

Australian Mental Health Outcomes and Classification Network

Training Vignettes Child and Adolescent

January 2005



AMHOCN



A joint Australian, State and
Territory Government Initiative

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1. Child and Adolescent Vignettes

Tim Admission

Tim is a 4 year old boy referred by the local child protection agency following reports that he is at risk of harm. Neighbours have raised concerns that, in the last couple of weeks, Tim is being verbally abused and hit by his mother and her boyfriend. They also say that he has been having severe tantrums. Child Protection has previously investigated a report that Tim is neglected and wanders the area unsupervised. Tim is a small child, unkempt, active and poorly focussed in play. His mother feels he has “ADHD” and finds his behaviour increasingly difficult to manage. When Tim was 2 years old, his mother took him to early child hood services because he was having tantrums and very oppositional. At this time, she failed to complete a behaviour management program she was encouraged to attend. Around this time, Tim’s GP noticed that Tim had delayed language development and fine motor skills; his language skills remain below what is expected. Tim’s mother admits that she has resorted to hitting him. Tim’s behaviour has been deteriorating over the last six months since the birth of his sister. Tim’s mother sees him as ‘jealous’ and says that he pinches the baby and says he “hates” her. Tim has prolonged tantrums and sometimes hits and scratches himself, especially when his mother drops him off at preschool. Tim finds games and sharing difficult and he tends to become over-excited. He is easily frustrated and finds waiting very difficult. Tim is easily angered and has been increasingly aggressive towards other children. During playtime at preschool he has had to be stopped from kicking and pulling the hair of other children. As a result of his behaviour, and his refusal to use the toilet instead defecating in play areas, he has recently been asked not to attend preschool and in the past had been asked not to attend day care. He is a poor sleeper and, at his mother’s request, the local GP has prescribed 0.25 micrograms of Clonidine at night. Although Tim’s mother is not satisfied that this medication is effective and he requires something more or different, preschool teachers indicate Tim has been drowsy in the morning but becomes much more active in the afternoon. Tim is a fussy eater, eating irregularly and ‘hoarding’ food. He requires significant prompting to wash and dress. He is unable to tie his own shoelaces.

Tim has erratic contact with his biological father (Dave), who left when Tim was four months old. His mother has had a series of brief relationships until becoming involved with her current boy friend 2 years ago. Tim is very close to his grandmother who often cares for him. However, recently she has stopped visiting because she dislikes Tim’s mother’s current boyfriend and his aggressive behaviour. Tim’s mother admits to previous problems with alcohol and substance use but denies regular use currently. She describes her boyfriend as having ‘temper’ problems because of his use of amphetamines. There is no indication of substance use in relation to Tim. Tim’s mother and boyfriend have a chaotic relationship and separate frequently. Tim refuses to sleep in his own bed.

Tim’s mother completes the SDQ.

Tim's Mothers SDQ on Admission

Instructions: For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain. Please give your answers on the basis of your child's behaviour over the last six months.

Strengths and Difficulties Questionnaire		Not True	Somewhat True	Certainly True
1.	Considerate of other people's feelings	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Restless, overactive, cannot stay still for long	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.	Often complains of headaches, stomach-aches or sickness	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Shares readily with other children, for example toys, treats, pencils	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5.	Often loses temper	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6.	Rather solitary, prefers to play alone	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7.	Generally well behaved, usually does what adults request	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Many worries or often seems worried	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	Helpful if someone is hurt, upset or feeling ill	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	Constantly fidgeting or squirming	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11.	Has at least one good friend	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.	Often fights with other children or bullies them	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13.	Often unhappy, depressed or tearful	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
14.	Generally liked by other children	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.	Easily distracted, concentration wanders	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
16.	Nervous or clingy in new situations, easily loses confidence	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
17.	Kind to younger children	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18.	Often lies or cheats	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19.	Picked on or bullied by other children	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
20.	Often volunteers to help others (parents, teachers, other children)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21.	Thinks things out before acting	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22.	Steals from home, school or elsewhere	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23.	Gets along better with adults than with other children	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
24.	Many fears, easily scared	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25.	Good attention span, sees chores or homework through to the end	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please turn over – there are a few more questions on the other side

Do you have any other comments or concerns?

Over the last six months, have your child's teachers complained of:	No	A Little	A Lot
36. Fidgetiness, restlessness or overactivity	<input type="radio"/>	<input type="radio"/>	<input checked="" type="checkbox"/>
37. Poor concentration or being easily distracted	<input type="radio"/>	<input type="radio"/>	<input checked="" type="checkbox"/>
38. Acting without thinking, frequently butting in, or not waiting for his or her turn	<input type="radio"/>	<input type="radio"/>	<input checked="" type="checkbox"/>

	No	Yes – minor difficulties	Yes – definite difficulties	Yes – severe difficulties
26 Overall, do you think that your child has difficulties in any of the following areas: emotions, concentration, behaviour or being able to get along with other people?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="checkbox"/>

If you have answered "Yes", please answer the following questions about these difficulties:

	Less than a month	1-5 months	6-12 months	Over a year
27 How long have these difficulties been present?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="checkbox"/>

	Not at all	A little	A medium amount	A great deal
28 Do the difficulties upset or distress your child?	<input checked="" type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do the difficulties interfere with your child's everyday life in the following areas?				
29. HOME LIFE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="checkbox"/>
30. FRIENDSHIPS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="checkbox"/>
31. CLASSROOM LEARNING	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="checkbox"/>
32. LEISURE ACTIVITIES	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="checkbox"/>
33 Do the difficulties put a burden on you or the family as a whole?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="checkbox"/>

Signature _____ Date _____

Mother/Father/Other (please specify): _____

Thank you very much for your help.

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Tim Admission Consensus Ratings

Scale	Recommended Rating	Rationale
1. Problems with disruptive, antisocial or aggressive behaviour	4	Tim is oppositional, he has been kicking and pulling the hair of other children at preschool.
2. Problems with over-activity, attention or concentration	3	Problems with attention and concentration noted, mother indicates that Tim will not sit still.
3. Non-accidental self-injury	2	During his tantrums, Tim sometimes scratches himself. This is a clinically significant problem for someone of Tim's age.
4. Problems with alcohol, substance or solvent misuse	0	No indication problems with alcohol, substance or solvent use.
5. Problems with scholastic or language skills	3	Vocabulary and word use below expected on the basis of mental age.
6. Physical illness or disability problems	1	There is some suggestion that Tim is drowsy in the morning and this may be a side effect of the medication he has been prescribed to help him sleep. Medication side effects are captured on scale 6 and a rating of 1 is appropriate.
7. Problems associated with hallucinations, delusions or abnormal perceptions	0	No indication of perceptual abnormalities.
8. Problems with non-organic somatic symptoms	3	Tim is a poor sleeper and has required medication to improve his sleep. This is rated as a moderate problem.
9. Problems with emotional and related symptoms	2	Tim gets very distressed when his mother drops him off at pre-school indicating a mild degree of anxiety.
10. Problems with peer relationships	3	Tim does not interact well with others at pre-school, he becomes frustrated with others and does not share indicating the need for a moderate rating.
11. Problems with self-care and independence	3	Requires significant prompting to undertake simple self care activities. He is unable to tie his own shoelaces.
12. Problems with family life and relationships	4	Significant difficulties in relationship with siblings and poor relationship with mother and her boyfriend prompt the highest rating.
13. Poor school attendance	4	Asked no to attend preschool due to behaviour and toileting issues prompt the highest rating.
14. Problems with knowledge or understanding about the nature of the child or adolescent's difficulties (in the previous two weeks)	4	Severe problems, mother has no understanding of cause of Tim's difficulties.
15. Problems with lack of information about services or management of the child or adolescent's difficulties	3	Mother has limited understanding of management of Tim's behaviour.

