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Example Cheat-Sheet for Diagnostic Evaluations

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Rating Anxiety and Depression Symptom Levels

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Example Diagnosis

The client's primary diagnosis (F41.1) Generalized anxiety disorder with panic attacks. In the past 6 months the client has experienced the following symptoms: anxiety/worry, difficulty controlling the worry, anger/irritability , sleep disturbance and difficulty concentrating. The client's secondary diagnosis is (F33.1) Major depressive disorder, recurrent and moderate. In the past 2 weeks the client has experienced the following symptoms: increased appetite, weight gain, feelings of worthlessness, fatigue/low energy, depressed mood, and diminished ability to think or concentrate, and diminished interest in activities. This is a recurrent episode.

Example Impact on Functioning

Depressive and anxious symptoms are currently impacting the client socially, cognitively, behaviorally, and physically. The client has gained weight and experienced an increased appetite. The client has diabetes and weight gain contributes to the worsening of that condition. The client has no interest in being as social as she formerly was, this has led to a decrease in her social connectedness. Client feels isolated and alone and her friendships have been affected. The client experiences irritability/anger which also affects her relationships. The client has unprocessed grief around her fathers death, which increases her anxiety symptoms. The client experiences intrusive and obsessive thoughts about the future which leads to frequent sleep disturbance. The client feels as if "she will never be happy again." Client has been using alcohol to cope with her symptoms.

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Example Treatment plan for initial sessions

Goal: Treat Generalized Anxiety Disorder

Objective: Reduce symptoms of anxiety that are impacting functioning

Interventions: Intake assessment, develop a genogram, diagnostic assessment, relational history gathering, supportive reflection, develop treatment plan goals.

CBT methods; help client begin to understand situations that trigger anxiety, automatic thoughts identification, identification of cognitive distortions, cognitive reframing, cognitive challenging, assignment of thought records, **(this might change based on clinician's treatment modality and eliciting questions of what interventions they would plan to use)**

Frequency: Weekly individual psychotherapy

Goal: Treat Major Depression Disorder, recurrent, moderate

Objective Reduce depressive symptoms that are impacting functioning.

Interventions: Intake assessment, develop a genogram, diagnostic assessment, relational history gathering, supportive reflection, develop treatment plan goals.

CBT methods; Begin helping client learn the connection among cognition, depressive feelings, and actions, assign activity scheduling, assign behavioral activation **(this might change based on clinician's treatment modality and eliciting questions of what interventions they would plan to use)**

Frequency: Weekly individual psychotherapy

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Example Progress Note

The client presented to the initial diagnostic session with clinically significant anxious and depressive symptoms.

Diagnosis of Generalized Anxiety Disorder was endorsed by symptoms of excessive worry, uncontrollable worry, restlessness, fatigue, and muscle tension.

Diagnosis of Major Depressive Disorder, recurrent, moderate was endorsed by symptoms of depressed mood, diminished interest in activities, sleep disturbance, sleeplessness, suicidal thoughts, fatigue, and feelings of worthlessness.

Client and therapist centered session around the client taking time to finish intake forms, intake assessment, client's history and background, client's current symptoms and how they are impacting functioning, marital history, and medical and mental health history.

Clinician intervened through conducting an intake assessment, conducting a diagnostic assessment, relational history gathering, supportive reflection, and developing treatment plan goals.

Client was receptive to interventions as evidenced by (or was not receptive) level of engagement, receptiveness to feedback, and questions asked.

Plans for future sessions include ongoing assessment and development of treatment goals.

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What is a Mental Status Exam?

Mental status examination in the USA or mental status examination in the rest of the world, abbreviated MSE, is an important part of the clinical assessment process in behavioral health practice.

A mental status exam is a structured way of observing and describing a patient's current state of mind, under the domains of: " An examiner needs to train themselves so that their examinations are consistent over time and as objective as possible" (The Elements and Import of Mental Status Examination, 2007, Deutsch). The purpose is for you to develop a comprehensive cross-sectional description of the patient's mental state, which when combined with biographical and historical information in their behavioral health history allows clinicians to make accurate diagnosis and formulation, which are required for coherent treatment planning.

Appearance (dress, cleanliness, posture eye contact)	**Thought Process** (goal directed, circumstantial goal directed)
Attitude (demeanor, hostile, agitated, relaxed)	**Thought Content** (unremarkable days events)
Behavior/Motoric (hyperactive, slow vegetative)	**Perception** (hallucinations, paranoia)
Mood and Affect (happy, anxious, sad, bright, congruent)	**Cognition** (above average, low delays)
Speech (speed, rhythm volume)	**Insight and Judgement** (Limited, age appropriate)

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Medication & Compliance Status/ Substance Use

Client reported currently taking and being prescribed “Zoloft, Bupropion and Effexor for depression and anxiety”. **Therapists will monitor compliance and impact and refer to prescribing providers as needed.**

Client reported in the initial assessment questionnaire drinking socially (4+ alcoholic drinks). Client answered 2/4 questions "yes" in the CAGE-AID assessment. **Therapist will monitor utility and impact, continue to assess, and develop treatment plan goals if needed.**

Risk Assessment & Intervention

Example Crisis, Risk Assessment, & Intervention Presentation
https://docs.google.com/presentation/d/12umP_kJrT_-EhlkXe7wNJ94k-LDMEnB3gzuZkKEpH3w/edit?usp=sharing

Example Crisis, Risk Assessment, & Intervention Presentation
https://docs.google.com/presentation/d/1Dna6uR2PyEXWSi83DCZjvjlv4DaqidpC5l1aD-omgKo/edit?usp=sharing

