



Adolescent Court and Community team (ACCT)
**Teen Getting on Track in
Time (Got It!)**

Clinical and Operational Guidelines

February 2019



Revision History - Date	Approved by:	Amendment Notes:
1.1 – May 2019	Donna Blomgren	New policies added: PD2018_035 NSW Health New Street Service Policy and Procedures GL2018_022 NSW Health Supporting Young People During Transition to Adult Mental Health Services

Version 1.1
This edition: May 2019
File reference: DG11120/19
Related Policy: N/A

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Introduction

Getting On Track in Time! (GOT IT!) is a program which delivers specialist mental health early intervention services for children in the school setting from Kindergarten to Year 2 (5-8 years of age) who display oppositional and conduct problems. The Got It! pilot in NSW demonstrated the efficacy of the program and in 2016 it was rolled out across NSW primary schools as a Child and Adolescent Mental Health Services (CAMHS) initiative. Within this framework, Justice Health and Forensic Mental Health Network (The Network) developed a model of care (MOC) for an older population of young people who are presenting with similar conduct and emotional problems at a later stage of their developmental trajectory.

Research indicates that conduct disorder is the most common psychiatric disorder of childhood with a prevalence across the world of about 5%^{1,2} with only 25% of those diagnosed with a conduct disorder receiving appropriate treatment.³

The disruptive behaviour disorders (DBDs) classification includes oppositional defiant disorder and conduct disorder⁴. Children with these problems often find themselves in conflicts with peers, family members, and other adults.¹ DBDs are well-documented precursors to lifelong social disadvantage, including recurrent contact with the criminal justice system and the development of adult mental health disorders. Conduct disorder is the most common childhood mental health disorder with the greatest long-term health and economic costs for the individual, families and society.

There are a multitude of reasons that necessitate assertively treating these disorders. One of the most compelling is the enormous economic burden of this disorder. Research suggests that the lifetime economic burden of a *single child* with DBD is AU\$440,000.⁵ Savings of up to US\$2.3 million per a child could be realised by implementing evidence based interventions for high risk youth with disruptive behaviours.⁶

For the individual child, the adverse psychosocial consequences of untreated DBDs include poor educational achievement, criminality, poor mental and physical health and difficulties with personal relationships as well as substance misuse.^{5, 7, 8}

Scope of the Teen Got It! Program

The Network program is called Teen Got It! (TGI). TGI! delivers early intervention for young people (between the ages of 11-17) who experience oppositional and conduct problems (described clinically as DBDs) and their families. Early identification of young people with elevated conduct problems in NSW Children's Court, Out of Home Care (OOHC) and school settings will be achieved by screening for Apprehended Violence Orders (AVO) and/or domestic related charges, police involvement and peer-to-peer violence. This intervention also represents a unique opportunity to screen young people for emotional and behavioural disorders and provides an opportunity to identify additional or co-morbid mental health concerns, trauma experiences and substance use issues as well as identifying family relationships that may be contributing to aggressive behaviour in the home and community. It is hoped that this early intervention may challenge a potential trajectory of offending and entering the criminal justice system.

Providing young people and their families with an opportunity to engage in early, evidence based intervention, before they become entrenched in offending or placed in out of home care, has the potential to positively impact their long-term health outcomes. Targeted individual and family-based

interventions delivered in collaboration with staff from Local Health Districts (LHDs), Department of Education (DoE) and Non-Government Organisations (NGOs) will additionally aim to sustain young people's involvement in education and reduce the potential for future antisocial behaviour, diverting them from further contact with the criminal justice system. Enhancing family functioning and improving parenting skills will also facilitate better outcomes for the individuals, their families and the community.

TGI! works with 3 identified cohorts of young people and their families with a presentation of DBD:

- Where there is child to parent violence – this is usually identified through the Apprehended Violence Order (AVO) call over court at Parramatta Children's Court
- Where there is peer to peer violence – this is usually identified through liaising with the Department of Education (DoE).
- Where there is young person violence towards carers – this is usually identified through liaising with therapeutic residential care settings.

The model of care will outline TGI! Clinical and operational protocols for the above cohorts for clinicians working within the TGI! team.

Child to Parent Violence:

For a young person with DBD an AVO application is often the first contact with the courts and may herald a trajectory of offending and detention, given that once applied, a breach is a criminal offence and can lead to a conviction.

