

Overview of Development and Well-Being Assessment

Dawba ID: Withheld

Details: Young Person -YP

INFORMANTS

ID	Informant	Date	Age	Gender	About
Hidden	Mother	25/05/2022	14	Male	YP
Hidden	Self	25/05/2022	14	Male	YP

SYMPTOMS, IMPACT AND DIAGNOSTIC PREDICTIONS

Predicted probability of disorder: high

	Mother		Self		Prediction	
	Symp	Imp	Symp	Imp	DSM	ICD
Autism Spectrum	++	+++			+	+
Separation Anxiety	+	+++	-		--	-/+
Specific Phobia	+	+	-		-	-
Social Phobia	++	++	-		++	++
Panic	++		++	+++	++	++
Agoraphobia	++		-		+	+
PTSD	+++	+++	-		+	+
OCD	+	++	+	+++	+	+
BDD	-		-			
Generalised Anxiety	+		+		-	-
Depression	+++	+++	+++	+++	+++	+++
Deliberate Self Harm	++		++			
Bipolar	+++	+++	+			
Emotions at school						
Attachment difficulties						
Hyperactivity	+++	+++			++	+
Oppositional	+				+	+
Conduct	-		-		--	--
Anorexia / Bulimia	+		-		-	-
Tics	-		-		--	--
Psychosis			-			
Feeding difficulties						
Sleeping difficulties						
Elimination difficulties						
Other concerns	++		-			

CLINICAL DIAGNOSES ASSIGNED BY RATER

DSM-IV diagnoses

Autism

ADHD combined

Generalised anxiety

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Other depression

??PTSD

Rated by: Bill Colley, 30/05/2022

Rater Comments

SUICIDE ATTEMPT NOTED AS POTENTIAL FUTURE RISK. Existing dx of ASD noted as is 'working dx' of ADHD. DAWBA profile supportive of both. Associated anxieties and phobias not rated as discrete disorders given existing diagnoses. PTSD possible given history. Bipolar not rated given absence of true mania and likely hyperactivity. Grand delusions probable rather than mania. OCD not rated as repetitive behaviors appear to provide comfort rather than being intrusive. SUGGESTIONS: 1. Continuing engagement with mental health services and monitoring, 2. Support for family to ensure resilience in managing complex difficulties, 3. Careful transition planning with suitable advocacy to ensure YP's needs inform decision-making, 4. Potential for ASD-adapted CBT approach to support YP's understanding of self and current difficulties, and to manage these, 5. Strengths-based approach to support with multi-agency collaboration.

Bill Colley, 08/07/2022

CLINICAL RATING OF SEVERITY

C-GAS = 40

Rated by: Bill Colley, 30/05/2022

HoNOSCA = 23

Rated by: Bill Colley, 30/05/2022

Background information

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Details: Young Person

	Mother
Medical	
Bad general health	-
Speech or language problems	-
Visual impairment or blindness	-
Hearing impairment or deafness	-
Movement or co-ordination disorder	-
Enuresis	++
Encopresis	-
Epilepsy	-
Learning difficulties	-
Living with parents:	Both parents
Stressful life events in the last 12 months	
Serious accident	-
In hospital for serious illness	++
Death of parent, sibling or friend	++
Loss of close friendship	-
Family financial crisis	-
Parental separation	-
Family stresses	slightly raised
Unemployment	-
Financial difficulties	+
Home inadequate for needs	++
Neighbours or neighbourhood	-
Work	-
Time pressures	+
Tension with partner	-
Tension with ex-partner	-
Alcohol or drug use	-
Gambling	-
Parents' physical health	-
Parents' mental health	-
Other people ill, e.g. grandparents	+
Child's experience of family life	Liked and respected
Affirmation	
Gets love and affection	
Praised and rewarded	
Gets help and support when stressed	

Background information

Dawba ID: Withheld

Details: Young Person

close to average

+++

+++

++

+++

Background information

Dawba ID: Withheld

Details: Young Person

Supervision	+++
Rules	close to average
Clear rules	+++
Consistently applied rules	++
Discipline	close to average
Told off or corrected	+
Physical punishment	-
Non-physical punishment	+
Gets blamed unfairly	-
Special allowances	very high
Upbringing affected by child characteristics	+++
Very protected	++
Spends time alone	+++
Respondent under strain	20
Everyday feelings questionnaire (EFQ)	high
Not optimistic	-
Worried or tense	+
Not able to enjoy life	+
Tired or lacking in energy	+
Stressed	+
Negative self-image	++
Loss of interest	-
Not calm and relaxed	++
Very unhappy	-
Unable to cope	++
Respondent's partner under strain	
Everyday feelings questionnaire (EFQ)	
Not optimistic	
Worried or tense	
Not able to enjoy life	
Tired or lacking in energy	
Stressed	
Negative self-image	
Loss of interest	
Not calm and relaxed	
Very unhappy	
Unable to cope	
Services and other help	
From family and friends	++

