

# Decision Tool Anxiety Disorders (DTAD)

Name of patient:

Date:

Name of clinician:

1. Have there been any unsuccessful treatments in specialized mental healthcare for the primary diagnoses?

yes  
 no

**Comment**

2. Are there any social factors contributing to the anxiety disorder that are hard to influence?

yes  
 no

Note: Also think of low education, unemployment, little or no support system, and a dysfunctioning family system.

3. Does the patient exhibit severe psychosocial dysfunctioning that interferes with the anxiety, OCD, or PTSD treatment?

yes  
 no

- Note:
- GAF $\leq$ 50 or WHODAS $\geq$ 130 is an indication of severe dysfunctioning.
- There is interference if the degree of psychosocial dysfunctioning complicates the clinical presentation of the primary diagnosis, or the treatment of the primary diagnosis.

4. Does the patient have a disadaptive coping style that interferes with the anxiety, OCD, or PTSD treatment?

yes  
 no

Note: Think of low motivation, lack of compensating individual characteristics, and a low level of perceived self-efficacy.

5. Does the patient have at least one diagnosed comorbid psychiatric disorder that interferes with the anxiety, OCD, or PTSD treatment?

yes  
 no

- Note:
- Also think of personality disorders, development disorders, addiction, and intellectual disabilities.
  - There is interference if the diagnosed comorbid disorder complicates the clinical presentation of the primary diagnosis, or the treatment of the primary diagnosis.

6. Does the patient have a severe anxiety disorder, OCD, or PTSD?

yes  
 no

- Note: besides a clinical impression of severity does the patient score high on one of the following measures:
- General measures: SCL-90 high or very high in comparison to a normative sample of outpatients; BSI high or very high in comparison to a normative sample of outpatients.
  - Anxiety disorder: BAI  $\geq$ 26.
  - OCD: Y-BOCS  $\geq$ 24; diminished/no sense of reality.
  - PTSD: CAPS-5 average item score  $>$ 3; PCL-5 average item score  $>$ 3; DSM-5 severe.

7. Does the patient have acute suicidal ideation and/or self-destructive behaviour?

yes  
 no

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8. In case of OCD, are there 2 or more subtypes present?

Examples of OCD subtypes are:

- Compulsive washing
- Compulsive checking
- Compulsive hoarding
- Obsession with symmetry, ordering/arranging, or counting
- Aggressive, religious, or sexual intrusion

- yes
- no
- no OCD

Comment

## Total amount of positive (=yes) scores $\geq 4$ ?

Yes → indicated for highly specialized care on the basis of the DTAD

No → not indicated for highly specialized care on the basis of the DTAD

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