

**STRUCTURED CLINICAL INTERVIEW – CLINICIAN VERSION FOR DSM-5
COMMENTARY FOR
TRAGIC ACCIDENT SCID-5-CV**

Note: The viewer should disregard the pagination used by the interviewer and instead follow along with the interview questions as located in the accompanying SCID-5-CV document.

Overview

The chief complaint, depicted as disabling depression triggered by the death of the patient’s daughter in an automobile accident, emerges as it often does, in the demographic section of the Overview. In the course of determining whether the patient is currently working, the interviewer learns that she has been having trouble going to work. When the interviewer inquires why, the patient relates the story of the accident and how the related depression has been affecting her. This approach of allowing the patient’s story to unfold naturally, rather than adhering strictly to the order of the questions in the Overview, is preferable as it facilitates rapport.

Current Major Depressive Episode

The interview begins by focusing on the past month. Once the interviewer determines that the patient has had both depressed mood and diminished interest or pleasure every day during the past month, the interviewer must narrow the focus to a particular two-week period to determine whether the remaining symptoms co-occur over that time span. In this case, since the symptoms have been at about the same level of severity during the entire past month, the most recent two weeks become the period of focus.

The evaluation of item A7 (“Feelings of worthlessness or excessive or inappropriate guilt”) is complicated by the fact that some feelings of guilt are to be expected in the given situation, since the patient was driving the car at the time of the accident. However, there are several indicators that show her guilt to be “excessive or inappropriate.” First, she feels that the car accident is a result of God’s punishment for having had an abortion when she was in high school. Second, despite the fact that the accident occurred because another driver ran a red light and hit the passenger side of the car, the patient blames herself for the accident because she decided to stay late at her mother’s house and drove home in the dark. (“I know that if I had left in the daylight, I really believe that it wouldn’t have happened.”) The combination of these feelings plus her final statement that she knows she is responsible for her daughter’s death indicates that her feelings of guilt are excessive and inappropriate, justifying a rating of “+” for this item.

For item A9, although it is clear from the patient’s initial answer (“I don’t feel like I have anything to live for”) that the item should be rated “+,” the interviewer goes beyond simple diagnostic considerations and asks a number of additional questions in order to evaluate current suicide risk.

Psychotic and Associated Symptoms

The patient describes having the feeling that when she sees some people whispering or talking softly to each other, she thinks they’re talking about what a bad mother she is and that they know her daughter died because of the bad decision she made to drive home at night. These thoughts, although referential, are not shown to be held with delusional conviction because the patient is able to recognize that they are probably arising from her guilt and thus are a product of her imagination.

The patient answered “no” to the first screening question for delusion of guilt in the evaluation of item B5: “Have you ever felt that you had committed a crime or done something terrible for which you should be punished?” Based on the information elicited in the preceding sections of the SCID, the interviewer inquires again about the patient’s feelings of responsibility for the accident in order to determine whether they qualify for a delusion of guilt.

On the one hand, her level of conviction is suggestive of delusional thinking: the cognitive distortions regarding her attribution of blame for her daughter’s death are based on her decision to drive home in the dark, as well as her belief that she was being punished for having had an abortion many years earlier. On the other hand, her belief that God is punishing her for the sin of having had an abortion during high school is consistent with her Catholic upbringing. Given that her beliefs are shared by others with her religious background, they do not qualify as delusional. Moreover, the over-attribution of blame about her responsibility for the accident is a common feature of both normal grief and Posttraumatic Stress Disorder (PTSD) (i.e., PTSD criterion D.3: located under item G25 states “Persistent, distorted cognitions about the cause or consequences of the traumatic event(s) that lead the individual to blame himself/herself or others.”). The delusion of guilt item has been rated as absent/subthreshold, i.e., “-” because it follows the SCID principle of giving the patient the benefit of the doubt when making clinical judgments regarding psychotic symptomatology.

Differential Diagnosis of Mood Disorders

As part of the assessment of the chronology of the Major Depressive Disorder, after indicating that symptomatic criteria are met for a Major Depressive Episode in the past month, the interviewer rates the current severity of the episode. Sometimes additional questions might be needed at this point in order to determine current severity. In this case, there is sufficient information to rate the severity of the episode. Although her presentation meets eight out of the possible nine criteria (fulfilling the first requirement of *severe*, i.e., that symptoms are “substantially in excess of those required to make the diagnosis”), the other two elements (“the intensity of the symptoms is seriously distressing and unmanageable” and “the symptoms markedly interfere with social and occupational functioning”) are not present, so the rating of the episode would be *moderate*.

Alcohol Use Disorder

Criterion E.2 (located within item E3) requires a persistent desire or unsuccessful efforts to cut down or control alcohol use. In this case, the patient is ambivalent about her alcohol use. On the one hand, she feels drinking helps to “numb” her and that her alcohol use is having a positive benefit. On the other hand, she acknowledges that her drinking is having a negative impact on her marriage. In that light, she does say that she wants to cut down, but that she cannot do it. This indicates that she is having difficulty controlling her use, and a threshold rating of “+” is therefore justified.

Criterion E.3 (located within item E4) requires that a great deal of time be spent drinking or recovering from its effects. However, due to the lack of specificity provided in the DSM-5 regarding how much time constitutes “a great deal of time,” this item is often quite challenging to rate. In this case, the patient drinks an entire bottle of wine every night over several hours even though she only intends to have a glass or two. Consequently, she is hungover for a good part of the morning every day, which is a reasonable amount of time to warrant consideration that she is spending “a great deal of time,” and therefore justifying a threshold rating of “+”.

