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**Queensland  
Government**

**Child and Youth Mental Health Services  
Consumer Assessment**

Facility: Community CYMHS.....

(Affix identification label here)

URN:

Family name: Skywalker

Given name(s): Luke

Address:

Date of birth: 10/12/2001

Sex:  M  F  I

**Instruction: this assessment must include consideration of collateral information.**

**Treatment Status**

Mental Health Act (MHA) 2016 status:

- |   |   |  |
|---|---|--|
| <input checked="" type="checkbox"/> None                | <input type="checkbox"/> Person AWA (interstate)        | <input type="checkbox"/> Recommendation for assessment |
| <input type="checkbox"/> Forensic order (mental health) | <input type="checkbox"/> Classified (involuntary)       | <input type="checkbox"/> Treatment authority           |
| <input type="checkbox"/> Treatment support order        | <input type="checkbox"/> Examination/judicial order     | <input type="checkbox"/> Classified (voluntary)        |
| <input type="checkbox"/> Transfer recommendation        | <input type="checkbox"/> Forensic order (disability)    |  |
| <input type="checkbox"/> Examination authority          | <input type="checkbox"/> Forensic order (criminal code) |  |

Conditions of MHA order:

Other status:

**Reason for referral**

Information sources: Phone call with Virginia (Guidance Officer) on 17/4/2020; Phone call with Jenny (Mother) on 18/4/2020; interview with Luke 19/4/2020. Guidance Officer referred Luke to the Child and Youth Mental Health Service due to behavioural difficulties at school, including aggression and violence towards other students and concerns about anxiety and possible trauma. The Guidance Officer reported that her understanding was that this aggression and violence was quite serious. Luke reportedly punched a peer in the back of the head and kicked him twice in the stomach. Virginia stated he showed little remorse for his actions. Luke reportedly has a history of verbal and less serious physical aggression at school. Luke has also reportedly been hyper-vigilant and absconding from school. Guidance Officer also reported concerns about communication and empathy deficits.

**Psychosocial functioning**

- Consumer requires a functional assessment  Consumer requires a cognitive assessment

Luke's school reported him as capable of doing well with his school work; however, he was often distracted in the classroom setting, and he often interrupted other students. Jenny reported he had difficulties making and keeping friendships, and he tended towards doing things his way with limited capacity to negotiate with others.

Luke is currently experiencing nightmares and consequent sleep problems. She said he would often tease his younger sister and, if she did not conform to his requests, he would throw objects or hit her. Jenny stated he also demonstrated consistent aggressive behaviour towards her. Luke admitted to engaging in substance use, through experimenting with marijuana and consuming alcohol whilst living with his Uncle; and continuing alcohol use with friends intermittently since returning to live with his mother.

Luke currently lives with Jenny and Mindy (sister, 14 y.o. intellectually impaired).

**History of presenting problems**

Jenny reported that a year ago Luke was sent to live with his uncle for six months due to his increasing aggression and violence towards his mother and sister. Luke reportedly disclosed that, during this time, his uncle's friends would frequently come into the house and use illicit substances. Jenny reported that, on his return, Luke had slept poorly and would often experience sleep disturbances and wander the house at night. Luke currently reports often waking during the night and having frequent nightmares involving a man coming into the home to physically assault him.

Luke was opened to mental health services at the age of nine. Mental health assessments performed by the clinical team diagnosed Oppositional Defiant Disorder. They identified further evidence of anxiety that they believed Luke tried to manage with aggression and by controlling his environment. The clinical team queried ASD as a diagnosis, but ultimately conceptualised his presentation as a function of emotional neglect from family members/carers using illicit substances. Anti-anxiety medication was commenced. The effectiveness of this medication was difficult to establish, as Luke's compliance was inconsistent. Over the past six months, Luke's aggressive and violent behaviour has escalated, particularly towards his mother and his sister.

Additionally, Luke has received suspensions due to truancy, oppositional behaviour, and seeking revenge on peers (due to beliefs that others were staring at him). School reported an escalation in his anti-social behaviours over the previous three years; however, they said this behaviour had become more frequent in recent months. One incident was reported to be a premeditated violent attack in which Luke sought retribution two days after an altercation with a peer. Luke is currently on suspension for this incident, pending consideration of expulsion. Teachers also reported bullying and intimidating behaviours towards female peers and more vulnerable students.