CGAS	Recommended Rating	Rationale
	45	Frequent episodes of aggressive behaviour; lack of appropriate social skills such as sharing; limited appropriate social interaction with siblings or others.

Casemix Measures

Principle Diagnosis	Not collected at this point
Mental Health Legal Status	Not collected at this point

Tim Review 3 months later

Tim is currently in the care of his grandmother awaiting an assessment by Child Protection Services of his home situation. When you visit, you notice that he seems clingy and anxious with his grandmother. She reports that he is still fidgety and distractible and requires a lot of help, "I have to keep reminding him to do everything and finish what he starts". His grandmother indicates that he still has temper tantrums but they are less frequent or as intense. Tim's grandmother is not as distressed by these tantrums and is able to set behavioural limits. She says that she hasn't seen him scratch himself at all.

Tim has returned to preschool. He is still easily frustrated and can be aggressive during play and as a result tends to play by himself. Although he is using the toilet appropriately, he continues to be oppositional and is described by teachers as a "real handful". Teachers indicate that his vocabulary is limited and this makes it difficult for him to keep up with some activities in class. Given the morning drowsiness, Tim's GP ceased the Clonidine. Although Tim continues to have some difficulty sleeping, Tim's grandmother thinks he is better "once you get him in a routine". Tim's mother continues to have difficulties with Tim and expects she always will.

Tim's Grandmother completes the SDQ

Tim's Grandmothers SDQ on Review

Instructions: For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain. Please give your answers on the basis of your child's behaviour **over the last month**.

Strengths and Difficulties Questionnaire		Not True	Somewhat True	Certainly True
1.	Considerate of other people's feelings	<input type="radio"/>	<input checked="" type="checkbox"/>	<input type="radio"/>
2.	Restless, overactive, cannot stay still for long	<input type="radio"/>	<input type="radio"/>	<input checked="" type="checkbox"/>
3.	Often complains of headaches, stomach-aches, or sickness	<input checked="" type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
4.	Shares readily with other children, for example toys, treats, pencils	<input type="radio"/>	<input type="radio"/>	<input checked="" type="checkbox"/>
5.	Often loses temper	<input type="radio"/>	<input type="radio"/>	<input checked="" type="checkbox"/>
6.	Rather solitary, prefers to play alone	<input type="radio"/>	<input checked="" type="checkbox"/>	<input type="radio"/>
7.	Generally well behaved, usually does what adults request	<input checked="" type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
8.	Many worries or often seems worried	<input checked="" type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
9.	Helpful if someone is hurt, upset or feeling ill	<input type="radio"/>	<input checked="" type="checkbox"/>	<input type="radio"/>
10.	Constantly fidgeting or squirming	<input type="radio"/>	<input type="radio"/>	<input checked="" type="checkbox"/>
11.	Has at least one good friend	<input checked="" type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
12.	Often fights with other children or bullies them	<input type="radio"/>	<input type="radio"/>	<input checked="" type="checkbox"/>
13.	Often unhappy, depressed or tearful	<input checked="" type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
14.	Generally liked by other children	<input checked="" type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
15.	Easily distracted, concentration wanders	<input type="radio"/>	<input type="radio"/>	<input checked="" type="checkbox"/>
16.	Nervous or clingy in new situations, easily loses confidence	<input type="radio"/>	<input checked="" type="checkbox"/>	<input type="radio"/>
17.	Kind to younger children	<input checked="" type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
18.	Often lies or cheats	<input checked="" type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
19.	Picked on or bullied by other children	<input checked="" type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
20.	Often volunteers to help others (parents, teachers, other children)	<input checked="" type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
21.	Thinks things out before acting	<input checked="" type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
22.	Steals from home, school or elsewhere	<input checked="" type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
23.	Gets along better with adults than with other children	<input type="radio"/>	<input checked="" type="checkbox"/>	<input type="radio"/>
24.	Many fears, easily scared	<input checked="" type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
25.	Good attention span, sees chores or homework through to the end	<input type="radio"/>	<input type="radio"/>	<input checked="" type="checkbox"/>

Please turn over – there are a few more questions on the other side

Do you have any other comments or concerns?

	Much worse	A bit worse	About the same	A bit better	Much better
34 Since coming to the service, are your child's problems:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="checkbox"/>	<input type="radio"/>

	Not at all	A little	A medium amount	A great deal
35 Has coming to the service been helpful in other ways e.g. providing information or making the problems more bearable?	<input type="radio"/>	<input type="radio"/>	<input checked="" type="checkbox"/>	<input type="radio"/>

	No	Yes – minor difficulties	Yes – definite difficulties	Yes – severe difficulties
26 Overall, do you think that your child has difficulties in any of the following areas: emotions, concentration, behaviour or being able to get along with other people?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="checkbox"/>

If you have answered "Yes", please answer the following questions about these difficulties:

	Not at all	A little	A medium amount	A great deal
28 Do the difficulties upset or distress your child?	<input type="radio"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
Do the difficulties interfere with your child's everyday life in the following areas?				
29. HOME LIFE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="checkbox"/>
30 FRIENDSHIPS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="checkbox"/>
31 CLASSROOM LEARNING	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="checkbox"/>
32. LEISURE ACTIVITIES	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="checkbox"/>
33 Do the difficulties put a burden on you or the family as a whole?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="checkbox"/>

Signature _____

Date _____

Mother/Father/Other (please specify): _____

Thank you very much for your help.