Assessment Tools

- **Initial Assessments**: This is a more contextual assessment and questionnaire that your clients complete. This questionnaire gives you context, history, and identity. For example, questions that are asked are taking into account your identity, what the client's goals are, past history with therapy, current medication prescriptions, hospitalization history, additional symptoms, suicidal ideation, and substance use. This assessment tool should be reviewed in detail to understand the client's presenting problems and symptomology.
- **PHQ-9:**

  https://www.hiv.uw.edu/page/mental-health-screening/phq-9
    - This assessment tool helps you understand depressive level symptoms in the last two weeks. In addition, in question #9 it evaluates suicidal ideation presentation. This assessment tool interpretation of scoring divides it into severity of depressive symptoms; [0-4] none -minimal, [5-9] mild, [10-14] moderate, [15-19] moderately severe, [20-27] severe.
    - Another, important question to look out for is the suicidal ideation presence in question #9 to assess level of risk.
- **GAD-7**

  :https://www.hiv.uw.edu/page/mental-health-screening/gad-7
    - This assessment tool helps you understand anxious level symptoms in the last two weeks. This assessment tool interpretation of scoring divides it into severity of anxious symptoms; [0-4] minimal anxiety , [5-9] mild anxiety, [10-14] moderate anxiety , [15 +] severe anxiety.
- **CAGE**:

  https://www.hopkinsmedicine.org/johns_hopkins_healthcare/downloads/all_plans/CAGE%20Substance%20Screening%20Tool.pdf

    - With this tool, you are assessing the relationship the client has with substances. The scoring item responses are scored for 0 for “no” and 1 for “yes” answers , with a higher score being an indication of substance use problem. A total score of two or greater is considered clinically significant. The normal cutoff for the CAGE is two positive answers.
- **SBQ-R**: You can have clinicians https://youthsuicideprevention.nebraska.edu/wp-content/uploads/2019/09/SBQ-R.pdf
    - The SBQ score range is 3-18. You would make an interpretation of the level of risk for suicide according to scoring if it is “none”, “mild”, “moderate”, “severe”. This is important for you to note if you do identify a risk level that there should be follow-up surrounding intervention.
- **ACE:** https://www.npr.org/sections/health-shots/2015/03/02/387007941/take-the-ace-quiz-and-learn-what-it-does-and-doesnt-mean
    - ACE scores are important for you to review to remain in a trauma-informed lens with your client. This questionnaire tells you about adverse events that could be impacting your client’s mental health, health, and level of functioning. When conceptualizing cases, we frequently return to these questionnaires to understand .

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DSM-V Specifiers for Depressive Symptoms (p.188)

Specifiers for Depressive Disorders

Specify if:

With anxious distress: Anxious distress is defined as the presence of at least two of the following symptoms during the majority of days of a major depressive episode or persistent depressive disorder (dysthymia):

1. Feeling keyed up or tense.
2. Feeling unusually restless.
3. Difficulty concentrating because of worry.
4. Fear that something awful may happen.
5. Feeling that the individual might lose control of himself or herself.

Specify current severity:

Mild: Two symptoms.
Moderate: Three symptoms.
Moderate-severe: Four or five symptoms.
Severe: Four or five symptoms and with motor agitation.

Note: Anxious distress has been noted as a prominent feature of both bipolar and major depressive disorder in both primary care and specialty mental health settings. High levels of anxiety have been associated with higher suicide risk, longer duration of illness, and greater likelihood of treatment nonresponse. As a result, it is clinically useful to specify accurately the presence and severity levels of anxious distress for treatment planning and monitoring of response to treatment.

With mixed features:

A. At least three of the following manic/hypomanic symptoms are present nearly every day during the majority of days of a major depressive episode:
   1. Elevated, expansive mood.
   2. Inflated self-esteem or grandiosity.
   3. More talkative than usual or pressure to keep talking.
   4. Flight of ideas or subjective experience that thoughts are racing.
   5. Increase in energy or goal-directed activity (either socially, at work or school, or sexually).

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Video Resources and Links

- Intake Questionnaire https://roamerstherapy.com/wp-content/uploads/2022/07/RoamersTherapy-IntakeQuestionnaire.pdf
- ACE https://roamerstherapy.com/wp-content/uploads/2022/07/ACE.pdf
- CAGE-AID https://roamerstherapy.com/wp-content/uploads/2021/06/CAGEAID.pdf
- GAD -7 https://roamerstherapy.com/wp-content/uploads/2021/06/GAD-7_English.pdf
- PHQ-9 https://roamerstherapy.com/wp-content/uploads/2021/06/PHQ-9_English.pdf
- SBQ https://roamerstherapy.com/wp-content/uploads/2021/06/SBQ.pdf
- The Diagnostic and Statistical Manual of Mental Disorders (DSM-V)
- International Statistical Classification of Diseases and Related Health Problems (ICD-10)
- Progress Notes Video Tutorial - can also be found on Employee Resources Page
    - Slides
- Intake Assessment Video Tutorial - can also be found on Employee Resources Page
    - Intake Appointment Script and the Initial Assessments
    - Couples Intake Appointment and Initial Assessments
- Risk Assessments
    - Supervisor On-Call & Crisis Management Protocol
    - Pre-Licensed Clinician Crisis Management Protocol
    - Suicide & Homicide Risk Assessments
    - Additional Suicidal Ideation Risk Assessment Guide
    - Video tutorial - can also be found on Employee Resources Page