Health of the Nation Outcome Scales for Children and Adolescents (HoNOSCA)

Training Vignettes including recommended ratings

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Background

These vignettes were first constructed at the Centre for Child and Adolescent Mental Health, Eastern and Southern Norway as part of a project to investigate the inter-rater reliability of HoNOSCA, CGAS, and the GAPD when used by clinicians in child and adolescent mental health services (CAMHS). The case vignettes were based on anonymous clinical descriptions from experienced clinicians working in CAMHS in different countries. We changed the descriptions further in order to include symptoms and problems from different main parts of DSM-IV and ICD-10 (chapter V) with an approximately normal distribution of severity measured by CGAS in the clinical range. The resulting vignettes are all constructed stories and none are real people. It is also worth noting that these vignettes are on average more severe than cases from studies of outpatients. We included a wide range of problems and symptoms in a restricted number of cases.

As part of this project we studied cross-national differences in the use of these instruments. We translated the case vignettes, according to generally accepted procedures, from Norwegian to English and Danish. Thirty clinicians from five different countries (Norway, England, Denmark, Australia and New Zealand) independently scored the vignettes. From each country there were six raters. Afterwards each national group met and discussed the discrepancies in scores, and agreed upon a national consensus. We (the authors) then compared our national scores and discussed the discrepancies until we could arrive at a cross-national consensus represented by the recommended ratings given here.

Agreement about assessment in mental health is always challenging. Results from the cross-national study will be published separately. One of the important benefits of these vignettes in our consensus discussions was that they helped to make overt the different assumptions and working knowledge that sometimes contributed to different ratings.

Uses

These case vignettes can be used as training materials for clinicians who are going to use the Health of the Nation Outcome Scales for Children and Adolescents (HoNOSCA)[1]. They are also suitable for training in the Children's Global Assessment Scale (CGAS)[2] and the Global Assessment of Psychosocial Disabilities (GAPD)[3]. Our recommended scores are presented along with rationales and clarifications as required. The vignettes should be used together with the scoring instructions for the HoNOSCA, CGAS and GAPD including the glossaries and recommended anchor points as appropriate.

Acknowledgements

Thanks to all clinicians who contributed with anonymous clinical descriptions.

We would also like to thank the other raters from each country who not only evaluated and scored all the 20 case vignettes, but also met and discussed their discrepancies afterwards – a demanding exercise taking hours! The national group members in addition to ourselves were:

[1] Gowers, S. G., Harrington, R. C., Whitton, A., et al (1999) Health of the Nation Outcome Scales for Children and Adolescents (HoNOSCA). Glossary for HoNOSCA score sheet. Br.J.Psychiatry, 174, 428-431.
[2] Shaffer, D., Gould, M. S., Brasie, J., et al (1983) A Children's global assessment scale (CGAS). Arch Gen Psychiatry, 40, 1228-1231.
[3] World Health Organization (1996) Multiaxial classification of child and adolescent psychiatric disorders.

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The rating rationales were penned by Tim Coombs and Peter Brann based upon the author's discussions.

Vignette 1: Maria, 9 years

Maria is referred to the outpatient clinic due to obsessive-compulsive symptoms.

Symptoms and behavioural problems

During the past month there has been an increase in extensive obsessive-compulsive symptoms. She frequently washes her hands, many times a day, each time for approximately 10 minutes. She says she gets scared if she does not wash. If someone touches her, she feels she immediately has to wash the area they have been in contact with or she has to change clothes. It is obvious that she avoids touching things and others touching her. The symptoms vary. Sometimes they are out of control and she demands her parents take into consideration that she must not get dirty, has to change clothes, or that she is unable to finish washing when they are leaving for somewhere. She has said that her need to wash so much is difficult for her and that she sometimes feels sad, although this passes quickly. She can become very irritated and stressed if unable to wash herself.

Her mother says that she has always been a social and active child who has enjoyed playing outdoors. However, she now stays at home more than previously. There are no problems with restlessness. Her concentration at school is good. At home she sometimes gets so angry that she screams, but not in such a manner that the parents consider it a problem. She sleeps well.

Social problems

Lately Maria's contact with friends has been reduced. She now only has one friend who she spends a bit of time with. She has not missed school, but often walks alone in the schoolyard and quite often turns to adults. She sings in a choir and plays the violin and this is still going fairly well. She has a sister who is two years her junior whom she enjoys being with.

Both parents have demanding positions. They are resourceful and their relationship is good. They also have many friends and a large family they spend a lot of time with.

Developmental disorders and somatic problems

Maria's psychomotor and language development has been normal. There have been no particular physical diseases of note. The school report that she is doing well academically, but lately her performance has dropped somewhat and the teacher has raised this with her parents.

Lack of information and knowledge

During the past two weeks her parents have spoken to many people regarding what Maria's problem could be, and they believe she is suffering from an obsessive-compulsive disorder. Her father had obsessive-compulsive symptoms for a period during high school. He received successful treatment for his problems. Consequently, they wonder whether a training program for Maria might be an option and perhaps also medication despite her young age. They also wish to attend family consultations so all four of them can receive help to talk about what is happening.

Recommended ratings for Vignette 1, Maria 9 years:

Item	Brief description	Rating	Rationale
1	Problems with **Disruptive, Antisocial, or Aggressive Behaviour**	1	The consensus rating is for a sub clinical problem. Maria displays aggressive behaviour and she can become very irritated. At home she sometimes gets so angry that she screams, but not in such a manner that the parents consider it a problem.
2	Problems with **Overactivity, Attention, or Concentration**	0	No indication of Overactivity, Attention or Concentration problems. Her concentration is considered good and she is not restless.
3	**Non–accidental Self-injury**	0	No indication of Non-accidental Self-injury.
4	Problems with **Alcohol, Substance or Solvent Misuse**	0	No indication of Alcohol, Substance or Solvent Misuse.
5	Problems with **Scholastic or Language Skills**	2	Maria's recent deterioration in school performance warrants a mild rating. Although not marked it is significant enough for teachers to raise the issue with her parents. This would be sufficient to warrant clinical attention although the fact that it has only 'dropped somewhat' indicates that a more severe rating is not necessary.
6	**Physical Illness or Disability**	0	No indication of Physical Illness or Disability problems.
7	Problems associated with **Hallucinations, Delusions, or Abnormal Perceptions**	3	Maria believes that she must change or wash if touched. While the vignette does not say this explicitly, the rating of 3 here occurs as there appears to be a clear cognitive element to this presentation. That is, Maria appears to believe that something bad will happen if she does not engage in cleaning. Patients do not always make the connection between behaviours, emotions and cognitions explicit. Whether her belief is seen as delusional or an overvalued idea, Maria is moderately preoccupied with this belief. Note that the fear she experiences when not washing are emotional symptoms and rated at Scale 9.
8	Problems with **Non-organic Somatic Symptoms**	0	No reported Non-organic Somatic Symptoms.
9	Problems with **Emotional and Related Symptoms**	3	Maria gets scared if she does not wash. This fear and anxiety warrant a rating of 3. She also reports passing sadness however as the anxiety is the more severe symptom, the rating is informed by the anxiety surrounding the washing.

Item	Brief description	Rating	Rationale
10	Problems with **Peer Relationships**	3	With only one friend, and the reduction of contact with other friends, Maria has developed moderate problems with her peers. She is not severely social isolated as she still has a friend with whom she spends time.
11	Problems with **Self-care and Independence**	2	While it is easy to see this scale as focussing purely on deficits in Self-care and Independence, the raters believe that problems may also occur in self-care due to excess. In Maria's situation, her excessive cleaning and washing represent a definite problem in self-care. Her inability to stop washing interferes with her ability to get herself ready for other activities and it is this impaired organisational ability that informed this rating.
12	Problems with **Family Life and Relationships**	0	No problems with Family Life and Relationships.
13	**Poor School Attendance**	0	No problems with Poor School Attendance as there has been no absenteeism.
TOTAL SCORE			**14**
14	Problems with **knowledge or understanding about the nature of the child or adolescent's difficulties (in the previous two weeks)**	0	No problems with lack of knowledge – nature of difficulties. Perhaps as a result of the fathers past experience, the parents have an understanding of obsessive-compulsive disorder and associated difficulties.
15	Problems with **lack of information about services or management of the child or adolescent's difficulties**	0	The family are speculating on appropriate management approaches and display no problems.
CGAS (Children's Global Assessment Scale)		49	Maria's worries cause a moderate degree of interference in functioning at home and with friends and mild interference in functioning at school.
GAPD (Global Assessment of Psychosocial Disabilities)		3	Maria's functioning is moderately disabled in peer and self-care domains.

Vignette 2: Helena, 11 years

Helena is referred from the department of paediatrics at the hospital due to fatigue, pain, dizziness and sadness.

Symptoms and behavioural problems

During the past three months Helena has been increasingly tired and has complained of bodily pains, particularly in the stomach, the neck and head and she has felt very dizzy. She has been admitted to the hospital for the past three weeks and has been thoroughly assessed, without findings that could explain her symptoms. She can barely sit upright in a wheelchair. She and her parents are certain she is suffering from an undiscovered serious illness that is causing these symptoms. She says she feels sad all of the time and never has a happy moment. She has had no suicidal thoughts. She wishes she was not so worn out and that she did not have so much pain.

There has been no overt aggression. Her concentration is severely reduced; she cannot read, and can only watch TV for a maximum of five minutes before she is forced to stop because she gets so tired.

Social problems

Schoolmates frequently visit Helena at the hospital and there is much talk of her illness at school. She cannot care for herself at all, but must be fully assisted in her bed or in the wheelchair. She can barely lift her arms. She has great difficulty swallowing and must be fed with liquid nourishment. She must be helped to the toilet. Her mother has stayed with Helena the entire time through the three weeks of the admission and she is completely exhausted. The parents say that they otherwise have a good family life. She has an older sister. Helena has been unable to receive any tutoring the past three weeks whatsoever. Contact with the hospital school has been established, but lessons have not started yet.

Developmental disorders and somatic problems

Normal development, previously healthy, good school performance and active in sports.

Lack of information and knowledge

Helena’s parents are in complete disagreement with the doctors at the unit who claim the symptoms are psychologically grounded. There have been conflicts between the parents and the staff, particularly the doctors on this matter. The parents are of the opinion that the treatment program with physiotherapy and active training, which the doctors have initiated, is directly harmful.

Recommended ratings for Vignette 2, Helena 11 years:

Item	Brief description	Rating	Rationale
1	Problems with **Disruptive, Antisocial, or Aggressive Behaviour**	0	No problems with Disruptive, Antisocial, or Aggressive Behaviour.
2	Problems with **Overactivity, Attention, or Concentration**	4	Helena has severely reduced concentration; she cannot read and is only able to watch TV for five minutes.
3	**Non–accidental Self-injury**	0	No problems with Non-accidental Self-injury.
4	Problems with **Alcohol, Substance or Solvent Misuse**	0	No problems with Alcohol, Substance or Solvent Misuse.
5	Problems with **Scholastic or Language Skills**	4	While there is no explicit information in the vignette, the score of 4 is based on the presumption that from the total description, Helena's overall functioning and symptoms are such that it is inconceivable that there has not been a severe impairment in her scholastic performance. She is totally exhausted, unable to concentrate, has had no tutoring over the past weeks, has not yet attended the hospital school and these aspects (rated elsewhere) led the raters to conclude that a severe drop in scholastic performance was more likely than not.
6	**Physical Illness or Disability**	0	No indication of Physical Illness or Disability problems.
7	Problems associated with **Hallucinations, Delusions, or Abnormal Perceptions**	3	This rating was discussed intensely by the raters. The score of 3 is based on the view that her expressed belief that she is suffering from an "undiscovered serious illness" is in the absence of any confirmation from the paediatric department. That the paediatric department referred her was taken to indicate that thorough investigations had occurred. This is seen as an overvalued or unshakable belief which is preoccupying and a moderate problem. It is important to note that, as with all psychiatric investigations, further information may alter the assessment. That is, while Helena may subsequently be found to have an organic illness, at this time based on the thorough investigations of the paediatric department, there is no evidence of any such illness.
8	Problems with **Non-organic Somatic Symptoms**	4	Helena has complained of bodily pains, particularly in the stomach, the neck and head and has felt very dizzy. No organic basis for these symptoms had been found.