Background information

Dawba ID: Withheld

Details: Young Person

Books or magazines	++
The internet	++
Telephone help-line	++
Self-help group	++
A teacher (including head or SENCO)	++
Special educational needs	++
Educational psychology	-
GP, health visitor	++
Paediatric professional	++
Mental health professional	++
Social services professional	-
Any psychotropic medication?	++

>> **Open-ended comments: Mother**

Informant's description of medication

YP has been taking methelphynadate and sertraline, he has just currently came off of this under the psychiatrist awareness this is a trial period of two weeks.

Strengths and Difficulties Questionnaire

Dawba ID: Withheld

Details: Young Person YP

	Mother 25.05.22	Self 25.05.22
Total difficulties score	29***	24***
Emotional symptoms score	10***	6**
Conduct problems score	2	4*
Hyperactivity score	10***	10***
Peer problems score	7***	4**
Prosocial score	4***	3***
Impact score	10***	5***
*=slightly raised; **=high; ***=very high (prosocial: *=slightly low; **=low; ***=very low)		
Diagnostic Prediction from SDQs		
Any disorder	probable	
Emotional disorder	probable	
Behavioral disorder	unlikely	
Hyperactivity disorder	possible	

Strengths and Difficulties Questionnaire

Dawba ID: Withheld

Details: Young Person YP

	Mother	Self
Emotional items		
Headache, stomach-ache	++	++
Worries	++	++
Unhappy	++	++
Anxious in new situations	++	-
Fears	++	-
Conduct items		
Irritable	+	++
Obedient	+	-
Fights, bullies	-	-
Lies, cheats	-	-
Steals	-	-
Inattention-hyperactivity items		
Restless	++	++
Fidgety	++	++
Poor concentration	++	++
Reflective	-	-
Good attention	-	-
Peer relationship items		
Solitary	-	++
Has good friend	-	++
Popular	+	+
Victimised	++	-
Relates better to adults than peers	++	+
Prosocial items		
Considerate	+	+
Shares	-	-
Helpful	+	+
Kind to younger children	+	+
Volunteers to help	+	-
Impact supplement		
Is there a problem?	Severe	Severe
Duration (months)	>12	>12
Distress	+++	+
Impact on family life	+++	+++
Impact on friendships	+++	+
Impact on learning	+++	+++
Impact on leisure	+++	++
Burden	+++	+++

Autism spectrum disorders

Dawba ID: Withheld

DSM-IV prediction: +

Details: Young Person

ICD-10 prediction: +

	Mother
Developmental level	
Concern in first 3 years about general mental development	++
General reasoning and school work at present	Advanced
Current mental age	
Serious concerns in the first 3 years	
about speech	++
about social interaction	++
about pretend play	++
about rituals / stereotypies	++
Continuing difficulties in any of these areas:	++
Social Aptitude Scale	
	10 VERY LOW
DSM 1a: markedly impaired nonverbal social interaction	
Abnormal eye contact at some age (too much, too little, wrong type)	++
Restricted use of nonverbal gestures as a toddler and young child	-
Finds it hard to read others' tone of voice and facial expressions	++
Others find it hard to read his tone of voice and facial expressions	+
DSM 1b: peer relationships not appropriate to developmental level	
Difficulty making friends	++
Difficulty keeping friends	++
Number of friends he fairly often spends time with:	0
Does not share interests with friends	
Does not do things jointly with friends	
Does not confide in friends	
DSM 1c: not spontaneous sharing enjoyment, interests or achievements	
Not sharing enjoyment, interests or achievements when aged about 4	-
DSM 1d: lack of social or emotional reciprocity	
Not enjoying simple social games as a toddler, e.g. peepo	++
Difficulty taking turns, sharing, cooperating	+
Fails to adjust play for older or younger children	+
Fails to adjust conversation for formal and informal situations	++