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Tim Review Consensus Ratings

Scale	Recommended Rating	Rationale
1. Problems with disruptive, antisocial or aggressive behaviour	3	Tim continues to experience temper tantrums but these are less severe and controlled by grandmother. Noted to be aggressive towards other children.
2. Problems with over-activity, attention or concentration	3	Difficulties with concentration and attention persist, continues to fidget and be very distractible.
3. Non-accidental self-injury	0	No indication of non-accidental self injury.
4. Problems with alcohol, substance or solvent misuse	0	No indication problems with alcohol, substance or solvent use.
5. Problems with scholastic or language skills	3	Teachers report some vocabulary difficulties which make it harder for Tim to keep up with some activities in class.
6. Physical illness or disability problems	0	No indication of problems associated with physical illness or disability. No drowsiness since medication has been ceased.
7. Problems associated with hallucinations, delusions or abnormal perceptions	0	No indication of perceptual abnormalities.
8. Problems with non-organic somatic symptoms	2	Tim continues to have difficulty sleeping although he is better given a routine.
9. Problems with emotional and related symptoms	2	Tim remains clingy and anxious with his grandmother.
10. Problems with peer relationships	3	Tim has problems interacting with other children at preschool and tends to play by himself.
11. Problems with self-care and independence	3	Tim's grandmother indicates that she has to remind him to do everything, so self care continues to be a problem even though toileting has improved.
12. Problems with family life and relationships	2	Family life has improved for Tim since staying with his grandmother, although Tim and his mother continue to have a poor relationship which warrants rating
13. Poor school attendance	0	Tim is attending preschool.
14. Problems with knowledge or understanding about the nature of the child or adolescent's difficulties (in the previous two weeks)	4	Mother has no understanding of cause of Tim's difficulties and always expects him to be a problem child.
15. Problems with lack of information about services or management of the child or adolescent's difficulties	2	Mother has a better understanding of the services available, attending a counsellor with Tim but is sceptical of the success of this endeavour.

CGAS	Recommended Rating	Rationale
	52	Limited ability to interact in appropriate social situations, these not always obvious to all who encounter Tim

Casemix Measures

Principle Diagnosis	F90 Hyperkinetic Disorder F91 Conduct Disorder F91.3 Oppositional Defiant Disorder
Mental Health Legal Status	Voluntary

Danny Admission

Danny is an 8 year old boy referred by his school counsellor at the local public school. He lives at home with his mother and father and younger sister. Danny has been increasingly worried about germs and his mother dying. He refuses to use public toilets, including those at school. His mother has noticed that he frequently washes his hands and has begun taking long showers at night after school. He refuses to take his school bag and books into the house because they are “dirty”. Although he knows that these thoughts are strange, he says he can’t do anything about it. Danny is described as a shy and quiet child but he is able to make friends at school. His teachers describe Danny as having good verbal skills but being around the average in terms of academic performance. Danny’s teacher reports a recent deterioration in the quality of his homework as well as his school work. Recently he has no longer been enjoying his friends’ company and prefers to stay at home watching TV or listening to the radio in his room. He becomes very anxious when his mother leaves the house - he becomes argumentative, throws tantrums, and occasionally kicks furniture. Last week, Danny had a tantrum when his mother indicated she needed to go shopping and during this tantrum he broke her favourite vase. When you meet with Danny and his mother, you notice that he sits very close to her and looks at her frequently seeking reassurance that his answers are correct. Danny’s mother appears anxious and often interrupts Danny’s answers. Danny’s mother describes Danny’s father as supportive but has little understanding of Danny’s problems and is sceptical that health services can do anything for Danny. Danny’s father’s employment requires frequent interstate travel. Danny has been complaining of frequent stomach aches and has missed about 5 days at school over the last two weeks. No medical cause for these stomach aches has been found after several visits to the GP. Danny’s mother was diagnosed with breast cancer three years ago. Treatment involved surgery and adjunctive radiation and chemotherapy. Although she has recovered well physically, she has had significant anxiety symptoms since the cancer diagnosis. She experiences intermittent panic attacks, and worries about her own health, her family’s well being, their finances, and many aspects of daily living. She denies any other family history of physical or mental illness. Danny’s mother indicates that she is unsure of cause of Danny’s difficulties but has a good understanding of the services available.

Danny’s mother completes the SDQ.

Danny's Mother's SDQ on Admission

Instructions: For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain. Please give your answers on the basis of your child's behaviour over the last six months.

Strengths and Difficulties Questionnaire		Not True	Somewhat True	Certainly True
1.	Considerate of other people's feelings	<input type="radio"/>	<input type="radio"/>	<input checked="" type="checkbox"/>
2.	Restless, overactive, cannot stay still for long	<input checked="" type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
3.	Often complains of headaches, stomach-aches or sickness	<input type="radio"/>	<input type="radio"/>	<input checked="" type="checkbox"/>
4.	Shares readily with other children, for example toys, treats, pencils	<input type="radio"/>	<input checked="" type="checkbox"/>	<input type="radio"/>
5.	Often loses temper	<input checked="" type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
6.	Rather solitary, prefers to play alone	<input type="radio"/>	<input checked="" type="checkbox"/>	<input type="radio"/>
7.	Generally well behaved, usually does what adults request	<input type="radio"/>	<input checked="" type="checkbox"/>	<input type="radio"/>
8.	Many worries or often seems worried	<input type="radio"/>	<input type="radio"/>	<input checked="" type="checkbox"/>
9.	Helpful if someone is hurt, upset or feeling ill	<input type="radio"/>	<input checked="" type="checkbox"/>	<input type="radio"/>
10.	Constantly fidgeting or squirming	<input checked="" type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
11.	Has at least one good friend	<input type="radio"/>	<input checked="" type="checkbox"/>	<input type="radio"/>
12.	Often fights with other children or bullies them	<input checked="" type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
13.	Often unhappy, depressed or tearful	<input type="radio"/>	<input checked="" type="checkbox"/>	<input type="radio"/>
14.	Generally liked by other children	<input type="radio"/>	<input checked="" type="checkbox"/>	<input type="radio"/>
15.	Easily distracted, concentration wanders	<input checked="" type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
16.	Nervous or clingy in new situations, easily loses confidence	<input type="radio"/>	<input type="radio"/>	<input checked="" type="checkbox"/>
17.	Kind to younger children	<input type="radio"/>	<input checked="" type="checkbox"/>	<input type="radio"/>
18.	Often lies or cheats	<input checked="" type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
19.	Picked on or bullied by other children	<input checked="" type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
20.	Often volunteers to help others (parents, teachers, other children)	<input type="radio"/>	<input checked="" type="checkbox"/>	<input type="radio"/>
21.	Thinks things out before acting	<input type="radio"/>	<input type="radio"/>	<input checked="" type="checkbox"/>
22.	Steals from home, school or elsewhere	<input checked="" type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
23.	Gets along better with adults than with other children	<input type="radio"/>	<input checked="" type="checkbox"/>	<input type="radio"/>
24.	Many fears, easily scared	<input type="radio"/>	<input type="radio"/>	<input checked="" type="checkbox"/>
25.	Good attention span, sees chores or homework through to the end	<input type="radio"/>	<input type="radio"/>	<input checked="" type="checkbox"/>

Please turn over – there are a few more questions on the other side

Do you have any other comments or concerns?

