Case Study Notes for DVD 3

Following is some information that the DVD 3 demonstration was based on. Use it in combination with watching the DVD to respond to the exercises in the next section - Exercises from the Case Study.

Joel is an 11 year old boy who lives with his mother Tracey and 2 older brothers Dan (13 yrs) and Michael (15yrs). Tracey and her husband Tony separated 12 months ago. Tony lives in the same suburb but has little contact with the boys and wants no contact with Tracey. The school asked Tracey to bring Joel to CYMHS as he is becoming more and more withdrawn and nervous at school. He has been missing lots of days over the last few months. He seems to be doing 'odd' things like tapping on the handle of the door about 20 times before coming into the room. Tracey brought him but is quite stressed sitting in the waiting room.

Mum (Tracey):

- Always worries about everything and has to have the house really, really tidy or she gets stressed
- Can't go out of the house on her own. Eg: needs the boys to go shopping and run errands with her
- Needs one of the boys to be at home constantly with her or in the yard with her
- Has been driving the car and said out loud 'I should just drive off the road one day when I'm on my own and end it all, you'd all be much better off'
- One day mum went walking into the surf in her clothes when the boys were at the beach. She didn't come up for air for ages and had to be encouraged back to the beach by Michael. This was after finding out that her estranged husband Tony had a girlfriend.
- Mum went to the Doctor for her headaches and he prescribed some antidepressant tablets for her but she doesn't believe in tablets so she doesn't always take them.
- Doesn't have any other family members living nearby as her parents died years ago and her sister lives interstate
- Mum has a couple of friends but she is not close to them and doesn't visit. She calls them sometimes but then says they don't really like her or they would ring her more.
- The boys are all worried that mum may try to hurt herself.

Dan (13yrs):

- Plays a lot of sport and gets himself there by bus and by walking. He is out most afternoons.
- Is doing well at school and has lots of friends
- Sees his father the most as dad comes to watch him play soccer and Hockey.
- Is mostly happy but when he's not, he goes to a friend's house and sleeps over.

Michael (15 yrs):

- Is very angry at his dad and at his mum
- Is in trouble with the police for damaging property at the local school
- Stays away from school a lot and hangs out at the skate ramp during the day
- Is not doing well at school and says he hates it and that it's stupid and boring

Exercises from Case Study – DVD 3

Whilst watching the clinical interview on the DVD and using the notes from the case study on the previous page, consider the following and provide your answers to these questions.

1. What interview techniques did you observe Valda using during the interview with Joel?

2. What Level 1 Skills did Valda demonstrate? How did Joel respond to this?

3. What Level 2 Skills did Valda demonstrate? How did Joel respond to this?

4. Can you describe the usefulness of the 'Funnel Questions' Valda asked?

5. Can you describe why the Kinetic family drawing is useful? What other topics would be useful to ask the child to draw?

6. What observations can you make that relate to the Mental State Examination? Eg: appearance, motor behaviour, voice/ speech/ language/ relationship with the interviewer, mood, affect, thought processes, thought content, cognitions, fantasy, self concept, insight, desire for help etc.

7. How would you describe the quality of the therapeutic alliance? Please explain your response.

8. What would Valda perhaps do differently if she was to conduct this same interview with Joel again?

9. What are the main symptoms/difficulties that Joel presented with?

10. What diagnostic hypotheses are you entertaining at this point?

11. What further information do you require to confirm or amend your initial diagnostic hypotheses?

12. Write the information obtained from the assessment seen on the DVD into a Standardised Assessment Form, including completion of the Mental State Examination (see following)

Suggested Responses to Exercises from Case Study – DVD 3

1. **What interview techniques did you observe Valda using during the interview with Joel?**

   Valda made the client feel comfortable by setting the scene, introducing herself and the process. She used direct questioning, funnel questions and developmentally appropriate drawing techniques. She discussed age appropriate topics such as school, sport and peers. Valda used semi structured interview techniques including the Kinetic Family Drawing, draw a dream, 3 wishes, who would you take to a desert island with you and asked about hopes for the future.

