Anxiety-Depression Assessment - Confidential Report

Name: Ms. Jane Elizabeth Smith
Age: 43 Sex : Female
Date of Birth: 01/30/1977
Ethnicity/Race: Other

Last 4 Digits of SSN: 1234
Education: High School
Marital Status: Married
Date Scored: 0**1/02/2020**

Anxiety-Depression Assessment (ADA) results are confidential and should be working hypotheses. No decision should be based solely upon ADA results.

INTRODUCTION

Anxiety-Depression Assessment (ADA) scales (domains) include: Truthfulness, Depression, Self-Esteem, Generalized Anxiety Disorder, Social Anxiety, Agoraphobia, Specific Phobia, and Panic Attack (Disorder). Excluding the Truthfulness Scale, each of the remaining seven scales (disorders) are symptomatic of anxiety and/or depression when their scale scores are elevated (in the problem and severe problem range).

TRUTHFULNESS SCALE

Ms. Smith's Truthfulness Scale score is in the **problem** range, which means all of *her* Anxiety-Depression Assessment (ADA) scale (or domain) scores were truth-corrected to insure their accuracy. Problem risk scorers are defensive and guarded regarding self-disclosure. For background, when the ADA Truthfulness Scale score is in the problem range, all ADA scale scores are automatically truth-corrected with a procedure similar to that used in the MMP, which is the most widely used personality test in the U.S. **ADA truth-correction only takes place when the Truthfulness Scale score is in the problem range. Although denial and problem minimization are present, truth-corrected scale scores are accurate.** In summary, *Ms. Smith's* ADA scale (domain) scores are truth-corrected to insure their accuracy.

Attained Scale (Domain) Risk Classification

Scale	Risk Range	Risk Classification
Truthfulness	70th to 89 percentile	**Problem**
Depression	40th to 69th percentile	Moderate
Self-Esteem	5th to 39th percentile	Low
Generalized Anxiety	40th to 69 percentile	Moderate
Social Anxiety	90 to 100th percentile	**Severe**
Agoraphobia	5th to 39th percentile	Low
Specific Phobia	5th to 39 percentile	Low
Panic Attack	5th to 39th percentile	Low

NOTE: Scale score in the Problem and Severe Problem range are highlighted in bold print.

ATTAINED SCALE SCORES

Each Anxiety-Depression Assessment (ADA) attained scale score is represented and discussed. "Level of care" recommendations are matched to attained scale score severity.

Depression Scale

Ms. Smith's Depression Scale score is in the **moderate** (40 to 69th percentile) range. Moderate risk depressions can usually be treated successfully either with psychotherapy (individual or group) or prescribed medication. *Mrs. Baumeister* may want to manage *her* depression with holistic approaches involving education, nutrition, aerobic exercise, adequate sleep and mutual help support groups. Without treatment *Mrs. Baumeister's* depression may worsen. Recommendations: **Outpatient psychotherapy (individual or group) alone or medication (antidepressants) alone.** Other effective psychotherapies include cognitive behavior therapy, interpersonal therapy, dialectical behavior therapy and acceptance-commitment therapy. *Ms. Smith's* moderate depression warrants consideration of outpatient psychotherapy.

ADA RESPONSES

1- 138 TTFFTFTTFT FFFFFFFTFT TFTTFFTTTF TTTFFFTTTF FTTFFTFTTF FFTFTTFFFT TTFFTTFFFT FFFFFTTTTF TFFTFTTTTF TFFTFTFT44 5533322222 3233233323 2222322223 33222321

Self-Esteem Scale

Ms. Smith's Self-Esteem Scale answers place her in the **low or mild** risk range. Low risk scorers normally do not have low self-esteem issues. For background, in adulthood self-esteem can be impaired by sudden life changes like ending an intimate relationship, employment problems, financial reversals, and a host of other events that give us cause to question our value and worth. Treatment sessions often address issues like low self-esteem, while helping individuals develop a stronger sense of self. Therapy can help patients become more confident, self-aware, assertive and competent. And low self-esteem often co-occurs with anxiety, depression and suicidal ideation. That said, Ms. Smith's has positive self-esteem, consequently no self-esteem recommendations are offered.

Generalized Anxiety Scale

Ms. Smith's Generalized Anxiety Scale score is in the **moderate** risk range. Moderate risk scorers manifest some anxiety symptoms, but a pattern of excessive anxiety in normal everyday symptoms is lacking. Her Generalized Anxiety Scale meets the moderate risk classification criteria. For background, there are many good articles and books on "anxiety reduction" that are available in libraries and over the Internet. A "brief intervention" might be considered as a preventive strategy. Brief interventions involve 15 to 30 minutes of direct face-to-face staff-patient discussion. Brief interventions often serve as a wake-up call. Sometimes straight talk helps. Getting back to the basics: adequate sleep, proper diet, regular exercise and continued socialization also help reduce anxiety. Left untreated anxiety disorders can worsen and become debilitating.

Social Anxiety Scale

Ms. Smith's Anxiety-Depression Assessment (ADA) answers indicate that she has **severe** social anxiety, which is characterized by intense fear or anxiety of social situations in which she may be embarrassed, humiliated or negatively judged. Her social anxieties and avoidance behaviors are so severe, they likely interfere with her normal daily routine (social, interpersonal, occupational, and recreational). Left untreated, Ms. Smith's social anxiety disorder will likely become even more debilitating. Cognitive behavioral therapy (CBT) should be considered on an initially individual and later on a group basis. Depression and other anxiety disorders are often co-occurring. Ms. Smith has a serious social anxiety disorder that requires prompt clinical attention.