Autism spectrum disorders

Dawba ID: Withheld

DSM-IV prediction: +

Details: Young Person

ICD-10 prediction: +

DSM 2a: delay or lack of spoken language (without compensation)	
Concern about speech in first 3 years	++
No words before aged 2	-
No phrases before aged 3	-
Language expression and comprehension	Advanced
Current language age	
Poor at getting round language difficulties	
DSM 2b: (if adequate speech:) impaired conversation	
Bad at starting conversations with others	+
Bad at sustaining conversations started by others	+
Not interested in chatting about other people's interests	++
DSM 2c: stereotyped, repetitive or idiosyncratic language	
A lot of echoing (ever)	+
Repetitive questioning (ever)	++
Repetitive clichés (ever)	++
DSM 2d: impoverished pretend play (for mental age)	
Not regularly taking part in imaginative play (ever)	++
DSM 3a: intense or odd preoccupations	
Any 'obsessions'?	++
Unusual topic	+
Dominating his life	-
Dominating his conversation	++
Interfering with getting on with other things	+
DSM 3b: inflexible routines or rituals	
Repetitive play, e.g. turning light switches on and off (ever)	++
Strong or unusual routines (ever)	++
Very upset by change in routine (ever)	++
DSM 3c: stereotyped/repetitive motor mannerisms	
A lot of flapping (ever)	-
DSM 3d: persistent preoccupation with parts of objects	
Very interested in unusual aspects of toys and other things (ever)	+

Autism spectrum disorders

Dawba ID: Withheld

DSM-IV prediction: +

Details: Young Person

ICD-10 prediction: +

Impact

Parental concern about language, play, flexibility etc	+
Distress	+++
Impact on family life	++
Impact on friendships	+++
Impact on learning	+++
Impact on leisure	+++
Burden	++

Timing of onset

Always there or sudden onset (with regression)?	Always there
Age when change took place:	

>> Open-ended comments: Mother

Concerns about earlier development

at nursery they flagged concerns of yp being able to pronounce some words, in reflection and although he still says yp's a bit different, his language was more elaborate for his years, he could use it in the right content but they were big words, this continues to date and his speech and ability to communicate is good. he never really sat and done pretend play he would more likely to be bouncing about or climbing, even if watching a film at home he will stand behind you and bounce. he used to walk on his tip toes and to an extent still does. his ability for sports was also above average for his age and therefore created even less fear of any dangers.

Current concerns

he would prefer to stay home to avoid any transitions or change

Description of 'obsessions'

yp has rocked since very young he continues to rock, yp also had a particular interest in the human body and how the earth moves/gravity, these were topics we had to listen to at length, he will now say I know you're not interested but I need to tell you.

Description of rituals

yp likes the same bowl for his cereal in the morning, he has to have the same seat in the car because he has identified it as the safest seat in the car, he has his seat if we are having a movie night and he only likes a particular brand of popcorn. yp could always tell if I swapped his usual brand of cereal for another. he had a timetable of his daily routine, we removed the time as this could cause distress if it didn't happen on time, this helped him be more self-sufficient in places like a shower where he would forget what the routine was.

Previous label? Who gave it?

he was diagnosed Asperger's at the age of 8, it was suggested then that he wasn't ADHD as he could behave in school, this wasn't the case he merely masked these difficulties, he has no formal diagnosis of ADHD, however, that is the reason he has been prescribed methylphenadate

Any help?

he has been prescribed methylphenidate and sertraline, he has taken a break under the psychiatrists supervision as he says it makes him feel numb.

Behaviors linked to developmental disabilities

Dawba ID: Withheld

Details: Young Person YP

Mother	
Stereotypic actions	
Rocking back and forth	++
Head nodding	++
Flapping or hand twisting	-
Fluttering fingers in front of face	-
Waving an object in front of face	-
Picking at skin	-
Head banging	-
Biting lips, hands etc.	-
Eye poking	-
Other repetitive actions	-
Age of onset of repetitive activities	0
Time spent on repetitive activities	+++
Impact	
Distress	+
Impact on family life	+
Impact on friendships	-
Impact on learning	++
Impact on leisure	-
Burden	+
Other issues	
Rough behaviour	+
Attacks others	-
Reduced sexual inhibition	-
Underactivity	-
Too noisy	+
>> Open-ended comments: Mother	
Description of the problem	
yp has always rocked, he is comfortable doing this at home but finds it hard to not do in public, he find that part distressing.	
Interfering with quality of life?	

Behaviors linked to developmental disabilities

Dawba ID: Withheld

Details: Young Person YP

he can find it embarrassing if people stare.

Resultant injury?

no

Trigger?

over excited, change in routine, change in what was expected to happen, leaving home.

Done anything about it?

try to stick to routine as much as possible.