Identification of young people with elevated conduct problems at this point of first contact, or shortly thereafter with the criminal justice system represents a unique opportunity to screen young people for DBD.

The child to parent violence cohort are identified through Parramatta Children's Court presenting with first or second time AVOs and/or domestic related charges. TGI! Clinicians attend the AVO Call-Over Court once a week to identify suitable participants. Referrals are accepted from Children's Legal Services (CLS) Police Prosecutors (PP), DoE and A Place To Go (APTG). YP can also self-refer to TGI.

Out of Home Care

Nationally, on average around 7.3% of all children in out-of-home care placements are in residential care.⁹ Young people residing in therapeutic care typically have high levels of trauma and behavioural difficulties.⁹ Experiences of complex trauma can often result in disruptive and challenging behaviours.

Young people in residential therapeutic care have a higher risk of entering the criminal justice system.¹⁰ There is also anecdotal evidence that young people in residential therapeutic care are entering the criminal justice system for violent behaviours towards their carers. Rather than residential therapeutic care facilities having the ability to manage young people's challenging behaviours within the placement, these behaviours are being criminalized. The Joint Protocol to reduce the contact of young people in residential out-of-home-care with the criminal justice system (2016)¹¹ aims to divert young people living in residential OOHC away from the criminal justice system and advocates for disruptive and challenging behaviours to, where appropriate, be managed within the residential facilities. The TGI program seeks to support carers within residential therapeutic care to manage disruptive and challenging behaviours without criminalising these behaviours.

The out of home care cohort are identified through liaising with the FaCS worker at Parramatta Children's Court and therapeutic care settings. To be eligible for TGI, the young person involved needs to be residing in residential therapeutic care.

Peer-to-peer violence in Schools

Often education facilities lack the time and resources to teach students ways to manage peer-to-peer conflict. School suspension or police involvement is sometimes seen as an inevitable consequence of unacceptable student behaviour which cannot be controlled within the classroom. The difficulty with this approach is that students do not learn how to manage conflict with their peers and within family relationships^{12, 13}. The educational benefits of a triple-pronged approach, supporting the YP, the family and the school, include promoting a safe environment for learning and developing a culture which prevents student violence^{12,13,14,15,16,17}. Teaching and modelling effective ways to manage aggression and conflict has been shown to improve the overall school culture and research also indicates that academic results improve when schools manage the stress of their students more effectively.

The proposed model of care for TGI's peer-to-peer violence program involves the early detection of DBDs by The Network's TGI clinician and facilitation of the Coping Powers Program (CPP) in the school environment.

Aims of the TGI! intervention

The intervention has the following overall aims:

1. To enhance parenting capacity in parents/carers
2. To enhance parents'/carers' capacity to hold the young person in positive regard
3. To enhance the young person's capacity to cope with stressors
4. To decrease the young person's externalisation of distress in the form of aggression
5. To improve the school experience of the young person
6. To improve help-seeking behaviour and knowledge regarding coping and wellbeing for parents/carers and the young person.

Intervention team structure

TGI! Is a specialist program that operates within the Adolescent Court and Community Team (ACCT) within The Network is a multidisciplinary team consisting of clinicians from nursing, occupational therapy, psychology, social work and related allied health backgrounds, as well as psychiatry registrars and psychiatrists.

Clinical leadership is provided by an Adolescent Mental Health Team psychiatrist, who is either a trained child, adolescent and/or forensic psychiatrist.

The Manager, Adolescent Mental Health & Drug and Alcohol Programs (MAMHDAP), provides operational management to the team.

Senior clinical and operational leadership is provided by the Clinical Director, Adolescent Mental Health, and the Co-Director, Services and Programs.

Core skills of TGI clinicians

The TGI clinicians will comprise of clinicians with relevant qualifications. These clinicians will have the following core skills:

- A degree in Social Work, Occupational Therapy, Psychology, Nursing or other qualification deemed equivalent by the employer, which provides eligibility or membership of the relevant professional association/ registration with the Australian Health Practitioner Regulation Agency (AHPRA).
- Demonstrated advanced skills in conducting comprehensive mental health, drug and alcohol and risk assessments for young people.
- Evidence of extensive clinical experience in child and adolescent mental health assessment, individual and family interventions, including delivery of parenting programs.
- Demonstrated knowledge and experience in quality and clinical practice improvement and research methodology.
- Excellent interpersonal and communications skills (written and verbal) with the capacity to manage and negotiate complex systems and service relationships.
- Demonstrated project management skills and experience.

