COLUMBIA UNIVERSITY MEDICAL CENTER

STRUCTURED CLINICAL INTERVIEW – RESEARCH VERSION FOR DSM-5
COMMENTARY FOR
UNDER SURVEILLANCE SCID-5-RV
Subject Overview, Core Screening Module, Excluding Optional Disorders, With Mood Specifiers

Overview

The first piece of information suggesting mental illness is the fact that the subject left college in the middle of his sophomore year because he "got sick." The interviewer could have chosen at this point to explore the circumstances of his getting sick at this time, essentially starting the exploration of his past psychiatric history (as is demonstrated in some of the other SCID interviews). In this case, the interviewer decided to press onward to finish the education and work history part of the Overview.

In the Overview of Present Illness section, the interviewer determined that the subject was in a day program after discharge from the hospital 3 months earlier. At this point, the interviewer decided that it made sense to start with determining the circumstances surrounding the onset of the psychotic illness, which the subject had already mentioned happened during his sophomore year of college. The interviewer then proceeded to elicit the story of the onset of persecutory referential delusions (that the subject was part of a secret government experiment involving being placed under constant surveillance) and as well as auditory and tactile hallucinations. This culminated in the subject confronting a classmate who lived down the hall whom he believed was causing the psychotic symptoms, resulting in the subject's first hospitalization. This interview illustrates the recommended SCID practice of eliciting the details of past psychotic symptoms during the course of the Overview rather than deferring the inquiry about psychotic symptoms until the B module (Psychotic and Associated Symptoms). Although at times the subject seemed confused about the dates, the interviewer used detailed probing to elicit a relatively clear timeline of symptoms and treatment. Given that one of the main tasks of the Overview is to get the longitudinal unfolding of the illness(es), it is important to explore any discrepancies in the dates until the interviewer gains confidence in the general accuracy of the timeline.

The Substance Use history revealed a significant potential history of cannabis use during senior year in high school, and nothing else.

Past Major Depressive Episode

Before being able to verify that there have been at least five symptoms co-occurring during the same two-week period, the interviewer must select a representative two-week timeframe within the 12 months of reported depressive symptoms when the depression was at its worst. The interviewer decided to ask the subject directly which two-week period was the worst. The subject reported that the worst 2 weeks of depression were during the same timeframe of being discharged from the hospital following his second episode of psychosis.

The subject's answer to the question about being fidgety or restless presented a coding challenge. The subject reported that he was pacing around but that no one else saw it because he was isolating himself from other people in his bedroom. To rate this criterion as positive, it is not actually necessary that others actually observed the behavior – rather that the behavior could have been "observable by others," as distinguished from merely subjective feelings of restlessness. In this case, the subject reports behavior that could have been observable if others were there (explicitly acknowledging that in response to the interviewer's question about it), which justifies a rating of "3."

In response to the question about his energy level, the subject reported that he did not feel like doing anything. Although not wanting to do anything could be explained by a low energy level, other explanations for this also need to be considered as such anhedonia or avolition. When the interviewer explicitly asks the subject about whether the behavior was due to low energy, the subject again repeats that he did not feel like doing anything, which the interviewer clarifies to mean that the issue was low motivation, and not low energy, justifying a rating of "1" for this item.

When following up on the reasons that the subject felt worthless, the interviewer discovered that the subject was feeling worthless because his life was not going to be normal again and that he was not doing anything with his life. Because the subject had to leave college after having been diagnosed with a serious mental illness these concerns are somewhat realistic. Therefore, the interviewer asked additional questions to clarify that the worthlessness was not just because of his illness but that he felt worthless as a person, thus justifying a rating of "3."

After the conclusion of the evaluation of the nine MDE items, the final count of items rated "3" was four, which is insufficient for a diagnosis of a MDE. The SCID requires at this point a re-consideration of whether there were any other depressive periods in the subject's life that should be considered as well as whether there was any other periods of time during the one-year depressive period after his second hospitalization which were worse than the time the interviewer focused on (i.e., February 2013), both of which the subject denies. This justifies moving on to the assessment of a current Manic Episode.

Past Manic Episode

During the inquiry about a period of irritability, the subject describes feeling irritable as the severity of the psychosis escalated (i.e., the volume of the voices kept getting louder, which he was convinced were caused by his neighbor was turning up the volume on the machine in her apartment). Even though it appears likely that the irritability is a manifestation of the psychosis, it is important not to jump to conclusions and continue evaluating whether the psychosis was a manifestation of a manic episode characterized by irritability, rather than the other way around. The subject's negative answer to the item requiring that the mood change be accompanied by increased energy or activity allows the interviewer to rule-out the presence of a causative manic episode.

Psychotic Symptoms

Given that the subject has already discussed many of his psychotic symptoms in the Overview, this module provides an opportunity to get additional details and reconfirm the presence of previously discussed psychotic symptoms. This module also affords asking further questions that might uncover additional psychotic symptoms that have not yet been acknowledged.