Item	Brief description	Rating	Rationale
9	Problems with **Emotional and Related Symptoms**	4	Helena complains of feeling sad all the time and this warrants a higher rating.
10	Problems with **Peer Relationships**	1	Friends visit her however her almost total incapacity suggested that there are probably some difficulties for Helena in engaging with her peers. While future peer relationship problems may be envisaged, Helena currently has frequent contact with peers warranting a rating of 1.
11	Problems with **Self-care and Independence**	4	Helena requires assistance in all areas of self-care and is unable to function independently.
12	Problems with **Family Life and Relationships**	2	Helena's mother has not left her side during the entire admission although she is completely exhausted. This was thought to suggest a mild level of enmeshment.
13	**Poor School Attendance**	4	Helena has not attended school or received any tuition in the past three weeks.
TOTAL SCORE			**30**
14	Problems with **knowledge or understanding about the nature of the child or adolescent's difficulties (in the previous two weeks)**	4	Helena's parents are convinced she is suffering from an undiscovered serious illness that is causing these symptoms. There is complete disagreement about the nature of her illness. It is important to note that the disagreement per se does not indicate that the treating team are always right about the nature of the disorder. The high rating does suggest that it will be more difficult to have a constructive therapeutic relationship.
15	Problems with **lack of information about services or management of the child or adolescent's difficulties**	1	A rating of 1 is indicated given that the parents have access to information about the treatment program even though they totally disagree about an appropriate approach. It is important to note that during development of these consensus ratings there were different opinions, about the best treatment and required services, both across and within nations for many clinical presentations. There will be room for disagreement on this scale when faced with complex disorders. Nonetheless, this scale focuses on a lack of useful information about services or management of a disorder and not whether there is agreement about the approach.
CGAS		18	Helena needs considerable support across a range of self-care activities including feeding, toileting and transfer.
GAPD		7	Helena needs very close supervision for most functions.

Vignette 3: Iris, 14 years

Iris is referred to the outpatient clinic by her doctor at the request of her parents due to eating problems. She does not want to be referred. The parents live together and Iris has an 11 year-old brother.

Symptoms and behavioural problems

Iris's parents are very concerned because Iris has lost weight. For some time they have noticed that she has not been eating well, but at first they thought this was girlish whim that would pass. They have not been allowed to see how much Iris weighs, but can see that she is considerably thinner than before. Clothes that previously fit are now far too big. The parents also say that lately she has looked sunken-eyed and unwell.

Iris thinks her parents are exaggerating. She does not think there is any reason for concern. She says she is fatter than most girls her age and losing a bit more weight will only be good. The past month she has been very tired. When she gets home from school she always has to sleep. Also, the past two weeks she has fallen asleep a couple of times during class at school. She has concentration problems even when she is not tired, but says she is able to concentrate when she has to.

According to her parents Iris has always been conscientious and clever at school. Her parents think her mood fluctuates more than previously, but they have ascribed this to her having become a teenager. She is not particularly sad or down, has not had thoughts about hurting herself and does not use substances of any kind.

Developmental disorders and somatic problems

The past months Iris's results at school have dropped a bit. The parents think this is due to lack of energy. Normal psychomotor development. No physical problems previously. She had her first menstruation a year ago, but has not had menstrual bleeding the past half-year.

Social problems

Iris is well liked and has several close friends she sees daily. She is orderly at home and has had no absenteeism from school. The parents are concerned about whether she is eating and continuously try to keep a look out. This leads to a lot of problems and conflicts at home. Otherwise there are no particular problems in the family.

Lack of information and knowledge

Iris does not think there is any reason for concern. The parents think she may have an eating disorder and that they are in need of help, but they have no knowledge of available treatments.

Recommended ratings for Vignette 3, Iris 14 years:

Item	Brief description	Rating	Rationale
1	Problems with **Disruptive, Antisocial, or Aggressive Behaviour**	0	No indication of problems with Disruptive, Antisocial, or Aggressive Behaviour.
2	Problems with **Overactivity, Attention, or Concentration**	2	Although Iris has problems with concentration, this can usually be controlled.
3	**Non–accidental Self-injury**	0	No indication of problems with Non-accidental Self-injury. No ideas of self-harm.
4	Problems with **Alcohol, Substance or Solvent Misuse**	0	No indication of problems with Alcohol, Substance or Solvent Misuse.
5	Problems with **Scholastic or Language Skills**	2	Over the past several months Iris's school results have dropped "a bit" indicating deterioration in scholastic performance and indicating a mild rating.
6	**Physical Illness or Disability**	3	Iris was seen to have moderately severe physical problems. She has lost weight, appears unwell, sunken-eyed and is tired. Additionally she has ceased menstruating, which was perceived as a physical complication of her eating problem. There was some discussion amongst the raters about the extent to which these symptoms had interfered with her personal functioning. On balance, the view was held that the there was a functional impairment from both the weight loss and cessation of menstruation.
7	Problems associated with **Hallucinations, Delusions, or Abnormal Perceptions**	3	Although having lost weight, Iris continues to perceive herself as fatter than other girls her age.
8	Problems with **Non-organic Somatic Symptoms**	1	Iris was rated as 1 due to her slight sleeping problems. The dilemma with this rating lies with deciding whether her sleeping problems are in fact a physical complication of a psychological disorder. On balance, it was decided that the sleeping problems were best reflected as non-organic somatic symptoms.
9	Problems with **Emotional and Related Symptoms**	1	Iris's parents have noticed mood fluctuations but these do not appear clinically significant.
10	Problems with **Peer Relationships**	0	No indication of problems with Peer Relationships.

Item	Brief description	Rating	Rationale
11	Problems with **Self-care and Independence**	3	Iris has a major problem in one of the key areas of self-care (eating). Her ability to maintain an adequate nutritional intake is clearly impaired for her chronological age. It is important to note that the physical, the perceptual, and the non-organic complications of her eating disorder have already been rated. What is being attended to with this scale is her level of functioning for her age.
12	Problems with **Family Life and Relationships**	2	The monitoring behaviour of Iris's parents has resulted in a lot of problems and conflicts at home. Given the absence of other problems in the family, this is rated as only a minor problem. It is worth noting that having a rating on HoNOSCA is not the same as declaring pathology. It is quite common for close monitoring and tension to exist within families where disorders such as these occur. Nonetheless, it is a problem that a clinician would be aware of and attempt to address.
13	**Poor School Attendance**	0	No indication of problems with Poor School Attendance.
TOTAL SCORE			**17**
14	Problems with **knowledge or understanding about the nature of the child or adolescent's difficulties (in the previous two weeks)**	2	The disagreement between Iris and the doctors indicates definite problems in her understanding of her difficulties. The parents and the doctors agree. While the rating points refer to parents/carers, the glossary also refers to the child's understanding of their difficulties.
15	Problems with **lack of information about services or management of the child or adolescent's difficulties**	4	Neither the parents nor Iris have any information about available treatments.
CGAS		50	Iris is often tired and has fallen asleep at school indicating a moderate degree of interference in functioning.
GAPD		3	Iris has some severe symptoms though her overall functioning is only mildly disabled.

Vignette 4: Catherine, 16 years

A doctor at the Department of Paediatrics refers Catherine to the outpatient clinic due to a serious suicide attempt.

Symptoms and behavioural problems

Catherine took an overdose two days ago. She had turned back on her way to school, taken all of the tablets she found in the cupboard and lay down on the bed. It was a coincidence that her mother came home from work at lunch and found her in a coma. Her stomach was pumped and she has been in an intensive care unit for two days. She has continuous suicidal thoughts, is sad that she was unable to complete the attempt and says she will use the first available opportunity to kill herself.

She has not been particularly agitated, but has had constant outbursts of anger at home. Her parents complain that her mood swings, irritability and verbal aggression at home have been intolerable. For some time they have been trying to arrange respite accommodation for her. She also has problems concentrating, both at school and at home. According to her teacher, her school performance has dropped the past year. She has never used alcohol or illicit substances.

Catherine thinks she is exposed to evil forces. During the past two months she has had increasing auditory hallucinations. This has frightened her and has given her a feeling of loosing control. She is afraid of being abducted by people who are driven by these evil forces. Consequently, she is afraid to go out when it is dark. Catherine feels overwhelmed by her problems and has been feeling down the past weeks. She would like to be beautiful, self assured and popular. She sleeps well.

Developmental disorders and somatic problems

Catherine has had poor school performance throughout the years and recently failed on four out of six exams. Intellectually she has been classified in the lower normal range, her strength being in visual attention for details. She is artistically talented, good at sports, but has problems in theoretical subjects. She has always been physically healthy.

Social problems

Catherine has little contact with peers of her own age. Her mother claims that she has always had problems making friends. Catherine reports conflicts with other pupils every week and some days she does not attend school. Her parents have been under substantial strain. There is continuous conflict and trouble at home, amongst other things with her 10 year-old brother, who has autism and ADHD. She has no problems with her personal hygiene.

Lack of information and knowledge

Her parents think that the problems are a result of Catherine being short tempered and feel that she demands too much of them. They are certain that the solution is respite accommodation, because they themselves cannot handle the difficulties that frequently arise and they feel worn out. They come to the outpatient clinic referred by the doctor who assessed her as suicidal. He was worried that she may also be psychotic, something her parents do not think is correct. Catherine says she feels she has changed and that she sometimes feels confused about what is happening to her. She says that no one can help her.

Recommended ratings for Vignette 4, Catherine 16 years:

Item	Brief description	Rating	Rationale
1	Problems with **Disruptive, Antisocial, or Aggressive Behaviour**	3	Catherine has displayed irritability and verbal aggression and there have been angry outbursts and these are seen as a moderate problem.
2	Problems with **Overactivity, Attention, or Concentration**	3	Catherine has problems concentrating both at home and school.
3	**Non–accidental Self-injury**	4	Catherine made a serious attempt at suicide two days ago; She has continuous suicidal thoughts and is sad that she was unable to complete the attempt.
4	Problems with **Alcohol, Substance or Solvent Misuse**	0	No indication of problems with Alcohol, Substance or Solvent Misuse.
5	Problems with **Scholastic or Language Skills**	3	There has been a clear deterioration in her scholastic performance more recently having failed on four out of six exams. Note that this rating presumes that her long-standing poor school performance does not involve such a rate of failure as typical for her. If she had constantly failed like this, then her performance would not have been seen as being below the expected level for her.
6	**Physical Illness or Disability**	4	Catherine was found in a coma during the rating period and this is a severe incapacity due to a physical health problem.
7	Problems associated with **Hallucinations, Delusions, or Abnormal Perceptions**	4	In the past two weeks her auditory hallucinations have been causing increasing distress to the extent that she feels overwhelmed. Catherine believes that she has been exposed to evil forces.
8	Problems with **Non-organic Somatic Symptoms**	0	No indication of problems with Non-organic Somatic Symptoms.
9	Problems with **Emotional and Related Symptoms**	3	Catherine has been feeling frightened and down for several weeks indicating a moderately severe problem.
10	Problems with **Peer Relationships**	4	She has little contact with others her own age.

Item	Brief description	Rating	Rationale
11	Problems with **Self-care and Independence**	0	No indication of problems in the average level of functioning in her Self-care and Independence. There was a brief period during which she was unable to care for herself while in the coma although the short period was not seen to alter the average level of self-care markedly. The coma itself has been previously rated at scale 6.
12	Problems with **Family Life and Relationships**	3	Home life is described as intolerable and her parents feel worn out.
13	**Poor School Attendance**	3	Catherine has missed school on a number of occasions recently indicating a marked problem with attendance.
TOTAL SCORE			**34**
14	Problems with **knowledge or understanding about the nature of the child or adolescent's difficulties (in the previous two weeks)**	4	Catherine's parents lack an understanding of the full significance of her presentation in particular the psychotic phenomena.
15	Problems with **lack of information about services or management of the child or adolescent's difficulties**	3	Although respite may be an appropriate intervention, it is not the only management solution.
CGAS		8	Catherine was in a coma and needed constant supervision in the intensive care unit.
GAPD		7	GAPD does not include disability due to physical cause, so Catherine being in a coma does not contribute to the rating. She is in need of close supervision to avoid danger to self, and has reduced psychosocial functioning in several domains.

Vignette 5: Ingrid, 7 years

Ingrid is referred by the school doctor. Her father is a graduate engineer and her mother is a stay at home mum. Ingrid is an only child.

Symptoms and behavioural problems

Her mother says that Ingrid has always been wary in relation to people she does not know very well, but that she usually appears happy and content at home. She has always been very clingy with her mother and fearful of her mother leaving as she can become afraid that her mother will not return. It took a long time for her to adjust when she started school. There are still problems in getting her to school. She is very withdrawn in relation to other pupils and teachers. Ingrid has stomach pains several times a week. Her primary doctor has assessed this without finding any physical cause. The stomach pains are primarily present in the morning. The teacher has told her mother that Ingrid appears very anxious if someone pays her attention. If the teacher is strict with the entire class due to noise and misbehaviour, Ingrid often starts crying. The teacher is also under the impression that Ingrid eats her lunch very slowly in order to avoid going out during the main break. When they can choose, Ingrid always wants to stay in the classroom to draw. If the teacher asks Ingrid about something in class she blushes and is unable to answer. Mother says that Ingrid often worries that something may happen to her parents or grandparents.