2. What Level 1 Skills did Valda demonstrate? How did Joel respond to this?

- Attending and active listening
- Attentive body posture and use of eye contact
- Empathy
- Positioned self to side of client at an appropriate distance and at client's height and eye level
- Used simple encouragers such as 'mmm hmm'

3. What **Level 2 Skills did Valda demonstrate? How did Joel respond to this?**

- Reflected content and feelings during drawing tasks
- Used language that matched client's developmental needs
- Summarised client's statements eg: 'so you know quite a lot about how some of the members of your family feel and not so much about others' and 'so you spend quite a lot of time keeping an eye on mum'
- Reflected feelings eg: 'so sometimes you feel so scared that there are things that you're doing to make you feel better'
- Used open questions eg: 'the tapping, how does it help you feel less scared?'
- Noticing what is missing – eg: asked 'and what about you?' 'and what about mum?'
- Didn't use judgement, measuring or moralising

These techniques assisted Joel to feel at ease and to speak comfortably and freely.

4. Can you describe the usefulness of the 'Funnel Questions' Valda asked?

Asking about less intimidating subjects first made the client feel more comfortable and confident. It also reinforced aspects of positive identity conclusions early on.

5. **Can you describe why the Kinetic family drawing is useful? What other topics would be useful to ask the child to draw?**

The kinetic family drawing assists the clinician to see how the child understands the relationships and connections in the family. Discussion using the drawing allows the child to speak about family member roles, mood states, behaviours, relationships, conflicts and the child's wishes for the family.
Other useful topics to draw may include: Draw yourself, draw an animal you might like to be, draw a holiday, draw something of your own choice.

6. **What observations can you make that relate to the Mental State Examination? Eg: appearance, motor behaviour, voice/ speech/ language/ relationship with the interviewer, mood, affect, thought processes, thought content, cognitions, fantasy, self concept, insight, desire for help etc.**

Joel is an 11 year old boy of average height and weight. He has dark neatly cut hair, fair freckled skin and a muscular physique. He appeared well co-ordinated. Joel used a normal rate and tone, spoke confidently and in a reasonably articulate manner. He understood all questions required of him and answered with reflective and thoughtful responses. He used appropriate eye contact, appeared relaxed and able to engage with the clinician. He was able to articulate wishes, goals and ideas for progress for himself and the family. He was engaged and co-operative with the clinician. A strong therapeutic alliance appeared to be present.

Mood - Joel appeared slightly anxious at first, but this was congruent with the interview setting. He described his prevailing mood as anxious and fearful. Affect was normal.

Thought processes were clear, logical and sequential. Content was appropriate for his age. Fantasy thoughts/ hopes were about about his family getting back together, which would appear age appropriate. Wishes focussed around family cohesiveness, his parents reuniting and having more time with his father.

Joel was oriented to person, time and place. He was able to do simple mathematical calculations and correct mistakes. Intelligence appeared normal.

He concentrated well for the duration of the assessment, stayed on task and attended to the conversation at the same time.

Self concept appeared normal. Joel demonstrated some insight around the nature of relationships and the main concerns present for the family. He appeared aware of the need for support and willing to accept this.

7. **How would you describe the quality of the therapeutic alliance? Please explain your response.**

   A strong therapeutic alliance was developed and Joel was responsive, co-operative and willing to return. An emotional bond appeared to be developing and there was agreement on therapeutic tasks and on expectations of therapy.

8. **What would Valda perhaps do differently if she was to conduct this same interview with Joel again?**

   Perhaps she may use more open questions towards the beginning of the interview.

9. **What are the main symptoms/difficulties that Joel presented with?**

   See attached Consumer Assessment

10. **What diagnostic hypotheses are you entertaining at this point?**

    Adjustment Disorder – F43.2, OCD – F 42.8, GAD – F41.1, Mixed anxiety and Depressive Disorder F41.2, Parent Child Relational Problems – Z 63.8

11. **What further information do you require to confirm or amend your initial diagnostic hypotheses?**

    The following information would be useful to have to broaden the clinical picture: Interview with mother and father and/ or family including siblings, information from school, GP and any other involved agencies. Outcome measures.

12. **Write the information obtained from the assessment seen on the DVD into a Standardised Assessment Form, including completion of the Mental State Examination**

    See attached Consumer Assessment

TRIAL FORM

Queensland Government
Queensland Health

Child and Youth Mental Health Services

CONSUMER ASSESSMENT

Facility: .....

Date: / / Time: .....

