COLUMBIA UNIVERSITY MEDICAL CENTER

STRUCTURED CLINICAL INTERVIEW – RESEARCH VERSION FOR DSM-5
COMMENTARY FOR
TRAGIC ACCIDENT SCID-5-RV

Subject Overview, Enhanced Screening Module, Including Optional Disorders, With Mood Specifiers

Overview

Note that in the context of collecting demographic information about her family, the interviewer quickly discovers the reason why the subject is coming for help—depression related to the recent traumatic death of her daughter in a car accident. This information is normally obtained and recorded in the context of obtaining the chief complaint on the top of page 3 of the Overview. Thus, the information about the chief complaint is recorded on the top of page 3, and the interviewer continues with the demographic information section back on page 1.

Also in the screening section, a number of the subject's answers (e.g., her anxiety, inability to throw out daughter's belongings, trouble sleeping) reflect symptoms and behaviors that are likely due to depression or PTSD. These should be coded "YES" and further explored in the SCID to ensure that this hunch is true.

Current Major Depressive Episode

While most of the ratings are fairly straightforward, the rating of "excessive or inappropriate guilt" is more challenging. If her feelings of guilt were confined to her feeling responsible for her daughter's death, the rating for this item would have been at most a "2" because it would be normal (and not "excessive or inappropriate") for a mother who was driving the car in which her daughter was killed to feel guilty. However, in this case, she also believes that she is being punished by God for her decision to have an abortion in high school. While this could conceivably be thought of as "appropriate" (or at least expectable) guilt in someone who is Catholic, the fact that she was not harboring these guilty thoughts until the after accident happened (only then connecting the two in her mind) suggests that her feelings of guilt are excessive and inappropriate. These reports of feeling guilty should count as evidence of meeting criterion A.7 because they represent a change from how she was thinking and feeling before the depression.

One of the challenges in the diagnostic assessment of these kinds of comorbid depression/PTSD cases is how to determine whether a particular symptom, such as difficulty concentrating, should count towards a diagnosis of depression, PTSD, or both. In this case, the subject reports that her difficulty concentrating at work is due to <u>both</u> the frequent intrusive thoughts she is having about the car accident (which suggests that the symptom is indicative of PTSD) as well as a sense of her "not thinking straight" (which suggests that the symptom is indicative of the cognitive impairment seen in depression). To clarify this, the interviewer presents his assessment of what appears to be happening to her ("sounds like it's two things…your mind is not working right and the images keep interfering with your ability to focus, is that right?") in order to get explicit confirmation from the subject.

With respect to the assessment of the suicidal item, the interviewer asks the subject, "What do you think is keeping you from doing it?" Although this question is technically not necessary for making the rating (it is obviously already a "3" based on what she has said thus far), it illustrates the clinical importance of assessing current safety in a suicidal subject.

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"With Anxious Distress" Specifier

Note that the timeframe for the assessment of the Anxious Distress specifier is the entire six-month duration of the current episode, not just the past two weeks as was the case for the determination of whether criteria had been met for a current Major Depressive Episode. Although she acknowledged during the MDE assessment that she had difficulty concentrating, the rating for the third item ("difficulty concentrating because of worry") requires that the difficulty concentrating be a consequence of the worrying, rather than the depression itself. Thus, this item was rated "2" because the worry was the cause of the difficulty concentrating only "some of the time." Item 4 ("fear that something awful may happen") was also rated "2" because she worries "only sometimes" and states that it is "not a big thing."

"With Melancholic Features" Specifier

The timeframe for melancholic features (i.e., the point during the entire six-month period during which the depression was at its worst) also potentially differs from the timeframe chosen for the symptom assessment of the current MDE. In this case, however, they roughly coincide so that the interviewer focuses on the "past few weeks" for the assessment. The interview question provided to assess "distinct quality of mood" (item B.1) ("was your feeling of depression different from the kind of feeling you would get if someone close to you died?") is not particularly helpful in determining whether this criterion is met given that her depression is linked to the loss of her daughter. Moreover, it does not properly assess the qualities of the depression that are listed in the criterion (i.e., profound despondency, despair or moroseness or empty mood). This question has subsequently been revised to read "Were you feeling particularly despondent, despairing, or morose? IF NO: Were you feeling empty inside?"