Criterion E.4 (located within item E5) involves craving or a strong desire to use alcohol. Although she says that the first thing she thinks of when she gets home is having a drink, the absence of such thoughts at any other time of the day when she is not drinking justifies an absent/subthreshold rating of “-”.

Criterion E.5 (located within item E6) involves determining whether her alcohol use results in a failure to fulfil major role obligations at work, school, or home. Although she is having difficulty functioning at work and at home, it appears likely that her difficulty functioning is explained entirely by depression, and probable PTSD, and therefore is not a result of her drinking.

Although criterion E.6 (located within item E7) might appear to primarily involve an assessment of the negative social consequences of drinking, in fact this item is intended to reflect the person’s inability to control his or her drinking as evidenced by continuing to drink despite these negative consequences. In this case, an absent/subthreshold rating “-“ is justified because 1) the arguments with her husband are relatively infrequent and 2) she continues to drink as a way of treating her symptoms of depression and PTSD, rather than because she is unable to control her drinking.

Posttraumatic Stress Disorder

Thus far it is clear from the interview that the patient has been exposed to a trauma which would qualify for PTSD criteria A. Still, in order to determine whether there have been other traumatic events that were more severe and perhaps more likely to have caused a PTSD reaction, the SCID begins with a lifetime trauma history section. After completing the lifetime trauma history section and determining that there were no other traumatic events besides the accident, the interviewer then enquires about the details of the car accident. Although having the patient recount the details of the trauma may be upsetting, such information is potentially crucial in rating individual PTSD items such as criterion C.2 (located within item G21) (“Avoidance of or efforts to avoid external reminders that arouse distressing memories, thoughts, or feelings about or closely associated with the traumatic event(s)”). It will not be possible to surmise the types of reminders likely to be avoided if the interviewer is not cognizant of the specific details of what happened.

During the assessment of criterion D.4 (located within item G26) (“Persistent negative emotional state [e.g., fear, horror, anger, guilt, or shame]”), the interviewer did not explicitly ask the patient the follow-up question (“Is this different from the way you were before [TRAUMATIC EVENT]?”), in this case the car accident, which insures that the negative emotional state is different from the way the person was before exposure to the traumatic event. Although the fact that these symptoms were not present before the accident was known from the Overview, we recommend asking this follow-up question in any event to ensure that the patient’s symptoms were due to the accident and not part of a pre-existing mood or personality disorder. Note that there is an error in the algorithmic instruction on page 82, item G30 requiring that “AT LEAST THREE OF THE ABOVE CRITERION D SXS (G23-G29) ARE RATED “+.”” Accordingly to DSM-5 only two items are actually required. Although this does not have an impact on the diagnosis in this interview, the reader should consider this correction in the SCID-5-CV instrument while revision is pending correction in future printings. In the evaluation of criterion E.1 (located within item G31) (“Irritable behavior and angry outbursts (with little or no provocation) typically expressed as verbal or physical aggression toward people or objects”), the interviewer needs to differentiate between irritable mood and irritable behavior, which is required for a rating of “+.” In this case, although the patient reports being quick-tempered and irritable and saying things to her husband that spark arguments, she denies actually screaming at her husband or verbally abusing him, which would be evidence of a verbal outburst. Thus, this item was rated “-.”

The evaluation of criterion E.2 located under item G32 (“Reckless or self-destructive behavior”) illustrates the importance of determining the underlying motivation for a behavior. Although the patient acknowledges that she has been drinking too much (as previously described in the Alcohol Use Disorder section of the SCID-5-CV) and that she has been drinking to numb her bad feelings (as noted in the evaluation of PTSD criterion C.1 located within item G20). her drinking would only count towards the rating of this item if her drinking were reckless or could be understood to be a manifestation of self-destructive behavior. In this case, she explicitly denies that her drinking is intended to be self-destructive.

Finally, there is an error in the scoring instruction on page 85, item G41. The instruction “Diagnose: Posttraumatic Stress Disorder (current)” implies that the “current” box should be checked on page 4 of the Scoresheet regardless of whether the PTSD is “current” or “past history.” The parenthetical “(current)” will be removed from future printings of the SCID-5-CV.

Screening for Other Current Disorders

Specific Phobia: Although the patient reported a fear of getting shots or having blood drawn, this fear does not appear to have the required clinically significant distress or negative impact on her life. The patient continues to get regular physical examinations and allows herself to have blood drawn, which therefore rules out the diagnosis since the clinical significance criterion (criterion G) would not have been met.

Separation Anxiety Disorder: The patient’s anxiety about being separated from her husband, which occurs when he goes out on a business trip, has occurred only in the context of her current PTSD, so a diagnosis of Separation Anxiety Disorder is ruled out in accordance with the DSM-5 Separation Anxiety Disorder criterion D which requires that the symptoms not be better explained by another disorder. **Hoarding Disorder:** Her inability to discard things is limited to her daughter’s possessions (typically during bereavement) and not generalized as required in Hoarding Disorder.

Insomnia Disorder: Although the patient is clearly suffering from insomnia for the past three months, it is not the “predominant complaint” as is required for a diagnosis in accordance with DSM-5 Insomnia Disorder criterion A.

Diagnostic Summary

Major Depressive Disorder, Single Episode	Current
Alcohol Use Disorder	Current
Posttraumatic Stress Disorder	Current