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v6.00 - 11/2020



SW178

CYMHS - CONSUMER ASSESSMENT



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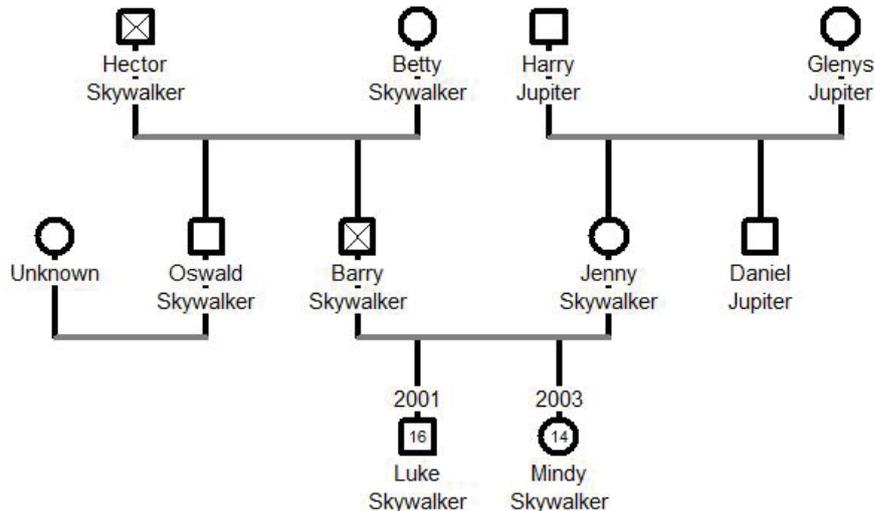
Given name(s): Luke

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Sex:  M  F  I

**Genogram**



**Family history**

Luke's mother, Jenny Skywalker, reported Luke's biological father, Barry Skywalker (deceased when Luke was three years of age), as having difficulties with alcohol use, and that he was emotionally abusive towards her. She said the paternal grandfather, Hector Skywalker, was emotionally and physically abusive towards Barry. Jenny said her parents lived in New South Wales, and she had occasional phone contact with them.

Jenny said she experienced sexual abuse from a member of her extended family as a teen and received some counselling for this. She said this had contributed to anxiety related problems and she had been prescribed psychopharmacological medication to assist in managing this. She denied current substance use difficulties; however, she disclosed that she and Barry had regularly consumed alcohol to excess. Jenny advised that upon Barry's death in a motor-vehicle accident, she had experienced further depression and financial difficulties, which had continued on and off since that time. Jenny said Luke's sister, Mindy (14 years old) had learning difficulties and intellectual impairment, and was in a special education unit at the same school as Luke.

**Developmental history**

Jenny Skywalker reported no birth complications with Luke. She said he would not settle well as an infant; however, he had met all major developmental milestones. She said he did not play well with other children from when he first attended preschool. He did have friends whom he would play with after school; however, these friendships tended to be brief and then a new friend would appear. Jenny reported assuming that Luke's friends moved on because Luke always wanted to have things his own way. She mentioned that there had been some incomplete investigations of ASD for Luke in the past, and said that she could also see how this might have led to his relatively brief friendships.

Jenny stated she had a mixed relationship with her brother, Daniel Jupiter, whom she described as having an outgoing personality, and 'he probably partied too much'. She said he would support her by doing various tasks if she asked him. Jenny reported that approximately 12 months ago, she sent Luke to live with Daniel due to her having difficulties managing Luke's behaviour at home. Luke lived with Daniel for approximately 6 months. Jenny disclosed that Luke had advised her that Daniel had a number of parties while Luke was living with him, and that Daniel's friends would often come into the home and use illicit substances. She also reported that, on his return home, Luke had slept poorly and would often experience nightmares, and she would find him wandering about the house during the night. Luke also reported that he often woke during the night, and he noted a reoccurring dream involving a man coming into his bedroom to assault him. Luke said he did not know the man in the dream. Jenny stated that she worried Luke had experienced something traumatic; however, he had always avoided discussing this in detail.