(Affix consumer identification label here)

URN:

Family name:

Given names: Joel

Date of birth: 11/11/1997 Sex: ☑ M ☐ F

Assessor's name: Joe Bloggs **Team:** Brisbane CYMHS

Information has been given to the consumer regarding:
☑ Their rights ☑ The Mental Health Service ☐ The *Mental Health Act 2000*

Persons present at interview: Joel and his mother

REASON FOR REFERRAL / PRESENTING PROBLEMS

- Include additional information since initial intake.

Joel is an 11 year old boy who lives with his mother Tracey and 2 older brothers Dan (13 yrs) and Michael (15yrs).The school asked Tracey to bring Joel to CYMHS as he is becoming more and more withdrawn and nervous at school. He has been missing lots of days over the last few months. They're concerned that Joel is tapping on the door handle 20 times before coming into the room. Joel states that he's concerned about his mother's safety, that he worries about her, stays home to look after her and manages the worry by tapping to feel safe.

HISTORY OF PRESENTING COMPLAINT

Specify:
- if notes relate to specific episode(s) / lifetime
- dates of assessments and investigations

Include:
- psychiatric history
- current mental health care treatment interventions
- impact of cultural and / or spiritual issues
- relationship and interpersonal issues and supports
- neurovegetative disturbance
- collateral since initial intake
- any family history of mental illness and suicide
- current family situation

Joel states he has felt anxious for approximately 6 months and that he has been staying away from school for approximately 3 months to look after his mother. This has been intermittent but now he is beginning to refuse to go to school at all. He states that he is concerned that his mother may harm herself. He feels that his brothers do not help him in looking after her so it's his job.

Joel has started sleeping in his brother Michael's room on a mattress on the floor at night as he says he is scared of the dark. This has been for 3 months.

He doesn't go out and play with the neighbours much any more. He used to ride bikes and skate with them.

Joel states that he feels the need to tap on handles such as door handles and tap handles to make himself feel safe and secure before entering the room or using the water. He states that this makes him feel better at the time but that it is a hassle as it is interfering with his day to day life.

Tracey states that she is not coping with the recent divorce, is particularly distressed that the boys father now has a girlfriend and she has difficulty communicating amicably with him about matters pertaining to the boys. She feels this is impacting negatively on the boys ability to see their father.

Joel states that he would really like to see his father more and that that he misses him a lot. Dan is the only son who gets to see his father much at present. Joel has hopes that his parents will reunite and wishes strongly for his family all to be together again.

Joel describes his brother Dan(13yrs) as still fairly happy and settled, seeing his father most weekends, playing sport and spending time sleeping over at friend's houses.

Joel describes his brother Michael as angry, in trouble a lot at school and with the law (damaging property, using MJ) and is truanting.

Clinician's name:	Designation:	Signature:	Team:

DO NOT WRITE IN THIS BINDING MARGIN

CYMHS - CONSUMER ASSESSMENT

Queensland Government
Queensland Health

Child and Youth Mental Health Services

CONSUMER ASSESSMENT

Facility: .....

Date: / / Time: .....

(Affix consumer identification label here)

URN:

Family name:

Given names: Joel

Date of birth: 11/11/1997 Sex: ☑ M ☐ F

FAMILY HISTORY

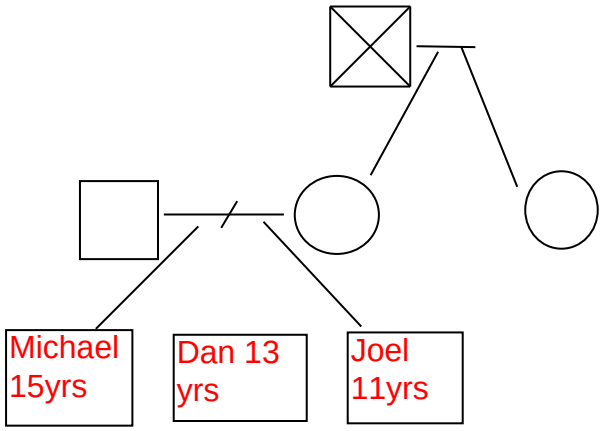
Record three generations (if possible).