Attachment Figures

Dawba ID: Withheld

Details: Young Person YP

		Mother	Self
Attached to:			
Mother		++	++
Father		-	-
Other mother figure		-	-
Other father figure		-	-
Grandparents		++	++
Adult relatives		++	++
Childminder, nanny, au pair		-	-
Teachers		-	-
Adult non-relatives		-	-
Brother, sisters			
Friends			

Separation Anxiety

Dawba ID: Withheld

DSM-IV prediction: - -

Details: Young Person YP

ICD-10 prediction: -/+

AF=attachment figure	Mother	Self
Any concerns about separations?	Yes	No
Loss of, or harm to, AFs	+	-
Being taken away from AFs	-	-
Not wanting to go to school	-	-
Afraid of sleeping alone	-	-
Sleeps with or checks on AFs at night	-	-
Afraid of sleeping in a strange place	-	-
Afraid of being in a room alone		
Afraid of being at home alone	-	-
Nightmares of separation	-	-
Somatic symptoms linked to separations	++	-
Anticipatory anxiety of separations	-	-
Symptoms for at least 1 month	++	
Age of onset	?	
Distress	+++	
Impact on family life	+++	
Impact on friendships	+	
Impact on learning	+++	
Impact on leisure	+++	
Burden	+++	

>> **Open-ended comments: Mother**

Description of the problem
yp mostly worries about his aging grandparents, yp struggles to understand death and this becomes a fixation, I need to let him know if I'm going out and not leave without him knowing this

How often?
it depends on how he is feeling but can be daily, escalates if his grandparents are particularly ill he won't sleep and becomes increasingly agitated.

First started?
since early years

Interfering with quality of life?
when we can communicate and find the source of the worry it can help, at worst prevents him leaving the house

Cause of worries?
The worries became more significant when his great gran past away.

Done anything about it?
we talk and have strategies to try help.

Social Phobia

Dawba ID: Withheld

DSM-IV prediction: ++

Details: Young Person YP

ICD-10 prediction: ++

	Mother	Self
Any concerns?	Yes	Yes
Anxious about:		
Meeting new people	++	-
Meeting a lot of people	++	-
Eating in front of others	++	-
Speaking in class	-	-
Reading aloud in front of others	-	-
Writing in front of others	-	-
Separation or social anxiety?	Social	
Frightened with adults/kids	Adults and kids	
Can socialise with familiar people	++	
Due to fear of embarrassment	+	
Due to delay in speech, writing, reading		
Age of onset	?	
Duration in months	6+	
Blushes in social situations		
Feels sick in social situations		
Urgency in social situations		
Upset when social fear is triggered	++	
How often social fear is triggered	Most days	
Avoids relevant social situations	++	
Avoidance interferes with daily life	++	
Child thinks fear is excessive	++	
Child upset to have social fears	++	
Burden	+++	
>> Open-ended comments: Mother		
Description of the problem		
yp is not good at reading social cues and facial expression, he is a logical thinker and doesn't have patience for small talk. in his words people just annoy him. if he is not interested in a subject he doesn't see the point in taking part.		
How often?		
yp has been in his bedroom for over a year, he very rarely wants to come out of it.		
How severe?		
he is isolated, bad days yp doesn't even want any of his family whom live in the house to be near him, he just sees this as a disturbance and annoying.		

Social Phobia

Dawba ID: Withheld

DSM-IV prediction: ++

Details: Young Person YP

ICD-10 prediction: ++

Interfering with quality of life?

yes, he has lost all his strategies that enabled him to be self-sufficient.

Done anything about it?

yes, on a good day for yp I will sit and ask him about his computer game and ask about this interest as it is the only one he has just now, I need to enter his world as ours seems to challenging for him.

Panic Attacks and Agoraphobia

Dawba ID: Withheld

DSM-IV prediction: ++

Details: Young Person YP

ICD-10 prediction: ++

	Mother	Self
Panic attacks in last 4 weeks	++	++
Panics start suddenly		++
Peak within a few minutes		++
Last a few minutes		++
Heart races		++
Sweaty		++
Trembly / shaky		++
Dry mouth		++
Short of breath		++
Choking		-
Chest pain		++
Nausea / stomach churning		++
Dizzy / feeling faint		++
Derealization / depersonalization		++
Fear of losing control, going crazy		-
Fear of dying		-
Hot or cold all over		-
Numbness or tingling		-
Fear or avoidance of:		
Crowds	++	++
Public Places	++	++
Travelling alone	++	++
Being far from home	++	-
Fear or avoidance is due to panic attacks	++	-
Distress		+
Impact on family life		+++
Impact on friendships		+++
Impact on learning		+++
Impact on leisure		+++
Burden		+++
>> Open-ended comments: Mother		
Panic Attack this occurs when yp has to go out of his home, or if anyone comes to visit, this is out with his familiar surroundings, he can become very agitated, has difficulty breathing and can also become argumentative or causing barriers that will prolong attending events in the hope they need to be cancelled.		
Fear/Avoidance		

Panic Attacks and Agoraphobia

Dawba ID: Withheld

DSM-IV prediction: ++

Details: Young Person YP

ICD-10 prediction: ++

yp cannot travel independently, crowds overwhelm him and there are too many transitions for him to remember, he feels safest at home and his only outside of home interaction is with people he hasn't met in person that he games with, he has created a network of people through this, when younger he would often soil himself in these stressful situations. yp used to be very actively sporty now he wants home as soon as we are out and continually ask how much longer, despite times and the daily plan being given as much as possibly known.