Service provision

The five main components of service provision are:

1. Identification and screening of participants
2. Assessment of participants
3. Targeted program -therapeutic group intervention
4. Universal program – education to stakeholders regarding DBD.
5. Data collection and evaluation.

Service provision is designed for a specific target group of young people. The proposed model for this service delivery is detailed below.

As the ACCT does not currently provide any clinical interventions or treatment in the community, governance, clinical safety and logistical requirements partnerships have been developed for TGI! staff with established treatment and service providers including Child and Adolescent Mental Health Service (CAMHS), NGOs, DoE and university clinics. The current partnerships include the University of New South Wales (UNSW) and Western Sydney Local Health District (WSLHD).

Referral Criteria

When a referral is received, the TGI clinician will determine the appropriateness of the referral according to the criteria set out below. The process for referrals will be finalised after collaboration with Parramatta Children's Court, A Place To Go (APTG) Team and Department of Education (DoE). Refer to Operational Flowchart for Teen Got It! Clinicians ([Appendix 1](#)).

Inclusion criteria

The target group for service provision comprises:

- Young people aged 11–17 years of age presenting with aggressive behaviour involving the young person's peers in the school environment where there is police involvement and / or an apprehended violence order (AVO) or domestic related charges.
- The young person must be involved in or have a desire to be involved in some form of education.
- Adequate command of the English language is a prerequisite.
- The young person and a primary care giver must be available to attend weekly or bi-weekly at the specific location.
- Informed written consent to participate in CPP by the young person and caregiver and share information with key stakeholders is required ([Appendix 2](#)).

Exclusion criteria

The initial service provision will exclude:

- Young people outside the specified age range of 11-17 years of age
- Young people in out of home care placements or not residing with a parent or caregiver, unless completing the OOHC program
- Young people who have severe mental illness requiring more intensive service provision e.g. symptomatic affective and psychotic illness
- Young people with a moderate to severe intellectual disability
- Young people with an extensive criminal history, which will be assessed by the clinicians.
- Young people without a primary care provider (i.e. GP, Paediatrician, CAMHS). If the young person is not currently engaging with a service, it is the responsibility of the TGI! Clinicians to ensure appropriate referrals have been made for the young person to progress in the program.

Consent process

Following the receipt of a referral, consent for a mental health assessment to proceed must be acquired from the young person and their parent/care-giver. A separate consent form must be signed to share information with services involved in the young person's care ([Appendix 2](#)). It is important to establish that the young person understands the purpose of the assessment. To facilitate this discussion the "Client Rights and Responsibilities" handout ([Appendix 3](#)) should be given to the young person and care-giver.

If issues of immediate risk are identified, inform the young person that in accordance with 'NSW Ministry of Health Information Privacy: Code of Practice', 'Keep Them Safe', and relevant sections of J&FMHN Policy 4.030 there are circumstances for the sharing of information without consent. The on-call Adolescent Health Psychiatrist, Clinical Director Adolescent Mental Health, or Manager Adolescent Mental Health and Drug & Alcohol Programs should be contacted if this situation arises.

Health Records



Health Records management within TGI! is guided by systems implemented by The Network, in line with requirements for record keeping in the NSW public sector, medico-legal requirements, and the NSW State Records Act 1998. Requirements clinicians must be aware of include, but are not restricted to:

- Content and accuracy of documentation, including completed MH-OAT modules and PAS.
- Sharing of information
- Young person consent for the participation in the program and release of information.
- Compliance with the Network Policy Manual.
- Record filing, including security and storage of records at local offices, and transfer of records to other Network facilities.

Electronic Health Records

PAS

The TGI! Clinician must make a PAS entry (if the young person is on PAS), on the day of the assessment. This will ensure that Adolescent Mental Health clinicians within the ACCT and custodial mental health teams are aware of engagement with TGI! PAS Tip sheets are available on the [Intranet](#). Please refer to PAS business process ([Appendix 4](#)).

JHEHS

JHeHS is an electronic Medical Record (eMR) system that manages clinical information for patient care and treatment via a computer. It replaces many of the forms existing in the paper medical record and makes the information available in a secure way to clinicians from any location within the organisation. The eMR captures patient information and clinical details as part of their journey throughout the health system via information generated by clinicians.