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**Current legal issues**

Luke had no criminal history. Jenny advised that her husband, Barry, had been convicted of some dishonesty offences. She stated a preschool teacher had made a notification of concern to the Department of Child Safety in relation to neglect; however, the department had taken no further action. Jenny reported she had not pressed police charges against Luke for any of his violent behaviour towards her or her daughter.

**Health related history including physical, mental health and alcohol and other drugs**

Consumer requires metabolic monitoring

Reported good food intake despite the family's financial difficulties.

Luke said he liked going to the gym at school.

**Pathology Investigations**

**Medical Imaging**

**Medications Ongoing**

Drug name (include prescribed and complementary medicine)	Duration of use	Dose and special directions (such as route/injection site)	Prescribed by
Nil current			

**Medications Ceased**

Drug name (include prescribed and complementary medicine)	Duration of use	Dose and special directions (such as route/injection site)	Reason Ceased

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**Mental state examination**

Tall for age, solid build. Casually dressed in shorts, t-shirt and thongs. Nil unusual psycho-motor behaviour. Remained seated. Poor eye contact. Speech was normal rate, and quietly spoken in monotone. Little prosody. Appeared angry upon initial meeting. Reported mood as 'average' and mostly 'fine'. Throughout interview, affect appeared superficial with little reactivity.

Thought stream coherent. No evidence of thought disorder. Not observed to be responding to any external stimuli and denied experiencing any historical or current hallucinations. No preoccupation or restricted interests. Some concrete thinking and difficulty with perspective taking evident. No delusional thoughts elicited. Denied thoughts of harm to himself or suicidal ideation, intention or planning behaviour. Denied thoughts of harm to others, but expressed attitudes that using aggressive behaviour to address a sense of injustice was warranted; and that violence for self-defence was permissible. Future oriented (e.g. attending the gym).

Poor judgement as demonstrated by Luke's continued use of aggression to manage difficult interpersonal situations. Luke stated that he did not like talking to others, and that he did not see a need to do so.

Luke appeared to have limited insight into his emotional processing and his behaviours, and he minimised his aggressive behaviours and violent attitudes. Luke was alert and appeared orientated to time, place and person. Although he often appeared disinterested in the subject matter of the interview, he was clearly attentive and able to maintain his focus on the discussion when motivated to do so.

**Substance use (WHO ASSIST v3.0)**

<b>Q1 ASK CONSUMER:</b> In your life, have you ever tried	No	Yes
a. Tobacco products (cigarettes, chewing tobacco, cigars, etc.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Alcoholic beverages (beer, wine, spirits, etc.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Cannabis (marijuana, pot, grass, hash, etc.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Cocaine (coke, crack, etc.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e. Amphetamine type stimulants (speed, base, ice, crystal, Shabu, MDMA, ecstasy, etc.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f. Inhalants (nitrous, glue, petrol, aerosols, paint thinner, etc.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Sedatives or sleeping pills (Valium, Serepax, Xanax, Rohypnol, etc.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i. Opioids (heroin, morphine, methadone, codeine, etc.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
j. Other (e.g. synthetics, steroids, etc.) specify:	<input checked="" type="checkbox"/>	<input type="checkbox"/>

If "No" to all items, continue to next section.

If "Yes" to any items above, ask Question 2 for each substance every used.

For repeat assessments, compare answers provided to previous screens. Any differences should be queried.

<b>Q2 ASK CONSUMER:</b> In the past three months, how often have you used (first drug, second drug, etc.)?	Never	Once or twice	Monthly	Weekly	Daily or almost daily
a. Tobacco products (cigarettes, chewing tobacco, cigars, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Alcoholic beverages (beer, wine, spirits, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Cannabis (marijuana, pot, grass, hash, etc.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Cocaine (coke, crack, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Amphetamine type stimulants (speed, base, ice, crystal, Shabu, MDMA, ecstasy, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Inhalants (nitrous, glue, petrol, aerosols, paint thinner, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Sedatives or sleeping pills (Valium, Serepax, Xanax, Rohypnol, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Opioids (heroin, morphine, methadone, codeine, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Other (e.g. synthetics, steroids, etc.) specify:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**If any substances in Q2 were used in the previous three months, a Child and Youth Substance and Addictive Behaviour Screen must be completed**

**Comments about substance and addictive behaviours**

Nil current need for specialized treatment for substance use.

