

**STRUCTURED CLINICAL INTERVIEW – RESEARCH VERSION FOR DSM-5
COMMENTARY FOR
YOUTHFUL MURDERER SCID-5-RV**

Subject Overview, Core Screening Module, Excluding Optional Disorders, Without Mood Specifiers

Past Major Depressive Episode

It is clear from both the Overview and the questions about periods of depression on page A.5 that the subject has had multiple periods of depression that might qualify for a Major Depressive Episode. The interviewer first establishes that the periods of depression are characterized by depressed mood and diminished interest or pleasure. Although the interviewer asks the subject for examples of diminished interest or pleasure taken from the year-long episode in high school, he also verifies that the subject also felt this way during the depressive periods that occurred during each of his hospitalizations. Given that the interviewer is aware that the main differential diagnostic issue will most likely be between Schizophrenia and Schizoaffective Disorder, this additional information will help to establish that the periods of depression that overlap with his psychotic symptoms do not represent just negative symptoms, but are best considered to be recurrent episodes of depression.

After determining 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 subject perceives to be the worst. In this case, it was the two weeks following Thanksgiving.

In a demonstration of expert fallibility, the interviewer inadvertently skipped the SCID-5-RV appetite question and went right to the question about sleep. In the process of setting the target time frame the subject reported loss of appetite at the Thanksgiving meal in the context of describing symptoms of his worst depressive period; however, there is insufficient information to code a “3” for the appetite item because it was not explicitly determined that the loss of appetite was present nearly every day during the target two-week period as required by the diagnostic criterion. Despite this omission, the subject has still experienced sufficient symptoms to qualify for a diagnosis of a past Major Depressive Episode.

In anticipation of the likely need to apply the diagnostic criteria for Schizoaffective Disorder to this subject, the interviewer concludes the assessment of Past Major Depressive Episode by checking to see if the depressive episodes that occurred in connection with the psychotic symptoms resembled the episode that was formally assessed. This was done to help assess the requirement in Schizoaffective Disorder that full mood episodes be present for a majority of the time during the psychotic disturbance.

Psychotic and Associated Symptoms

The decision to take off from school and work after his first hospitalization appears to have been made by him and his therapist to avoid stressors rather than because of an inability to function due to negative symptoms. He reported, in fact, that he was still spending time with friends, watching movies, and even looking for jobs.

Psychotic Differential Diagnosis

Because the differential diagnosis in this case depends on the temporal patterns of the psychotic and mood symptoms, the interviewer decides to begin this section by going over the time frames for the various episodes of psychotic and mood symptoms. The interviewer records this information on the bottom of page B.10 for lack of a better place to put it. The interviewer determines that there have been three episodes that led to hospitalization, each beginning with approximately three weeks of psychotic symptoms (delusions and hallucinations) in the absence of mood symptoms. The interviewer also determined that within days of being hospitalized, the subject would develop a depressive episode that lasted between four and six weeks while the psychotic symptoms persisted. Then, both the mood and psychotic symptoms would resolve.

Going through the decision tree, the first item (C2) is rated “3” because the psychotic symptoms began before the onset of the Major Depressive Episodes. Moving into the criteria for Schizophrenia, the active phase symptoms criterion (criterion A) is met because both delusions and hallucinations have been present together for a significant portion of time during a one-month period (actually present for between six weeks and nine weeks depending on the episode). The two-part criterion D, which differentiates Schizophrenia from Schizophreniform Disorder, is not met since neither component is true -- the mood symptoms DO occur concurrently with the active phase symptoms, ruling out the first part (justifying a rating of “1” for item C4), and the mood episodes ARE present for a majority of the time (justifying a rating of “1” for item C5), ruling out the second part. This leads to a skip out from Schizophrenia and the assessment of Schizoaffective Disorder.

A diagnosis of Schizoaffective Disorder requires periods in which a major mood episode is concurrent with the active phase symptoms of Schizophrenia (the four to six week periods during which the subject is both psychotic and suffering from Major Depressive Episodes). During these periods, there are delusions or hallucinations lasting at least two weeks in the absence of a major mood episode (the three-week periods of psychotic symptoms prior to the onset of the Major Depressive Episodes). During these periods, there is also a requirement that the mood episodes are present for a majority of the total duration of the illness. In this case, each of the episodes is characterized by the fact that the Major Depressive Episode is present for more than half the time—for example, the total duration of the first episode is seven weeks, with four of those weeks being characterized by meeting criteria for a Major Depressive Episode.