Include:
- year of birth/death
- cause of death

Help

Genogram key Textbox

Male	□	>
Female	○	>
Unknown	△	>
Married	——	>
Defacto	- - - - -	>
Separated	—/—	>
Divorced	—//—	>
Adopted	—→	>
Death	×	>



Family history details

Include:
- psychiatric history
- family history of suicide
- illnesses
- substance use
- intellectual/physical disability
- family/carer's response to consumer's illness/ crisis

Tracey describes having headaches and has been diagnosed with anxiety and depression, with recurrent suicidal ideation. 6 months ago she made one attempt at completing suicide by attempting to drown herself at the beach while with her sons. Tracey sees a GP who prescribed an SSRI for anxiety and depression, which she takes intermittently and referred her to a Psychiatrist but Tracey is too fearful to attend. Tracey does not generally like to take medication as she feels it is unnatural and reflects weakness. Tracey has recurring thoughts of suicide and regularly states to the boys that they would be better off if she was to run into a tree and end it all. Tracey tells the boys to go to school and is worried that Joel is refusing to attend but also feels better that he is home.

Tracey doesn't have any other family members living nearby as her parents died years ago and her sister lives interstate. Shehas a couple of friends but she is not close to them and doesn't visit. She calls them sometimes but then says they don't really like her or they would ring her more.

Family cultural issues

Include:
- language
- connection with community
- if migrant reason for migration etc.

CONSUMER DEVELOPMENTAL HISTORY *(lifetime)*

Include:
- ante-natal/peri-natal history
- milestones
- attachment/separation issues
- maternal substance use during pregnancy

Normal pregnancy, birth and milestones.
Mother reports Joel has always been shy but previously happy.

PREMORBID FUNCTIONING

Mother describes Joel as a happy boy who used to play in the street with neighbours and who enjoyed soccer and sports. He has always done well academically and socially although prefers the company of a few close friends rather than a big group.

Clinician's name:	Designation:	Signature:	Team:

DO NOT WRITE IN THIS BINDING MARGIN

TRIAL FORM

Queensland Government
Queensland Health

Child and Youth Mental Health Services

CONSUMER ASSESSMENT

Facility: .....

Date: / / Time: .....

(Affix consumer identification label here)

URN:

Family name:

Given names: Joel

Date of birth: 11/11/1997 Sex: ☑ M ☐ F

CURRENT SITUATION

Home environment

Include:
- living arrangements
- quality of relationships with parents/siblings
- parental boundaries/ discipline
- homework
- recreational activities
- paid work
- social supports

Schooling/Education

Include:
- relationships with peers/ teachers
- attendance
- academic performance
- bullying/victimisation
- extra curricular activities

Psychosexual development

Include:
- sexual activity
- relationships history including abuse and violence
- childhood abuse emotional, physical and sexual

Child safety history

Include:
- notifications
- care details if placed in care of Department of Child Safety - foster placements number/ duration/reason for breakdown

Other significant life events

Include:
- loss
- trauma

Protective factors

Include:
- interests
- strengths
- supports (family or external)

Home Environment
Joel lives in the family home with his mother Tracey and brothers Michael (15 yrs) and Dan (13 yrs). Joel's father lives alone in the neighbouring suburb in a rental unit. Joel's father and mother separated 12 months ago. His father now has a new girlfriend and since then the relationship between Joel's parents has been more strained. As a result, Michael and Joel have seen him very little. Dan sees his father every weekend at sport and stays overnight.
Joel states that a close relationships exist between himself and Michael, himself and mum, and dad and Dan. Joel wishes that his family would all get on better, that his parents could live together again and that the boys could see more of their father on a regular basis.
There are few social supports for the family.

Schooling/ Education
Joel completes his homework on time and keeps up with his work even when he is not at school. He engages in very little recreation now and mostly plays on the computer.

Protective Factors
Joel has good insight into the impact of his situation on his functioning, achieves well at school and has a history of successes in relationships, sport and academia. He has had no other history of psychological, social or emotional difficulties.
He has generally had good relationships with all family members and is motivated towards achieving this again.
His mother is keen to assist Joel in accessing help. His mother may also be willing to look at supports for herself and family interventions.
The family own the home they live in. Nil financial pressures were noted.

Clinician's name:	Designation:	Signature:	Team:

DO NOT WRITE IN THIS BINDING MARGIN

Queensland Government
Queensland Health

Child and Youth Mental Health Services

CONSUMER ASSESSMENT

Facility: .....

Date: / / Time: .....

