Columbia University
Medical Center

STRUCTURED CLINICAL INTERVIEW – CLINICIAN VERSION FOR DSM-5
COMMENTARY FOR
ANXIOUS DECORATOR SCID-5-CV

Overview

As commonly happens when doing the Overview, the patient launches directly into her problems when discussing her business. Specifically she mentions problems with having panic attacks that are making it difficult for her to do things she needs to do for work, like going to or shopping in certain places. The exploration of what her job entails will be useful when making judgements about the clinical significance of her panic attacks. Although the past treatment history section of the Overview is typically where the interviewer obtains information about lifetime psychopathology (anxiety during freshman year in college and OCD in 2002), her significant past history of depression only came out during the questions about past suicidal ideation. Reminding the patient about (an)other treatment episode(s) is another advantage of having a section that assesses suicidal ideation. Of note, the treatment the patient had for the depression is recorded in the section for assessing suicidal ideation because that is where the information came up, and not in the past treatment history section. To do so would be recording redundant information. Also, the interviewer is not expected to transcribe notes from one section to another – notes in the Overview are a record of the interview itself.

Current Major Depressive Episode

The patient experienced some depression in past month but it only lasted for 2-3 days, which is so far below the threshold in terms of duration that there is no need for the interviewer to continue with the assessment of current Major Depressive Episode.

Past Major Depressive Episode

Although it is clear from Overview that she experienced depression associated with the birth of the patient's second daughter, the interviewer needs to assess whether full criteria for a past Major Depressive Episode are met. This requires that the interviewer pinpoint a 2-week period to serve as the time frame for the assessment of the full major depressive syndrome. The interviewer starts by establishing the time course of the depression, establishing that it first began when her daughter was 5 months old. When her daughterwas 8 months old, her depression got worse and during her daughter's first birthday, the depression got so severe that her husband arranged for his mother to help her take care of her infant daughter. This was followed shortly by her seeking treatment. Asking about the specific details of how she was feeling over time is helpful for both establishing when the depression was the worst for the purposes of establishing the 2-week time frame for symptom inquiry, as well as to improve the odds that the patient will be able to recollect her symptoms in detail. Based on her recounting of the history, the interviewer inferred that her depression was likely at its worst at the time of the birthday party, which was confirmed by the patient.

Note that although the reason she feels worthless as a person is because of her inability to take care of things, this does not disqualify her from a rating of "+". Unlike the guilt component, which does not count because her guilt is about not being able to take care of her family, her guilt in this instance is about having depression. The reason these are treated differently is because feelings of worthlessness are distorted, exaggerated and inherently evidence of psychopathology.

Psychotic Symptoms

As is common, the patient answered "yes" to the question about whether she has ever had the experience of feeling that people were talking about her. When asked for more details, it was pretty clear that it was likely that her family was talking about her during the time she was depressed, so this is clearly not evidence of a delusion of reference.

Differential Diagnosis of Psychotic Disorders

Note that at the end of Module B, the interviewer says "Let me stop for a minute to make a few notes" which provides the interviewer with the opportunity to go through Module C (Differential Diagnosis of Psychotic Disorders) and Module D (Differential Diagnosis of Mood Disorders). Given that there were no psychotic symptoms coded "+" in Module B, the first instruction in Module C (p. 37) directs the interviewer to skip to Module D.

Differential Diagnosis of Mood Disorders

The interviewer proceeds on page 45 with the Mood Disorders decision tree because there have been clinically significant mood symptoms, rating "NO" for D2 (at least one Manic Episode), "NO" for D4 (at least one Hypomanic Episode), "NO" for D8 (symptoms characteristic of bipolar disorder), and then "YES" for D11, D12, and D13, indicating Major Depressive Disorder Single Episode, without needing to ask the patient any questions. The next question asked by the interviewer ("so you really haven't had any symptoms of depression since 2008?") is a paraphrasing of the question on the top of page 52 ("during the past month, have you had (DEPRESSIVE SXS CODED '+')?") which is used to determine whether or not the MDD is current. Given that it is not (D24 is rated "NO"), the interviewer then needs to decide whether the patient's depression is in partial remission or full remission. Although she had a couple of days of depression in the past month, the interview judges that it is not significant enough to justify calling her "in partial remission" and diagnoses her with Major Depressive Disorder, Single Episode, in Full Remission by circling it in D24 and then noting this diagnosis on the SCID-5-CV scoresheet at the conclusion of the interview.