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**Risk screen**                      **Y = yes**                      **N = no**                      **UK = unknown**

**Suicide**

Static factors	Y	N	UK	Dynamic factors	Y	N	UK
Previous attempt	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Suicidal thoughts	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Previous self-harm	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plan (consider detail of plan and access to means)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Exposure to suicide	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Loss of hope	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Stressful life events (mental disorder, physical illness/pain, unemployment, history of trauma, homelessness)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lack of social support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Future factors</b>	<b>Y</b>	<b>N</b>	<b>UK</b>				
Foreseeable stress/destabilising situations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

**Comments**

Luke was placed with his maternal uncle for six months due to behavioural difficulties in the family home, i.e. aggressive behaviour towards mother and sister. Suspected traumatic event during this placement - detail unknown. Disruptive and aggressive in school setting. Rejected by peers. Poor social and problem solving skills. Oppositional Defiant Disorder. Luke reportedly used to hit himself when upset when he was younger, but this behaviour has ceased for several years.

**Violence/aggression**

Static factors - history of:	Y	N	UK	Dynamic factors	Y	N	UK
Violent/aggressive behaviour	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Anger	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexually inappropriate behaviour	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Impulsivity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domestic/family violence	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Problematic substance use	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Criminal charges	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Problematic treatment adherence	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Problematic substance use	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Violent ideation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personality disorder/s	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pro-violence attitudes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other mental disorder/s	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Symptoms of psychosis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other problematic behaviour (e.g. fire setting, stalking, threats)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Carries weapon/ <b>access to firearm*</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Future factors</b>	<b>Y</b>	<b>N</b>	<b>UK</b>	Exhibits bullying behaviour	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foreseeable stress/destabilising situations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

\*Consider the need to notify the Weapons Licensing Branch

**Comments**

History of violent behaviour/bullying towards peers in school, and sister in family setting. Has assaulted mother and sister. Background includes exposure to domestic violence and neglect. Reported some experimentation with alcohol and marijuana and his attitude is supportive of violence. History of difficulty with perspective taking and empathy. Luke currently minimises the seriousness of past violent behaviour. He currently resides with sister and mother, who are ongoing victims. Luke attends the gym at school and has unstable and sporadic social relationships within the school environment. Luke appears advanced in pubertal development, and may be stronger than many same-aged peers. Recent incident involving physical assault of peer resulting in suspension, with possibility of expulsion.

**Vulnerability**

Static factors (history of)	Y	N	UK	Dynamic factors	Y	N	UK
Trauma/abuse	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Impaired decision making	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domestic/family violence	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sexually disinhibited	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Financial vulnerability	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Self neglect	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Cognitive impairment/disability	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	At risk of victimisation (incl. sexual)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lack of family support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Impaired interpersonal boundaries	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blood borne virus	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pregnant	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Future factors</b>	<b>Y</b>	<b>N</b>	<b>UK</b>	Recently incarcerated	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Foreseeable stress/destabilising situations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

**Comments**

Alleged neglect in childhood, suspected trauma (details unknown) and presenting as, hypervigilant, highly reactive, and with sleep disturbance. History of domestic violence within family as well as neglect. Likely disrupted attachment with mother. History of absconding and intermittent disengagement at school. Limited social and problem solving skills, empathy deficits and some evidence of concrete thinking. Predisposed to hostile attribution bias.

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Treatment non-adherence

Table with 3 columns: Y, N, UK. Rows include Static factors (Absconding, Previous breach of MHA orders, Medication non-compliance), Dynamic factors (Treatment refusal, Desire/intent to leave hospital, Missed medication), and Future factors (Foreseeable stress/destabilising situations).

Comments

Has repeatedly absconded from school to unknown locations.

