

STRUCTURED CLINICAL INTERVIEW – CLINICAL TRIALS VERSION FOR DSM-5  
COMMENTARY FOR  
UNDER SURVEILLANCE SCID-5-CT  
*Demonstration Edition for Schizophrenia*

Note: Please refer to the accompanying version of the SCID-5-CT modified for Schizophrenia that was used in the taping of this interview when watching the video.

### **Overview**

The beginning of the overview illustrates the need to be flexible in the questioning in order to get the story to emerge. After determining that the subject does volunteer clerical work (instead of having a paid job), the interviewer decided to ask about his school history. Note that the streamlined SCID-5-CT overview (unlike the most detailed SCID-5-RV overview) does not include any proscribed questions asking about the subject's educational background. As the interviewer suspected, the subject reports that his college education was interrupted by a psychiatric illness during his sophomore year. As is common practice when interviewing subjects with a psychotic disorder, the interviewer uses this revelation as the starting point of the inquiry into the history of present illness. This gives the subject the opportunity to discuss his psychopathology in his own words.

The interviewer then elicits the longitudinal course of the illness, focusing on the age, symptomatology, and treatment, using the chart on the middle of the page and continued on the following page.

### **Lifetime Major Depressive Episode**

The SCID-5-CT for Schizophrenia starts out with an assessment for the presence of lifetime major depressive episodes. This is important in differentiating Schizophrenia from Schizoaffective Disorder or a psychotic mood disorder. When the interviewer asked the subject about what his energy was like, the subject responded by saying that he did not feel like doing anything at all. Although it is possible that a person may not feel like doing anything because of extremely low energy, as was the case here, it is more likely associated with problematic motivation. This could be either part of the diminished interest in activities item in Major Depression or else represent a negative symptom of Schizophrenia. Once the interviewer then explained to the subject the difference between low energy and low motivation, it became clear that, in fact, the subject did not have any problems with his level of energy. Given that only four items were rated “+” (with the other five items unequivocally rated “-“), his period of depression falls short of the required minimum of five items. Were there to have been other reported past periods of depression, the interviewer would have needed to cycle through the assessment of the A criterion symptoms for those episodes. Even though no other episodes had been reported during the Overview, the interviewer explicitly verifies with the subject that there were no other such episodes, allowing the interviewer to move on to the assessment of Lifetime Manic Episode.

## **Lifetime Manic Episode**

Although the subject denies a period of elevated mood, he does report a 5-day period of irritability. Despite the possibility that the irritability may have been a byproduct of an exacerbation of his psychotic symptoms, it still needs to be explored as a possible Manic Episode. However, because the irritability occurred in the absence of increased energy or activity, the interviewer can rule out the possibility that the irritability is indicative of a Manic Episode. To be on the safe side, the interviewer must still inquire about the possible presence of the more typical manic symptoms, such as decreased need for sleep. Note that under the DSM-IV definition of Manic Episode, the interviewer would have gone through the assessment of the seven “B” symptoms of a manic episode (as was required in the SCID for DSM-IV). This change in definition in DSM-5, however, obviates the need to do this.

## **Psychotic Symptoms**

In this section of the SCID-5-CT, the interviewer checks for the presence of various types of psychotic symptoms. Even though some of this material already came up during the subject’s description of his past symptomatology in the Overview, the interviewer uses the opportunity to have the subject describe his symptoms again in order to see if more detail can be elicited. This may be useful in determining the nature and time frame of the psychotic symptoms for the purposes of deciding on the correct diagnosis. In this retelling, the subject makes it abundantly clear that his experience with the students represented a persecutory referential delusion, rather than an auditory hallucination. Note that even though the interviewer had enough information to rate the “delusions of reference” item and “+,” he asks the other SCID-5-CT questions about referential delusions in order to see whether these other varieties of referential delusions might also have been present during the subject’s lifetime, information which may prove important in determining the duration of psychotic disturbance (although not in this case).

At the conclusion of the hallucinations section, the interviewer says “let me stop for a minute while I make a few notes,” and then rates the items that are either observational or are obtained by a review of medical records (e.g., past episodes of disorganized behavior). The next item with a corresponding interview question is for negative symptoms. In this case, the subject reports a period of time during which he was not doing much of anything; however, given that it corresponded to the period of time after his hospitalization during which he was depressed, the items was rated “-“ since it seems more likely to be part of the depression.

The Psychotic Differential Diagnosis section depends on knowing which symptoms have been present, their duration, and their relationship to mood episodes. Consequently, in preparation for this section, the interviewer reviews the duration and persistence of the psychotic symptoms. He determines that the delusions have been pretty much continuous for years but that the hallucinations have been present only intermittently. The interviewer specifically asks about whether the hallucinations have been present for at least a month in order to verify that criterion A for schizophrenia (delusions and hallucinations have both been present “for a significant portion of time during a 1-month period.” The next question directly tied to one of the diagnostic criterion is the one in which the interviewer asks the subject whether he was physically ill before he got sick (corresponds to the “disturbance is not attributable to the physiological effects of a substance or to another medical condition” criterion). The interviewer also asks about the possible temporal relationship between his marijuana use (which he mentioned during the Overview) and his psychotic symptoms, which there is not. (He stopped using marijuana prior to his becoming psychotic for the first time.)

### **Diagnostic Summary**

Subject is included in study. Schizophrenia is present and Psychotic Mood Disorder, Schizoaffective, Schizophreniform, Delusional Disorder, and Brief Psychotic Disorder have never been present. Alcohol Use Disorder and Substance Use Disorder (other than nicotine) has not been present in the past 6 months