>> Open-ended comments: Self

Description of panic attacks

feels as though my body is shutting down

How often panic attacks occur

very rarely

Panic attacks first began

4 years ago

Description of fear/avoidance

i stay at home because people get on my nerves

How often fear/avoidance occurs

everyday

Fear/avoidance first began

10 years ago

Interfering with quality of life?

it's made me less physically fit and more isolated

Done anything about it?

numb my emotions, made a big difference

Post-Traumatic Stress Disorder

Dawba ID: Withheld

DSM-IV prediction: +

Details: Young Person YP

ICD-10 prediction: +

	Mother	Self
Exceptionally stressful event	++	-
Serious accident	-	
Fire	-	
Other disasters	-	
Attack or threat	-	
Physical abuse	++	
Sexual abuse	-	
Rape	-	
Witnessed domestic violence	++	
Witnessed attack	-	
Witnessed accident, sudden death	-	
Other severe trauma	-	
Distress/behaviour change at time	++	
Present impact	++	
Flashbacks	+	
Nightmares	+	
Distress if reminded	+	
Avoids thinking or talking about trauma	-	
Avoids associated activities, places or people	+	
Blocked out memories	-	
Lost interest in activities	++	
Feels cut off from others	++	
Reduced affective range	+	
Loss of confidence in future	+	
Insomnia	++	
Irritable/angry	++	
Poor concentration	++	
Alert to danger	+	
Easily startled	-	
Symptoms began (months after trauma)	0-5	
Duration of symptoms (months)	3+	
Distress	++	
Impact on family life	+	
Impact on friendships	++	
Impact on learning	-	
Impact on leisure	-	
Burden	+	

Post-Traumatic Stress Disorder

Dawba ID: Withheld

DSM-IV prediction: +

Details: Young Person YP

ICD-10 prediction: +

>> Open-ended comments: Mother

Description of the severe stress

Yp still has a very explicate recollection of events and places when we lived with his father, r was always an over active child and he was often the target of his father's frustrations, this was when I had left the family home and r's father seen yp's behaviors as non-compliant, he wouldn't tolerate. R was often physically disciplined for this.

Consequences of the stress

yp has very little trust in people, on the opposite side of his sister, people need to prove themselves to him before ant trust can be achieved, r had recurring nightmares for many years relating to his father and often situations, smells and unpredictable behaviour would make him more anxious.

How often?

Yp now has a good understanding of his triggers, he is hyper sensitive to smells and textures, therefore sometime difficult to distinguish which is triggering him. he was recently prescribed melatonin , however, his nightmares came back so he didn't continue with this.

How severe?

symptoms are far less severe than several years ago, he previously would also soil himself if something triggered him especially with smells that reminded him of times with his father.

Interfering with quality of life?

not so much now, apart from his lack of trust in people.

Done anything about it?

yes we communicate a lot he always knows it is a safe place to talk if something is on his mind.

Obsessive Compulsive Disorder

DSM-IV prediction:

Dawba ID: Withheld

ICD-10 prediction: +

Details: Young Person YP

+

	Mother	Self
Any concerns?	Yes	Yes
Excessive washing	-	-
Avoidance of contamination	-	+
Checking	-	-
Repetitive actions	++	+
Touching things or people	-	-
Ordering / symmetry	+	++
Counting / avoiding unlucky numbers	+	-
Concern about contamination	-	-
Concern about bad things happening	-	-
Due to separation anxiety?		
Present daily for 2 weeks	++	++
Rituals or obsessions >1 hour per day	-	++
Insight that it's excessive	+	+
Reaction to rituals or obsessions	Neutral	Neutral
Resistance	+	++
Distress	-	-
Impact on family life	+	+++
Impact on friendships	-	-
Impact on learning	++	-
Impact on leisure	+	+++
Burden	+	+++
>> Open-ended comments: Mother		
Description of the problem yp has to have the same daily routine, when in car the radio has to be on an even volume number, yp would call most of his rituals his interests, he particularly likes forensics and looks into this in great detail, when covid 19 started he looked into the science and biology of this, he obsesses about facts.		
How often? these can be a challenge when he has so much information on a subject such as covid he will do what he can to avoid it.		
How severe? since covid and because of a health condition, this triggered yp's reluctance to go out of the house.		
First started? severely since 1st lockdown, yp was happy to not have to go to school and stay safe at home.		
Interfering with quality of life? yes		

Obsessive Compulsive Disorder

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Details: Young Person YP

DSM-IV prediction:

ICD-10 prediction: +

+

Done anything about it?

he has had input from CAHMS and school implemented a reduced timetable, but was still unable to attend school.

