COLUMBIA UNIVERSITY
MEDICAL CENTER

STRUCTURED CLINICAL INTERVIEW – CLINICIAN VERSION FOR DSM-5
COMMENTARY FOR
UNDER SURVEILLANCE SCID-5-CV

Overview

The interviewer's query to the patient about why he lives with his grandmother is a good illustration of the principle that information presented in the Overview that is out-of-the-ordinary and/or possibly indicative of psychopathology should be inquired about. In this case, given that it is relatively unusual for a 24-year-old male to be living with his grandmother, the interviewer asks about the reason. Note that the questioning in the "history of current illness" and "treatment history" sections are not tightly constrained by the printed questions in the SCID. After determining that the patient is currently enrolled in an outpatient program, the interviewer decides to determine the course of his psychiatric illness by going back to the circumstances of his first hospitalization and then moving forward to the present. The focus of the questioning is on obtaining the course of illness in terms of the types of symptoms he has experienced, the time course, and the treatments received. The challenge here is to get enough detailed information about the patient's symptoms to set up further inquiry later in the SCID. For example, it is discovered that the patient's illness started with referential delusions of being talked about and taunted in class which evolved into an elaborate delusional system involving him being under constant surveillance. This was accompanied by auditory hallucinations. Similarly, the interviewer learns that there have been two additional hospitalizations for psychotic symptoms after the initial break, each one triggered by the patient stopping his medication.

Current Major Depressive Episode

The interviewer decides to follow-up a negative response about losing interest in things he usually enjoyed by asking what kinds of things he does enjoy. This serves both as a double check (i.e. being able to ask specifically whether he has lost interest in specific activities rather than just the general question). It also provides information that may be useful both for determining the presence of past major depressive episodes (i.e., knowing what kinds of things interest him may be important in evaluating this item in the context of past episodes) in evaluating negative symptoms later in the interview.

Past Major Depressive Episode

As demonstrated by the interviewer, it is often helpful to make explicit the change in time frame for the questions about depressed mood, acknowledging that the questions are similar to the questions just asked about mood problems during the past month, except that the timeframe has changed to lifetime.

The interviewer first determines with the depressed mood question that the patient was depressed for a year and that the first two weeks were particularly bad. The patient lost interest or pleasure in the types of things that he reported liking to do earlier in the interview (i.e., watching TV, being with his friends), indicating the need to check the rest of the symptoms of a past Major Depressive Episode. Even though the patient has already clued the interviewer in to the fact that the first two weeks of the episode were the worst, the interviewer goes back to that time period in order to help prime the patient's memory regarding that time period by asking about when he was discharged from the hospital, a date that patient was able to remember because it was a holiday. The interviewer then explicitly clarifies that the following questions pertain to the two-week period of time after getting out of the hospital.

The patient's response to the "loss of energy" question illustrates the importance of clarifying with the patient the type of symptom being discussed. In response to "what was your energy like?" the patient responds that he did not feel like doing anything which could be attributable to low energy but, on further questioning, was determined to be due to lack of motivation. When the interviewer specifically spelled out what was meant by loss of energy in contrast to lack of motivation ("loss of energy means how tired you were"), it became clear that he did not have fatigue or loss of energy but just lack of motivation.

After going through the symptoms and coming up with only four coded "+" (at least two of which, diminished interest and psychomotor agitation, being particularly characteristic of Schizophrenia), the interviewer needs to make sure that there were not any other times that would be reasonable candidates for a MDE. After reconfirming that there were no other times besides this 12-month period after hospitalization, the interviewer also verifies that there were no other periods of time during the 12 months which were more severe than the two-week period after the hospitalization. Were there to be any such periods of time, the interviewer would have had to return to item A15 and check the nine MDE symptoms as they would have applied to this alternative timeframe. Because there were not any other credible time periods of depression, the interviewer skips to the assessment of manic episodes, starting on page 17.

Current/Past Manic Episode

During the inquiry for past manic episode, the patient endorses feeling irritable in the context of an exacerbation of his psychotic symptoms. Note that in his answer to this question, for the first time the patient mentions his delusion about the presence of a machine that is causing the hallucinations, prompting the interviewer to ask about the details. This conforms to the SCID rule that psychotic symptoms should be explored when first revealed, rather than waiting for assessment of psychotic symptoms in the B module. Although one might be tempted to skip out of the assessment of manic episode thinking that the irritability is a byproduct of the worsening of the psychotic symptoms rather than part of a manic episode, the interviewer is only allowed to skip out once one of the critical criteria are not met since it is certainly possible that the psychotic symptoms are a manifestation of a manic episode. As it turns out, the absence of increased activity or energy permits the interviewer to skip to page 29, although to be on the safe side; however, the interviewer checks about decreased need for sleep (a cardinal symptom of mania) just to be sure.