Parental status and/or other carer responsibilities

Table with 2 columns: Y, N. Rows include questions about responsibility for children, contact with children, other carer responsibilities, and suspicion of harm/neglect.

\*If yes, contact Child Protection Liaison Officer to discuss Child Protection notification processes

Details of children and/or other dependents

Table with 4 columns: Full name, Relationship, Age/date of birth, Immediate care arrangements. Row 1: Mindy Skywalker, Sister, 14 years, Living with Luke and Jenny.

Protective factors

Mother wanting to support Luke. Some wider family support - Uncle willing to support, however concerns about Luke being exposed to illicit substance use and other unknown trauma while in his care. Luke likes attending school gymnasium. Luke's ongoing consent to treatment and previous compliance with mental health treatment.

Overall assessment of risk and plans to mitigate risk

Luke appears to be vulnerable to risk due to misadventure. Often absconds from school. Appears to misinterpret interpersonal situations. Specifically, Luke appears to frequently assume he is being rejected by others, or that others are hostile towards him. This frequently results in rejection and/or retributive behaviour from others.

Risk of violence seems linked to background neglect/attachment difficulties, unknown traumatic events, limited social and problem-solving skills and deficits in empathy and communication related to his underlying diagnoses. School reports recent serious violent incident on a background of a history of violence at home and school. Requires in-depth assessment and management plan.

Risk mitigation needs to focus on symptom management:

- 1. Psychiatric review to determine medication needs.
2. Discuss Tier 2 risk assessment with treating team.
3. Engage in continuing care to address trauma/attachment related issues.
4. Advocate for counselling support for mother and sister.
5. Refer for psychological intervention re. social skills training and problem-solving therapy.
6. Receive ongoing motivational interviewing and strengths based therapy re-engagement and attendance at school.

Overview/impression

Table with 3 columns: Y, N, UK. Rows include statements about risk level, uncertainty, and need for comprehensive assessment.

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**Formulation**

This is Luke's second episode with mental health services. He has a historic diagnosis of Oppositional Defiant Disorder, and ASD had been queried in the past. His predisposing factors include parental mental health difficulties, and exposure to antisocial environments (including neglect and abuse from family members using illicit substances). CIMHA records describe a history of aggressive behaviour precipitated by attachment difficulties, suspected trauma and ongoing neglect.

Luke's ongoing violent and antisocial behaviour is perpetuated by his deficits in social and problem-solving skills. His violence appears to be predominantly reactive to interpersonal conflict and thwarted attempts to control his environment. The combination of his emotional reactivity and poor emotion regulation also perpetuate violent behaviours. His reported lack of empathy also likely contributes to the intensity of his violence, through a failure to acknowledge pain in others. Further, he frequently absconds from school to unknown locations and places himself at risk of harm due to misadventure; as well as posing a risk of violence towards others by encountering ambiguous social situations (which are likely to be easily misinterpreted as hostile). Previous contact with mental health services included treatment for anxiety, however, response to medication was equivocal. Luke's protective factors include his mother's support for intervention and treatment, his previous engagement in treatment, and his interest in the school gym.

**Diagnoses and Principal Drug of Concern**

Primary MH diagnosis: Reaction to Severe Stress	ICD-10 Code: Unspecified F43.9
Secondary MH diagnosis: Unsocialized Conduct	ICD-10 Code: F91.1
Oppositional Disorder	ICD-10 Code: F91.3

**Collateral sources**

Interview with Luke.  
Mother (Jenny).  
Clinical record – CIMHA.  
School Guidance Officer.

**Initial management plan**

Collateral is outstanding  Y  N

- Further assessment of violence risk indicated.
- Psychiatric review to determine medication needs.
- Parenting support - Circle of Security parenting program?
- Develop safety plan in conjunction with stakeholders, including school and mother.
- Use motivational interviewing to solicit increased motivation towards treatment and engagement in school.
- Consider attachment based family therapy.
- Advocate for counselling support for mother and daughter.
- Generate referral for psychological interventions re: social skills training, problem solving and trauma counselling.

Name: Paul Clinician

Designation: Clinical Nurse

Signature:

Date: 25/04/2020

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