>> Open-ended comments: Self

Description of the problem

games

How often?

causes difficulties daily

How severe?

12-14 hours a day

First started?

3-4 months

Interfering with quality of life?

inside a lot more

Depression

Dawba ID: Withheld

DSM-IV prediction: +++

Details: Young Person YP

ICD-10 prediction: +++

	Mother	Self
Sad	++	++
Miserable daily	++	++
Miserable most of day	++	++
Can be cheered up	No	Briefly
Duration (weeks)	2+	2+
Irritable	++	-
Irritable daily	++	
Irritable most of day	++	
Improved by friends	Briefly	
Duration (weeks)	2+	
Loss of interest	++	++
No interest daily	++	++
No interest for most of the day	++	++
Duration (weeks)	2+	2+
Coincided with irritability/misery	++	++
Associated Features:		
Tired/no energy	++	++
Changed appetite	++	++
Weight loss/gain	++	-
Insomnia	++	++
Hypersomnia	-	-
Agitation	++	++
Feels worthless, guilty	-	-
Poor concentration	++	-
Thoughts of death	++	++
Recent talk of DSH	++	++
DSH recently	++	++
DSH ever	++	++
Distress	+++	+
Impact on family life	++	+++
Impact on friendships	++	-
Impact on learning	+++	+++
Impact on leisure	+++	+++
Burden	+++	+++
>> Open-ended comments: Mother		
Description of the problem		
yp is in a consistent low mood, he has very little interest in anything.		
What else has changed?		

Depression

Dawba ID: Withheld

DSM-IV prediction: +++

Details: Young Person YP

ICD-10 prediction: +++

yp has never slept well since birth, his appetite is less than before and wouldn't eat if it is not organized for him, he has very little motivation and is hard on himself if he doesn't manage to complete small tasks. he self-harms and has taken an intentional overdose of insulin in September 2021.

How often?

most of the time.

How severe?

he has expressed his need for self-harm, he had been using his needles to do this, he doesn't have access to this anymore as his mood is low and so to avoid any more attempts at his life with insulin.

When did it begin?

a few years ago.

Trigger?

when he was diagnosed type 1 diabetic. he doesn't want to live with it, the unpredictable pattern is something he finds hard to accept, especially as math's is a favorite of his, so in his mind if he counts his intake right it should all be fine, this isn't the case and he cannot accept this.

Similar episodes in the past?

no, he has always been anxious in new settings and asked the purpose of life and how we get here, but not in the way of he has no purpose and sees no point until a few years ago.

Ever gone 'high'?

no

Interfering with quality of life?

yes

Done anything about it?

yp attends psychiatry and has been prescribed medication, he is currently taking a break from this as he has stated it makes him feel numb.

>> Open-ended comments: Self

Description of the problem

very deep depression

What else has changed?

less appetite, didnt sleep, wanted to die

How often?

all of it

How severe?

not a threat but very severe

When did it begin?

3-4 years ago

Trigger?

no clue

Interfering with quality of life?

isolated from the outside world

Done anything about it?

Depression

Dawba ID: Withheld

DSM-IV prediction: +++

Details: Young Person YP

ICD-10 prediction: +++

no

Disruptive mood dysregulation disorder

Dawba ID: Withheld

Details: Young Person YP

	Mother	Self
Temper outbursts		
Frequency of outbursts	++	++
His temper outbursts involve:		
Slamming doors	+	-
Shouting	++	++
Swearing	++	++
Saying mean things to others	++	++
Saying negative things about himself	+	-
Physical aggression to others	-	-
Deliberate self-harm	++	++
Breaking things	+	-
His temper outbursts occur:		
At home	++	++
In the classroom	-	-
With peers	-	++
Longest outburst-free gap in the last year	< month	< week
His outbursts are easily triggered	++	++
His outbursts have recognizable triggers	++	++
Angry/Irritable mood		
Frequency of irritable/angry mood	+++	+++
Easily irritated	++	++
Intense irritability	++	++
Long duration of irritability	++	+++
Irritability evident to others	++	+++
His irritability occurs:		
At home	++	++
In the classroom	+	-
With peers	+	++
Age of onset	?	0
Angry weeks occur (irritable most of the day, nearly every day)	Yes	Yes
Proportion of angry weeks (past year)	Half	All
Longest gap between angry weeks (past year)	< month	< month

Disruptive mood dysregulation disorder

Dawba ID: Withheld

Details: Young Person YP

Distress	++	-
Impact on family life	++	+++
Impact on friendships	+	-
Impact on learning	+	-
Impact on leisure	+	-
Burden	++	+++

>> **Open-ended comments: Mother**

Description of the problem
temper outburst tend to happen less often than before, and mainly around the computer. there is computer games that trigger these outburst although directed at the game, the shouting can be stressful to the rest of us in the house. the outburst used to be when having to go to school, however he has not attended school this year due to lack of motivation and the anxiety and distress the school environment brings.