Over the last six months, have your child's teachers complained of:		No	A Little	A Lot
36.	Fidgetiness, restlessness or overactivity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37.	Poor concentration or being easily distracted	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38.	Acting without thinking, frequently butting in, or not waiting for his or her turn	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

		No	Yes – minor difficulties	Yes – definite difficulties	Yes – severe difficulties
26	Overall, do you think that your child has difficulties in any of the following areas: emotions, concentration, behaviour or being able to get along with other people?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

If you have answered "Yes", please answer the following questions about these difficulties:

		Less than a month	1-5 months	6-12 months	Over a year
27	How long have these difficulties been present?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

		Not at all	A little	A medium amount	A great deal
28	Do the difficulties upset or distress your child?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Do the difficulties interfere with your child's everyday life in the following areas?		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
29.	HOME LIFE	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
30.	FRIENDSHIPS	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
31.	CLASSROOM LEARNING	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32.	LEISURE ACTIVITIES	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
33	Do the difficulties put a burden on you or the family as a whole?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Signature _____ Date _____

Mother/Father/Other (please specify): _____

Thank you very much for your help.

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Danny Admission Consensus Ratings

Scale	Recommended Rating	Rationale
1. Problems with disruptive, antisocial or aggressive behaviour	2	Danny becomes argumentative, throws tantrums, and occasionally kicks furniture when his mother leaves the house and last week broke her favourite vase. However, there is no evidence of antisocial behaviour or vandalism and therefore warrants the rating of 2.
2. Problems with over-activity, attention or concentration	0	No indication of problems with attention and concentration, with Danny being capable of staying at home and watching TV for long periods.
3. Non-accidental self-injury	0	No indication non accidental self injury.
4. Problems with alcohol, substance or solvent misuse	0	No indication problems with alcohol, substance or solvent use.
5. Problems with scholastic or language skills	3	Impaired academic performance with a deterioration in the quality of homework and school work noted by teacher.
6. Physical illness or disability problems	0	No indication problems with physical illness and disability.
7. Problems associated with hallucinations, delusions or abnormal perceptions	0	No indication of problems with hallucinations, delusions or abnormal perceptions. Danny indicates that he recognises that his thoughts about germs are abnormal and therefore they can not be seen as delusional.
8. Problems with non-organic somatic symptoms	3	Severe stomach aches with no organic cause have impacted to a moderate degree on Danny's activities at both school and home.
9. Problems with emotional and related symptoms	4	Obsessional ideas are intrusive and uncontrollable and have impact on all areas of life. Will not bring school bag into the house or use toilets at school and has significant washing rituals.
10. Problems with peer relationships	3	Moderate problems with peer relationships with recent active withdrawal. However, Danny is able to make friends at school.
11. Problems with self-care and independence	0	No indication of problems with self care or independence. His inability to use the toilet has already been rated as the impact on his behaviour of his obsessional thinking.
12. Problems with family life and relationships	2	Mother interrupts and answers for Danny indicating mild but definite enmeshment problems. Danny's father is away and does not appear an active participant in family relationships.
13. Poor school attendance	3	Danny has refused to go to school several times during the last two weeks indicating a marked problem during the rating period.
14. Problems with knowledge or understanding about the nature of the child or adolescent's difficulties	3	Both mother and father indicate that they are unsure of the diagnosis, cause and prognosis of Danny's problems

(in the previous two weeks)		
15. Problems with lack of information about services or management of the child or adolescent's difficulties	0	No indication of problems accessing services - has made contact with GP and school counsellor to start and has now made contact with CAMHS.

CGAS	Recommended Rating	Rationale
	45	Moderate degree of impairment in most social areas, including school refusal, obsessive rituals.

Casemix Measures

Principle Diagnosis	Not collected at this point
Mental Health Legal Status	Not collected at this point

Danny Review 3 months later

Danny continues to experience stomach aches but these are not so severe that he refuses to attend school. He has not missed school in the past two weeks. He has been less distressed by thoughts of germs. Danny's mother and father are happy with Danny's progress and although Danny's father remains away for long periods and is sceptical, both parents are engaged with Danny's behavioural management program. Danny's teacher reports that Danny seems to be enjoying the company of his friends at school, however some lunch times he is occasionally seen alone. With prompting, Danny has begun to undertake more independent activities with these friends on the weekends such as going to the movies. Danny is able to undertake all self care activities. His school work has been improving with more regular school attendance and he scored 15 out of 20 in a recent test. Danny continues to hand wash and shower but this is not as frequent (two or three nights per week) or intensive, with him spending less time in the shower. Danny began arguing with his mother last week when she indicated she was about to go shopping but he settled with reassurance of her return.

Danny's Mother Completes the SDQ.

Danny's Mother's SDQ on Review

Instructions: For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain. Please give your answers on the basis of your child's behaviour **over the last month**.

Strengths and Difficulties Questionnaire		Not True	Somewhat True	Certainly True
1.	Considerate of other people's feelings	<input type="radio"/>	<input type="radio"/>	<input checked="" type="checkbox"/>
2.	Restless, overactive, cannot stay still for long	<input checked="" type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
3.	Often complains of headaches, stomach-aches, or sickness	<input type="radio"/>	<input checked="" type="checkbox"/>	<input type="radio"/>
4.	Shares readily with other children, for example toys, treats, pencils	<input type="radio"/>	<input type="radio"/>	<input checked="" type="checkbox"/>
5.	Often loses temper	<input type="radio"/>	<input checked="" type="checkbox"/>	<input type="radio"/>
6.	Rather solitary, prefers to play alone	<input type="radio"/>	<input checked="" type="checkbox"/>	<input type="radio"/>
7.	Generally well behaved, usually does what adults request	<input type="radio"/>	<input type="radio"/>	<input checked="" type="checkbox"/>
8.	Many worries or often seems worried	<input type="radio"/>	<input checked="" type="checkbox"/>	<input type="radio"/>
9.	Helpful if someone is hurt, upset or feeling ill	<input type="radio"/>	<input type="radio"/>	<input checked="" type="checkbox"/>
10.	Constantly fidgeting or squirming	<input checked="" type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
11.	Has at least one good friend	<input type="radio"/>	<input type="radio"/>	<input checked="" type="checkbox"/>
12.	Often fights with other children or bullies them	<input checked="" type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
13.	Often unhappy, depressed or tearful	<input checked="" type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
14.	Generally liked by other children	<input type="radio"/>	<input type="radio"/>	<input checked="" type="checkbox"/>
15.	Easily distracted, concentration wanders	<input checked="" type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
16.	Nervous or clingy in new situations, easily loses confidence	<input checked="" type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
17.	Kind to younger children	<input type="radio"/>	<input type="radio"/>	<input checked="" type="checkbox"/>
18.	Often lies or cheats	<input checked="" type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
19.	Picked on or bullied by other children	<input checked="" type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
20.	Often volunteers to help others (parents, teachers, other children)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="checkbox"/>
21.	Thinks things out before acting	<input type="radio"/>	<input type="radio"/>	<input checked="" type="checkbox"/>
22.	Steals from home, school or elsewhere	<input checked="" type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
23.	Gets along better with adults than with other children	<input type="radio"/>	<input checked="" type="checkbox"/>	<input type="radio"/>
24.	Many fears, easily scared	<input type="radio"/>	<input checked="" type="checkbox"/>	<input type="radio"/>
25.	Good attention span, sees chores or homework through to the end	<input type="radio"/>	<input type="radio"/>	<input checked="" type="checkbox"/>

Please turn over – there are a few more questions on the other side

Do you have any other comments or concerns?