Psychotic Symptoms

The subject answers "YES" to the question about whether it seems like people are talking about her and provides examples of referential thinking which is in fact a projection of what she thinks about herself. Because she recognizes that this is likely part of her imagination and thus has intact reality testing, this item is rated a "2" instead of a "3."

In the context of the evaluation of psychotic symptoms, the interviewer again revisits the question of whether her guilt is delusional. She affirms that she is 100% convinced that the accident is a result of her being punished for what she did in the past. As before, in the context of her depression she connects the accident in the present with what she had felt guilty about in the past and now is 100% convinced that the accident occurred because she is being punished for her having had the abortion.

The question intended to screen for delusional jealousy is not uncommonly answered "YES" during SCID evaluations. In order to determine whether delusional jealousy is present, the critical issue is not whether she had ever believed her husband to be cheating on her but rather how she came about this belief. In this case, her coming to the conclusion that he might have been having an affair was rational given the evidence and ultimately confirmed by her husband.

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In the question for olfactory hallucinations, she reports that sometimes when she goes to a hotel or restaurant, she smells a chemical smell that others cannot, which she explains as having a "sensitive nose." Because this is quite credible (i.e., the chemical smell occurs in situations where there could be such a smell because of cleaning supplies) and it is recommended to give the subject the benefit of the doubt if questionable situations like this, this would be rated "1."

Note that the interviewer's question about whether the feeling of being punished has only occurred during the depression is tied to the evaluation of the first item on page C1, which determines whether the psychotic symptoms are confined to mood episodes. Since in this case they are, a rating of "1" is made and the interviewer skips to Module D.

Having edited out the interviewer's moving through Module D, the interviewer ends up on page D.17 which is for rating the Chronology of the Major Depressive Disorder. The only question that needs to be asked relative to this page is to confirm that age at onset of the depressive episode (i.e., 39) and whether she has had any panic attacks in the past month. The rest of the information on this page can be rated based on information gathered so far (i.e., current episode, severe, with mood-congruent psychotic features).

Alcohol Use Disorder

Criterion E.3, which requires that a great deal of time be spent drinking or recovering from its effects, is often quite challenging to rate given the lack of guidance provided in DSM-5 regarding how much time constitutes "a great deal of time." In this case, she drinks an entire bottle of wine every night (lasting from 6:30 until she goes to bed) and is hungover for a good part of the morning every day, an amount of time which seems reasonable to consider a "great deal of time," thus justifying a rating of "3"

Criterion E.4 involves craving or a strong desire to use alcohol. Although she says that the first thing she thinks of when she gets home is to have a drink, the absence of such thoughts at any other time of the day when she is not drinking justifies a rating of "2" for this item.

Criterion E.5 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 because of problems with concentration, it appears likely that this difficulty is explained entirely by her depression (and probable PTSD) and are not a result of her drinking (including her hangovers).

Regarding criterion E.6, given that she continues to drink even though her drinking has been causing problematic arguments with her husband about her drinking, this item should be rated "3," as it is indicative that she is unable to control her drinking. The fact that she depicts her heavy drinking as something that she chooses to do in order to calm her down is a common rationalization and is still consistent the loss of control that she reports in other Alcohol Use Disorder items (like criteria E.1 and E.2).

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For criterion E.9 to apply, the subject must first recognize that the psychological (or physical) problem is has been caused or exacerbated by the alcohol and then continues to drink nonetheless. As is illustrated in this case, she is under the (probably correct) impression that her psychological symptoms stem from the depression and PTSD—thus, the fact the she continues to drink despite her problems is consistent with a rating of "1" for this item.

Cannabis Use Disorder

Regarding criterion E.3, the amount of time per week she spends in activities necessary to obtain cannabis is negligible because it was freely available from her roommates. Moreover, however one would define "a great deal of time," the amount of time it would take to smoke one joint three times a week is clearly below that threshold.

Regarding criterion E.5, although she admits that her pot smoking likely had some impact on her grades ("maybe my grades could have been a little bit better"), the threshold for a rating of "3" for this item is quite high—failing courses, expulsions from school, etc.).

Specific Phobia

As is often the case when a specific phobia is assessed because of an affirmative answer to a screening question rather than when phobia is part of the chief complaint, the diagnosis usually depends on the rating for criterion F ("fear, anxiety, or avoidance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning"). Although this subject reports a genuine phobia of getting shots or having her blood drawn, the impact of this phobia on her life is minimal; she does not avoid going to see the doctor or dentist because of this, which is typically the most common manifestation of impairment. Thus, the diagnosis of Specific Phobia does not apply.