TGI! Clinicians must have the young person's MHOAT Mental Health Assessment form scanned to JHeHS.

CHIME

All occasions of service are captured on CHIME, this information is reported to the Ministry of Health (MOH). Outcome measures such as the Honosca and Strengths Difficulties Questionnaire (SDQ) are components of the screening process that are collected on CHIME.

CIMS

The Client information Management System (CIMS) is the JJNSW management system that records the details of legal status and delivery of services to young offenders across custody, in the community and at Youth Justice Conference. Information regarding court appearances, young person's charges, juvenile justice case notes are found in CIMS. CIMS will be useful for TGI! Clinicians to explore their offending history to determine eligibility for the program.

Health Record Storage

The TGI! Clinician must complete a client registration form for young people who have been assessed. Once an MRN has been established the TGI! Clinician creates a medical record for the young person. The TGI! Clinician must complete a paper record (progress note) in accordance with the policies accessible via the JH&FMHN intranet. This and any other paper records relating to the young person (including MH-OAT forms and consent forms) must be stored in a secure location at the Justice Health office at Olympic Park (JHOP). The records must not remain at the JHOP longer than required and the TGI! Clinician must ensure closed files are forwarded to the



Administrative officer as soon as practicable to be sent to Health Information Record Service (HIRS).

Health Record Filing

The TGI! Clinician is responsible for the filing of clinical documentation into the young person's Health Record. The [Health Record Procedure Manual](#) outlines the ratified processes by which Health Records are managed within JH&FMHN.

Queries relating to this process may be discussed with the Manager Adolescent Mental Health and Drug and Alcohol Programs.

Phase 1: Screening

When a young person is referred to TGI! The clinician will conduct the following initial screening tools:

- Pelham's DBD rating scale - this will be conducted with the parent or carer and / or DoE ([Appendix 5](#)).
- Behavioural and Emotional Screening System (BESS - for the young person) ([Appendix 6](#)).

An offer of further assessment will be made if the young person meets the threshold for intervention based on the results of the screen and the eligibility criteria.

The TGI! Clinician will offer a list of treating services for the YP and carers to access if the referral did not meet the DBD threshold and / or declined the program ([Appendix 7](#)).

Information/appointment pack

A pack including a letter outlining details of the program, appointment date, referral service contact details and the following questionnaires/screening tools will be provided to the parent/carer and young person to be completed before assessment.

- Strengths and Difficulties Questionnaire (SDQ- parent and child) ([Appendix 8](#))
- Inventory of Callous-Unemotional Traits (ICUT- child, parent and teacher questionnaire) ([Appendix 9](#))
- Behaviour Assessment System for Children Third Edition (BASC-3 child, parent and teacher questionnaire) ([Appendix 10](#))

Phase 2: Assessment

The comprehensive assessment will occur at the designated local high school or community health centre, and will be a face-to-face assessment. It will be based on the existing [Mental Health Outcomes & Assessment Tools \(MHOAT\)](#) currently utilised by mental health services.

It will entail the following:

- An interview with the young person and family or carers, which will occur together and separately. If harmful sexual behavior is identified, Clinicians are to refer to the [New Street Service Policy and Procedures](#).

- Collateral information will be sourced from DoE and Family and Community Services (FaCS) as well as from health and other relevant service providers to enhance the information gained at interview.
- Criminal records and Client Information Management System (CIMS) database will be accessed where appropriate.

In addition to the routine mental health assessment using MHOAT, the interview will have specific emphasis on the following areas:

- Conduct issues
- Anger management style
- Substance use
- Family functioning
- Functioning at school
- Peer relationships.

To strengthen information obtained at interview the following structured tools will be utilised:

- MHOAT measures including Health of the Nation Outcome Scales for Children (HONOSCA), Child's Global Assessment Functioning Scale (CGAS), ICD10 – Factors influencing health status and Strength Difficulties Questionnaire (SDQ).
- Alabama parenting and young person's questionnaire ([Appendix 11](#))
- The Behavioural Assessment System for Children – Third Edition (BASC 3) ([Appendix 10](#)).
- Mental Health CONSUMER WELLNESS PLAN ([Appendix 12](#)).