(Affix consumer identification label here)

URN:

Family name:

Given names: Joel

Date of birth: 11/11/1997 Sex: ☑ M ☐ F

MEDICATIONS

Allergies:

Nil allergies. Nil significant medical history.

Current prescribed medication

For each medication list:

- name
- prescriber
- dose including frequency and route and
- duration

Other medications

Include:

- alternative medicines
- over the counter medications

Note response to medication/drug adherence/side effects.

Past medications

Include:

- any side effects
- reason for cessation

MEDICAL HISTORY

Current medical problems and treatment

Include:

- disabilities
- history of brain injuries; and
- eating disorders

Is a physical assessment required?

Mandatory if consumer is to be admitted to an inpatient unit

☐ Yes ☑ No

Clinician's name:	Designation:	Signature:	Team:

DO NOT WRITE IN THIS BINDING MARGIN

TRIAL FORM

Queensland Government
Queensland Health

Child and Youth Mental Health Services

CONSUMER ASSESSMENT

Facility: .....

Date: / / Time: .....

(Affix consumer identification label here)

URN:

Family name:

Given names: Joel

Date of birth: 11/11/1997 Sex: ☑ M ☐ F

MENTAL STATE EXAMINATION

Appearance (physical development, nutrition body type and physique, skin, hair, clothing, grooming , hygiene distinguishing features)

Motor Behaviour (activity level, posture, gait, balance, co-ordination abnormal movements, startle response, habits, rituals, mannerisms)

Voice, Speech and Language (amplitude, pitch, tone, tempo, prosody, phonation, rhythm, fluency, articulation, accent, comprehension, vocabulary, syntax, conversational ability, use of gesture)

Interaction with Examiner (eye contact, cooperativeness, dependence, friendliness, withdrawal, evasiveness, fear, anxiety, hostility, suspiciousness, indifference, invasiveness, dramatism, suggestibility)

Mood and Affect (range, control, congruity, elevation, depression, suspicion, anxiety, fear, anger, issues related to particular affects)

Thought Processes (slowing, acceleration, interruptions, blocking, circumlocution, circumstantiality, perseveration, concreteness, flight of ideas, goal-direction, coherence, looseness of associations, tangential thinking)

Thought Content (obsession, compulsion, hallucination, delusion, illusion, depersonalisation, de-realisation, déjà vu, phobia, flashbacks [intrusive/traumatic/ imagery] abnormality of general or special sensation, abnormality of body image, distortion of the sense of time, confabulation, fabrication, preoccupation with identity, physical health, mental health, personal competence, or the past or future)

Cognitive Functioning (orientation, concentration, memory [immediate, recent, remote], general knowledge, social judgement abstracting ability, estimated intelligence)

Fantasy (dreams, wishes, drawings, free play: productivity, themes, capacity to distinguish fantasy from reality)

Concept of Self (dreams, wishes, drawings, free play, coherence, concepts of personal intelligence, strength, attractiveness, relationship with others)

Insight/Desire for Help (awareness of being unwell, awareness of nature of problem, desire for help, level of co-operation., awareness of impact of their behaviour on others)

Physiological Functions (energy, concentration, memory, interest in people and activities, appetite, weight, sleep, libido, sexual functioning, menstrual history, last menstrual period)

Joel is an 11 year old boy of average height and weight. He has dark neatly cut hair, fair freckled skin and a muscular physique. He appeared well co-ordinated.
Joel used a normal rate and tone, spoke confidently and in a reasonably articulate manner. He understood all questions required of him and answered with reflective and thoughtful responses. He used appropriate eye contact, appeared relaxed and able to engage with the clinician. He was able to articulate wishes, goals and ideas for progress for himself and the family. He was engaged and co-operative with the clinician. A strong therapeutic alliance appeared to be present.

Mood - Joel appeared slightly anxious at first, but this was congruent with the interview setting. He described his prevailing mood as anxious and fearful. Affect was reactive.

Thought processes were clear, logical and sequential. Content was appropriate for his age. Fantasy thoughts/ hopes were about about his family getting back together, which would appear age appropriate. Wishes focussed around family cohesiveness, his parents reuniting and having more time with his father.

Joel was oriented to person, time and place. He was able to do simple mathematical calculations and correct mistakes. Intelligence appeared within the average range.

He concentrated well for the duration of the assessment, stayed on task and attended to the conversation at the same time.