Agoraphobia Scale

Ms. Smith's Agoraphobia Scale answers place *her* in the **low** risk (zero to 39th percentile) range. Low risk scorers do not have agoraphobic anxieties or concerns. *Ms. Smith* is not agoraphobic. For background, agoraphobia is an anxiety disorder in which an individual fears and avoids situations that might cause them to feel trapped, helpless, anxious or embarrassed. Common co-occurring disorders include other anxiety disorders (e.g., panic), depression and impaired self-esteem or self-worth. People that feel a lot of anxiety in two or more of the following situations are likely agoraphobic: crowds, standing in line, in public places, traveling alone or being away from home and alone. That said, on the Agoraphobia Scale *Ms. Smith* scored in the low risk range, which means *she* is not agoraphobic.

Specific Phobia Scale

Ms. Smith's Specific Phobia Scale answers place her in the **low** risk (zero to 39th percentile) range. Low risk scorers do not have phobias, consequently no phobia-related recommendations are offered. For background, to meet the phobia diagnostic criteria the fear and anxiety that is evoked must be intense, distressing or severe. Phobic objects (e.g., snakes) or situations (e.g., flying) elicit immediate and intense fear and anxiety. Co-occurring anxieties, other specific phobias and depression are common. Several psychotherapies effectively treat phobic disorders and these include exposure therapy (systematic or in vivo desensitization), cognitive behavior therapy (CBT), dialectical behavior therapy (DBT) and interpersonal therapy (IPT). Lest we forget, Ms. Smith does not have a specific phobia.

Panic Attack Scale

Ms. Smith's Panic Disorder (Attack) Scale answers place her in the **low or mild** risk range. Low risk scorers typically do not have panic attacks. For background, panic disorders or recurrent, unexpected panic attacks often co-occur with other anxiety disorders and depression. And panic attacks have been linked to

higher rates of suicide attempts (DSM-5, 2013). It is also noted in DSM-5 that panic attacks are not "mental disorders," yet, they can occur along with any anxiety disorder and depression. That said, Ms. Smith does not experience panic attacks, consequently no panic attack recommendations are offered.

SUICIDE

Suicide takes the lives of nearly 40,000 Americans every year. The strongest suicide risk factor is depression. However, according to several recent research studies, anxiety is also a strong suicide risk factor. *Ms. Smith* admitted to the following Anxiety-Depression Assessment (ADA) suicide-related questions: 90-t; 96-t; 132-1, 2, 3, 4, 5; 135-1, 2, 3, 4, 5; 136-3. Although most anxious and depressed patients do not kill themselves, untreated anxiety and depression can heighten a patient's suicide risk. In other words, anxiety and depression should not be taken lightly. Roughly 80 percent of suicidal attempters have anxiety, depression and substance abuse problems. Therefore, elevated anxiety and depression scale scores warrant thorough assessment.

SIGNIFICANT ITEMS: Are direct admissions and/or unusual answers that can give rise to additional insight, awareness and understanding.

Generalized Anxiety: 4-t; 31-t; 37-t; 42-t; 53-t; 57-t; 71-t; 73-t; 84-t; 89-t; 8-t; 13-t; 22-t; 27-t; 24-t.
Social Anxiety: 3-t; 5-t; 17-t; 23-t; 38-t; 58-t; 66-t; 72-t; 32-t; 43-t; 48-t.
Agoraphobia: 9-t; 11-t; 15-t; 18-t; 25-t; 34-t; 45-t; 50-t; 55-t; 60-t; 68-t; 77-t; 91-t; 101-t; 100-t; 65-t.
Specific Phobia: 69-t; 82-t; 92-t; 6-t; 20-t; 29-t; 35-t; 40-t; 63-t.
Panic Attack: 75-t; 81-t; 88-t; 47-t; 51-t; 62-t.
Depression: 2-t; 10-t; 14-t; 33-t; 69-t; 54-t; 85-t; 86-t; 97-t; 15-t; 24-t; 28-t; 44-t; 49-t; 59-t; 61-t; 90-t.
Suicide Ideation: *No Items Selected

BOTH ANXIETY & DEPRESSION

Ms. Smith's Anxiety-Depression Assessment (ADA) answers demonstrate that *she* has both an elevated (problem and severe problem) Anxiety Scale and Depression Scale score. It is not uncommon for someone with an anxiety disorder to also suffer from depression (or vice versa). Nearly half of the people diagnosed with depression also have an anxiety disorder. *Ms. Smith* should understand that both disorders (depression and anxiety) are treatable, separately or concurrently. Rates of comorbidity in anxiety and depression disorders are very high, yet the range of comorbid anxiety and depression is often diverse. It has also been shown that people with severe anxiety and depression often have heightened suicide risk.

CHECKLIST

135.	136.	137.	138.
1. ☐ Suicidal thoughts	1. ☐ Depression.	1. ☐ Accelerated heart.	1. ☐ Chest pain/discomfort.
2. ☐ A suicide plan	2. ☐ Poor self-esteem.	2. ☐ Excessive sweating.	2. ☐ Nausea or vomiting.
3. ☐ Suicidal intentions	3. ☐ Suicidal intentions.	3. ☐ Trembling/shaking.	3. ☐ Light headed/faint.
4. ☐ Suicidal intentions	4. ☐ Generalized anxiety.	4. ☐ Shortness of breath.	4. ☐ Chills/heat sensations.
5. ☐ All of the above	5. ☐ All of the above.	5. ☐ Choking sensations.	5. ☐ Fear of losing control.
6.☐ None of the above	6. ☐ None of the above.	6. ☐ None of the above.	6. ☐ None of the above.

OBSERVATIONS/RECOMMENDATIONS ____

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STAFF MEMBER SIGNATURE DATE