Trigger?
the main outburst is when r is being asked to come off the computer at night for everyone to be able to go to bed, or if he feels there is no reason or logic to what is being asked of him, he doesn't respond well to what he perceives as demands. he can become verbally aggressive, he also doesn't like reminding that he has to take his insulin which he states he can take himself, however he forgets very quickly and this doesn't happen, he then has an outburst when reminded to take it again

How often?
we have strategies to help work around these, however, the bedtime getting off the computer can still cause problems 1 - 3 times a week.

How severe?
he will shout, scream, and slam doors, he has little recollection afterwards.

Interfering with quality of life?
they can as it takes a process to try avoid these triggers that he finds difficult, there is not always time to do this, it also can cause distress to both his siblings.

Done anything about it?
yes we have worked on what causes distress and we work with an anxiety curve, this allows him to state what number he is at and we have an agreement and what should happen at these stages.

>> **Open-ended comments: Self**

Trigger?
people trigger my temper

Unstable and elevated mood

Dawba ID: Withheld

Details: Young Person YP

	Mother	Self
Unstable mood	+	++
Rapid	++	++
Marked	++	++
Unpredictable	-	++
Frequent	++	++
Duration	Hours	Hours
Elevated mood	+	-
Cheerful	+	
Talking fast	++	
Active	++	
Achieving more	++	
Noisy	++	
Spends money fast	-	
Needs less sleep	++	
Restless	++	
Over-sexed	-	
Frequent changes of plan	-	
Full of energy	++	
Talks to strangers	+	
Excitable	+	
Less concerned about trouble	+	
Invades personal space	++	
Over-confident	+	
Takes serious risks	++	
Jokes and laughs more	+	
More outgoing	+	
Irritable	+	
Distractible	+	
Disinhibited	++	
Poor concentration	++	
Too bossy	-	
Appearance neglected	++	
Rapid shifts of topic	+	
Visual hallucinations	-	
Auditory hallucinations	-	
Special powers	-	
Regret afterwards	++	

Unstable and elevated mood

Dawba ID: Withheld

Details: Young Person YP

Length of episode	< day	
Mixed affective state	++	
High in the last 4 weeks	-	
Longest episode in the last 4 weeks		
Impact on family life	++	
Impact on friendships	++	
Impact on learning	+++	
Impact on leisure	++	
Burden	+	

>> **Open-ended comments: Mother**

Description of the problem
yp had a belief that he had superpowers as a child up until around 9 yrs old, he has an ability to climbing things that should have been out with his ability at certain ages, such as stair gates he could climb over at the age of 11 month and climbed out his cot just coming up on 10months old. when he is particularly excited about something he has absolutely no danger awareness and restraining him can be difficult. he speaks over everyone if he finds his topic exciting or interesting and has no awareness that people are less interested about it.

How often?
only when something is exciting to him, with such a low mood recently these have been very little.

Shortest and longest episodes ever
the episode would last until he had exhausted the thing he found interesting or had attended or completed the thing he found exciting and had wanted to do.

How severe?
tree climbing was a problem he would go to the top without a thought, over talking could also be annoying to others.

First started?
from birth

Interfering with quality of life?
not so much now, this is because he feels low and has very little outside interruptions.

Attention and Activity

Dawba ID: Withheld

DSM-IV prediction: ++

Details: Young Person YP

ICD-10 prediction: +

	Mother	Self
Any concerns?	Yes	
Activity:		
Fidgets	++	
Can't remain seated	++	
Runs or climbs when shouldn't	++	
Can't play quietly	++	
Can't calm down	++	
Impulsiveness:		
Blurts out answers	++	
Can't wait for a turn	++	
Butts into conversations or games	+	
Unstoppable talk	++	
Attention:		
Time on task in mins		
Careless mistakes/inattentive	+	
Loses interest	+	
Doesn't listen	+	
Doesn't finish task	+	
Poor self organisation	++	
Avoids tasks needing thought	++	
Loses things	++	
Distractible	++	
Forgetful	++	
Teacher complains of overactivity	++	
Teacher complains of poor attention	++	
Teacher complains of impulsivity	+	
Child says parents complain		++
Child says teachers complain		++
Child thinks self hyperactive		+
Present for at least 6 months	++	
Age of onset	?	
Distress	++	
Impact on family life	+	
Impact on friendships	+	
Impact on learning	+++	
Impact on leisure	++	
Burden	+	

