnaider, P., Rowa, K., Antony, M. M., Musielak, N., & McCabe, R. E. (in press). The Diagnostic Assessment Research Tool (DART) in action: A preliminary evaluation of a semistructured diagnostic interview for DSM-5 disorders. *Psychological Assessment*.

Appendix A: Overview of DART Modules

Classification	Module Title	Module Sections (if applicable)
Preliminary Modules	DART Screener DART Screener Key	
Introductory Module	DART Profile	
Depressive Disorders	Depressive Disorders	Major Depressive Disorder Persistent Depressive Disorder (Dysthymia)
	Additional Depressive Disorders Specifiers	
Bipolar and Related Disorders	Hypomanic or Manic Episode	Hypomanic Episode Manic Episode
	Bipolar and Related Disorders Algorithm	Bipolar I Disorder Bipolar II Disorder Cyclothymic Disorder
	Additional Bipolar Disorders Specifiers	
Anxiety Disorders	Panic Disorder Agoraphobia Generalized Anxiety Disorder Social Anxiety Disorder Separation Anxiety Disorder Selective Mutism Specific Phobia	
Obsessive-Compulsive and Related Disorders	Obsessive-Compulsive Disorder Hoarding Disorder Body Dysmorphic Disorder Excoriation Disorder (Skin-Picking) Trichotillomania	

Classification	Module Title	Module Sections (if applicable)
Trauma- and Stressor-Related Disorders	Posttraumatic Stress Disorder and Acute Stress Disorder	Posttraumatic Stress Disorder Acute Stress Disorder
	Adjustment Disorder	
Substance-Related and Addictive Disorders	Alcohol Use Disorder • (Current/Early Remission) • (Sustained Remission) Substance Use Disorder • (Current/Early Remission) • (Sustained Remission) Gambling Disorder	
Feeding and Eating Disorders	Eating Disorders	Anorexia Nervosa and Other Specified Feeding or Eating Disorder - Atypical Anorexia Nervosa
		Avoidant/Restrictive Food Intake Disorder
		Binge Eating Disorder and Other Specified Feeding or Eating Disorder—Binge Eating Disorder (of Low Frequency and/or Limited Duration)
		Bulimia Nervosa and Other Specified Feeding or Eating Disorders—Purging Disorder and Bulimia Nervosa (of Low Frequency and/or Limited Duration)
		Supplementary Information for Eating Disorders
Somatic Symptom and Related Disorders	Illness Anxiety Disorder Somatic Symptom Disorder	
Sleep-Wake Disorders	Insomnia Disorder	
Dissociative Disorders	Depersonalization/Derealization Disorder	

Classification	Module Title	Module Sections (if applicable)
Schizophrenia Spectrum and Other Psychotic Disorders	Psychosis Screen	
	Schizophrenia Spectrum and Related Psychotic Disorders Algorithm	Delusional Disorder Brief Psychotic Disorder Schizophreniform Disorder Schizophrenia Schizoaffective Disorder Substance-Induced Psychotic Disorder Unspecified Psychotic Disorder
Neurodevelopmental Disorders	Attention-Deficit/Hyperactivity Disorder Screen	
Personality Disorders	Borderline Personality Disorder	
Risk	Risk Assessment	Suicide Risk Self-Harm Risk Homicide Risk
Concluding Modules	Behavioural Observation	
	DART Summary	