	Much worse	A bit worse	About the same	A bit better	Much better
34 Since coming to the service, are your child's problems:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

	Not at all	A little	A medium amount	A great deal
35 Has coming to the service been helpful in other ways e.g. providing information or making the problems more bearable?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

	No	Yes – minor difficulties	Yes – definite difficulties	Yes – severe difficulties
26 Overall, do you think that your child has difficulties in any of the following areas: emotions, concentration, behaviour or being able to get along with other people?	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you have answered "Yes", please answer the following questions about these difficulties:

	Not at all	A little	A medium amount	A great deal
28 Do the difficulties upset or distress your child?	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do the difficulties interfere with your child's everyday life in the following areas?				
29. HOME LIFE	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
30 FRIENDSHIPS	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
31 CLASSROOM LEARNING	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
32. LEISURE ACTIVITIES	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
33 Do the difficulties put a burden on you or the family as a whole?	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

Signature _____

Date _____

Mother/Father/Other (please specify): _____

Thank you very much for your help.

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Danny Review Consensus Ratings

Scale	Recommended Rating	Rationale
1. Problems with disruptive, antisocial or aggressive behaviour	1	Danny's disruptive tantrum behaviour has not been as evident in the last two weeks, however the arguments with his mother when she was about to go shopping a week ago warrants a rating of a 1.
2. Problems with over-activity, attention or concentration	0	No indication of problems related to overactivity, attention or concentration.
3. Non-accidental self-injury	0	No indication of problems related to non-accidental self injury.
4. Problems with alcohol, substance or solvent misuse	0	No indication of problems related to alcohol, substance or solvent use.
5. Problems with scholastic or language skills	0	No indication of problems associated with language and scholastic skills. Recent test results indicate Danny is performing at or above his age norms.
6. Physical illness or disability problems	0	No indication of problems related to physical illness and disability.
7. Problems associated with hallucinations, delusions or abnormal perceptions	0	No indication of problems related to hallucinations, delusions or abnormal perceptions.
8. Problems with non-organic somatic symptoms	2	Danny continues to experience stomach aches which do restrict his activities but only to a mild degree but are not preoccupying.
9. Problems with emotional and related symptoms	2	Danny continues to experience obsessional thoughts about germs and, although these impact on his behaviour, he is able to dismiss them (indicated on the video).
10. Problems with peer relationships	1	Danny has been interacting with peers more recently however he continues to have some difficulty engaging with others at school.
11. Problems with self-care and independence	0	No indication of problems related to self care and independence.
12. Problems with family life and relationships	1	Father continues to be absent for significant periods and family relationships should be monitored.
13. Poor school attendance	0	No indication of problems related to school attendance.
14. Problems with knowledge or understanding about the nature of the child or adolescent's difficulties (in the previous two weeks)	1	Father's scepticism may be an indication of a lack of understanding of the nature of Danny's problems.
15. Problems with lack of information about services or management of the child or adolescent's difficulties	0	No problems related to lack of information on management

CGAS	Recommended Rating	Rationale
	68	Danny is generally functioning reasonably well, with difficulties in only one area and his problems are not immediately apparent.

FIHS Scale	Recommended Rating	Rationale
1	No	No indication of maltreatment.
2	No	Other negative life event in childhood – mother’s illness.
3	No	No indication problems related to upbringing.
4	Yes	No indication problems related to primary support group, including family circumstances: mother’s illness and father’s absence
5	No	No indication problems related to social environment.
6	No	No indication problems related to social environment.
7	No	No indication problems related to other psychosocial circumstances.

Casemix Measures

Principle Diagnosis	F42.2 Mixed obsessional thoughts and acts F93.0 Separation anxiety disorder of childhood
Mental Health Legal Status	Voluntary

Carmen Admission

Carmen is a 16 year old girl with a longstanding conflict with her parents, particularly her mother. Carmen's parents separated two years ago. Her father lives nearby and sees his children on the weekend. Carmen's mother is often critical and there are conflicts between Carmen and her mother about Carmen's academic achievement, drug taking with friends and staying out late. Carmen's school reports have been getting worse over the last year and Carmen failed her maths exam last week. Carmen has had interrupted sleep and poor appetite for the last three weeks. She says she has been feeling depressed all the time and has an overwhelming sense of hopelessness. Since last year she has had ideas about self harm. Carmen cites the ongoing conflict with her mother as the reason that she required sutures to deep lacerations she made to both wrists recently. Her mother thinks that she hangs around with the wrong kids at school. She says she doesn't know what to do with "the girl". Carmen has left her part time job at the local store. Carmen says she has a boyfriend (Jason) and hangs out with him and a group of friends regularly. Carmen admits using recreational drugs and has used ecstasy recently. She drinks alcohol with her friends on a regular basis. Carmen says she uses alcohol to "get over my mother". Although Carmen reports having a good relationship with her brother, she believes that he is her mother's favourite. Carmen had a very good relationship with her grandmother who died of cancer six months ago. Carmen has kept a secret that around the time of her grandmother's death, she was sexually abused by her uncle. Her General Practitioner recently prescribed Carmen Zoloft 50mgs daily.

Carmen and her mother both complete the SDQ.

Carmen's Mother's SDQ on Admission

Instructions: For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain. Please give your answers on the basis of your child's behaviour over the last six months.