Attention and Activity

Dawba ID: Withheld

DSM-IV prediction: ++

Details: Young Person YP

ICD-10 prediction: +

>> Open-ended comments: Mother

Description of the problem

in younger years yp would climb on things and under things in supermarkets, in a park and soft paly he would climb on the outside of the equipment as it was more fun. he would try jump off of thing that were very high. now he prefers to avoid these environments and will more ask constantly when will I be finished and when can he go home. he constantly rocks on his gaming chair and can become very shouty , he uses a crossbar on his door to try help with his impulsiveness when he can't sit much longer.

How often?

more when we are outdoors because of dangers such as roads, he is out very little in the past year.

How severe?

he can just run off, often lost him when up at the top of trees. he cannot be consoled at sever points and need some sort of physical activity to help him level out.

First started?

since birth.

Interfering with quality of life?

when outdoor, constantly on alert of where he is.

Done anything about it?

when outdoors we go to more rural settings this help all three children relax a bit.

Substance use in last 4 weeks

Dawba ID: Withheld

Details: Young Person YP

	Self
Cigarettes	-
Number of cigarettes per day	
Strong need for cigarettes	
Wants to reduce cigarettes	
Alcohol	-
Consumed with friends	
Consumed with family	
Consumed alone	
Wants to reduce alcohol	
Annoyed by criticism of alcohol use	
Alcohol use interferes with life	
Strong need for alcohol	
Alcohol use leads to trouble	
Drugs	
Cannabis	-
Ecstasy	-
Solvents	-
Amphetamines	-
Tranquillisers	-
Cocaine	-
Crack	-
Opiates	-
Other drugs	-
Wants to reduce drugs	
Annoyed by criticism of drug use	
Drug use interferes with life	
Strong need for drugs	
Drug use leads to trouble	

Other concerns

Dawba ID: Withheld

Details: Young Person YP

	Mother	Self
Concerns in the first 3 years about:		
Speech		
Social interaction		
Rituals/stereotypes		
Cleared up or continuing?		
Tics		
Thin/dieting		
Abnormal perceptual experience		
Other concerns	++	-
Teacher has complained to parent of other concerns	++	

>> **Open-ended comments: Mother**

Other concerns
my concern is for yp's future, he has little motivation and any strategies we have created over the years he doesn't want to do, he used to be obsessive about his hockey and had other interests, now he can only manage being on the computer and hasn't managed to attend school for a year to enable him to do his national 6's which academically he could have achieved at least a year before he was to sit them, most importantly it is something he wants to do but is struggling to go outdoors, let alone school. i am concerned we can't get him to a level that he is able to manage his diabetes and stay on his own, and if he takes it upon himself to try suicide again.

Informant's account of teacher concerns
his nonattendance at school

Strengths

Dawba ID: Withheld

Details: Young Person YP

	Mother	Self
Qualities:		
Generous	-	+
Lively	-	
Keen to learn	++	
Affectionate	++	
Reliable and responsible	-	+
Easygoing	-	-
Good fun, good sense of humour	++	+
Interested in many things	++	
Caring, kind-hearted	++	+
Bounces back quickly after setbacks	-	
Grateful, appreciative	+	
Independent	-	+
Outgoing, sociable		-
Nice personality		++
Behaviours:		
Helps around the home	-	-
Gets on well with the rest of the family	+	
Does homework without reminding	-	
Creative activities	-	
Good at music		+
Good with computers		++
Good at drama, acting		-
Good at art, making things		-
Likes to be involved in family activities	-	
Takes care of appearance	-	
Good at school work	-	++
Polite	+	++
Good at sport	++	++
Keeps bedroom tidy	-	
Good with friends	+	+
Well behaved	+	+
Raising money for charity, helping others		-
>> Open-ended comments: Mother		
yp is a caring boy who can become easily overwhelmed, he is insightful in peoples personalities and seems to not become involved in pettiness. he saves hugs only for the people most important to him and doesn't sugar coat things therefore you know exactly where you stand. he is good at advice as his attention to detail is great and he sticks to facts.		

Interviewer's Comments

Dawba ID: Withheld

Details: Young Person

Interviewer of Parent1:

we have done a lot of work with r, we have many discussions on best ways forward therefore felt confident in answering the questions, there are many parallels in r's thoughts and behaviours so I may have went over things more than once.