STRUCTURED CLINICAL INTERVIEW – CLINICIAN VERSION FOR DSM-5
COMMENTARY FOR
YOUTHFUL MURDERER SCID-5-CV

Note the viewer should disregard the interviewer's pagination, and instead follow along with the interview questions as located on the accompanying SCID-5-CV document.

Overview

This is the section of the SCID that is the most unstructured. As demonstrated, the interviewer has a great deal of latitude regarding how to collect historical information about the present illness. In this case, the history came out naturally as an outgrowth of the question regarding whether there has ever been a period of time during which the patient was unable to work or go to school.

Past Major Depressive Episode

After determining unequivocally from the patient that the episode in high school was the worst, the interviewer picks a target two-week period for the assessment of the other depressive symptoms that the patient perceives to be the worst. In this case, it was the two weeks following Thanksgiving.

The question about guilt illustrates the need to consider where other possible false negatives may exist throughout the interview. Given that the patient's primary delusion is a delusion of guilt, the interviewer wanted to make sure that his feelings of inappropriate guilt started after the depressive episode during his sophomore year of college.

During the assessment of a possible substance or general medical etiology for the depressive episode, the patient answered "NO" to the question about not drinking or using any street drugs before the episode began. Recalling the patient's report of marijuana use during his sophomore year in college, the interviewer decided to query the patient in more detail about the relationship between his marijuana use and the depression. Although he was smoking during the depressive episode, it turns out that his depression began before his starting to smoke marijuana. This allows the interviewer to conclude that the depression is not a direct result of his marijuana use.

Past Manic Episode

The assessment of possible presence of a past Manic Episode illustrates the advantages of the DSM-5 decision to add the requirement for increased activity or energy in ruling out false positives. The patient reported periods of irritability during his sophomore year of college, which is when he was in a depressive episode. The absence of accompanying increased activity or energy allowed the interviewer to rule out a Manic Episode without having to go through the seven associated symptoms.

Psychotic and Associated Symptoms

The patient's decision to take off from school and work for a couple of years after his first hospitalization appears to have made by him and his therapist to avoid stressors, rather than being due to an inability to function because of negative symptoms.

Psychotic Differential Diagnosis

The first (item C1) in the decision tree is rated "YES" because the delusions and hallucinations occurred at times when the patient was not depressed (i.e., heard voices and believed people were after him for a few weeks before the depression started). Moving into the criteria for Schizophrenia, the active phase symptoms under (item C2) is met because both delusions and hallucinations have been present at the same time for a significant portion of time during a one-month period (actually present for between 6 weeks and 9 weeks, depending on the episode).

To differentiate Schizophrenia from Schizoaffective Disorder (item C3), the interviewer must determine the amount of time the patient has been depressed and compare it to the total duration of the disturbance, which is often a difficult judgment to make. In this case, given the verbal skills of the patient, the interviewer decided to enlist the patient's help in making this differential ("what I am trying to do here is to figure out the amount of time you are depressed and compare that to the amount of time you were hearing voices"). The interviewer establishes that psychotic symptoms started first and then the depression developed, determining a period of overlap that was the case for each of the episodes. Then, each time the patient got sick, he would hear voices for a total of between 6 and 8 weeks and then on top of that, he would get depressed for between 4 and 5 weeks. This indicates the diagnosis of Schizoaffective Disorder. The section concludes with a rating regarding whether the disorder is "current" (item C27) given that he has not experienced any psychotic or mood symptom during the past month, only a "Past Hx" of Schizoaffective Disorder is rated by circling a "1."

Differential Diagnosis of Mood Symptoms

Technically this module could have been skipped based on the statement in item D1 ("If there have never been any clinically significant mood symptoms or if all mood symptoms are accounted for by a diagnosis of Schizoaffective Disorder"), although the interviewer chose to proceed. During the assessment of Major Depressive Disorder (item D12), the interviewer is asked to decide if "the occurrence of the Major Depressive Episode is not better explained by Schizoaffective Disorder, etc..." Although this decision is relatively straightforward for the mood episodes that occurred in conjunction with the psychotic symptoms, what about the initial Major Depressive Episode that occurred in high school that occurred a couple of years prior to the first onset of psychotic symptoms? One could theoretically consider that to be an episode of Major Depressive Disorder that is separate from the later diagnosis of Schizoaffective Disorder, and thus give the patient two diagnoses: Major Depressive Disorder, past history, and Schizoaffective Disorder. However, a more parsimonious approach is to consider the earlier depressive episodes as part of the overall diagnosis of Schizoaffective Disorder.

Panic Disorder

After the patient affirms having experienced an intense rush of anxiety or what someone might call a "panic attack," the interviewer asks the patient to describe what he experienced as a "validity check" in order to see if the patient's experience is likely to fit the phenomenology of the panic attack as many patients who answer "yes" to this question in fact are referring to an intense period of anxiety that does not start abruptly or lasts for hours instead of minutes. The patient's identification of a particular panic attack (i.e., the one that occurred in English class) also provides a specific attack that the patient can focus on when being asked about the presence of the 13 symptoms that define a panic attack in DSM-5.

Diagnostic Summary

Schizoaffective Disorder	Past History
Panic Disorder	Past History