Ingrid is clever and conscientious at school. She never makes any trouble in class and her concentration is good.

Developmental disorders or somatic problems

None.

Social problems

Ingrid has no good friends in her class. Nor does she dare go home with anyone. At birthday parties her mother has to be present the entire time, otherwise Ingrid will not attend. The parents in the area take turns walking the children to school, but Ingrid will not go to school without her mother. There has been no absenteeism from school. There are no particular problems in the family.

Lack of information and knowledge

Her mother has always perceived Ingrid as shy and anxious and has thought that it would pass. However, she now sees that this inhibits Ingrid socially and at school and she therefore wishes to receive help. She does not know the cause of the problems and is not familiar with treatment methods.

Recommended ratings for Vignette 5, Ingrid 7 years:

Item	Brief description	Rating	Rationale
1	Problems with **Disruptive, Antisocial, or Aggressive Behaviour**	0	No indication of problems with Disruptive, Antisocial, or Aggressive Behaviour.
2	Problems with **Overactivity, Attention, or Concentration**	0	No indication of problems with Overactivity, Attention, or Concentration.
3	**Non–accidental Self-injury**	0	No indication of problems with Non-accidental Self-injury.
4	Problems with **Alcohol, substance or solvent misuse**	0	No indication of problems with Alcohol, Substance or Solvent Misuse.
5	Problems with **Scholastic or Language Skills**	0	No indication of problems with Scholastic or Language Skills.
6	**Physical Illness or Disability**	0	No indication of problems with Physical Illness or Disability.
7	Problems associated with **Hallucinations, Delusions, or Abnormal Perceptions**	0	No indication of problems with Hallucinations, Delusions, or Abnormal Perceptions.
8	Problems with **Non-organic Somatic Symptoms**	3	Ingrid has stomach pains several times a week for which there is no apparent physical cause.
9	Problems with **Emotional and Related Symptoms**	3	Ingrid often worries and appears anxious at times at school but this does not intrude into all activities indicating a moderately severe problem.
10	Problems with **Peer Relationships**	4	Ingrid has no friends and is severely socially isolated.
11	Problems with **Self-care and Independence**	2	Ingrid is unable to attend birthday parties without her mother remaining. This indicates a definite problem area in expectations for her age. As an aside, while this is highly likely to be compounded by her lack of friends, it remains a problem in its own right.
12	Problems with **Family Life and Relationships**	0	No indication of problems with Family Life and Relationships.
13	**Poor School Attendance**	0	No indication of problems with Poor School Attendance.

Item	Brief description	Rating	Rationale
TOTAL SCORE			**12**
14	Problems with **knowledge or understanding about the nature of the child or adolescent's difficulties (in the previous two weeks)**	2	While Ingrid's mother has some understanding about her difficulties, this understanding is incomplete and appears to understate the extent of the problem.
15	Problems with **lack of information about services or management of the child or adolescent's difficulties**	4	Ingrid's mother does not have any knowledge of treatment services.
CGAS		48	Ingrid displays anxiety which produces a moderate degree of interference in functioning such as class participation.
GAPD		4	Ingrid has serious social disabilities in peer relationships and managing her interactions with adults.

Vignette 6: John, 5 years

John was referred to the outpatient clinic due to difficult behaviour in day-care. He lives with his mother and a three year-old sister. His father moved out three months ago.

Symptoms and behavioural problems

John is a slight boy who is in continuous conflict at day-care. It has been difficult for the staff to control him and get him to obey rules. He is agitated and has difficulty sitting still without an adult attending to him. His concentration is poor and he does not play for long with other children. Over the past half year John's behaviour has been increasingly aggressive. It is not uncommon for him to hit the other children and the other parents have started to complain to the day-care staff that their children are afraid of John. Sometimes John is unhappy but this is always in connection with specific situations. He is not particularly anxious and has no other symptoms. The staff have contacted his mother several times. At first his mother claimed that she did not have any problems with him. But during the last meeting with the preschool teacher, she broke down and reported that she was having a very hard time with John. In connection with the father moving out, things have become even more difficult. Mother has not dared to tell anyone, or ask for help, because she is afraid that someone might accuse her of being a bad mother and that the children would be taken away from her.

Developmental disorders and somatic problems

John has delayed language development far below expected performance with regard to word comprehension and receives extra help from a speech therapist. He walked at 10 months and has had normal motor development. He has had epilepsy since the age of two with seizures where he stares emptily in front of him for up to 10 sec. He is medicated with Depakene and currently has fewer seizures (2-5 per week).

Social problems

John does not have any particular friends in the neighbourhood and at day-care the other children often do not want to play with him. He is often angry and spends quite a bit of time on his own or with adults. His parents fight a lot and do not cooperate well with regard to the children. Several times the father has not turned up at appointed times to take care of the children. Because of this the visits with father have recently become less frequent.

Lack of information and knowledge

The father has not been in touch with the outpatient clinic, but has acknowledged that the mother needs help with the children. The mother says she does not know why John is difficult to control or why he gets so angry. She does not think it has anything to do with the epilepsy, but says that she sometimes wonders if it is difficult for him to express what he wants. She is unaware of any available treatment methods.

Recommended ratings for Vignette 6, John 5 years:

Item	Brief description	Rating	Rationale
1	Problems with **Disruptive, Antisocial, or Aggressive Behaviour**	4	John has become increasingly aggressive. He is disruptive in almost all activities and it is not uncommon for him to hit other children.
2	Problems with **Overactivity, Attention, or Concentration**	3	John's concentration is described as poor. He is agitated and will not sit still without an adult attending to him. His concentration problems appear to be often uncontrollable although he can stay still with an adult present.
3	**Non–accidental Self-injury**	0	No indication of problems with Non-accidental Self-injury.
4	Problems with **Alcohol, Substance or Solvent Misuse**	0	No indication of problems with Alcohol, Substance or Solvent Misuse.
5	Problems with **Scholastic or Language Skills**	4	John has delayed language development far below that expected for his mental age.
6	**Physical Illness or Disability**	2	He has 2–5 seizures a week where he stares emptily in front of him for up to 10 sec. This interferes with his personal functioning.
7	Problems associated with **Hallucinations, Delusions, or Abnormal Perceptions**	0	No indication of problems with Hallucinations, Delusions or Abnormal Perceptions.
8	Problems with **Non-organic Somatic Symptoms**	0	No indication of problems with Non-organic Somatic Symptoms.
9	Problems with **Emotional and Related Symptoms**	1	Sometimes John is seen as unhappy indicating transient mood changes.
10	Problems with **Peer Relationships**	4	John does not have any friends in his neighbourhood or at day-care. Other children actively avoid contact with him.
11	Problems with **Self-care and Independence**	0	No indication of problems with Self-care and Independence.
12	Problems with **Family Life and Relationships**	3	The fighting and lack of cooperation between John's parents, as well as his father's inconsistency with planned visits indicate a moderate problem with family relationships. These factors are highly likely to be affecting John.

Item	Brief description	Rating	Rationale
13	**Poor School Attendance**	0	Although there are difficulties at day-care, there is no indication of problems with Poor School Attendance.
TOTAL SCORE			**21**
14	Problems with **knowledge or understanding about the nature of the child or adolescent's difficulties (in the previous two weeks)**	3	Neither parent appears to have an understanding of John's difficulties. While there is recognition that John has difficulties expressing himself, there is little understanding of the extent or cause of these difficulties.
15	Problems with **lack of information about services or management of the child or adolescent's difficulties**	4	John's mother has no idea about treatment options.
CGAS		41	John is in constant conflict at day-care displaying frequent episodes of aggressive or antisocial behaviour indicating a moderate degree of interference in functioning.
GAPD		5	John has serious problems across most social domains.

Vignette 7: Sylvia 17 years

Sylvia is referred to the outpatient clinic due to suicide risk, depression and excessive use of alcohol.

Symptoms and behavioural problems

The past year Sylvia has spent a lot of time with a gang of adolescents who have been under surveillance by the police. She has attended parties every weekend, sometimes also during weekdays and has gotten drunk once or twice a week for the past half year, most recently a week ago. The police have intervened at several of the parties she has attended. Once they arrested a party participant because he had fired a shotgun through the window at someone outside. She herself has never been violent towards others. Two months ago one of the adolescents was killed after hanging behind a bus on a bicycle. This caused a lot of discussion and strong reactions in the neighbourhood because this activity had been a major problem for some time. Since then, Sylvia has said several times that although she did not know him very well, she would like to meet this boy again by killing herself. She has been more aggressive at home the past week and has broken some objects in anger.

She has been unable to concentrate on schoolwork or other things, has continuously been out with friends and has been unable to accomplish plans. No psychotic symptoms. For many years she has suffered from low self-esteem and fear of standing out and being noticed. The past three months, particularly the past three weeks, she has been very depressed, cried a lot, said she is worn out and that everything is hopeless. She has been more unkempt, very passive and takes little initiative. The parents feel that the problems have increased the past weeks. Three days ago Sylvia took 10 Paracetamol tablets with intent to die, but grew frightened and told her mother, who got her to the emergency room. They have been particularly worried after this. She has stayed in bed the past two days, says she feels terrible, and is not up to anything. She does not think anyone can help her and she says she still wishes to die. She thinks she has to take more tablets than last time in order to die. Her parents often look in on her, but are not presently afraid she will hurt herself, because they have removed all tablets from the house. But they are in despair over her condition.

Developmental disorder and somatic problems

Sylvia is physically healthy. Only two years ago it was discovered that she is dyslectic. She has always had poor results at school, but the past months she has missed so much school that the teacher cannot give her a grade.

Social problems

Sylvia says she previously had a few close girlfriends but that she made several new friends last year and that she became less withdrawn. However, she often experiences being exploited by others and feels that they do not take her feelings into consideration. For a long time she has been completely dependent on her parents to get up in the morning and often she has not made it to school. During the past weeks she has been more at home than at school. She argues a lot with her parents. The parents have a stable relationship and cooperate as best they can although the father is on work assignments abroad for several weeks at a time. The mother is exhausted.

Lack of information and knowledge

Sylvia’s parents feel their daughter is in great need of help. They do not know why she is so depressed, but think she needs help to reduce her alcohol intake and get away from the gang. They wish for her to receive treatment for her depression, but do not know what is possible or if CAMHS is the right place.

Recommended ratings for Vignette 7, Sylvia 17 years:

Item	Brief description	Rating	Rationale
1	Problems with **Disruptive, Antisocial, or Aggressive Behaviour**	2	She has been more aggressive at home in the past week and has broken some objects in anger. This is relevant to this scale and considered a problem of mild severity.
2	Problems with **Overactivity, Attention, or Concentration**	3	She has difficulty concentrating on schoolwork or other things. Furthermore, she has been unable to accomplish plans. This appears to be a clinically significant problem and rated moderate severity.
3	**Non–accidental Self-injury**	3	During the rating period, Sylvia had taken a small overdose and sought assistance from her mother. This behaviour is the worst manifestation over the two week period and considered clinically significant.
4	Problems with **Alcohol, Substance or Solvent Misuse**	3	She has attended parties every weekend, sometimes also during weekdays and has gotten drunk once or twice a week for the past half-year. This reported alcohol use is considered significantly outside age norms.
5	Problems with **Scholastic or Language Skills**	3	Sylvia has dyslexia but more importantly she has experienced deterioration in academic performance. Her results have deteriorated from poor to unable to be graded. A key issue here is that it can be difficult to establish scholastic performance for older adolescents. This is particularly so when they have been absent. However, it is possible to be absent and not have deterioration in one's results. In Sylvia's case, she has both. The absenteeism will be rated at Scale 13.
6	**Physical Illness or Disability**	0	No indication of problems with Physical Illness or Disability.
7	Problems associated with **Hallucinations, Delusions, or Abnormal Perceptions**	0	No indication of problems with Hallucinations, Delusions or Abnormal Perceptions.
8	Problems with **Non-organic Somatic Symptoms**	0	No indication of problems with Non-organic Somatic Symptoms.
9	Problems with **Emotional and Related Symptoms**	4	There is a lot of evidence that Sylvia has severe emotional symptoms. She has been very depressed, cried a lot and said that everything is hopeless.