Alcohol Use Disorder (Past 12 months)

The interviewer starts by recalling the patient's answer to Overview question about her current drinking habits ('an occasional glass of wine, maybe once or twice a month"). Although this pattern of alcohol use seems unlikely to meet criteria for an Alcohol Use Disorder, since it exceeds the SCID's low threshold screening question ("have you drunk alcohol at least six times in the past 12 months?"), the interviewer must proceed with an evaluation of Alcohol Use Disorder in the past 12 months.

Panic Disorder

Although the patient has said several times that she has panic attacks, it is important to determine whether the attacks conform to the DSM-5 definition of a panic attack in terms of sudden crescendo onset and meeting the minimum symptom requirements. Thus, the interviewer begins the assessment by asking the patient to describe a recent panic attack in her own words before cueing her with the list of symptoms. When assessing the symptoms for her most recent attack, she reports 8 out of a possible 13 symptoms, which exceeds the minimum requirement of 4 symptoms. With respect to the ratings for F13 (fear of losing control or "going crazy") and F14 (fear of dying), she reports that although she experienced these symptoms earlier in the course of her Panic Disorder, she did not experience either of these during the recent attack because she has become educated about what panic attacks are over the past 2 years and that they do not mean that she is "going crazy" or going to die. Had the most recent panic attack ended up being one or two symptoms short of the panic attack threshold, it would have made sense for the interviewer to go through the symptom assessment again for one of her initial panic attacks to see if the threshold would have been met.

Agoraphobia

The patient reports current avoidance of buses (criterion A.1), open spaces (criterion A.2), enclosed places like stores (criterion A.3), being in crowds (criterion A.4) and being outside of the house alone (criterion A.5). Although she reports that her avoidance of buses, open spaces, and enclosed spaces is related to her fear of being in a crowd that she cannot easily escape from, she avoids them even if they are not currently crowded with other people because of the possibility that they could become crowded, so they would count as separate foci of avoidance.

Social Anxiety Disorder

Although the patient reports a definite fear of speaking in public since grade school, the lack of distress or impairment caused by this fear meets the criteria are not currently met for Social Anxiety Disorder. Whether they would have been met in the past is unknown (perhaps because she would avoid going to classes in which she had to stand up and speak in front of other students) because the SCID-5-CV focuses its assessment on only the past 6 months.

Generalized Anxiety Disorder

Although the patient is seeking treatment for her Panic Disorder, she also presents with classic symptoms of Generalized Anxiety Disorder with worries that go far beyond her fear of having panic attacks.

Obsessive-Compulsive Disorder

The patient reports both current obsessions involving thoughts that she left the iron on and compulsions involving checking behavior that she performs in response to her obsessions. Since the obsessions and compulsions are time consuming (taking more than an hour a day), the criterial are met for current OCD.

Attention-Deficit/Hyperactivity Disorder

As is illustrated by this case, distractibility and restlessness can be an associated feature of many mental disorders and thus not necessarily indicative of ADHD. Many people with Anxiety Disorders find themselves distracted by their worries or become restless because of their anxiety. Given this likelihood, the interviewer specifically asks the patient whether she feels that her distractibility is a direct result of her panic and, similarly, whether her restlessness is part of her anxiety. The fact that the onset of her problems with distractibility and restlessness is relatively recent and did not have their onset during childhood provides further confirmation.

Diagnostic Summary

Panic Disorder	Current
Agoraphobia	Current
Generalized Anxiety Disorder	Current
Obsessive Compulsive Disorder	Current