Strengths and Difficulties Questionnaire		Not True	Somewhat True	Certainly True
1.	Considerate of other people's feelings	<input type="radio"/>	<input checked="" type="checkbox"/>	<input type="radio"/>
2.	Restless, overactive, cannot stay still for long	<input type="radio"/>	<input checked="" type="checkbox"/>	<input type="radio"/>
3.	Often complains of headaches, stomach-aches, or sickness	<input checked="" type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
4.	Shares readily with other young people, for example CDs, games, food	<input type="radio"/>	<input type="radio"/>	<input checked="" type="checkbox"/>
5.	Often loses temper	<input checked="" type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
6.	Would rather be alone than with other young people	<input checked="" type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
7.	Generally well behaved, usually does what adults request	<input checked="" type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
8.	Many worries or often seems worried	<input type="radio"/>	<input checked="" type="checkbox"/>	<input type="radio"/>
9.	Helpful if someone is hurt, upset or feeling ill	<input type="radio"/>	<input checked="" type="checkbox"/>	<input type="radio"/>
10.	Constantly fidgeting or squirming	<input checked="" type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
11.	Has at least one good friend	<input type="radio"/>	<input type="radio"/>	<input checked="" type="checkbox"/>
12.	Often fights with other young people or bullies them	<input checked="" type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
13.	Often unhappy, depressed or tearful	<input type="radio"/>	<input checked="" type="checkbox"/>	<input type="radio"/>
14.	Generally liked by other young people	<input type="radio"/>	<input type="radio"/>	<input checked="" type="checkbox"/>
15.	Easily distracted, concentration wanders	<input checked="" type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
16.	Nervous in new situations, easily loses confidence	<input checked="" type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
17.	Kind to younger children	<input type="radio"/>	<input type="radio"/>	<input checked="" type="checkbox"/>
18.	Often lies or cheats	<input type="radio"/>	<input checked="" type="checkbox"/>	<input type="radio"/>
19.	Picked on or bullied by other young people	<input checked="" type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
20.	Often volunteers to help others (parents, teachers, children)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="checkbox"/>
21.	Thinks things out before acting	<input checked="" type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
22.	Steals from home, school or elsewhere	<input checked="" type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
23.	Gets along better with adults than with other young people	<input checked="" type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
24.	Many fears, easily scared	<input checked="" type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
25.	Good attention span, sees chores or homework through to the end	<input type="radio"/>	<input type="radio"/>	<input checked="" type="checkbox"/>

Please turn over – there are a few more questions on the other side

Do you have any other comments or concerns?

Over the last six months, have your child's teachers complained of:	No	A Little	A Lot
36. Fidgetiness, restlessness or overactivity	<input checked="" type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
37. Poor concentration or being easily distracted	<input checked="" type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
38. Acting without thinking, frequently butting in, or not waiting for his or her turn	<input checked="" type="checkbox"/>	<input type="radio"/>	<input type="radio"/>

	No	Yes – minor difficulties	Yes – definite difficulties	Yes – severe difficulties
26. Overall, do you think that your child has difficulties in any of the following areas: emotions, concentration, behaviour or being able to get along with other people?	<input type="radio"/>	<input type="radio"/>	<input checked="" type="checkbox"/>	<input type="radio"/>

If you have answered "Yes", please answer the following questions about these difficulties:

	Less than a month	1-5 months	6-12 months	Over a year
27. How long have these difficulties been present?	<input type="radio"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	<input type="radio"/>

	Not at all	A little	A medium amount	A great deal
28. Do the difficulties upset or distress your child?	<input type="radio"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
Do the difficulties interfere with your child's everyday life in the following areas?				
29. HOME LIFE	<input type="radio"/>	<input type="radio"/>	<input checked="" type="checkbox"/>	<input type="radio"/>
30. FRIENDSHIPS	<input checked="" type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31. CLASSROOM LEARNING	<input type="radio"/>	<input type="radio"/>	<input checked="" type="checkbox"/>	<input type="radio"/>
32. LEISURE ACTIVITIES	<input checked="" type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
33. Do the difficulties put a burden on you or the family as a whole?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="checkbox"/>

Signature _____ Date _____

Mother/Father/Other (please specify): _____

Thank you very much for your help.

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Carmen's SDQ on Admission

Instructions: For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain. Please give your answers on the basis of how things have been for you **over the last six months**.

Strengths and Difficulties Questionnaire		Not True	Somewhat True	Certainly True
1.	I try to be nice to other people. I care about their feelings	<input type="radio"/>	<input type="radio"/>	<input checked="" type="checkbox"/>
2.	I am restless, I cannot stay still for long	<input type="radio"/>	<input checked="" type="checkbox"/>	<input type="radio"/>
3.	I get a lot of headaches, stomach-aches, or sickness	<input checked="" type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
4.	I usually share with others, for example CDs, games, food	<input type="radio"/>	<input type="radio"/>	<input checked="" type="checkbox"/>
5.	I get very angry and often lose my temper	<input checked="" type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
6.	I would rather be alone than with people of my age	<input checked="" type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
7.	I usually do as I am told	<input type="radio"/>	<input type="radio"/>	<input checked="" type="checkbox"/>
8.	I worry a lot	<input type="radio"/>	<input checked="" type="checkbox"/>	<input type="radio"/>
9.	I am helpful if someone is hurt, upset or feeling ill	<input type="radio"/>	<input type="radio"/>	<input checked="" type="checkbox"/>
10.	I am constantly fidgeting or squirming	<input checked="" type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
11.	I have one good friend or more	<input type="radio"/>	<input type="radio"/>	<input checked="" type="checkbox"/>
12.	I fight a lot. I can make other people do what I want	<input checked="" type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
13.	I am often unhappy, depressed or tearful	<input type="radio"/>	<input type="radio"/>	<input checked="" type="checkbox"/>
14.	Other people my age generally like me	<input type="radio"/>	<input type="radio"/>	<input checked="" type="checkbox"/>
15.	I am easily distracted, I find it difficult to concentrate	<input checked="" type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
16.	I am nervous in new situations. I easily lose confidence	<input type="radio"/>	<input checked="" type="checkbox"/>	<input type="radio"/>
17.	I am kind to younger children	<input type="radio"/>	<input type="radio"/>	<input checked="" type="checkbox"/>
18.	I am often accused of lying or cheating	<input checked="" type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
19.	Other children or young people pick on me or bully me	<input checked="" type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
20.	I often volunteer to help others (parents, teachers, children)	<input type="radio"/>	<input checked="" type="checkbox"/>	<input type="radio"/>
21.	I think before I do things	<input type="radio"/>	<input type="radio"/>	<input checked="" type="checkbox"/>
22.	I take things that are not mine from home, school or elsewhere	<input checked="" type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
23.	I get along better with adults than with people my own age	<input checked="" type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
24.	I have many fears, I am easily scared	<input type="radio"/>	<input checked="" type="checkbox"/>	<input type="radio"/>
25.	I finish the work I'm doing. My attention is good	<input type="radio"/>	<input type="radio"/>	<input checked="" type="checkbox"/>

Please turn over – there are a few more questions on the other side

Do you have any other comments or concerns?

