

The Depression Spectrum-1 can be used as either a single panel or double panel DSM/ICD compatible depression assessment.

- ▶ The general depression section is oriented around the APA DSM-V criteria for depression. For the careful clinical user, the “Circle Which” criterion can offer valuable information to discriminate between symptoms grouped together under the DSM depression symptom categories (for example, it encourages differentiation between eating too much or too little). Some would argue this helps discriminate between depression and anxiety based symptoms.
- ▶ The question on self-harm follows a natural progression on intensity level and suggests an easy follow up question to determine exactly where on that progression an affirmative respondent is (indifference about living through plan to suicide).
- ▶ Many clinicians who currently use the PHQ-9 may diagnose depression based on high scores more than exact compliance with DSM-5 criteria. While each user of the Depression Spectrum-1 must satisfy themselves as to how close they are to technically complying with the DSM diagnostic criteria, be careful attributing too much relevance to total score numbers as response styles are very different from one respondent to the next. At the very least, the score on the top sub-section should be considered along with the “level of difficulty” question at the bottom to establish clinical relevance of scores and symptoms.
- ▶ The first four items on the second sub-section are oriented toward identifying disturbances in initiative and action taking. Higher numbers in this section are predictive of persistent long term depression, qualities of learned helplessness and the need for a higher and more sustained level of intervention. These items are also meant to be solution-suggestive to both clients and clinicians (for example, “I feel like my life lacks a sense of purpose” suggests that client and clinician work on building life purpose).
- ▶ The final three items on the second sub-section are oriented toward identifying social considerations that affect treatment and recovery. These items are also meant to be solution suggestive. Higher scores on these three questions may also be predictive of higher risk for self-harm. **Where more intense responses are given on these three questions, it is important to focus immediate intervention in these areas to reduce the risk of self-harm.**
- ▶ The first three questions on the Supplement are designed to give high yield treatment information and suggestions. They are also designed to help clients and patients begin the process of identifying feelings and actions necessary for their own recovery.
- ▶ The three graphical profiles have three primary purposes. The first is to help clinicians and client/patients understand trends over time. The second is to have all concerned see the inevitable connections between these trends and major external events in the lives of client/patients. This is often an invaluable insight into better understanding and gaining power over depression. Finally, for those focusing on potential bi-polar diagnosis, wave forms can help rule in or rule out forms of bi-polar mood disorders.