Item	Brief description	Rating	Rationale
10	Problems with **Peer Relationships**	2	Sylvia has formed some relationships in the past year; yet, she often experiences being exploited by others and feels that they do not take her feelings into consideration. As with the gang that Sylvia has been hanging around with, the illegal or dangerous activities of peers may sometimes create concerns for clinicians. However the glossary for this scale is primarily concerned with withdrawal from or over-intrusive, peer relationships.
11	Problems with **Self-care and Independence**	3	She has been more unkempt and completely dependent upon her parents to get up in the morning.
12	Problems with **Family Life and Relationships**	2	The evidence indicates that her mother is exhausted and that her father is absent abroad for several weeks at a time. It appears that there are mild but definite difficulties in her family life and relationships.
13	**Poor School Attendance**	4	During the past weeks, she has been more at home than at school. Her absence at school has been noted by teachers and considered a severe and clinically significant problem.
TOTAL SCORE			**29**
14	Problems with **knowledge or understanding about the nature of the child or adolescent's difficulties (in the previous two weeks)**	2	While Sylvia's mother has some knowledge of her depression and alcohol intake, there is a mild problem in understanding the basis of the depression.
15	Problems with **lack of information about services or management of the child or adolescent's difficulties**	3	There is a moderately severe problem in that the parents appear to have little information about the appropriate service or management approach to Sylvia's difficulties. The mere fact of attending an outpatient clinic does not in itself indicate that clear information about the best place for treatment has been obtained.
CGAS		33	Sylvia has made a suicide attempt with clear lethal intent indicating a major impairment in functioning.
GAPD		6	During the rating period, Sylvia has required ongoing supervision at her lowest point.

Vignette 8: Henry, 7 years

Henry was referred to the outpatient clinic due to anxiety, sleeping and concentration problems. The problems have been present the past year. Fifteen months ago, Henry was in a serious accident. He drove a toy truck outside a steep hill and collided with a pole. He fractured his skull and his left thighbone. Henry was conscious until he was put under anaesthetic at the hospital. Due to haemorrhaging they almost lost him several times during the operation. Henry lives with his parents and brother who is two years older than him.

Symptoms and behavioural problems

The past year Henry has had problems falling asleep at night. His parents have to sit with him until he falls asleep. He wakes up almost every night. His parents say it seems like he has nightmares and he is frightened upon awakening. Still he usually gets enough sleep. They have also noticed that Henry hides toys that have broken. One day he came running home from the neighbour's boy, very frightened and upset, because he had seen a spider man figure that had lost its leg. Lately Henry has also started getting up at night and eating fish. When his mother asked him why, he replied that otherwise his heart might stop. Mother relates this to the fact that they have talked about fish being healthy for the heart. At school Henry is well liked, not aggressive or antisocial. However, he does have some concentration problems. The teachers say they became aware of this about half a year ago and have dealt with it so that it is not a big problem for him in class.

Developmental disorders and somatic problems

Since the accident Henry limps and he stumbles easily when he is running. This makes it difficult for him to keep up when he is playing football with his friends. Upon the advice of his physical education teacher he is the goalkeeper, which he enjoys. He does well academically.

Social problems

Currently Henry withdraws when other children play with human-like figures or dolls. His mother thinks he is afraid they will break. It is a problem that Henry does not want to go home with friends from his class. He only visits the next-door neighbour's boy, whom he knows very well. Henry is also frightened and becomes upset if his parents are going to a party or one of them has to travel with work. Therefore, they only attend parties together on very special occasions and his mother has told her employer that she cannot travel. Aside from the time in the hospital Henry has had normal school attendance. There are no particular problems in the family.

Lack of information and knowledge

His parents have thought that Henry's problems are a result of his becoming more timid after the accident. They think the sleeping problems arose because it was difficult for him to sleep in the room he shared with several other people at the hospital. They find it strange that his problems have not diminished. His parents heard that other children with sleeping problems have benefited from sleeping tablets so they contacted their doctor, who referred them to CAMHS.

Recommended ratings for Vignette 8, Henry 7 years:

Item	Brief description	Rating	Rationale
1	Problems with **Disruptive, Antisocial, or Aggressive Behaviour**	0	There are no reports of Disruptive, Antisocial, or Aggressive Behaviour.
2	Problems with **Overactivity, Attention, or Concentration**	2	Henry appears to have a concentration problem and measures are in place by the school. Mildly severe problem and therefore clinically significant.
3	**Non–accidental Self-injury**	0	No indication of problems with Non-accidental Self-injury.
4	Problems with **Alcohol, Substance or Solvent Misuse**	0	No indication of problems with Alcohol, Substance or Solvent Misuse.
5	Problems with **Scholastic or Language Skills**	0	There are no problems reported and he does well academically.
6	**Physical Illness or Disability**	2	There is a mild but clinically significant impact upon movement.
7	Problems associated with **Hallucinations, Delusions, or Abnormal Perceptions**	2	There is some evidence that Henry has some abnormal perceptions and that these are affecting his behaviour. In particular, he is distressed by a toy with a broken leg (without the vignette highlighting any particular attachment to this toy) and has taken to hiding any toys that are broken. Furthermore, Henry has explained that his waking at night to eat fish is because it is good for his heart. This practice was not in keeping with any norms for Henry's culture and developmental stage. Note that these observations would be sufficient reason for a clinician to investigate further. It is very important to note that this scale is not solely about psychotic phenomena; there may well be abnormal perceptions or thoughts that are neither hallucinatory nor delusional.
8	Problems with **Non-organic Somatic Symptoms**	2	Henry experiences significant sleep problems that include waking from nightmares feeling frightened. Note that it is the sleeping problems per se which are being rated here. The fear is rated at Scale 9.
9	Problems with **Emotional and Related Symptoms**	3	Anxiety and fears impact in many areas for Henry and he is reportedly distressed by these emotional problems.

Item	Brief description	Rating	Rationale
10	Problems with **Peer Relationships**	2	Henry is withdrawing from other children when they are playing with dolls. Additionally, he does not want to go home with friends from his class and only visits the next door neighbour's boy although he is well liked by his class mates.
11	Problems with **Self-care and Independence**	1	Henry requires his parents to sit with him until he falls asleep. This suggests a minor problem with the self-care skills expected for his age.
12	Problems with **Family Life and Relationships**	0	No indication of problems with Family Life and Relationships.
13	**Poor School Attendance**	0	No problems observed or reported.
TOTAL SCORE			**14**
14	Problems with **knowledge or understanding about the nature of the child or adolescent's difficulties (in the previous two weeks)**	3	Henry's parents do not appear to have a good understanding of the link between Henry's fears, his odd behaviour and his sleeping problems.
15	Problems with **lack of information about services or management of the child or adolescent's difficulties**	3	Mild but definite problems in the parents understanding of appropriate management of Henry's problems given their focus on medication for sleep problems. Furthermore, his parents were referred to the CAMHS by their GP.
CGAS		51	Henry displays sporadic difficulties and his problems would not be apparent in a casual encounter.
GAPD		3	While Henry's problems are concerning, he is only exhibiting moderate disability in a couple of domains.

Vignette 9: Sandy, 4 years

Sandy is referred to the outpatient clinic from the well-baby clinic, with a question of whether he might be hyperactive. He lives with his parents and has a sister who is two years his elder.

Symptoms and behavioural problems

The parents describe Sandy as a boy who almost never sits still. The only time they see him concentrating is when he gets to play with his game boy. During meals they can barely get him to sit at the table. The staff at day-care say that in situations with a lot of staff and adult supervision, Sandy can play relatively quietly, but they see that he quickly becomes agitated in less structured situations. Every day there are episodes where Sandy hits other children. In situations with limit setting he often hits or kicks his parents. This has not happened with the adults at day-care. He has, however, never hurt anyone. The week before the consultation, Sandy had thrown a flowerpot from the balcony on the 4th floor. According to his parents it was sheer luck that no one on the sidewalk underneath was hurt.

Sandy wets his pants during the day at least once a week. He uses diapers at night.

Developmental disorders and somatic problems

His parents think that Sandy's language development has been much slower than his sister's. He said Mummy, Daddy and Nini (sister) at about two years of age. When he was three he uttered short sentences such as "Sandy eat", "Mommy come" etc. He now speaks in longer sentences, but has problems with the R and K sounds and he does not pronounce words beginning with the S sound before a consonant. He is physically healthy.

Social problems

At day-care Sandy prefers to play with younger or older children. The children his age do not want to include Sandy when they are playing because they think he is mean. He is never invited home to visit the other children. The parents have tried to invite other children from the daycare to their house several times, but the other parents always politely decline. In the morning at home it is his mother who dresses him. At day-care they try to get him to dress himself when he is going out, but he repeatedly forgets what he is doing and usually one of the adults ends up dressing him. At home he is frequently in conflict with his older sister, although she is now better at withdrawing from the situation. The parents report that there are times when they find it difficult to stay calm and set limits and that they sometimes shake him or lock him in his room.

Lack of information and knowledge

The parents are very worried. Father says that Sandy is a little psychopath and that he knows that people like Sandy often end up in prison or as drug addicts. The parents have asked for a referral to CAMHS because an aunt had said that Sandy might have ADHD and need medication.

Recommended ratings for Vignette 9, Sandy 4 years:

Item	Brief description	Rating	Rationale
1	Problems with **Disruptive, Antisocial, or Aggressive Behaviour**	4	Every day Sandy hits other children. He hits and kicks his parents and is frequently in conflict with his older sister. Sandy's level of disruptiveness at home has led the parents to shake him or lock him in his room. Sandy has thrown a flowerpot from a 4th floor balcony. While this did not hit anyone, it does have a high probability of hurting someone. At age 4, it would be expected that Sandy would understand that throwing a flowerpot from the balcony was dangerous.
2	Problems with **Overactivity, Attention, or Concentration**	3	Sandy almost never sits still although he can concentrate when he plays on his game boy.
3	**Non–accidental Self-injury**	0	No indication of problems with Non-accidental Self-injury.
4	Problems with **Alcohol, Substance or Solvent Misuse**	0	No indication of problems with Alcohol, Substance or Solvent Misuse.
5	Problems with **Scholastic or Language Skills**	2	Sandy has a mild but definite impairment of language. As a specific developmental delay in scholastic or language skills, Sandy's problems are clinically significant. For a more severe rating (eg. 3 or 4), his current language skills would need to be judged to be more below the expected level for Sandy given either his mental age, past performance or his physical ability.
6	**Physical Illness or Disability**	0	Sandy wets his pants during the day at least once a week. He uses diapers at night. The consensus was Sandy's enuresis did not have an organic base and therefore does not warrant rating as a physical illness or disability. If however investigations revealed an organic basis to the enuresis then score 1 here. It is important to note that the enuresis itself should be rated only once, i.e. either on scale 6 or scale 8.
7	Problems associated with **Hallucinations, Delusions, or Abnormal Perceptions**	0	No indication of problems with Hallucinations, Delusions or Abnormal Perceptions.
8	Problems with **Non-organic Somatic Symptoms**	1	At age 4, Sandy's wetting of his pants during the day at least once a week is a slight problem. See the comments at Scale 6.

Item	Brief description	Rating	Rationale
9	Problems with **Emotional and Related Symptoms**	0	No indication of problems with Emotional and Related Symptoms.
10	Problems with **Peer Relationships**	3	Sandy has few peers and prefers to play with younger or older children. His aggressiveness was rated at Scale 1 and the consequent withdrawal from Sandy by his peers is rated here at Scale 10.
11	Problems with **Self-care and Independence**	2	Sandy is dressed by his mother and requires assistance at day-care. This is a definite problem in this area of self-care independence.
12	Problems with **Family Life and Relationships**	3	Relationships within the family home are very difficult. There is conflict between Sandy and his sister. Moreover, his parents are having difficulty coping with his problems and have resorted to ineffective and dangerous management techniques.
13	**Poor School Attendance**	0	No indication of problems with Poor School Attendance. Sandy attends day-care as a precursor to school and there are no reports of attendance problems at day-care.
TOTAL SCORE			**18**
14	Problems with **knowledge or understanding about the nature of the child or adolescent's difficulties (in the previous two weeks)**	3	Sandy's father believes he is a psychopath. The aunt has suggested that he has ADHD and needs medicating. The parents are in need of some helpful understanding of Sandy's situation.
15	Problems with **lack of information about services or management of the child or adolescent's difficulties**	2	Sandy's family has little knowledge of treatment options appropriate to both his age and range of problem areas.
CGAS		43	Sandy has difficulties with aggression and concentration indicating a moderate degree of interference in functioning.
GAPD		4	Sandy has a serious disability across two domains.

Vignette 10: Steven, 15 years

Steven is referred for assessment to the outpatient clinic at the initiative of a teacher at school. The school also wishes to receive counselling, particularly because Steven has been bullied by fellow pupils lately.

