

**STRUCTURED CLINICAL INTERVIEW – RESEARCH VERSION FOR DSM-5
COMMENTARY FOR
RESTLESS PARALEGAL SCID-5-RV**

Subject Overview, Enhanced Screening Module, Including Optional Disorders, Without Mood Specifiers

Overview

The subject's mental status (rapid speech, euphoric mood) from the outset strongly suggests the possibility that she is currently experiencing a manic episode. After the subject finishes her breathless recounting of why she is coming for help, the interviewer recaps his understanding of the story and time frames to ensure a correct understanding. This is a technique especially useful with a subject who might be prone to going off on tangents during the SCID-5-RV interview.

Past Major Depressive Episode

The subject reports multiple past episodes of depression that likely exceed two weeks in duration, requiring the interviewer to decide which episode was most likely to meet criteria for a Major Depressive Episode. The subject's ability to recall symptoms accurately is better for more recent episodes, so the interviewer decides to start with the recent depressive episode that was described by the subject in the Overview. Her description of the symptoms of depressed mood and diminished interest or pleasure occurring every day suggests that this recent episode is likely to meet criteria. In keeping with the SCID-5-RV instruction to check for episodes during the past year, the interviewer inquires to see if there were any other episodes in the past 12 months that perhaps were more severe than the recent episode. The subject replies that there were no other depressive periods in the past 12 months. Having decided to focus on this most recent episode, the interviewer then needs to select a two-week period during which the full MDE criteria are likely to be met. This is typically the most severe two week period during the episode. Based on the subject's description of the course of recent depression in the Overview, the interviewer decides to focus on the initial two weeks of the episode (i.e., right after the party), when she first "crashed" after being manic. The interviewer then confirms with the subject that this assumption was true, which she verified. Further, for the sake of clarity and directing the subject to focus on a concrete two-week period of time, the interviewer restates the time period, which was the "middle two weeks of February."

Regarding the assessment of appetite/weight change (MDE A.3), the interviewer gave a rating of "3" based on the subject's report of decreased appetite. Technically, the interviewer should have also asked about weight loss or gain (since that part of the question was not in parentheses), but the rating is still correct since the item requires either significant weight loss or gain or a decrease or increase in appetite.

Regarding the assessment of worthlessness or inappropriate guilt (MDE A.7), although the subject reports feeling very guilty about having "hit on her boss' husband", this level of guilt is considered to be commensurate with her action and therefore not "excessive or inappropriate" as required by the item. Consequently, this item is rated "2."

For the “organic rule out” item (criterion C), the subject reported taking Adderall every day “as prescribed.” Even though stimulants are known to be associated with substance-induced depression (and are included on the list of substances on page A.4), there is nothing indicating a change in her pattern of use that is coincident with the development of her depressive episode. This would not be the case if, on the other hand, she had stopped taking Adderall around the time of the onset of the depression, in which case the depression could possibly be explained as a manifestation of stimulant withdrawal.

Current Manic Episode

Even though the subject reports that she has been feeling manic for the past two months, the interviewer needs to find a one-week time frame to see if the symptoms occur together. Given that the entire month has been the same, the interviewer picks the past week.

The subject’s initial answer to the question “How have you felt about yourself?” is a good illustration of the need to be sure that the subject understands the intent of the question. In this case, she states that she feels that she is about to come out of her skin and that she is on edge and has to do something to get some help, which is not the intended meaning of the question that seeks to inquire how confident she feels. Thus, the interviewer asks her that directly (“Do you feel more self-confident than usual?”).

Note how the interviewer needs to go to great lengths to determine whether to issue a rating of “3” for the distractibility item (B.5). The subject gives multiple examples of how she is distracted by her own thoughts and especially her plans to open a meditation center. Being distracted by one’s manic thoughts and plans is not sufficient for a rating of “3,” which requires that the person be distracted by things in the person’s environment. As it turns out, this is also true for the subject even though it took some effort to establish.

For the increase in goal-directed activity item, it is quite apparent based on her answer that she is experiencing a significant increase in goal-directed activity, so that the parenthesized questions are not necessary. Her answer to this question is also relevant to the rating for the next question about excessive involvement in activities that have a high potential for painful consequences (i.e., her spending thousands of dollars buying things on QVC). Also, the interviewer questioned the subject after hearing her say that she needed to fly out to see that place in San Francisco on which she put a deposit, because of the apparent contradiction with what she reported earlier during the screening questions when she said she has a fear of flying in airplanes. This follows the SCID-5-RV principle of continually observing any inconsistencies in history and inquiring about them if any are uncovered. It turns out that her use of “flying out there” is more figurative than literal so there does not in fact appear to be a contradiction.

The “3” rating for “excessive involvement in activities that have a high potential for painful consequences is based both on the subject’s overspending to the point of “maxing out” her credit cards (going well beyond what she can afford) and putting down a \$15,000 deposit on a building in conjunction with her grandiose plans for opening a meditation center despite only seeing it on the internet.

The criterion differentiating mania and hypomania requires the interviewer to decide whether the current episode caused marked impairment in functioning, necessitated hospitalization to prevent harm to self or others, or is currently characterized by psychotic symptoms. Since the subject has not required hospitalization and is not psychotic, the diagnosis depends on a clinical judgment of whether the symptoms are severe enough to cause impairment in functioning. The fact that she has spent \$30,000 that she cannot afford to spend and has not taken care of her apartment to the point that it is causing significant tension between her and her roommate is indicative that the symptoms are causing marked impairment.

Psychotic and Associated Symptoms

The only evidence of psychotic symptoms was her belief during an earlier manic episode that co-workers were conspiring to blame her for losing a case which was accompanied by her being convinced that her co-workers were talking about her. As often happens in this section, this single delusional belief is rated “3” for both a delusion of reference and a persecutory delusion because it has both elements present. Because this delusion occurred during a past episode, the severity rating for current delusion is “0,” not present.

With respect to the chronology of psychotic symptoms (page B.10), the interviewer did not collect sufficient information to know when the psychotic symptoms actually started, when they ended, or their duration. What was determined was that the psychotic symptoms occurred during the subject’s first manic episode, when she was 28 years old. This is therefore noted on page B.10.

The interviewer’s questions as to whether the subject was manic during the time she felt she was being “set up” by her co-workers at the law firm correspond to the initial rating in Module C regarding whether psychotic symptoms occur at times other than during Major Depressive or Manic Episodes. This determines whether her psychotic symptoms are part of Bipolar Disorder rather than evidence of a primary non-mood psychotic disorder. Given that her psychotic symptoms occurred only in the context of a Manic Episode, the interviewer skips to D.1 to make a diagnosis of Bipolar I Disorder. The next question about the course of illness during the past year is relevant to the determination of whether the rapid cycling specifier is present, which it is not. The interviewer is able to fill out the rest of Module D (i.e., the chronology of the Bipolar I Disorder) without asking further questions because the interviewer has enough information to make the ratings. In this case, the interviewer decides that the current severity is “moderate.” A severity rating of “mild” does not apply because the subject has considerably more than the minimum symptom criteria for a Manic Episode. In fact, the subject has 7 out of 7 symptoms. A rating of “severe” does not apply since it is not the case that “almost continual supervision is required.” The psychotic features specifier is not checked because although she has a history of psychotic symptoms during a past manic episode, there are not psychotic symptoms during the current manic episode.

Module E Substance Use Disorders

Reflecting the minimal substance use history determined in the Overview, the interviewer skipped through Module E to Module F.