Current/Past Generalized Anxiety Disorder

In the course of administering the SCID for this subject, an error was discovered (and subsequently fixed) regarding the beginning of the assessment for past Generalized Anxiety Disorder (page F.27) which applies to cases (such as this one) in which the assessment of current Generalized Anxiety Disorder is initiated (because of an affirmative answer to the screening question) but stopped because the criteria for current GAD are not met. After being instructed to go to *Past Generalized Anxiety Disorder" on the top of page F.27, the interviewer is presented with the typical bracketed option for applying the subject's answer to the screening question. The problem is that there is no answer to the screening question for past GAD because the screener instructs the interviewer to skip the screening question for Past GAD if the subject answers "YES" to the screening question for current GAD. When this happens, the interviewer should have been instructed to ask a modified version of screening question for past GAD that takes into account the presence of current anxiety symptoms (i.e., "Prior to the past six months, have you ever had another time lasting at least several months in which you were feeling anxious and worried for a lot of the time?"). Instead, as is demonstrated in this SCID, the interviewer skipped to Separation Anxiety Disorder.

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Separation Anxiety Disorder

Suspecting that the anxiety that occurs when the subject's husband goes on a business trip was related to her PTSD, the interviewer confirms that this anxiety was related to the loss of her daughter in the accident and that it was not present prior to the accident. The interviewer is essentially applying criterion D ("the disturbance is not better explained by another mental disorder…") instead of actually assessing the individual items for Separation Anxiety Disorder in order to be maximally efficient.

Hoarding Disorder

Similarly, suspecting that the difficulty the subject has throwing out her late daughter's possessions is a normal aspect of grieving and not evidence of Hoarding Disorder, the interviewer confirms that this difficulty is confined to her daughter's belongings and thus is not indicative of "persistent difficulty discarding or parting with possessions, regardless of their actual value" (criterion A).

Insomnia Disorder

Although it seems likely that the insomnia was a manifestation of either the current Major Depressive Episode or PTSD, the interviewer did not skip the assessment of Insomnia Disorder (as was done for Separation Anxiety Disorder and Hoarding Disorder) because the DSM-5 allows for a comorbid diagnosis of Insomnia Disorder if the comorbid mental disorder does not adequately explain the insomnia (see Criterion H under Insomnia Disorder).

The rating for criterion H requires a judgement regarding the extent to which any comorbid mental disorders or medical conditions adequately explain the insomnia complaint. It seems pretty clear that the symptom of insomnia is adequately explained by either (or both) of her Major Depressive Disorder and PTSD diagnoses, resulting in a rating of "1." In this particular case, the subject is not even taking the full amount of the sleeping pill prescribed, and she is able to still get six and a half hours of sleep at night. In order to justify a rating of "3," the insomnia would have to be more severe than one would typically see in Major Depressive Disorder and PTSD.

Posttraumatic Stress Disorder

Although it is clear from the interview thus far that she has been exposure to a trauma that would qualify for criterion A in PTSD, the SCID nonetheless begins with a lifetime trauma history in order to determine the possible presence of additional traumatic events to help in the determination of which traumatic event (in the case of multiple trauma exposures) is most likely to have caused a PTSD reaction.

After completing the lifetime trauma history, the interviewer then inquiries about the details of the car accident, information which is potentially crucial in rating the individual PTSD items such criterion C2, which involves determining whether the subject avoids external reminders of the trauma. If the interviewer is not cognizant of the specific details of what happened, it will not be possible to surmise the types of reminders likely to be avoided.

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For criterion D.1, although she reports that she cannot remember the details of the accident, it is almost certainly because of the concussion rather than due to dissociative amnesia so that this item is rated "1" rather than "3."

For criterion E.1, although she reports some irritability in the form being quick-tempered, a rating of "3" requires irritable behavior and angry outbursts towards her husband, which is lacking. She reports instead only that she asks to be left alone.

Diagnostic Summary

Feeding and Eating Disorders	
Binge Eating Disorder	Lifetime, currently in remission
Trauma and Stressor Related Disorders	
Posttraumatic Stress Disorder	Current