	No	A Little	A Lot
39. Does your family complain about you having problems with overactivity or poor concentration?	<input type="radio"/>	<input checked="" type="checkbox"/>	<input type="radio"/>
40. Do your teachers complain about you having problems with overactivity or poor concentration?	<input checked="" type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
41. Does your family complain about you being awkward or troublesome?	<input type="radio"/>	<input type="radio"/>	<input checked="" type="checkbox"/>
42. Do your teachers complain about you being awkward or troublesome?	<input checked="" type="checkbox"/>	<input type="radio"/>	<input type="radio"/>

	No	Yes – minor difficulties	Yes – definite difficulties	Yes – severe difficulties
26. Overall, do you think that you have difficulties in any of the following areas: emotions, concentration, behaviour or being able to get along with other people?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="checkbox"/>

If you have answered “Yes”, please answer the following questions about these difficulties:

	Less than a month	1-5 months	6-12 months	Over a year
27. How long have these difficulties been present?	<input type="radio"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	<input type="radio"/>

	Not at all	A little	A medium amount	A great deal
28. Do the difficulties upset or distress you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="checkbox"/>
Do the difficulties interfere with your everyday life in the following areas?				
29. HOME LIFE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="checkbox"/>
30. FRIENDSHIPS	<input checked="" type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31. CLASSROOM LEARNING	<input type="radio"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
32. LEISURE ACTIVITIES	<input checked="" type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
33. Do the difficulties make it harder for those around you (family, friends, teachers, etc.)?	<input type="radio"/>	<input type="radio"/>	<input checked="" type="checkbox"/>	<input type="radio"/>

Your Signature _____ Today's Date _____

Thank you very much for your help.

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Carmen Admission Consensus Ratings

Scale	Recommended Rating	Rationale
1. Problems with disruptive, antisocial or aggressive behaviour	0	No indication problems associated with disruptive, antisocial or aggressive behaviour.
2. Problems with over-activity, attention or concentration	0	No indication of problems associated with overactivity, attention or concentration.
3. Non-accidental self-injury	4	Serious attempt at self harm requiring sutures to deep lacerations to both wrists.
4. Problems with alcohol, substance or solvent misuse	3	Carmen's recent use of drugs and alcohol is a cause for concern and warrants a rating of at least a mild problem.
5. Problems with scholastic or language skills	2	Recent decline in school performance is noted. Scholastic decline is rated in relation to the level expected based on past performance.
6. Physical illness or disability problems	0	No indication of problems related to physical illness and disability. There is no evidence that Carmen's sutures on her wrists are restricting motion
7. Problems associated with hallucinations, delusions or abnormal perceptions	0	No indication of problems related to hallucinations, delusions or abnormal perceptions
8. Problems with non-organic somatic symptoms	2	Carmen has had interrupted sleep which warrants rating.
9. Problems with emotional and related symptoms	4	Describes feeling depressed with an overwhelming sense of hopelessness.
10. Problems with peer relationships	0	No indication of problems related to peer relationships.
11. Problems with self-care and independence	0	No indication of problems related to self care and independence.
12. Problems with family life and relationships	4	Difficulties relating between Carmen and her mother have resulted in Carmen feeling victimised and warrant the highest rating.
13. Poor school attendance	0	No indication of problems related to poor school attendance.
14. Problems with knowledge or understanding about the nature of the child or adolescent's difficulties (in the previous two weeks)	3	Mother appears to have little understanding of the cause of Carmen's current difficulties.
15. Problems with lack of information about services or management of the child or adolescent's difficulties	3	Carmen's mother seems unsure of management of Carmen's current difficulties.

CGAS	Recommended Rating	Rationale
	55	Carmen is able to function in some contexts (friends) but not others (family). This variability in functioning would not be apparent to others unless they encountered Carmen during a time of stress.

Casemix Measures

Principle Diagnosis	Not collected at this point
Mental Health Legal Status	Not collected at this point

Carmen Review

Carmen's mood has lifted and she no longer has thoughts of self-harm. Her sleep and appetite have improved and there has been some improvement in her relationship with her mother. Although her mother is less persistent with her demands on Carmen, Carmen indicates that her mother can still "give me a hard time". She continues to live at home with mother and brother and sees her father on weekends. Her relationship with her boyfriend Jason continues and, although her drug and alcohol use has decreased, she acknowledges occasional intoxication. Carmen maintains good self care and independence. She continues to attend school regularly and there has been a gradual improvement in her academic performance, however it remains below what is expected of her given her past performance.

Carmen and her Mother both complete the SDQ.

Carmen's Mother's SDQ on Review

Instructions: For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain. Please give your answers on the basis of your child's behaviour over the last month.

Strengths and Difficulties Questionnaire		Not True	Somewhat True	Certainly True
1.	Considerate of other people's feelings	<input type="radio"/>	<input type="radio"/>	<input checked="" type="checkbox"/>
2.	Restless, overactive, cannot stay still for long	<input checked="" type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
3.	Often complains of headaches, stomach-aches, or sickness	<input checked="" type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
4.	Shares readily with other young people, for example CDs, games, food	<input type="radio"/>	<input type="radio"/>	<input checked="" type="checkbox"/>
5.	Often loses temper	<input checked="" type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
6.	Would rather be alone than with other young people	<input checked="" type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
7.	Generally well behaved, usually does what adults request	<input type="radio"/>	<input checked="" type="checkbox"/>	<input type="radio"/>
8.	Many worries or often seems worried	<input checked="" type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
9.	Helpful if someone is hurt, upset or feeling ill	<input type="radio"/>	<input type="radio"/>	<input checked="" type="checkbox"/>
10.	Constantly fidgeting or squirming	<input checked="" type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
11.	Has at least one good friend	<input type="radio"/>	<input type="radio"/>	<input checked="" type="checkbox"/>
12.	Often fights with other young people or bullies them	<input checked="" type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
13.	Often unhappy, depressed or tearful	<input type="radio"/>	<input checked="" type="checkbox"/>	<input type="radio"/>
14.	Generally liked by other young people	<input type="radio"/>	<input type="radio"/>	<input checked="" type="checkbox"/>
15.	Easily distracted, concentration wanders	<input checked="" type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
16.	Nervous in new situations, easily loses confidence	<input checked="" type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
17.	Kind to younger children	<input type="radio"/>	<input type="radio"/>	<input checked="" type="checkbox"/>
18.	Often lies or cheats	<input checked="" type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
19.	Picked on or bullied by other young people	<input checked="" type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
20.	Often volunteers to help others (parents, teachers, children)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="checkbox"/>
21.	Thinks things out before acting	<input type="radio"/>	<input type="radio"/>	<input checked="" type="checkbox"/>
22.	Steals from home, school or elsewhere	<input checked="" type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
23.	Gets along better with adults than with other young people	<input checked="" type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
24.	Many fears, easily scared	<input checked="" type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
25.	Good attention span, sees chores or homework through to the end	<input type="radio"/>	<input type="radio"/>	<input checked="" type="checkbox"/>

Please turn over – there are a few more questions on the other side

Do you have any other comments or concerns?

	Much worse	A bit worse	About the same	A bit better	Much better
34. Since coming to the service, are your child's problems:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

	Not at all	A little	A medium amount	A great deal
35. Has coming to the service been helpful in other ways e.g. providing information or making the problems more bearable?	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

	No	Yes – minor difficulties	Yes – definite difficulties	Yes – severe difficulties
26. Overall, do you think that your child has difficulties in any of the following areas: emotions, concentration, behaviour or being able to get along with other people?	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

If you have answered “Yes”, please answer the following questions about these difficulties:

	Not at all	A little	A medium amount	A great deal
28. Do the difficulties upset or distress your child?	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Do the difficulties interfere with your child's everyday life in the following areas?				
29. HOME LIFE	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
30. FRIENDSHIPS	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
31. CLASSROOM LEARNING	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
32. LEISURE ACTIVITIES	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
33. Do the difficulties put a burden on you or the family as a whole?	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

Signature _____

Date _____

Mother/Father/Other (please specify): _____

Thank you very much for your help.