Symptoms and behavioural problems

Steven spends a lot of time alone and avoids social situations. There are no problems with substance use, restlessness or aggressive behaviour. There has been no self-harm. He has a passionate interest in maps and road signs. He has a very good memory for road routes and he draws them quickly and precisely. This takes up much of his spare time. During the past few weeks he has been more anxious and withdrawn. During the last few days, when anxious, he has curled up and rocked back and forth silently.

Developmental disorders and somatic problems

After a head injury at six months, his parents thought he gave poor eye contact and they became increasingly worried about his development because they thought he was unresponsive. Initially there was no concern regarding his motor development. But there was a lot of concern about his odd behaviour. For instance, as soon as he was physically capable, he began to run in circles for hours holding an object in his hand. He screamed if anyone tried to stop him. He learned to draw at an early age and copied objects over and over again, with meticulous precision. For some time this was his only activity. He did not talk until the age of four and only used one-word utterances for a long time. Later he repeated sentences and reversed pronouns. He attended a special class until he was 11 years old, and a normal class after that but he has an assistant a lot of the time. He has an excellent memory for learning things by heart and often repeats factual knowledge word by word. His vocabulary is currently good, but his speech is immature, naïve and centred on his special interests. He often repeats his questions to others. Steven is not socially withdrawn, but he prefers the company of adults to children his own age. He has problems understanding unwritten laws for social interaction. Recently his school performance has declined markedly. There are no physical problems.

Social problems

There are currently no difficulties in the family, but Steven has no friends. Lately at school he has been subject to quite serious bullying. The teachers believe this may have gone on for some time without their awareness. They have initiated measures to stop the bullying. Steven has adequate self-care but requires a lot of monitoring from his parents for daily functioning. He is for instance incapable of shopping for food for the family. However, he can manage on his own at home for a couple of hours at a time. He attends school regularly.

Lack of information and knowledge

His parents have understood that he has a developmental disorder with language- and communication problems. They do not know the cause of his problems, but they think it has to do with the head injury he acquired when he was six months old. The parents and Steven’s teacher are not quite sure whether CAMHS is the right place. They have also wondered if the department of paediatrics may have something to offer, but they chose to contact CAMHS first.

Recommended ratings for Vignette 10, Steven 15 years:

Item	Brief description	Rating	Rationale
1	Problems with **Disruptive, Antisocial, or Aggressive Behaviour**	0	No indication of problems with Disruptive, Antisocial, or Aggressive Behaviour.
2	Problems with **Overactivity, Attention, or Concentration**	0	No indication of problems with Overactivity, Attention, or Concentration.
3	**Non–accidental Self-injury**	0	No indication of problems with Non-accidental Self-injury.
4	Problems with **Alcohol, Substance or Solvent Misuse**	0	No indication of problems with Alcohol, Substance or Solvent Misuse.
5	Problems with **Scholastic or Language Skills**	3	While Steven has a history of failing to meet a variety of milestones, the issue relevant to this rating is his recent marked decline in school performance. In other words, whether compared with his mental age or past performance, Steven's performance is less than would be expected for him.
6	**Physical Illness or Disability**	0	No indication of problems with Physical illness or disability problems
7	Problems associated with **Hallucinations, Delusions, or Abnormal Perceptions**	0	No indication of problems with Hallucinations, delusions or Abnormal Perceptions
8	Problems with **Non-organic Somatic Symptoms**	0	No indication of problems with Non-organic Somatic Symptoms.
9	Problems with **Emotional and Related Symptoms**	3	In the last few days Steven has been anxious and curled up and rocked back and forth silently. This indicates a moderately severe problem.
10	Problems with **Peer Relationships**	4	Steven has no friends and prefers the company of adults. There is also evidence of severe bullying from peers.
11	Problems with **Self-care and Independence**	3	Steven requires considerable support and is incapable of undertaking a complex task such as shopping for food.
12	Problems with **Family Life and Relationships**	0	No indication of problems with Family Life and Relationships.
13	**Poor School Attendance**	0	No indication of problems with Poor School Attendance.

Item	Brief description	Rating	Rationale
TOTAL SCORE			**13**
14	Problems with **knowledge or understanding about the nature of the child or adolescent's difficulties (in the previous two weeks)**	2	Stevens's parents have some understanding of his developmental disability but have some mild difficulties with understanding his difficulties.
15	Problems with **lack of information about services or management of the child or adolescent's difficulties**	2	Stevens's parents are uncertain about the most appropriate service for him.
CGAS		40	Steven displays marked withdrawal from others and isolating behaviour indicating a major impairment in functioning.
GAPD		5	Steven has major disabilities across most domains.

Vignette 11: Christian, 17 years

His parents contact the outpatient clinic directly with Christian. Half a year ago, he became increasingly depressed without receiving treatment. The depression passed a month ago.

Symptoms and behavioural problems

Several times in the past few days Christian has claimed that he is the happiest person in the world and that good things are going to happen in the near future. His parents find him elated and very irritable. He has become much more talkative than usual and he has become intensely preoccupied with particular themes. He can sit for hours on the telephone. He becomes very aggressive if contradicted or when asked to restrain himself. Several times he has spoken of groups that want to ruin it for him and want to hurt him using somewhat underhand methods, because they understand that he is equipped with special gifts to do good things. He has wondered if they are trying to influence his friends and his family behind his back. He has said that this may require drastic measures, without wanting to specify this further.

The past week he has become increasingly active and uncritical in his behaviour. Several times he has left the house in rage. On several occasions at school the past week he has been verbally threatening towards other pupils and teachers. Yesterday, he punched a teacher in the face with his fist so that the teacher broke his nose. He has not used drugs or alcohol.

Developmental disorders and somatic problems

His psychomotor development has been normal and he has had very good grades in school. However, over the past 4–5 months his school performance has declined and his grades have dropped from A's and B's to mainly C's. The past week his school performance has fallen off completely. He is physically healthy.

Social problems

He is currently inappropriate in his contact with peers. This has led them to withdraw and left them frightened. He has been absent from school three days the past week, without letting the school or his parents know. He has not wanted to eat, sleep or wash the past two days. He has given away money totalling several hundreds to strangers on the street.

Lack of information and knowledge

Christian’s parents feel he is completely out of control and believe he is psychiatrically ill. It took some time before they became aware of his previous depressive episode and they wonder if he may be suffering from a manic-depressive disorder. This is a disorder they have read and heard about. They have been advised to contact psychiatric services and they think he probably needs to be admitted and medicated in an acute phase and that he will need a long period of rehabilitation. They want him to receive outpatient treatment in cooperation with the adult psychiatric services, as he will be 18 in three months (past the age limit for CAMHS). The parents contact the outpatient clinic in order to have him evaluated for admission. Christian disagrees. He does not feel ill. On the contrary he feels full of energy and joy as never before.

Recommended ratings for Vignette 11, Christian 17 years:

Item	Brief description	Rating	Rationale
1	Problems with **Disruptive, Antisocial, or Aggressive Behaviour**	4	Has seriously physically attacked his teacher.
2	Problems with **Overactivity, Attention, or Concentration**	4	Increasingly active and much more talkative.
3	**Non–accidental Self-injury**	0	No indication of Non-accidental Self-injury.
4	Problems with **Alcohol, Substance or Solvent Misuse**	0	No indication of Alcohol, Substance or Solvent Misuse.
5	Problems with **Scholastic or Language Skills**	4	Performance severely below expectation. Previously Christian has achieved A's and B's and in the past week, his school performance has "subsided completely". This is a severe drop compared to expectations based on Christian's past performance.
6	**Physical Illness or Disability**	0	No evidence of incapacity from a Physical Illness or Disability.
7	Problems associated with **Hallucinations, Delusions, or Abnormal Perceptions**	4	Christian believes that groups want to hurt him and they will use underhand methods to achieve his ruin. Further, he believes he has special gifts and may need to take drastic measures. These beliefs are seriously affecting his mental state.
8	Problems with **Non-organic Somatic Symptoms**	1	This was rated 1 on the basis that there appeared to some sleeping difficulties although the extent of this was unclear from the available information.
9	Problems with **Emotional and Related Symptoms**	4	Christian's elevated mood warrants a severe rating. Both extremes of mood symptoms (elevated and depressed) are included in this scale.
10	Problems with **Peer Relationships**	3	Christian's peer relationships have become problematic with them withdrawing from contact.
11	Problems with **Self-care and Independence**	3	Christian has problems in a few areas of self-care: eating, sleeping and washing as well as managing his money.
12	Problems with **Family Life and Relationships**	0	No evidence of problems with Family Life or Relationships.
13	**Poor School Attendance**	3	Christian has been absent for the last few days.

TOTAL SCORE			**30**
14	Problems with **knowledge or understanding about the nature of the child or adolescent's difficulties (in the previous two weeks)**	0	Christian's parents have good access to information about his difficulties.
15	Problems with **lack of information about services or management of the child or adolescent's difficulties**	0	Christian's parents have a good recognition of the services required for Christian.
C-GAS		20	Christian's mental state and behaviours require the provision of considerable supervision to both help protect others and to ensure that his hygiene does not deteriorate further.
GAPD		7	Not able to consistently maintain personal hygiene and at risk of hurting others.

Vignette 12: Caroline, 12 years

Caroline is referred to the outpatient clinic from the childcare services because she is anxious and her foster parents are in need of supervision about how to deal with her.

Symptoms and behavioural problems

Caroline is often sad, feels down and says that sometimes other children tease her. She feels different from the other children and wishes this were not the case. She is somewhat anxious and needs a long time to feel secure, both with other children, as well as adults. At school she sometimes becomes very sad, upset and withdraws without wanting to talk to anyone. This happens a couple of times a week and lasts for up to an hour. She seldom creates conflict with other children and she is rarely aggressive at school. She attends a special school and the teachers say that she has some concentration problems. Her foster parents do not find her particularly agitated, but say that she often is inattentive. At home she has severe outbursts of anger weekly and it takes a long time for her to calm down. There has been no self-harm and there have been no sleeping problems.

Developmental disorders and somatic problems

Caroline is found to be mildly mentally retarded and is particularly weak in math. She has an obvious dysarthria (problems with pronunciation), which often makes it difficult to understand what she says. Motor development is normal and she is physically healthy.

Social problems

Caroline lived with her biological mother until she was three years old. Her mother had a major substance abuse problem and Caroline was often taken care of by many different people, including her mother's brother, who was often drunk. There are also indications that he was violent towards her. She was placed in a specialized foster home where the foster parents already have two adult children. She is usually quiet and cautious at school. She likes to play with a girl who is four years younger than her. She has no friends of her own age in the neighbourhood. She feels most comfortable in the company of adults. She has no absenteeism from school. She requires a lot of help for self care compared to her chronological age. The foster home is functioning adequately and the foster parents find the situation manageable, although it is strenuous. Still, they wish to receive help because they think Caroline is vulnerable and needs help in so many ways.

Lack of information and knowledge

The foster parents perceive her to be mildly mentally retarded and anxious. They feel they need counselling on how to deal with her in the best possible way so that her care situation is optimal. They have applied for counselling through childcare services that have referred her to CAMHS.

Recommended ratings for Vignette 12, Caroline 12 years:

Item	Brief description	Rating	Rationale
1	Problems with **Disruptive, Antisocial, or Aggressive Behaviour**	2	Caroline has outbursts of anger at home but is not perceived as aggressive or conflictual with others at school.
2	Problems with **Overactivity, Attention, or Concentration**	2	She is often inattentive and has some concentration problems.
3	**Non–accidental Self-injury**	0	No evidence of Non-accidental Self-injury.
4	Problems with **Alcohol, Substance or Solvent Misuse**	0	No evidence of Alcohol, Substance or Solvent Misuse.
5	Problems with **Scholastic or Language Skills**	2	Caroline has a mild mental retardation but this does not warrant a rating by itself. The rating of mild but definite impairment arises from her speech problems and her specific weakness in maths. Problems in children with generalised learning disability should only be scored if functioning may be reasonably judged to be below the expected level for that child.
6	**Physical Illness or Disability**	0	No evidence of Physical Illness or Disability problems functionally restricting Caroline.
7	Problems associated with **Hallucinations, Delusions, or Abnormal Perceptions**	0	No evidence of Hallucinations, Delusions, or Abnormal Perceptions.
8	Problems with **Non-organic Somatic Symptoms**	0	No evidence of Non-organic Somatic Symptoms.
9	Problems with **Emotional and related symptoms**	3	Caroline has periods of sadness and anxiety which intrude into activities to the extent that she will withdraw from contact.
10	Problems with **Peer Relationships**	3	Caroline has no friends her own age. Her only playmate is quite younger than her and she generally feels most comfortable with adults. With time, she can feel secure with other children, although a couple of times a week, she feels uncomfortable enough to withdraw from all others.
11	Problems with **Self-care and Independence**	3	There are major problems in her self-care for her chronological age. Although she requires a lot of help in relation to her chronological age the raters believed she was not severely disabled in all activities warranting a 3 rather than a 4.