A possible grandiose delusion is suggested by the belief that one is the focus of a government surveillance program. Thus, the interviewer asked the subject why it is that the government would want to put him under surveillance, which uncovered his belief that he has the ability to predict the future.

In the questioning of a somatic delusion, the subject reports that the machines are causing the tingling sensations he has been experiencing, as well as beaming voices in his body. While the tingling sensations are likely somatic hallucinations, his conviction that they are being caused by a machine can be considered a somatic delusion.

A "bizarre" delusion essentially involves a phenomenon that violates the basic laws of physics or causality given the person's cultural context. This is usually assessed by asking the subject to explain his or her understanding of the mechanism underlying the delusional belief. In this case, it is quite evident that his delusions are bizarre by virtue of their physical impossibility. Although the bizarreness of the delusions no longer has diagnostic significance in DSM-5 with respect to differentiating between Schizophrenia and Delusional Disorder, it has been retained in the SCID because Delusional Disorder includes a specifier to indicate that the delusions are bizarre.

The delusions section concludes with a rating of the current (past week) severity of delusions. There are several factors that need to be taken into consideration: 1) has the person been delusional? If so, 2) how bothered is the person by the delusions? 3) How much pressure are they under to act on them? 4) How preoccupied are they about their delusions? In this case, the subject has clearly been delusional in the prior week (he has believed with conviction that he was under surveillance) so the rating is at least a "2." Because he reports only being bothered at a level of 2 or 3 on a 10-point scale, coupled with having not affected his behavior (he continued to function despite the belief) and not being preoccupied with those thoughts, the current severity is "mild" (a rating of "2").

Negative Symptoms

Even though the questions for avolition were answered "NO," the interviewer chose to ask the additional questions about current functioning on page B.9 to verify the absence of current avolition.

Differential Diagnosis of Psychotic Symptoms

In the psychotic decision tree in Module C, the interviewer starts by ruling out a psychotic disorder (no questions are asked—there has never been a mood episode) and continues with criterion A for Schizophrenia. The interviewer's confirmatory question about the 3 year duration applies to the rating for item C6 (on page C.3), verifying that the duration has exceeded 6 months.

The question about when he got sick the first time (September 2012) was asked in the process of evaluating criterion E because any potential etiological factors would have had to be in effect at the onset of the symptoms. The next question about how old he was when it started was for the age-at-onset rating on page C.17. The interviewer's question about how he was functioning in the summer before he got ill was intended to help determine whether there was a prodromal period preceding the onset of the psychotic symptoms, which there does not appear to be.

Prior to 12-Month Cannabis Use Disorder

Because the subject reported using cannabis every day during senior year in college, past Cannabis Use Disorder needs to be evaluated. Item A.3 was rated "3" given that he reports being high for at least 5 hours a day, which qualifies for a great deal of time. For the evaluation of A.5, although he reports that he could have done better in his senior year of school, he did not have any failing grades nor miss any school because of his cannabis use. Because there is some negative impact on his grades, his cannabis use did not result in a "failure to fulfil major role obligations," as required by the criterion. For the evaluation of A.6, it is clear that the cannabis use was causing repeated friction with his grandmother and yet he continued to smoke. For the evaluation of A.7, he admitted to being intoxicated while driving and because it impaired his driving, it was physically hazardous and therefore justifies a rating of "3."

Panic Disorder

Although the subject reported having had only one panic attack (which rules out a Panic Disorder diagnosis), the interviewer proceeds with the assessment of the panic attack to allow for the possibility of the specifier "with panic attacks" (which does not specify a minimum number of panic attacks). The interviewer skips out of the assessment at criterion A on page F.2 (i.e., there have not been recurrent unexpected panic attacks). Ultimately, the "with panic attacks" specifier is not given because it cannot be applied to psychotic disorders in the SCID. Consequently, the interviewer chose to skip page F.7. which is used to record the diagnostic context of the panic attack for the purposes of noting the "with panic attacks" specifier.

Agoraphobia

Although the subject shows the behavioral symptoms of Agoraphobia (i.e., avoidance of multiple situations), the avoidance is not due to a fear of developing a panic attack or a physical symptom but is related to his delusional beliefs. Although technically the interviewer could have gone through the individual questions on page F.8 to tally up the situations that are avoided. Because it was obvious that the avoidance was related to the psychotic symptoms, the interviewer went right to criterion B on page F.9 and gave a rating of "1" (i.e., the situations are NOT avoided because of thoughts that escape might be difficult in the event of developing panic-like symptoms).

Diagnostic Summary

Depressive Disorders	
Other Specified Depressive Disorder	Lifetime, not current
Schizophrenia and Other Psychotic Disorders	
Schizophrenia	Current