Further information may also be collated using additional tools as part of the research project that will be conducted in collaboration with UNSW and the Adolescent Mental Health (The Network) team.

It is envisaged that the comprehensive assessment process will take a minimum of two sessions and a maximum of three sessions, at two hours per session.

Phase 3:Targeted Group Intervention

Following the comprehensive individual and family assessment the appropriate treatment pathway for the young person and his/her family will be identified. If the young person and family are not eligible for the program, the TGI! clinician will refer to an appropriate service and / or send out a letter detailing services for ongoing care co-ordination before closure occurs ([Appendix 13](#)).

Prior to eligible young people participating in the group intervention, the TGI! clinician will liaise with current treatment providers involved in their care. It is important to note that TGI! does not provide case management and is not a primary treatment provider, rather it is designed as an adjunct to primary treatment providers. TGI! clinicians will encourage referrals to services for long-term provision of care, including a mental health care plan through a General Practitioner (GP), school counselling, assessment and treatment of serious mental illness through LHD CAMHS and welfare support through Non-Government Organisations (NGOs)

The Coping Power Program (CPP) is a well-established social-cognitive model developed by Dr. John Lochman and colleagues, University of Alabama. The therapeutic foundations of this program are based on cognitive behavior therapy and emotion coaching principles. The program is

empirically supported and has undergone much evaluation describing its effectiveness.^{18,19,20} The preliminary results of the CPP suggest that young people experienced a reduction in aggressive behaviour and conduct problems as well as their hyperactivity symptoms. The finding also demonstrated that young people were able to be more flexible and adaptive during moments of stress.²¹

Coping Power helps young people develop:

- goal setting and organizational skills
- awareness of feelings
- coping skills and emotional self-control
- understanding a different way of looking at things
- problem-solving and relationship skills

The Coping Power Program is a manualised program. Treatment pathways proposed for CPP include, but are not limited to those detailed below.

Adolescent focused targeted group intervention

The Coping Power Program (CPP) will be adapted to cover issues related to child-to-parent violence, and will be tailored for the following three groups, conducted in a staged manner:

1. Young people with DBD
2. Young people with DBD and callous unemotional (CU) traits
3. Young people with DBD and internalising disorders.

The CPP is a 25-week group intervention. A group will be formed when 6-8 young people are available. Each group runs weekly or fortnightly for one hour over 25 weeks.

At the end of the CPP there is a graduation party to celebrate the achievements of the young person with their families. Through the course of the group program TGI! Clinicians may liaise with local NGO's to promote linkages for young people and to collaborate to deliver developmentally appropriate activity based interventions utilising art and music.

Parenting focused targeted group intervention

The CPP comprises of 12 sessions, each of one hour duration. Parents and caregivers who live with the young person attending the Coping Power Program will be invited to attend.

The Coping Power Parenting Program (CPPP) will also be enhanced for those parents/care-givers whose children present with CU traits and internalising disorders, in the second and third stages of the program roll-out.

Joint intervention

Each fortnight parents and the young people will meet jointly for 30 minutes over the course of the 25 week CPP to form an interactive group in which parents and young people can work together to build positive relationships and learn to manage challenging behaviours. The aim of the joint session is to allow parents and young people to:

- Enhance communication
- Facilitate co-operative relationships
- Problem solve as a team
- Complete strengths focused interventions.

Universal school intervention

Specific training will be developed in partnership with the DoE and offered to teachers in identified schools in the area. TGI! Clinicians and The Network School Link Co-ordinator will provide the training. The training will cover topics including, but not limited to, the following:

- Externalising disorders
- The effects of externalising disorders on learning
- The effects of trauma, specifically family/domestic violence, on behaviour and learning
- Evidence based methods used to manage externalising disorders in the classroom.

Additionally, TGI! Clinicians will be in regular contact with the relevant professional person in the young person's school (e.g. class teacher, guidance counsellor, school principal) for the following:

- To organise case conferences for students with long suspension and discuss options for intervention.
- To provide an opportunity to better support students with DBD in mainstream schooling.
- To enhance functioning of students with DBD already in specialised placements (i.e. behavioural schools).
- To facilitate comprehensive mental health assessments and provide feedback regarding mental health needs and assist access to disability supports. Referrals to suitable services will be offered and facilitated for young people and their families irrespective of eligibility for the program.