Self concept appeared to have a positive self regard. Joel demonstrated some insight around the nature of relationships and the main concerns present for the family. He appeared aware of the need for support and willing to accept this.

Clinician's name:	Designation:	Signature:	Team:

DO NOT WRITE IN THIS BINDING MARGIN

Queensland Government
Queensland Health

Child and Youth Mental Health Services

CONSUMER ASSESSMENT

Facility: .....

Date: / / Time: .....

(Affix consumer identification label here)

URN:

Family name:

Given names: Joel

Date of birth: 11/11/1997 Sex: ☑ M ☐ F

Parent/Carer/Significant others drug and/or alcohol use: .....

.....

.....

DRUG SCREEN

It is strongly recommended that the Drug Screen is completed with consumers of primary school age and above.

Clinicians may contact the Alcohol and Drug Information Service (ADIS) on 1800 177 833 for assistance in completing this form.

Drug name	Have you used? Y / N	Age first used	Date / time last used	Average amount	Frequency of use	Route of administration
Caffeine *(tea / coffee / stimulant, energy, cola drinks)*						
Nicotine *(cigarettes / tobacco)*						
Alcohol *(including methylated spirits)*						
Cannabis *(marijuana / hash / bongs / ganja)*						
Amphetamines *(speed / goey / ice / cocaine)*						
Opioids *(methadone / heroin / morphine)*						
Benzodiazepines *(Temazepam / Diazepam / Valium / Normison)*						
Designer drugs *(MDA; ecstacy / MDMA)*						
Inhalants *(glue / petrol / paint / others)*						
Others *(pain killers / PCP / Ketamine / over the counter drugs etc.)* Specify:						

Unable to complete due to consumer's circumstances? ☐ Yes ☐ No

Further drug screen required? ☐ Yes ☐ No

Further alcohol screen required? ☐ Yes ☐ No

Additional Information *(Record current access to means/attitude of significant others/ effects of withdrawal if appropriate or other relevant information)***:**

.....

.....

.....

.....

.....

Clinician's name:	Designation:	Signature:	Team:

TRIAL FORM

Queensland Government
Queensland Health

Child and Youth Mental Health Services

CONSUMER ASSESSMENT

Facility: .....

Date: / / Time: .....

(Affix consumer identification label here)

URN:

Family name:

Given names: Joel

Date of birth: 11/11/1997 Sex: ☑ M ☐ F

RISK SCREEN

Suicide / self harm

Static factors

- ☐ Previous serious suicide attempt(s)
- ☐ History of self harm
- ☐ History of suicide attempt(s)
- ☐ Family history of suicide
- ☐ Exposure to suicide of friend/peer
- ☐ Long-standing problems (eg. unemployment, physical illness / pain, mental disorder)

Dynamic factors

- ☐ Intent / plan / thoughts
- ☐ Access to means
- ☐ Current suicide attempt
- ☐ Homelessness / multiple out of home placements
- ☐ Marked decline in functioning/school performance
- ☐ Hopelessness / perceived lack of control over life
- ☐ Distress / anger / high level of agitation
- ☐ Isolation / loneliness
- ☐ Stressors in last 6 months (eg. loss, family / peer conflict)
- ☐ Psychotic symptoms (eg. command hallucinations)
- ☐ Evidence of moderate to severe depression / mood disorder
- ☐ Misuse of drugs/alcohol
- ☐ Evidence of high level risk taking behaviours
- ☐ Evidence of poor impulse control

Vulnerability

- ☐ At risk of being sexually abused by others
- ☐ At risk of domestic / family violence
- ☑ Lack of family protective factors
- ☑ Family history of mental illness
- ☐ At risk of self neglect (basic ADLs, complex living skills)
- ☐ Cognitive impairment / intellectual disability
- ☐ History of poor engagement with services
- ☐ Developmental issues
- ☐ School expulsion/suspension
- ☐ Indigenous and or cultural issues

Violence

(including sexual violence)

Static factors

- ☐ History of violence
- ☐ History of sexual offence
- ☐ Criminal history
- ☐ Conduct disorder
- ☐ Cognitions supporting violence

Dynamic factors

- ☐ Recent threats or other aggressive actions/thoughts
- ☐ Carries weapon/access to firearm
- ☐ Psychotic symptoms (command hallucinations, threat-control-override and misidentification symptoms, morbid jealousy)
- ☐ Bullying
- ☐ Substance use

Comments:

Nil current suicidal ideation or intentional self harm.