12	Problems with **Family Life and Relationships**	1	There are only slight problems in her foster home. The foster family are managing but find caring for Caroline strenuous. There is no information about the impact of the biological family on her in the rating period.
13	**Poor School Attendance**	0	No absenteeism from school.
TOTAL SCORE			**16**
14	Problems with **knowledge or understanding about the nature of the child or adolescent's difficulties (in the previous two weeks)**	0	No evidence of problems.
15	Problems with **lack of information about services or management of the child or adolescent's difficulties**	0	No evidence of problems.
C-GAS		45	Her anxiety, sadness, and problems with peers are all indicative of a moderate degree of interference in most social areas.
GAPD		5	Caroline is seriously disabled across most social domains.

Vignette 13: Valerie, 5 years

Valerie is referred to the outpatient clinic due to problems with interpersonal relationships at home.

Symptoms and behavioural problems

Valerie is very active, agitated and impulsive. She is constantly running around, rarely sits still and cannot concentrate for more than a few minutes. She is defiant with her mother, not so much her father. Her siblings find her difficult because she demands so much and there is so much trouble with her. Other children in the day-care withdraw from her because she hits and scratches instead of talking. She is not particularly anxious.

Developmental disorders and somatic problems

Valerie was operated on for a major heart defect during her first year of life and was in the hospital for a long time. She still uses oxygen. There is a question as to whether the operation has caused organic brain damage. Her general IQ is within the normal range. However, Valerie has substantial language difficulties, which are evident through her vague speech and small vocabulary.

Social problems

She has no friends at day-care as she is unable to play with the other children. She turns more towards adults than other children. She is in need of more supervision with everyday activities than expected for her age. Her mother finds her difficult to handle, while her father finds it a bit easier. She has three older siblings that are healthy. The parents say they are worn out, that they argue a lot, and that they sometimes take this out on the children.

Lack of information and knowledge

The parents think that Valerie's serious physical illness and the strain which has accompanied it is the main cause of her problems and the reason that she functions so poorly. They also wonder what the causes of the language problems and the agitation are. They hope that CAMHS can help them find the best possible ways to deal with their daughter, through counselling and help with their interpersonal relationships.

Recommended ratings for Vignette 13, Valerie 5 years:

Item	Brief description	Rating	Rationale
1	Problems with **Disruptive, Antisocial, or Aggressive Behaviour**	3	Valerie has clear severe aggression towards others though without serious physical attacks or destruction of property occurring. She hits and scratches at day-care, however there is no evidence that these are serious physical attacks. There is also no suggestion of property destruction.
2	Problems with **Overactivity, Attention, or Concentration**	4	Severely overactive and inattentive which intrudes into all activities.
3	**Non–accidental Self-injury**	0	No evidence of Non-accidental Self-injury.
4	Problems with **Alcohol, substance or solvent misuse**	0	No evidence of Alcohol, Substance or Solvent Misuse.
5	Problems with **Scholastic or Language Skills**	4	This vignette and scale was discussed extensively when reaching the consensus rating. It was agreed that the footnote to this scale should read, *"Rate problems, at any level of severity, only if they are below the level expected on the basis of mental age, past performance or physical disability. Such problems in children with generalised learning disability should only be scored if functioning may be reasonably judged to be below the expected level. Specific developmental delays in scholastic or language skills should always be scored because a specific delay is below the level expected on the basis of the child's mental age."* With this footnote in mind, the consensus opinion was that Valerie be scored as 4 indicating that her clearly substantial language problems were well below that expected on the basis of her mental age, past performance or physical disability. The raters agreed that her language difficulties were greatly below the level expected for her. Her IQ was in the normal range indicating a specific rather than a general developmental delay. There was a discussion suggesting that after four years of a language difficulty following suspected brain damage, her language difficulties were not substantially out of keeping with her past performance. However, clearly these difficulties were seen as below that expected given her mental age.
6	**Physical Illness or Disability**	3	Valerie must use oxygen and this was seen as impacting on her personal functioning.

7	Problems associated with **Hallucinations, Delusions, or Abnormal Perceptions**	0	No evidence of Hallucinations, Delusions or Abnormal Perceptions.
8	Problems with **Non-organic Somatic Symptoms**	0	No evidence of Non-organic Somatic Symptoms.
9	Problems with **Emotional and Related Symptoms**	0	No evidence of any Emotional and Related Symptoms.
10	Problems with **Peer Relationships**	4	Valerie has no friends at all and is very socially isolated.
11	Problems with **Self-care and Independence**	2	She requires more supervision from adults than would be expected for her chronological age although without any indication that she is severely disabled in many or all areas.
12	Problems with **Family Life and Relationships**	3	The family is stressed by the care of Valerie with resulting tensions and arguments.
13	**Poor School Attendance**	0	No absenteeism from school.
TOTAL SCORE			**23**
14	Problems with **knowledge or understanding about the nature of the child or adolescent's difficulties (in the previous two weeks)**	2	Although the family recognises that the primary cause of Valerie's problem is her serious physical illness they have little understanding of the reasons for her language problems and agitation.
15	Problems with **lack of information about services or management of the child or adolescent's difficulties**	1	While counselling with CAMHS may be useful, there may be minor problems with their information about how to best manage Valerie's difficulties.
C-GAS		40	Valerie has major impairment across a number of areas (e.g. peers, school, and family).
GAPD		5	Valerie is seriously disabled in most domains.

Vignette 14: Alexander, 13 years

Alexander was referred to the outpatient clinic due to learning and concentration problems. Sadness and behavioural difficulties were also noted.

Symptoms and behavioural problems

Alexander is big for his age and somewhat overweight. He has had panic attacks at school. These often occur in novel situations with students he does not know. Last week he had an attack where he started to sweat, his hands started shaking and he had breathing problems. Lately the school has reported several episodes where conflicts have arisen between Alexander and other pupils. Last week, there was a conflict that ended with Alexander taking a strangle hold on another pupil. Several teachers had to intervene to get Alexander to let go. The other pupil was very frightened and thought that Alexander would kill him. After the event Alexander has denied that he wanted to harm the other pupil and said he was sorry for all the commotion. Later he said that he himself might just as well be dead. Alexander has concentration problems and does not endure schoolwork well. He is easily distracted by other pupils. It can be difficult to motivate him to initiate tasks. He thrives best in smaller groups. He does not use substances.

Developmental disorders and somatic problems

Alexander started school a year later than his peers due to delayed motor and language development. He has always followed a special program in class, the past year in a small group with close supervision by teachers. This is the case in most subjects**.** The school reports that his performance is the same as previously, although substantially weaker than his peers. There are no physical difficulties.

Social problems

Alexander often gets into conflict with other children and has no friends his own age. The children he plays with are usually younger, 10–11 years old. He is rejected by his peers. He is uncritical with money and is often exploited by other children. He has no close friends and has not had any the past years. There is a lot of conflict in the family concerning his younger brother who is mentally retarded and the parents are often worn out because of this. Alexander and his little brother quarrel and fight a lot. The past weeks it has been difficult to get Alexander to go to school. He has stayed in bed, not wanting to get up before late in the day. After the attack last week he was very frightened and refused to go to school the following days, so he was home for three days. There are no problems with self-care.

Lack of information and knowledge

The parents do not think there is any point in coming to CAMHS. They think that Alexander will grow out of his problems. They do not want to put strain on the health services, partly because they have not received the help they needed in the past, partly because they are sure others are worse off than they are.

Recommended ratings for Vignette 14, Alexander 13 years:

Item	Brief description	Rating	Rationale
1	Problems with **Disruptive, Antisocial, or Aggressive Behaviour**	4	Alexander's attack on another pupil is a serious physical assault and warrants the highest rating.
2	Problems with **Overactivity, Attention, or Concentration**	3	He is noted as having concentration difficulties that are problematic at school.
3	**Non–accidental Self-injury**	1	There was some concern that he has thoughts about being better off dead although there is no indication of intent or behaviour.
4	Problems with **Alcohol, Substance or Solvent Misuse**	0	No evidence of Alcohol, Substance or Solvent Misuse.
5	Problems with **Scholastic or Language Skills**	2	This vignette and scale was discussed extensively when reaching the consensus rating. It was agreed that the footnote to this scale should read *"Rate problems, at any level of severity, only if they are below the level expected on the basis of mental age, past performance or physical disability. Such problems in children with generalised learning disability should only be scored if functioning may be reasonably judged to be below the expected level. Specific developmental delays in scholastic or language skills should always be scored because a specific delay is below the level expected on the basis of the child's mental age."* With this footnote in mind, the consensus rating was for a score of 2, on the basis that he has mild but definite specific developmental language delays that are below that expected for his mental age. If the text had been interpreted to indicate that his language problems were part of a general learning disability, and that his language abilities were at the expected level given his past performance and his mental age, the scale would have been rated zero.
6	**Physical Illness or Disability**	0	No evidence of Physical Illness or Disability problems.
7	Problems associated with **Hallucinations, Delusions, or Abnormal Perceptions**	0	No evidence of Hallucinations, Delusions or Abnormal Perceptions.
8	Problems with	2	The presence of somatic symptoms (sweating,

	Non-organic Somatic Symptoms		breathing, shaking) is indicative of mild but definite clinically significant somatic symptoms.
9	Problems with **Emotional and Related Symptoms**	3	Alexander was noted as sad and his suffering panic attacks in novel situations suggest heightened anxiety. The presence of panic attacks underscores the intrusiveness of his emotional symptoms. He has also been sufficiently frightened that he refused to go to school.
10	Problems with **Peer Relationships**	3	He has no friends of his age indicating problems with peer relationships. However, he does have younger play mates prompting the rating of 3 rather than 4.
11	Problems with **Self-care and Independence**	2	While the vignette states that Alexander has no self-care problems, he was noted to have problems with one complex skill (managing money).
12	Problems with **Family Life and Relationships**	3	There is a great deal of conflict in the family.
13	**Poor School Attendance**	3	He has refused to go to school over the past few days. The fear which prompted this refusal has already been rated at scale 9 and is not relevant here. This scale is concerned with the attendance issue.
TOTAL SCORE			**26**
14	Problems with **knowledge or understanding about the nature of the child or adolescent's difficulties (in the previous two weeks)**	4	There appears to be severe problems in the families understanding of Alexander's problems.
15	Problems with **lack of information about services or management of the child or adolescent's difficulties**	4	For a range of reasons, some of which may be understandable, there are definite and severe problems in the family's information about managing Alexander's difficulties.
C-GAS		40	Alexander has major impairments in peer relationships and school functioning.
GAPD		5	He is clearly disabled across many domains. This disability is pervasive and there does not appear to be any areas in which he functions well.

Vignette 15: Julia 8 years

Julia is referred because she has increasingly had involuntary movements and made various involuntary sounds the past three months.

Symptoms and behavioural problems

Julia has several types of involuntary movements that occur suddenly. Often the same movements repeatedly occur for a period of time. Examples are blinking with both eyes, twisting of the shoulders, and sudden jumping movements. The sounds can be sudden outbursts of particular words. It takes some time for her to fall asleep at night and she is often tired at school. The parents have previously noticed that she is meticulous and dependent on routines. She says she dislikes it when her father comments that she makes strange sounds, but that she does not really care. She also thinks it is unfortunate that her mother is often tired and has to rest.

She occasionally has aggressive outbursts at home. At school it is difficult when she sometimes becomes enraged. The teacher describes these episodes as severe fits of rage. These can occur a couple of times a month. Otherwise there is no agitation, but she has mild concentration problems sometimes.

Developmental disorders and somatic problems

She walked and talked at a late stage. Currently she has no language problems. She has not done sports. She does well at school and she is healthy.

Social problems

Julia's odd behaviour has not resulted in diminished contact with friends, although they do think she is strange. She is never absent from school. She is no more dependent on her parents than other children her age. Her parents say that they think Julia is doing pretty well, but that they themselves are pretty worn out, and that they have a hard time cooperating. They cannot agree on how to deal with their daughter's strange behaviour. Her father thinks they should set strict limits in order to stop her involuntary movements and he thinks the mother is far too compliant. Her mother does not think there is any point and cannot bear do it because the daughter reacts and says they are so strict. Father is at work late into the evening. Mother is on sick leave.

Lack of information and knowledge

The parents say they have never heard of such symptoms. They find it embarrassing, and they did not speak to anyone about this until the teacher advised them to seek help from a doctor, who referred them to CAMHS. The parents do not know if this is the correct place and have no idea what treatment could be used.