Stakeholder Referrals

Treatment in collaboration with LHD CAMHS and Youth Mental Health Services (YMHS), and NGOs will be provided where young people require evidence based treatment/s for identified mental health concerns or drug and alcohol concerns and where they would benefit from concomitant targeted interventions to address aggression and conduct problems. This model would enhance the capacity of these LHD services to manage this population and maintain them in treatment. In the initial stage this will involve the WSLHD.

At the end of the program, clinicians will liaise or refer on to treating services for ongoing care coordination and a discharge letter will be sent outlining these options to young people and treating services. Clinicians can refer to the [Supporting Young People During Transition to Adult Mental Health Services](#) policy for more information on supporting young people from community-based or inpatient specialist CAMHS care or YMHS care to Adult Mental Health Service (AMHS) care.

Evaluation and Research

Service evaluation will utilise a mixed-method evaluation to measure outcomes including both quantitative and qualitative data.

TGI clinicians will enter the young person's details and a service episode at point of referral (Refer to Operational Flowchart for Teen Got It! Clinicians). Data will be collected during the program and entered by clinicians into The Network data systems. At the end of the data collection (12months after completing the program) the episode of care will be closed on The Network data systems.

Data collated

TGI data will be collated in a spreadsheet and will include:

- Demographic information regarding the young people identified as potentially eligible for TGI!

- The number of young people assessed
- The number of young people eligible at screening phase
- The number of young people who have agreed to participate in the program
- The number of young people referred to community based services for ongoing support.
- The number of young people who have completed all elements of recommended intervention. This number informs the Key Performance Indicators (KPI) which is reportable to the MOH. The target KPI is 40 young people and their parents/carers completing the program / year. This KPI score is in relation to the three service cohorts: Apprehended Violence Order (AVO); Out Of Home Care (OOHC) and peer-to-peer violence.

Pre-and post-measures

Pre and post measures will also be utilised with appropriate measures for the identified outcomes being developed in collaboration with The Network Forensic Mental Health Research Team, Research & Evaluation Unit and UNSW. These will include the measures used in the comprehensive assessment pre intervention, post intervention and at 6 and 12 months post intervention.

Assessment of anticipated changes pre-to-post intervention

It is envisaged that as part of the research evaluation the following changes will be demonstrated:

- Improved health outcomes in relation to oppositional defiant disorder and conduct disorder and other behaviour and emotional disorders. Suggestions for areas of evaluation include:
- The current evidence base supports parenting interventions for a younger group. The Teen Got It! intervention can compare this target group to those outcomes
- Treatment for post-traumatic stress disorder (PTSD) and trauma symptoms (common in this group)
- Link with NGOs for substance use interventions as a significant number may be early substance users
- Increase number of days at school without being suspended

Increase number in contact with prosocial activities through parenting interventions and NGO links. Increased access to enhanced parenting and family interventions for young people with conduct and behavioural disorders:

- Parent and family assessment at point of contact and assessment after treatment.

Reduced number of finalised AVO matters in relation to young people identified with DBD:

- Review numbers of finalised AVO matters over a 12-month period with linkage to CIMS and Court data bases.

Improved capacity of LHD CAMHS and YMHS to deliver treatment and interventions to young people with DBD in contact (or at risk of contact) with the criminal justice system:

- Support from the YMHS in management of complex young people
- Access to forensic risk assessment if required
- Enhance skills of LHD clinicians through education provided by TGI! clinicians
- Improve working relationships with Juvenile Justice NSW and Emotional Behavioural Difficulties (EBD) schools to maintain young people in educational and vocational activities.

Reduce rates of contact with the criminal justice system post intervention this may be assessed by utilising BOSCAR and CIMS data to:

- Monitor outcomes in relation to performance rates and compare to courts where not present and “as usual” approach
- Evaluate if reduced numbers of AVOs granted where assessed as having treatment needs and engaged in treatment compared to court where not currently active
- Monitor breaches and considering if fewer charges.

Surveys

The following surveys will also be undertaken and will comprise no more than six questions using a Likert scale:

- Child satisfaction survey ([Appendix 14](#))
- Parent/carer satisfaction survey ([Appendix 14](#))
- School satisfaction survey ([Appendix 15](#))
- Stakeholder satisfaction survey (Court; FaCS; CAMHS etc.) ([Appendix 15](#))

Key partnerships

Professional development

Specific sessions will be run to appraise the school counsellors and educators and the local CAMHS, Headspace and other NGO services about the treatment program.