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Carmen's SDQ on Review

Instructions: For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain. Please give your answers on the basis of how things have been for you **over the last month.**

Strengths and Difficulties Questionnaire		Not True	Somewhat True	Certainly True
1.	I try to be nice to other people. I care about their feelings	<input type="radio"/>	<input type="radio"/>	<input checked="" type="checkbox"/>
2.	I am restless, I cannot stay still for long	<input checked="" type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
3.	I get a lot of headaches, stomach-aches, or sickness	<input checked="" type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
4.	I usually share with others, for example CDs, games, food	<input type="radio"/>	<input type="radio"/>	<input checked="" type="checkbox"/>
5.	I get very angry and often lose my temper	<input checked="" type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
6.	I would rather be alone than with people of my age	<input checked="" type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
7.	I usually do as I am told	<input type="radio"/>	<input type="radio"/>	<input checked="" type="checkbox"/>
8.	I worry a lot	<input checked="" type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
9.	I am helpful if someone is hurt, upset or feeling ill	<input type="radio"/>	<input type="radio"/>	<input checked="" type="checkbox"/>
10.	I am constantly fidgeting or squirming	<input checked="" type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
11.	I have one good friend or more	<input type="radio"/>	<input type="radio"/>	<input checked="" type="checkbox"/>
12.	I fight a lot. I can make other people do what I want	<input checked="" type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
13.	I am often unhappy, depressed or tearful	<input type="radio"/>	<input checked="" type="checkbox"/>	<input type="radio"/>
14.	Other people my age generally like me	<input type="radio"/>	<input type="radio"/>	<input checked="" type="checkbox"/>
15.	I am easily distracted, I find it difficult to concentrate	<input checked="" type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
16.	I am nervous in new situations. I easily lose confidence	<input checked="" type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
17.	I am kind to younger children	<input type="radio"/>	<input type="radio"/>	<input checked="" type="checkbox"/>
18.	I am often accused of lying or cheating	<input checked="" type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
19.	Other children or young people pick on me or bully me	<input checked="" type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
20.	I often volunteer to help others (parents, teachers, children)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="checkbox"/>
21.	I think before I do things	<input type="radio"/>	<input type="radio"/>	<input checked="" type="checkbox"/>
22.	I take things that are not mine from home, school or elsewhere	<input checked="" type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
23.	I get along better with adults than with people my own age	<input checked="" type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
24.	I have many fears, I am easily scared	<input checked="" type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
25.	I finish the work I'm doing. My attention is good	<input type="radio"/>	<input type="radio"/>	<input checked="" type="checkbox"/>

Please turn over – there are a few more questions on the other side

SDQ (S) 11-17 FU SELF-REPORT MEASURE (1 of 2)

Do you have any other comments or concerns?

	Much worse	A bit worse	About the same	A bit better	Much better
34. Since coming to the service, are your problems:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

	Not at all	A little	A medium amount	A great deal
35. Has coming to the service been helpful in other ways e.g. providing information or making the problems more bearable?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

	No	Yes – minor difficulties	Yes – definite difficulties	Yes – severe difficulties
26. Overall, do you think that you have difficulties in any of the following areas: emotions, concentration, behaviour or being able to get along with other people?	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you have answered “Yes”, please answer the following questions about these difficulties:

	Not at all	A little	A medium amount	A great deal
28. Do the difficulties upset or distress you?	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do the difficulties interfere with your everyday life in the following areas?				
29. HOME LIFE	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
30. FRIENDSHIPS	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31. CLASSROOM LEARNING	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32. LEISURE ACTIVITIES	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
33. Do the difficulties make it harder for those around you (family, friends, teachers, etc.)?	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

Your Signature _____

Today's Date _____

Thank you very much for your help.

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Carmen Review Consensus Ratings

Scale	Recommended Rating	Rationale
1. Problems with disruptive, antisocial or aggressive behaviour	0	No indication problems associated with disruptive, antisocial or aggressive behaviour.
2. Problems with over-activity, attention or concentration	0	No indication of problems associated with overactivity, attention or concentration.
3. Non-accidental self-injury	0	No indication of thoughts of self harm.
4. Problems with alcohol, substance or solvent misuse	1	Carmen continues to use drugs and alcohol but this can be seen as minor drug or alcohol use within age norms.
5. Problems with scholastic or language skills	1	Carmen's school performance has improved, however it remains below her expected level based on past performance.
6. Physical illness or disability problems	0	No indication of problems related to physical illness and disability.
7. Problems associated with hallucinations, delusions or abnormal perceptions	0	No indication of problems related to hallucinations, delusions or abnormal perceptions.
8. Problems with non-organic somatic symptoms	0	No indication of non-organic somatic symptoms.
9. Problems with emotional and related symptoms	1	Occasional depressed mood in response to mothers demands.
10. Problems with peer relationships	0	No indication of problems related to peer relationships.
11. Problems with self-care and independence	0	No indication of problems related to self care and independence.
12. Problems with family life and relationships	2	Improvement in the relationship between Carmen and her mother is noted, however Carmen indicates that mother can "still give me a hard time".
13. Poor school attendance	0	No indication of problems related to poor school attendance.
14. Problems with knowledge or understanding about the nature of the child or adolescent's difficulties (in the previous two weeks)	0	Following discussion with therapist and priest, Carmen's mother has a better understanding of the cause of Carmen's current difficulties.
15. Problems with lack of information about services or management of the child or adolescent's difficulties	0	Carmen's mother and father have an understanding of available services

CGAS	Recommended Rating	Rationale
	75	Carmen has no more than slight impairments in functioning and emotional distress is usually in response to a well defined trigger. People who know Carmen well would not consider her deviant

FIHS Scale	Recommended Rating	Rationale
1	Yes	Carmen's mother's behaviour can be conceived as a form of psychological abuse. Past history of sexual abuse also indicates rating.
2	Yes	Loss of grandmother is the loss of a significant love relationship in childhood.
3	Yes	Mother's demands are seen as inappropriate parental pressure.
4	Yes	Disruption of family by separation.
5	Yes	Atypical parenting (divorced parents).
6	No	No indication problems related to certain psychosocial circumstances.
7	No	No indication problems related to other psychosocial circumstances.

Casemix Measures

Principal Diagnosis	F43.2 Adjustment disorder: Carmen is in crisis and feels unable to cope or continue the present situation with her mother and as a result has had feelings of depression and anxiety consistent with her personality style.
Mental Health Legal Status	Voluntary