Differential Diagnosis of Mood Symptoms

This module is skipped because the interviewer decided that all of the mood symptoms are accounted for by the diagnosis of Schizoaffective Disorder. Although this 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 a couple of years prior to the first onset of psychotic symptoms? Theoretically, one could consider that to be an episode of Major Depressive Disorder that is separate from the later diagnosis of Schizoaffective Disorder (thus giving the subject 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.

Prior to 12 months Alcohol Use Disorder

The decision to give a “3” rating to criterion A.9 on page E.8 rather than a “2” rating was based on the interviewer’s judgment that despite some attempt at minimization (“scared me a little”), the subject was bothered enough by the blackouts to consider them problematic as required by the criterion (“persistent or recurrent...psychological problem”).

Prior to 12 months Other Substance Use Disorder

Of the three options for assessing multiple substances, the interviewer has chosen option one, meaning that the focus is only on the substance most likely to have led to a Substance Use Disorder (i.e., the most heavily used and/or the substance that the subject has acknowledged causing the most problems). The interviewer starts by asking questions regarding his heaviest period of cannabis use. As per the protocol for option 1 (i.e., determining whether criteria are met for any Substance Use Disorder) the criteria for past Hallucinogen Use Disorder must be assessed if criteria are not met for a Cannabis Use Disorder.

The rating of “2” for item A.5 (use resulting in a failure to fulfill major role obligations) was based on the interviewer’s judgment that the examples given by the subject fell below the criterion threshold of “failure to fulfill major role obligations.” While his cannabis use affected his schoolwork, he was still able to manage a B average. Moreover, although he was suspended for smoking marijuana in the bathroom, it was only one time and it did not have a negative enough impact to be considered a failure to fulfill a role obligation.

The assessment of item A.8 (use in situations where hazardous) illustrates the common situation in which the subject downplays the impact of substance use on his ability to drive safely. In this case, the subject denies that it affected his coordination or concentration and that when he was high he “drove around pretty fine.” It was only when the interviewer presented a hypothetical situation of someone running in front of his car that he admitted he would not be as responsive as he would have been had he not used marijuana and that it was thus theoretically more dangerous to be driving when he was high.

Panic Disorder

Note that the interviewer did not ask the subject whether he was using any medications, taking drugs, or was ill during this time. This is because those questions had already been asked during the assessment of whether his depressive symptoms during his sophomore year were due to a substance or a medical condition. Technically, the interviewer should have asked specifically about caffeine use because that was not asked during the depression assessment.

Agoraphobia

The subject reported two periods of avoidance of multiple situations: one period during his sophomore year which occurred when he was having panic attacks, and the second when he was acutely psychotic and thought people were after him. The interviewer decided to focus on the first episode because that type of avoidance more closely conforms to Agoraphobia (i.e., avoidance due to fears of developing symptoms vs. avoidance due to fears of an external threat). Although his avoidance pattern meets symptom criteria for Agoraphobia, the past diagnosis is not given because the interviewer judged that his symptoms did not cause clinically significant impairment or distress. The subject reported that he was able to cope with this fear, that it did not keep him from going anywhere or socializing with his friends, and that he was not particularly bothered by it. Although there is the possibility that his recollection of the intensity of his distress has attenuated over time, unless reports from an informant indicate otherwise, the diagnosis cannot be given.

Specific Phobia

Even though fear of closed places certainly qualifies as a phobic stimulus, suggesting the need to do a full assessment of the criteria for Specific Phobia, the interviewer decided not to proceed with the assessment of Specific Phobia because he established from the outset that criterion G (“the disturbance is not better explained by the symptoms of another mental disorder,” in this case Agoraphobia) would not have been met.

Scoresheet

SOFAS: 68. Even though he is currently functioning pretty well both socially and occupationally, given that he needs to work a part-time rather than a full-time job because of his fragility, his SOFAS should not be scored higher than 70.

Diagnostic Summary

Schizophrenia and Other Psychotic Disorders

Schizoaffective Disorder	Lifetime, not current
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Substance Use Disorders

Alcohol	Lifetime, not current
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Cannabis	Lifetime, not current
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Anxiety Disorders

Panic Disorder	Lifetime, not current
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