Partner agencies

The service will engage with partner agencies to develop a management plan that meets the needs of the young people and their families. It is envisaged that at a later stage the group and parenting programs will be run in collaboration with these partner agencies where possible. The partner agencies may include, but are not restricted to:

- Children’s Court Magistrates and Registrars
- Department of Education
- Children’s Legal Services
- Aboriginal Legal Services
- Juvenile Justice NSW
- CAMHS
- YMHS Teams
- NGO providers
- University of NSW
- Family and Community Services (FaCS)
- University of Alabama
- Their Futures Matter

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Abbreviations

ACCT	Adolescent Court and Community Team
AO	Administration Officer
APTG	A place to go
AVO	Apprehended Violence Order
BESS	Behavioural and Emotional Screening System
BASC3	Behaviour Assessment System for Children Third Edition
CDAMH	Clinical Director Adolescent Mental Health
CAC	Community Assessment Coordinator
CAMHS CGAS	Community Adolescent Mental Health Service Child's Gobal Assessment Functioning Scale
CPP	Coping Powers Program
CPPP	Coping Powers Parenting Program
CU	Callous Unemotional
DBD	Disruptive Behaviour Disorder
DoE	Department of Education
EBD	Emotional Behavioural Difficulties
FaCS	Family and Community Services
GP	General Practitioner
HIRS	Health Information and Record Service
HONOSCA	Health of the Nation Outcome Scales for Children
ICD10	Factors influencing health status
ICUT	Inventory of Callous-Unemotional Traits



The Network	Justice Health and Forensic Mental Health Network
JJNSW	Juvenile Justice NSW
JJC	Juvenile Justice Centre
KPI	Key Performance Indicator
LHD	Local Health District
MAMHDAP	Manager Adolescent Mental Health & Drug and Alcohol Programs
MH-OAT	Mental Health Outcomes and Assessment Tool
MOC	Model of Care
NGO	Non-Government Organisation
OOHC	Out of Home Care
PAS	Patient Administration System
PRD	Patient Registration Database
PP	Police Prosecutors
SDQ	Strength and Difficulties Questionnaire
TGI!	Teen Got It!
TFM	Their Futures Matter
UNSW	University of New South Wales
WH&S	Work Health and Safety
WSLHD	Western Sydney Local Health District
YMHS	Youth Mental Health Service
YP	Young People



Legislation and related documents

[THE NETWORK Health Record Procedure Manual](#)

[THE NETWORK Health Records Order of Forms](#)

THE NETWORK [Policy 1.085](#) Consent to Medical Treatment – Patient Information

THE NETWORK [Policy 2.015](#) Patient (Consumer) Complaints Handling

THE NETWORK [Policy 2.016](#) Management of a Complaint or Concern about a Clinician

THE NETWORK [Policy 4.030](#) Requesting and Disclosing Health Information

THE NETWORK [Policy 5.015](#) Child Protection

[Keep Them Safe: A shared Approach to Child Wellbeing](#)

[Mental Health Act 2007](#)

[Mental Health \(Forensic Provisions\) Act 1990](#)

NSW MOH [PD2010_018](#) Mental Health Clinical Documentation

NSW MoH [GL2006_002](#) Complaint or concern about a Clinician – Management Guideline

NSW MoH [PD2014_042](#) Managing Misconduct

[NSW Health Privacy Manual for Health Information](#)

[NSW State Records Act 1998](#)

NSW Health [PD2018_035](#) New Street Service Policy and Procedures

NSW Health [GL2018_022](#) Supporting Young People During Transition to Adult Mental Health Services



Appendices

[Appendix 1 Operational Flowchart for Teen Got It! Clinicians](#)

[Appendix 2 Adolescent Health Consent Form and Adolescent Health Consent to Share / Obtain Information Form](#)

[Appendix 3 Client Rights and Responsibilities Handout](#)

[Appendix 4 PAS Business Process](#)

[Appendix 5 Pelham's DBD rating scale](#)

[Appendix 6 Access Line Numbers](#)

[Appendix 7 Behavioural and Emotional Screening System \(BESS\)](#)

[Appendix 8 Strength and Difficulties Questionnaire \(SDQ\)](#)