Some vulnerabilities exist in stressors and current poor communication patterns present in the family and mother's current mental illness.

Poor school attendance but no reported academic decline.

Clinician's name:	Designation:	Signature:	Team:

DO NOT WRITE IN THIS BINDING MARGIN

Queensland Government
Queensland Health

Child and Youth Mental Health Services

CONSUMER ASSESSMENT

Facility: .....

Date: / / Time: .....

(Affix consumer identification label here)

URN:

Family name:

Given names: Joel

Date of birth: 11/11/1997 Sex: ☑ M ☐ F

RISK SCREEN

Absence Without Approval
(for inpatients)

- ☐ History of absconding
- ☐ History of Limited Community Treatment breach
- ☐ Treatment refusal
- ☐ Frustration regarding hospitalisation/involuntary treatment

Child Protection Risk Screen

Does the consumer have custody or care responsibilities for children (full time or periodic)?	☐ Yes ☑ No ☐ Unknown
Is consumer in the care of a parent/carer with a suspected mental illness or problematic drug and/or alcohol use?	☑ Yes ☐ No ☐ Unknown
If ***yes*** to either of the above questions, the *Mental Health Child Protection Form* must be completed.	
Completed by:	
Name: Joe Bloggs	
Signature:	

Overall Risk Summary

	Low	Med.	High
Suicide risk	☑	☐	☐
Other self harm risk	☑	☐	☐
Aggression risk	☑	☐	☐
Vulnerability risk	☐	☑	☐
Absconding risk	☑	☐	☐

Dependent children / others? ☐ Yes ☑ No

Is further risk assessment required? ☑ Yes ☐ No

(If ***yes***, detail in plan on page 9)

Comments:

DO NOT WRITE IN THIS BINDING MARGIN

Clinician's name:	Designation:	Signature:	Team:

TRIAL FORM

Queensland Government
Queensland Health

Child and Youth Mental Health Services

CONSUMER ASSESSMENT

Facility: .....

Date: / / Time: .....

(Affix consumer identification label here)

URN:

Family name:

Given names: Joel

Date of birth: 11/11/1997 Sex: ☑ M ☐ F

CLINICAL AND RISK FORMULATION / ASSESSMENT SUMMARY

Include:
- Presentation / Predisposition / Precipitation / Perpetuating factors / Protective factors (resources/strengths/ supports) / Prognosis / Symptom pattern (coping style) / Stressors
- Is consumer experiencing early symptoms of psychosis (prodromal)?
- Consider historical information in relation to current dynamic and contextual factors
- What will increase or decrease the consumer's risk?
- Document strategies to address the identified risk factors

Joel is an 11 year old boy presenting with a 3 month history of school refusal, social withdrawal and increasingly anxious mood.
The referral was precipitated by the school becoming increasingly worried about his absences from school over the last few months, his social withdrawal and about his mood becoming more anxious. They noticed him tapping up to 20 times on the classroom doorknobs before entering a room and felt it was a sign of distress.
Maternal family history of mental illness is a significant predisposition factor. Joel's mother Tracey reports current and long standing problems with anxiety (OCD, GAD, social phobias) and depression. She reports recurrent suicidal ideation, with one attempt at drowning herself 6 months ago precipitated by her estranged husband beginning a new relationship with another woman. Tracey takes an SSRI intermittently but is not currently managing symptoms well and is not linked in to mental health services.
The pattern that has developed for Joel is that he worries that his mother may harm herself and feels that she needs his support to remain calm and happy. He therefore stays home more, taking on the caring role for his mother. This has led to him being engaged less socially, lessening school attendance and cutting back on sporting activities. He is experiencing heightened levels of anxiety and needs to sleep in his brother Michael's room on a mattress most night. Due to the increased tension between parental figures, Joel has had less opportunities for contact with his father and also chooses not to contact his father as he feels it may upset his mother further. He considers this reduced contact with his father as a significant loss. His brother Michael is reportedly very angry, truanting, engaging in risk taking and forensic behaviours (drug taking, property damage) and socialising with antisocial peers. His mother and father are apparently unaware of the extent of these issues.
The factors that perpetuate the situation include: Tracey's current poorly managed mental health symptoms, poor communication between mother and father, unresolved grief and loss issues around the parental separation for all family members, a lack of cohesive parenting and lack of awareness (and perhaps current ability) to provide for each of the children's needs.
The protective factors for Joel include: Joel has good insight, achieves well at school and has a history of successes in relationships, sport and academia. He has had no other history of psychological, social or emotional difficulties. He has generally had good relationships with all family members and is motivated towards achieving this again. His mother is keen to assist Joel in accessing help. His mother may also be willing to look at supports for herself and family interventions. The family own the home they live in. Nil financial pressures were noted.
If the family were to continue to operate in the same way, it would be anticipated that Joel's symptoms of anxiety would increase with prolonged distress. Currently the family members are attempting to cope as individuals and very little conversation has been able to be had amongst members. It is anticipated that in assisting Tracey to get suitable mental health care and relationship grief/ loss counselling if she is willing, this would allieviate much of the pressure on the family. Linking the family members with supports should assist them to develop more effective coping strategies. See treatment plan.