Recommended ratings for Vignette 15, Julia 8 years:

Item	Brief description	Rating	Rationale
1	Problems with **Disruptive, Antisocial, or Aggressive Behaviour**	2	Julia has both aggressive outbursts and fits of rage but without the more severe fighting or antisocial behaviour required to warrant a more severe rating.
2	Problems with **Overactivity, Attention, or Concentration**	1	She has definite though mild concentration problems.
3	**Non–accidental Self-injury**	0	No evidence of Non-accidental Self-injury problems.
4	Problems with **Alcohol, Substance Misuse**	0	No evidence of Alcohol, Substance or Solvent Misuse.
5	Problems with **Scholastic or Language Skills**	0	No evidence of Scholastic or Language Skill problems.
6	**Physical Illness or Disability**	2	Julia's involuntary movements and involuntary language outbursts are rated here. These movements only occur occasionally and do not cause her distress warranting a rating of a 2 rather than a 3.
7	Problems associated with **Hallucinations, Delusions, or Abnormal Perceptions**	0	No evidence of Hallucinations, Delusions or Abnormal Perceptions.
8	Problems with **Non-organic Somatic Symptoms**	2	Julia has definite problems falling asleep at night.
9	Problems with **Emotional and Related Symptoms**	0	No Emotional and Related Symptoms.
10	Problems with **Peer Relationships**	0	No Peer Relationship problems evident.
11	Problems with **Self-care and Independence**	0	No Self-care or Independence problems evident.
12	Problems with **Family Life and Relationships**	3	The parent's disagreement about how to deal with Julia's behaviour has resulted in problems in the home. Mother is on sick leave and fathers extended work days are seen as indicative of the strain within the home. However there is no indication of serious neglect and a rating of 3 rather than 4 more accurately

			reflects the severity of family relationship problems
13	**Poor School Attendance**	0	There have been no reports of Poor School Attendance.
TOTAL SCORE			**10**
14	Problems with **knowledge or understanding about the nature of the child or adolescent's difficulties (in the previous two weeks)**	4	The parents have no information at all about Julia's difficulties.
15	Problems with **lack of information about services or management of the child or adolescent's difficulties**	4	The parents have no information at all about how to manage the difficulties or where to obtain help.
C-GAS		62	Julia is functioning reasonably well apart from the specific problems around her involuntary movements.
GAPD		3	While Julia has difficulties, she is still functioning well in most domains.

Vignette 16: Camilla, 13 years

Camilla was referred to the outpatient clinic today for emergency assessment of suicidal risk. Her parents are divorced and are able to cooperate reasonably well. Camilla lives with her father and a brother who is two years older.

Symptoms and behavioural problems

Yesterday Camilla took all of her brother's allergy tablets. She called her mother right away and told her she had done it to kill herself. The parents had contacted a doctor and were told that the type and amount of tablets she had taken was not dangerous.

The school has reported that her concentration in class is usually poor. Also she is restless and disturbs the other pupils. When the teacher reprimands her she often answers back in a cheeky manner. There have been rumours at school that Camilla uses drugs. One on one she admits to using hashish once or twice a week. She says that she did not want to kill herself, but that she wanted attention.

Camilla says that she is the victim of a conspiracy at school. According to Camilla, the teachers are out to get her because she will not let them brainwash her. She says she knows this because the news reporter on TV sends her secret messages. The parents are worried that Camilla may have anorexia. The past months she has not eaten much and has obviously lost weight. She has no problem sleeping.

Developmental disorders and somatic problems

Camilla's school performance has dropped considerably the past half-year. From doing well at school, she now runs the risk of failing several subjects. She is physically healthy.

Social problems

Camilla hangs out with a gang that smoke during breaks, but has no best friend. She never spends time with friends after school. Most of the time she stays in her room or watches TV. Her parents say that she had a few friends at primary school, but that she has been unable to make new friends in lower secondary school. The past month she has seemed less concerned about dressing properly and her father has had to ask her to go change several times, because she has been wearing dirty clothes. After contacting school, father has learned that for the past three weeks, Camilla has been absent two days a week. This occurs on the same days that she starts a bit later and father cannot drive her. There are no particular conflicts in the family.

Lack of information and knowledge

Her parents are worried because of Camilla's suicide attempt but they think this will sort itself out if both of them can put aside more time for her. They think it has been hard for Camilla to start lower secondary school**,** especially since mother does not live with them. They are not sure if they really need further contact with the outpatient clinic.

Recommended ratings for Vignette 16, Camilla 13 years:

Item	Brief description	Rating	Rationale
1	Problems with **Disruptive, Antisocial, or Aggressive Behaviour**	2	Camilla's cheeky responses to her teacher are an indication of defiant behaviour indicating a mild problem.
2	Problems with **Overactivity, Attention, or Concentration**	2	She has mild but definite problems with concentration and restlessness.
3	**Non–accidental Self-injury**	3	Camilla took an overdose and has expressed suicidal intent. The rating was reduced to 3 rather than 4 on the basis that she called her mother immediately and that the tablets were not dangerous. Alone she described her action as not suicidal but as wanting attention.
4	Problems with **Alcohol, Substance or Solvent Misuse**	3	Her use of hashish is moderately severe and out of keeping with normative expectations for a 13 year old.
5	Problems with **Scholastic or Language Skills**	3	Her performance at school has dropped markedly.
6	**Physical Illness or Disability**	1	Camilla's weight loss indicates a physical complication of a psychological disorder. That it does not involve any mild and definite functional restriction restricted the rating to 1.
7	Problems associated with **Hallucinations, Delusions, or Abnormal Perceptions**	3	Camilla believes that the teachers are out to get her because she will not let them brainwash her. She believes she is receiving secret messages from the TV.
8	Problems with **Non-organic Somatic Symptoms**	0	There were no noted non-organic somatic problems, remembering that the weight loss was rated at scale 6.
9	Problems with **Emotional and Related Symptoms**	0	No Emotional and Related Symptoms noted.
10	Problems with **Peer Relationships**	3	While Camilla has a group she hangs out with at school breaks, there is evidence of her withdrawing from social relationships as she does not seek any friends outside this time. She is isolated in her room and has not been able to make new friends since starting secondary school.
11	Problems with **Self-care and**	3	Camilla appears to be having difficulties in looking after her hygiene and nutritional intake.

	Independence		
12	Problems with **Family Life and Relationships**	0	For all the difficulties facing Camilla, there are no known difficulties within the family. Although her mother lives separately, and the parents worry that this may have made starting school harder, there is no information suggesting that this is problematic for Camilla.
13	**Poor School Attendance**	3	Camilla has been absent from school two days a week during the rating period.
TOTAL SCORE			**26**
14	Problems with **knowledge or understanding about the nature of the child or adolescent's difficulties (in the previous two weeks)**	3	There appears to be little information or knowledge about the extent and nature of Camilla's problems, in particular, the delusional symptoms.
15	Problems with **lack of information about services or management of the child or adolescent's difficulties**	4	The parents appear to have little knowledge about how to proceed to help Camilla. They believe that offering her more time and discontinuing mental health assistance is the best approach. This disparity between the family and the treating team is a major problem to be addressed.
C-GAS		38	Camilla is quite disturbed and becoming further isolated. She is having marked troubles in functioning in a number of areas.
GAPD		4	Camilla has serious disabilities in peer relationships and school performance.

Vignette 17: Daniel, 10 years

Daniel is referred to the outpatient clinic because he has become increasingly anxious and depressed.

Symptoms and behavioural problems

Over the past six months Daniel has been increasingly worried about what may happen to his mother when she is out of sight. He has become more clingy and over the past two months he has become extremely distressed and weepy when his mother leaves him. He also worries about the others in the family, i.e. that something bad might happen to them. Over the past half year he has also had problems falling asleep and his appetite has been reduced. He is thinner and has lost three kg. Two nights ago he wet the bed; this was the first time since he became dry. He sometimes cries when he goes to bed and he wakes up early in the morning, approximately 1–2 hours earlier than he used to. The teachers have noticed that Daniel occasionally complains about stomach pains at school. He shows no signs of having odd ideas or having any unusual behaviour. In individual consultations he expresses a very negative view of his own abilities. When talking about sad things he becomes easily upset and sometimes on the verge of tears.

He denies having suicidal thoughts. He is not agitated and does not have difficult behaviour. He has had some concentration problems during the past few months.

Developmental disorders and somatic problems

Daniel is clever and does well at school and his school performance has not deteriorated. He is physically healthy.

Social problems

Between the severe weeping spells Daniel has been able to function and his parents and others in the family have been unaware that he has been unhappy. The past two months he has not wanted to go to school in the morning. Every day, with a lot of struggle, his mother has taken him to school by car. Sometimes he has been up to 30 minutes late, but has otherwise attended school as he should. He changed schools nine months ago and this appears to have put a lot of strain on him. He has complained that the teachers are very strict and that he and the other students do not like them. Additionally, it has been difficult for him to make friends at school. He is often laughed at and made fun of by the other pupils. Otherwise he has a lot of contact with old friends in the neighbourhood. Family relations are said to be good. His self-care is adequate for his age.

Lack of information and knowledge

Both parents despair over being unable to leave him and do not understand the cause of it. They have little experience with the health services and have been recommended to the clinic by a teacher at school, without knowing what can be offered.

Recommended ratings for Vignette 17, Daniel 10 years:

Item	Brief description	Rating	Rationale
1	Problems with **Disruptive, Antisocial, or Aggressive Behaviour**	0	No evidence of any Disruptive, Antisocial, or Aggressive Behaviour.
2	Problems with **Overactivity, Attention, or Concentration**	1	Daniel has only minor concentration problems.
3	**Non–accidental Self-injury**	0	No evidence of Non-accidental Self-injury.
4	Problems with **Alcohol, Substance or Solvent Misuse**	0	No evidence of Alcohol, Substance or Solvent Misuse.
5	Problems with **Scholastic or Language Skills**	0	No evidence of Scholastic or Language Skill problems.
6	**Physical Illness or Disability**	0	No evidence of Physical Illness or Disability.
7	Problems associated with **Hallucinations, Delusions, or Abnormal Perceptions**	0	No evidence of Hallucinations, Delusions, or Abnormal Perceptions.
8	Problems with **Non-organic Somatic Symptoms**	3	Daniel has a number of non-organic symptoms including sleeping difficulties, bed-wetting and stomach pains. Note that for Daniel to have been rated at 4, these somatic symptoms would need to be seriously affecting most activities.
9	Problems with **Emotional and Related Symptoms**	3	Daniel is sad, worried and easily upset. These symptoms do appear to be intruding into some activities with Daniel becoming increasingly clingy.
10	Problems with **Peer Relationships**	2	He has had difficulty making new friends at school and is an object of fun with other students however he still has good contact with other children in the neighbourhood prompting the rating of 2.
11	Problems with **Self-care and Independence**	0	No evidence of any Self-care and Independence problems.
12	Problems with **Family Life and Relationships**	2	Daniel has had a range of emotional symptoms, peer problems, weight loss and bed-wetting. Although having severe weeping spells at age 10, his family are unaware that he has been unhappy. This suggests that, although family relations are described as good, there are definite problems in the family attending to

			Daniel's well being.
13	**Poor School Attendance**	1	He has been late for some lessons.
TOTAL SCORE			**12**
14	Problems with **knowledge or understanding about the nature of the child or adolescent's difficulties (in the previous two weeks)**	3	The parents have little understanding of the cause of Daniel's situation.
15	Problems with **lack of information about services or management of the child or adolescent's difficulties**	3	There appears to be moderately severe issues about the parent's and Daniel's understanding of what help is available.
C-GAS		53	Daniels difficulties appear to be limited to only a few areas. With those who have sporadic contact with him, he may appear to be functioning reasonably well.
GAPD		4	Overall, Daniel has a serious psychosocial disability but which is reasonably focal.

Vignette 18: Justin, 8 years

Justin is referred to the outpatient clinic due to behavioural problems that have lasted for some time.

Symptoms and behavioural problems

Justin is very defiant at home and at school. At home he has outbursts of anger, destroys things and appears insensitive to the needs of others. He says he is bored at school and he gets mad because the teacher always yells at him. Had he been older, he would have liked to hit the teacher and never set foot in school again. He is able to talk about how he gets really angry at home and how this causes trouble he wishes he could avoid. He dislikes it that his mother gets irritated with him. He has severe concentration problems almost no matter what he is doing, whether it is watching TV or doing schoolwork. He is almost always agitated, often impulsive and quickly gets angry. His mother used to think that Justin would calm down, as he got older. She is afraid of losing her patience and ending up hitting him. She has tried "everything" to control her son.

He has nightmares several times a month. These often wake him and he gets scared that thieves can get into the house and attack or abduct them. However, he always falls asleep immediately afterwards. He quickly gains confidence while seeing the therapist, after initially having been insecure and withdrawn. During family consultations he appears attached to his mother and he is nice to his younger sister, Stella, although there is some jealousy between them.

