ANXIETY SPECTRUM-1 INTERPRETATION GUIDE

Determining Clinical Relevance

The Anxiety Spectrum-1 is designed to be a single or double panel DSM/ICD conforming tool for assessing and treating both general anxiety and related anxiety disorders.

- Like the ***Dashometrics*** Depression Spectrum-1, the top half of the first panel is oriented toward DSM/ICD diagnostic criteria but with added features that help clinicians differentiate depression symptoms from anxiety symptoms. This is done through the response items on the top section that are given “circle which” options (for example, it allows distinction between sleeping too little or sleeping too much).

- The first question allows respondents to also circle and identify specific Autonomic Nervous System symptoms that are arranged in a progressive scale. This allows clinicians to get a sense of the intensity of client/patient’s anxiety and their susceptibility to panic attacks. (There is a later question specifically related to panic attacks, but this item can also be used to corroborate responses and help clarify what “panic attack” means.)

- While the first five questions of the top section are biological/autonomic, the final two items on the top section identify “mental” activities or states. Worry almost always implies that respondents know what is stimulating their anxiety response, even though they are sometimes confused between what worry is (mental activity) and what anxiety is (autonomic/biological). The sense of dread question suggests that affirmative respondents “know” something is wrong but are unable to understand what the stimulus is. (Please see intervention guide for further discussion of this concept.)

- It is up to clinicians to decide whether responses to this section technically qualify for diagnosis of general anxiety disorder. It is worth remembering client/patients will have very different response styles and this is one reason it is not necessarily relevant to focus on total score on this section as being diagnostic of disordered anxiety.

- The second section of the first page has two purposes. First, it allows identification of anxiety manifestations or sub-forms that are predictive of functioning difficulty and/or may suggest the need for additional intervention. They are meant to “red-flag” or cue but not technically diagnose these sub-forms. In order these items cue for PTSD, obsessive thinking, compulsive action, social anxiety, agoraphobia and panic attacks. The second purpose is to create another way to assess clinical relevance. Higher scores on these questions almost always suggest that general anxiety is higher and clinically relevant. Furthermore, higher scores in this section tend to be very predictive of parties with more persistent and function limiting anxiety that will require long term treatment.

- The final box item on the bottom allows client/patients to disclose they have secrets without revealing the content of them per se. The content and structure of secrets is almost always a significant part of the client/patients’ anxiety stimulus field and this question allows a clinician to explain to some client/patients that they will have to work on this area to successfully reduce their anxiety.

While the second page of the Anxiety Spectrum-1 is more relevant to intervention and is covered in more detail in the Intervention Guide, it is also meant to be solution suggestive. It is often true that just by having the stimulus structure of their anxiety more visible and better understood, many parties will spontaneously begin to productively work on the generating/stimulating conditions.

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