(The risk screen and clinical formulation can also be used as a standalone risk screen at regular and ad-hoc reviews)

Clinician's name:	Designation:	Signature:	Team:

DO NOT WRITE IN THIS BINDING MARGIN

Queensland Government
Queensland Health

Child and Youth Mental Health Services

CONSUMER ASSESSMENT

Facility: .....

Date: / / Time: .....

(Affix consumer identification label here)

URN:

Family name:

Given names: Joel

Date of birth: 11/11/1997 Sex: ☑ M ☐ F

Principal diagnosis: Adjustment Disorder ICD10AM code: F 43.2

Additional diagnoses: OCD ICD10AM code: F 42.8

Parent Child Relational Problems ICD10AM code: Z 63.8

Mental Health Act (MHA) status: ☑ None ☐ Involuntary Assessment ☐ Involuntary Treatment Order
☐ Justice Examination Order ☐ Emergency Examination Order ☐ Forensic Order
☐ Special Notification Forensic Patient ☐ Classified

Conditions of order if appropriate: .....

Outcome Measures completed? ☐ Yes ☑ No Entered on CIMHA? ☐ Yes ☐ No

Outline significant clinical issues from HoNOSCA, SDQ and CGAS:

.....

.....

BRIEF SUMMARY FOR FOLLOW UP MANAGEMENT:

Is there a need for follow up / treatment?

☑ Yes, from a Child and Youth Mental Health Service (CYMHS) *(detail in CYMHS plan below)*
☐ Yes, from a service other than a CYMHS *(detail follow-up with other agencies below)*
☐ No

Agency: ..... Date: ..... Time: .....

Agency: ..... Date: ..... Time: .....

CYMHS IMMEDIATE PLAN

Include any immediate actions required to maintain the consumer's safety (eg. aggressive behaviour management).

Consider:

- Treatment goals and location
- Recommended actions to manage / reduce risk
- Information / education
- Carer / family involvement
- Child protection issues
- Liaison with other service providers
- Cultural and language issues
- Medication changes
- Investigations
- Referrals

For inpatients, consider:

- Level of observations
- Early discharge requirements
- PRN medications

1. Interview with mother to discuss her awareness of her own mental health issues and her potential willingness to receive supports from public or private mental health services.
2. Consider (if permission is given by mother) KOPING kids groups for all 3 children
3. Offer Joel brief block of sessions to assist with understanding and managing anxiety symptoms
4. Discuss with mother the need for developmentally appropriate activities for Joel - eg involvement in sport/ hobbies/ school/ interests
5. Liaise with school where appropriate
6. Consider referral options for individuals in family - eg: Michael - linking with pro-social supports/ mentors/ supports in school/ drug and alcohol services.
7. Referral to NGOs for grief/ loss/ parental separation and relationship issues
8. Complete child protection risk screen

Information about consumer need and service response to be provided to:

☐ Consumer ☐ Carer ☐ Referrer ☑ GP ☑ Other service provider (specify): School

Information provided by (staff name): ..... (date): .....

Information to be delivered: ☐ By telephone ☐ By email ☐ By fax ☐ By post ☐ In person

Additional forms, notes or information attached? ☐ Yes (specify: .....) ☐ No

Clinician's name:	Designation:	Signature:	Team:

DO NOT WRITE IN THIS BINDING MARGIN