Psychotic and Associated Symptoms

Although the patient has talked about a number of his psychotic symptoms, the methodical assessment of the various kinds of delusions and hallucinations allows for a better determination of the timeframe. This also provides an opportunity to find out about additional psychotic symptoms that the patient may have experienced that he has not reported thus far, e.g., the referential delusion that the news anchor on TV was talking about him. Even though the ratings of the delusions are divided by theme, the actual delusional content may qualify for more than one rating, e.g., his belief that he is being monitored because he has special powers qualified for ratings of both a persecutory and grandiose delusion.

With regard to the rating of negative symptoms (item B23), even though he endorsed the question about not working or doing much of anything, it only occurred during the period of depression that occurred after his hospitalization (i.e., the period that was explored during the assessment of past MDE). This raised the question about whether this loss of motivation is best considered a negative symptom of Schizophrenia versus being attributed to depression. Given that the period of depression was just one symptom short of a full depressive episode and the presence of depressed mood along with the loss of interest, it seems more

likely that the diminished interest in doing things was a symptom of the depression rather than a negative symptom. This is especially suggested because it was only present during that 12-month period and not at other times, as would be expected if it were a symptom of Schizophrenia.

At the end of the Psychotic and Associated Symptoms section, in preparation for going through the Differential Diagnosis of Psychotic Disorders section, the interviewer verifies the time course of the psychotic symptoms. This will be important in differentiating Schizophrenia from Schizophreniform, Schizophrenia from Delusional Disorder, and Schizophrenia from Schizoaffective Disorder.

Going through the Differential Diagnosis section, the psychotic symptoms certainly occurred at times when he was not depressed so C1 is circled "YES." The co-occurrence of both hallucinations (the voices) and the delusions for at least a month justifies a rating of "YES" for C2, ruling out a diagnosis of Delusional Disorder. In C3, Schizoaffective Disorder is ruled out because there have not been any Major Depressive or Manic Episodes that occurred concurrently with the active phase symptoms (since he has not had any lifetime Major Depressive or Manic Episodes). Note that even if full criteria were met for a Major Depressive Episode, the diagnosis of Schizoaffective Disorder would not apply because the mood episodes were present for only a minority of the time, thus justifying a rating of "YES". Given that the symptoms lasted for considerably longer than 6 months, C4 is rated "YES" and his clear drop in functioning since the onset of the illness means that C5 is rated "YES" as well. Finally, even though he has a history of heavy marijuana use, it clearly preceded the onset of the psychotic symptoms and the psychotic symptoms occurred during times when he was not using marijuana, justifying a rating of "YES" for C6. Finally, for C25, the Schizophrenia diagnosis is considered to be "current" (as opposed to "past history") because the symptoms have been present in the past month.

The interviewer moves on to the Differential Diagnosis of Mood Disorders. Because the patient has had clinically significant depressive symptoms in the past (i.e., the subthreshold major depressive-like episode), the interviewer moves past D1 and continues with D2. Given that there have never been any manic episodes, D2 is rated "NO" and the interviewer goes to D4. Similarly, the absence of hypomanic episodes justifies a rating of "NO" for D4 and a jump to D8. Although the patient did report some irritability, the fact that it was a result of the psychosis and did not "predominate," justifies a rating of "NO" for D8 and continues with D11. For D11, the absence of any lifetime MDE's indicates a rating of "NO," and the interviewer continues with D14. The presence of a subthreshold Major Depressive-like episode lasting a year, coupled with the fact that it causes clinical significant impairment and was not caused by a substance or a medical condition indicates ratings of "YES" for D14, D15, and D16 and a diagnosis of Other Specified Depressive Disorder. Therefore, the interviewer continues with D25, the chronology section for depressive symptoms. The bottom box "for Other Specified Depressive Disorder" (D25) is rated "NO" given that the depressive symptoms have been present only in the past.

Diagnostic Summary

Schizophrenia	Current