Developmental disorders and somatic problems

He was a demanding baby and an active child. He has some reading and writing difficulties, which are worsened by the concentration problems and the impulsivity. At a neuropsychological assessment, where he concentrated and was cooperative, the conclusion was that he is intelligent but has moderate verbal memory problems. He had many ear infections up to the age of two. He is physically healthy now.

Social problems

Justin lives with his mother who is 27 years old. She got a divorce from Justin's father when he was three due to abuse. He has a sister who is five. His father lives in a different part of the country and has no contact with the children. His grandmother (his father's mother) has Justin a couple of weekends every month, but over the past few months he has been difficult and disobedient with her. His mother thinks that his grandmother has spoiled him. This has led to a dispute between the mother and grandmother. His mother does not know how to handle him and says she alternates between being strict and punishing, desperate and despondent, or she bribes him with videos and games. Sometimes she feels very close to him and uses him as a confidant. He has no best friend and few friends at school. He is often in conflict particularly with two peers at school. There has been no absenteeism from school.

Lack of information and knowledge

His mother thinks that the boy's problems are caused by lack of contact with his father and the fact that his grandmother does not set limits for him and spoils him. She wants the therapist to write to his father and tell him that he has to move closer and take care of the boy. Otherwise, she is unaware of what kind of help she can receive, but she is also interested in other options.

Recommended ratings for Vignette 18, Justin 8 years:

Item	Brief description	Rating	Rationale
1	Problems with **Disruptive, Antisocial, or Aggressive Behaviour**	3	Justin has engaged in moderately severe aggressive behaviour with serious defiance at both home and school. He has shown outbursts of anger and destroyed property.
2	Problems with **Overactivity, Attention, or Concentration**	4	Justin has severe concentration problems which appear to intrude into many activities.
3	**Non–accidental Self-injury**	0	No evidence of Non-accidental Self-injury.
4	Problems with **Alcohol, Substance or Solvent Misuse**	0	No evidence of Alcohol, Substance or Solvent Misuse.
5	Problems with **Scholastic or Language Skills**	2	He has specific writing and reading difficulties which would not be expected with his mental age.
6	**Physical Illness or Disability**	0	No evidence of Physical Illness or Disability.
7	Problems associated with **Hallucinations, Delusions, or Abnormal Perceptions**	0	No evidence of Hallucinations, Delusions, or Abnormal Perceptions.
8	Problems with **Non-organic Somatic Symptoms**	2	Justin's sleep is disturbed with nightmares waking him, however these do not appear to restrict his activity prompting a rating lower than 3.
9	Problems with **Emotional and related symptoms**	1	Justin is mildly anxious about thieves entering the house.
10	Problems with **Peer Relationships**	3	He has very few friends and is regularly in conflict with two peers.
11	Problems with **Self-care and Independence**	0	No evidence of any Self-care and Independence problems.
12	Problems with **Family Life and Relationships**	3	There are moderately severe problems in communication between mother and grandmother. Mother finds it very hard to be consistent with him. Both these factors impact on the handling of Justin's behaviour.
13	**Poor School Attendance**	0	No evidence of Poor School Attendance.
TOTAL SCORE			**18**

14	Problems with **knowledge or understanding about the nature of the child or adolescent's difficulties (in the previous two weeks)**	3	Justin's mother has some ideas about the cause of Justin's problems but these appear to be very limited.
15	Problems with **lack of information about services or management of the child or adolescent's difficulties**	3	Justin's mother is interested in help though her current idea about the best way to manage the problem is problematic. She is aware that the difference between his grandmother and herself over limits for Justin requires addressing.
C-GAS		46	Justin functioning is moderately impaired across a number of areas.
GAPD		5	Justin's oppositionality, concentration and peer problems leave him with a serious disability across many areas.

Vignette 19: Christine, 15 years

Christine was referred to the outpatient clinic for emergency assessment of suicidal risk. She lives with her mother. She has little contact with her father, who lives far away.

Symptoms and behavioural problems

In a conversation with the social worker Christine has expressed that she wishes she was dead. During a consultation at CAMHS she says that she often thinks that it would be better if she were dead. When asked, she says that she has thought about killing herself but she does not think she would dare to. She has not harmed herself or thought of ways to kill herself. She has felt sad a lot and says there is not much that makes her happy. She does not have much of an appetite, often feels nauseous and thinks she unintentionally has lost a bit of weight the past weeks. She does not sleep well at night. Lately she has also felt anxious. There is no disruptive or aggressive behaviour, nor agitation and she does not use any substances. The past few weeks she has had difficulties concentrating but can do so when she exerts herself. There have been no hallucinations or delusions.

Developmental disorders or somatic problems

Christine has some problems with eczema on her hands and face. She finds this difficult in relation to friends because she thinks she looks ugly. At school her performance has been average until one month ago. Since then, the teacher has noticed a certain drop in her performance.

Social problems

Over the past month Christine has not spent time with friends after school. After school she goes to her room and lies on her bed. The past two weeks she has not been at school. This is the reason for her being called in to talk to the social worker. She has not told friends how she feels because she does not think they would understand. Her friends have found her sour and have withdrawn from her. Lately she has not been invited to social activities. She grooms herself and can do the shopping but when her mother is not at home she does not bother to make food for herself. She says that her mother is usually very strict, but the past week her mother has cried a lot and withdrawn to her room. She has not been able to bring herself to prepare meals for Christine and herself either, but both of them have had sandwiches once in a while.

Lack of information and knowledge

Christine came to the outpatient clinic because the social worker at school arranged a consultation for her. She says that she does not know where to turn or if there is help for her to get. She says that mother claims one has to be strong and not bother anyone else with ones problems, because no one else can help anyway. Mother is not receiving help for her problems.

Recommended ratings for Vignette 19, Christine 15 years:

Item	Brief description	Rating	Rationale
1	Problems with **Disruptive, Antisocial, or Aggressive Behaviour**	0	No evidence of Disruptive, Antisocial, or Aggressive Behaviour.
2	Problems with **Overactivity, Attention, or Concentration**	2	Christine has had difficulties concentrating although these can be controlled with effort prompting a rating of 2 rather than 3.
3	**Non–accidental Self-injury**	2	Christine's level of suicidal ideation is clinically significant. However she has no plan, no history of attempts and her intent is questionable, warranting a rating no higher than 2.
4	Problems with **Alcohol, Substance or Solvent Misuse**	0	No evidence of Alcohol, Substance or Solvent Misuse.
5	Problems with **Scholastic or Language Skills**	2	There has been a recent drop in her school performance.
6	**Physical Illness or Disability**	2	She has eczema and this limits her social functioning indicating a mild but definite functional restriction.
7	Problems associated with **Hallucinations, Delusions, or Abnormal Perceptions**	0	No evidence of Hallucinations, Delusions, or Abnormal Perceptions.
8	Problems with **Non-organic Somatic Symptoms**	2	Although she has definite and clinically significant difficulties with nausea, appetite and sleeping, there is no indication these restrict her activity.
9	Problems with **Emotional and related symptoms**	3	Christine has a range of emotional symptoms including sadness and anxiety which intrude on her activities.
10	Problems with **Peer Relationships**	4	She has become severely socially isolated from her peers. She has withdrawn from her friends and has stopped being involved in any of their social activities.
11	Problems with **Self-care and Independence**	2	Her self-care is adequate however she is no longer preparing food for herself when alone indicating an inability to perform one complex skill. It is worth noting that poor levels of functioning occurring due to poor motivation are considered when rating this scale.
12	Problems with **Family Life and Relationships**	3	Her mother's sadness and withdrawal appears to be having a major impact on Christine.
13	**Poor School Attendance**	4	Christine has not been at school for two weeks.

TOTAL SCORE			**26**
14	Problems with **knowledge or understanding about the nature of the child or adolescent's difficulties (in the previous two weeks)**	4	There appears to be almost no understanding of Christine's problem.
15	Problems with **lack of information about services or management of the child or adolescent's difficulties**	4	Although Christine has attended the clinic, the knowledge of what may help is severely problematic.
C-GAS		38	Christine is impaired in her functioning across many areas and does not appear to be functioning at all at school.
GAPD		5	Christine is seriously disabled across many domains.

Vignette 20: Marcus, 6 years

Marcus is referred to the outpatient clinic due to inhibited behaviour as well as problems with enuresis and encopresis.

Symptoms and behavioural problems

Marcus refuses to go to the bathroom and pees and poops his pants at day-care. This particularly occurs towards the end of the day and does not appear to faze him until adults or other children mention it. Once the past week he has said “the poop has spikes”. His parents say he goes to the bathroom at home. He appears anxious with adults he does not know. If spoken to loudly by an adult, he sometimes starts to cry. He is somewhat less anxious with other children, but thrives best on his own. He says almost nothing and is seldom in conflict with other children. He has no problems with concentration, no agitation and he sleeps well.

Developmental disorders and somatic problems

Marcus’s motor development was somewhat delayed. He has trouble drawing and cutting. There are no gross motor or language problems. Otherwise he is healthy. He has been assessed physically and there were no abnormal findings.

Social problems

Marcus has trouble making friends and lacks some social skills. It is difficult for him to initiate contact with other children. It seems as though he does not understand other children’s way of playing, and he usually ends up sitting and playing beside the other children. Marcus is insecure in relation to the adults at day-care. For long periods of time he can sit without talking to anyone. He lives with his mother and father. The family does not have much contact with others. The parents say Marcus talks non-stop at home, but goes silent when they leave the house. He can easily dress himself and at home going to the bathroom is not a problem. He can easily dress himself. He has no eating or sleeping problems. There are seldom conflicts between Marcus and other children.

Lack of information and knowledge

The parents say there are no problems at home. They think things are not functioning properly at day-care because they are unable get him to the toilet on time. They also say that the other children do not take enough responsibility for including Marcus when they are playing. Father thinks it might be useful to be in contact with CAMHS, but he does not see why his ordinary doctor cannot be of the same use as CAMHS.

Recommended ratings for Vignette 20, Marcus 6 years:

Item	Brief description	Rating	Rationale
1	Problems with **Disruptive, Antisocial, or Aggressive Behaviour**	0	No evidence of Disruptive, Antisocial, or Aggressive Behaviour.
2	Problems with **Overactivity, Attention, or Concentration**	0	No evidence of Overactivity, Attention, or Concentration problems.
3	**Non–accidental Self-injury**	0	No evidence of Non-accidental Self-injury.
4	Problems with **Alcohol, Substance or Solvent Misuse**	0	No evidence of Alcohol, Substance or Solvent Misuse.
5	Problems with **Scholastic or Language Skills**	0	No evidence of any Scholastic or Language Skill problems.
6	**Physical Illness or Disability**	2	Marcus has trouble with cutting and drawing suggesting that his motor delay has created some mild functional restriction.
7	Problems associated with **Hallucinations, Delusions, or Abnormal Perceptions**	0	No evidence of Hallucinations, Delusions, or Abnormal Perceptions.
8	Problems with **Non-organic Somatic Symptoms**	3	Marcus has moderately severe somatic symptoms with his enuresis and encopresis. The vignette presumes that an appropriate physical investigation of these symptoms has been conducted. The enuresis and encopresis only occur at day-care prompting a rating of 3.
9	Problems with **Emotional and related symptoms**	2	He has mild problems with anxiety. His anxiety is generated by unknown adults and less so with contact with other children. This indicates his anxiety is not preoccupying and the most appropriate rating is 2.
10	Problems with **Peer Relationships**	3	Although Marcus is having difficulties making friends and is unsure how to relate to other children he is still playing beside the other children prompting a rating of 3 rather than 4.
11	Problems with **Self-care and Independence**	2	While the enuresis and encopresis are not scored at this scale, his refusal to go to the toilet at day-care represents a mild problem of self-care for a six year-old.
12	Problems with **Family Life and Relationships**	0	While this is a private family, there is no evidence of any family problems.

13	**Poor School Attendance**	0	No evidence Poor School Attendance.
TOTAL SCORE			**12**
14	Problems with **knowledge or understanding about the nature of the child or adolescent's difficulties (in the previous two weeks)**	3	The family struggle to understand the extent of the problem and appear to be locating the source of the difficulties with the day-care centre and other children.
15	Problems with **lack of information about services or management of the child or adolescent's difficulties**	3	The family appear to have little information about appropriate services for assisting Marcus. This is not to suggest that the doctor could not provide help to Marcus however he is likely to require additional specialist support.
C-GAS		50	The problems for Marcus appear to be interfering in a number of social areas.
GAPD		4	Marcus currently appears disabled in a couple of domains (eg toileting at day-care and peer relationships).