

Screening Questions for Anxiety Disorders

PANIC DISORDER

Panic disorder is very common (4.7 percent lifetime prevalence; National Comorbidity Survey; R. C. Kessler, Berglund, Demler, Jin, & Walters, 2005), and many clients will often be well aware that they are having panic attacks. In a higher-functioning population, you can often simply ask these questions:

- *Have you ever had a panic attack?*
- *What sensations were you having physically and emotionally during the attack?*

Or you can ask a more descriptive question:

- *Have you ever had a brief period when you felt intensely fearful or distressed? What was that like?*

Keep a copy of the latest edition of the Diagnostic and Statistical Manual of Mental Disorders (American Psychiatric Association, 2000) handy and follow up with asking about specific panic symptoms until you have a complete description of the client's experience during the panic attack and you can make a diagnosis if warranted. Check to see if the client has developed agoraphobia as well:

- *Have you been feeling fearful of being in certain locations outside your home? What locations make you fearful?*

Typical fears include going outside at all, being in a crowd, being on public transportation, or being in any confined space.

SOCIAL PHOBIA

Social phobia is very common (12.1 percent lifetime prevalence; National Comorbidity Survey; R. C. Kessler et al., 2005). Again, clients are often aware that

they have problems in this area, although they may not be aware that it is classified as a mental illness. Here is a screening question for social phobia:

- *Are you worried about certain social situations? Tell me more about that.*

If the client answers yes, ask for a description of the experience and ask sufficient follow-up questions to make a diagnosis. This question is general enough that other worries will be elicited, so you will need to be careful about making a diagnosis. *Be aware that many people consider social phobia to be over-diagnosed; alternative conceptualizations to consider include: shyness, introverted temperament, need for social skills training, and cultural differences.*

SPECIFIC PHOBIA

Specific phobias are among the most common mental illnesses (12.5 percent lifetime prevalence; National Comorbidity Survey; R. C. Kessler et al., 2005), and most people are aware of any phobias that they may have. In many cases, they do not have a significant negative impact on a person's life, but it can be helpful at times to know if your client does have a phobia. Here is a screening question you can use:

- *Are there any particular situations or events that make you very fearful, like heights, spiders, being in an airplane, and so on?*

OBSESSIVE-COMPULSIVE DISORDER

Obsessive-compulsive disorder (OCD) is a less common anxiety disorder (1.6 percent lifetime prevalence; National Comorbidity Survey; R. C. Kessler et al., 2005). Some clients are aware that they have OCD, while others are not. Thus, it is helpful to ask behaviorally based screening questions. To have a diagnosis of OCD, the client can have either obsessions, compulsions, or both. Here is a screening question for obsessions:

- *Have you been bothered by distressing thoughts that you can't get out of your head? What were those thoughts?*

It can sometimes be difficult to tell the difference between rumination and obsessive thoughts—however, the client with obsessive thoughts will experience them as intrusive—whereas clients who ruminate often hold the (irrational) belief that continuing to ruminate is somehow helpful, and they perceive the ruminative thoughts as *egosytonic* (consistent with their self-conception) rather than intrusive.

Here is a screening question for compulsive behaviors (and mental acts):

- *Do you ever feel driven to repeat certain things over and over such as checking the stove, hand washing, counting, or other activities?*

Be aware that some clients with posttraumatic stress disorder will repeatedly check doors and windows to be sure that they are locked. If this is the only compulsive behavior that the client has and if there are no obsessions, the checking could be due to hypervigilance instead of OCD.

GENERALIZED ANXIETY DISORDER

Generalized anxiety disorder (GAD) is very common (5.7 percent lifetime prevalence; National Comorbidity Survey; R. C. Kessler et al., 2005). Here are some screening questions:

- *Have you been feeling anxious or nervous? Do you have a lot of worries?*
- *How much is that bothering you? How long has that been going on?*

Duration should be at least 6 months for GAD diagnosis. If the client indicates that anxiety and worry is a significant problem, follow up with asking about more specific GAD symptoms.

REFERENCES

- American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders* (4th ed., text revision). Washington, DC: Author.
- Kessler, R. C., Berglund, P., Demler, O., Jin, R. & Walters, E. E. (2005). Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication. *Archives of General Psychiatry*, 62, 593–602.

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