[Appendix 9 Inventory of Callous-Unemotional Traits \(ICU\)](#)

[Appendix 10 Behaviour Assessment System for Children Third Edition \(BASC-3\)](#)

[Appendix 11 Alabama parenting and young person's questionnaire](#)

[Appendix 12 Mental Health Consumer Wellness Plan](#)

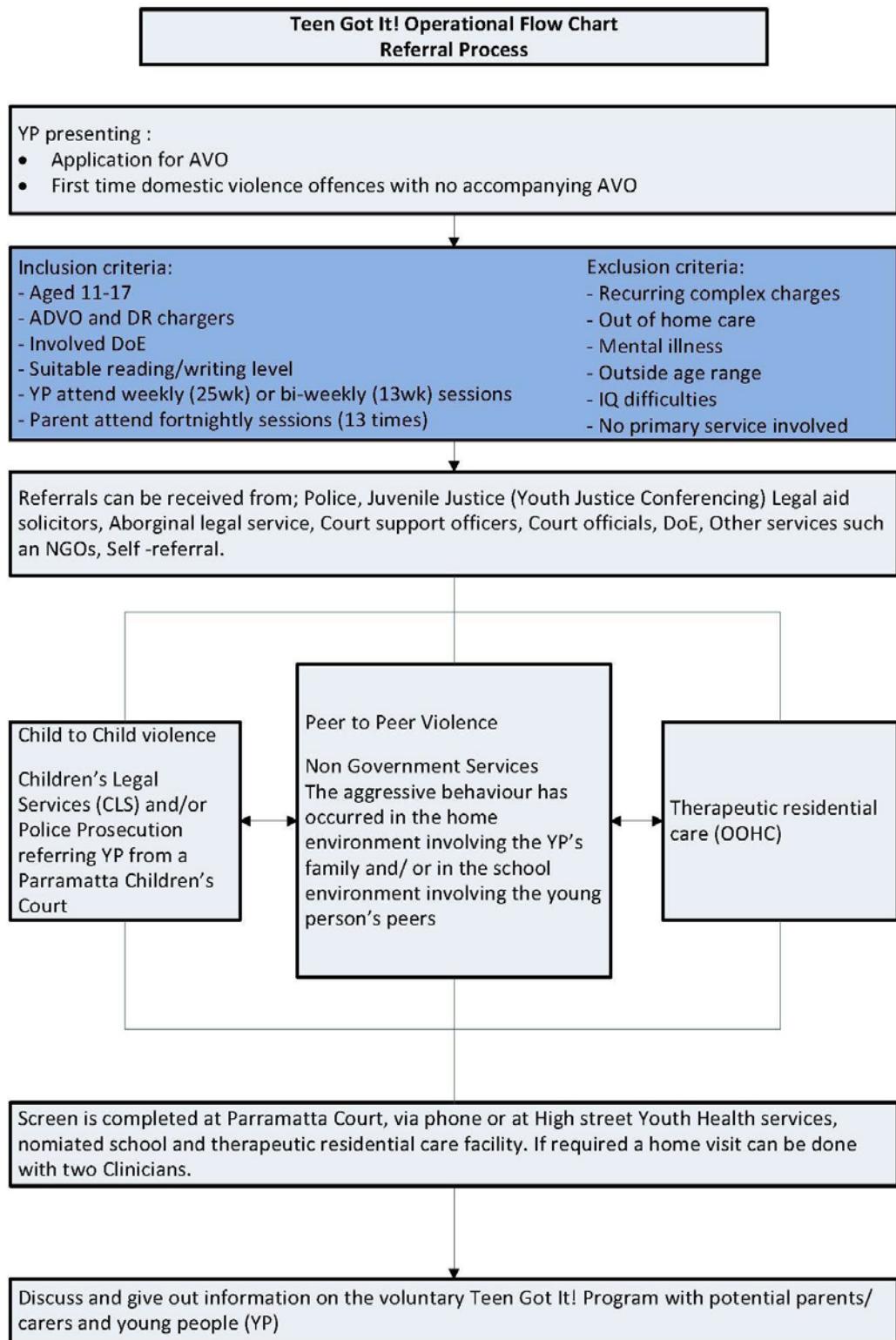
[Appendix 13 Letter Detailing Services for Ongoing Care Co-ordination](#)

[Appendix 14 Child/ Parent satisfaction survey](#)

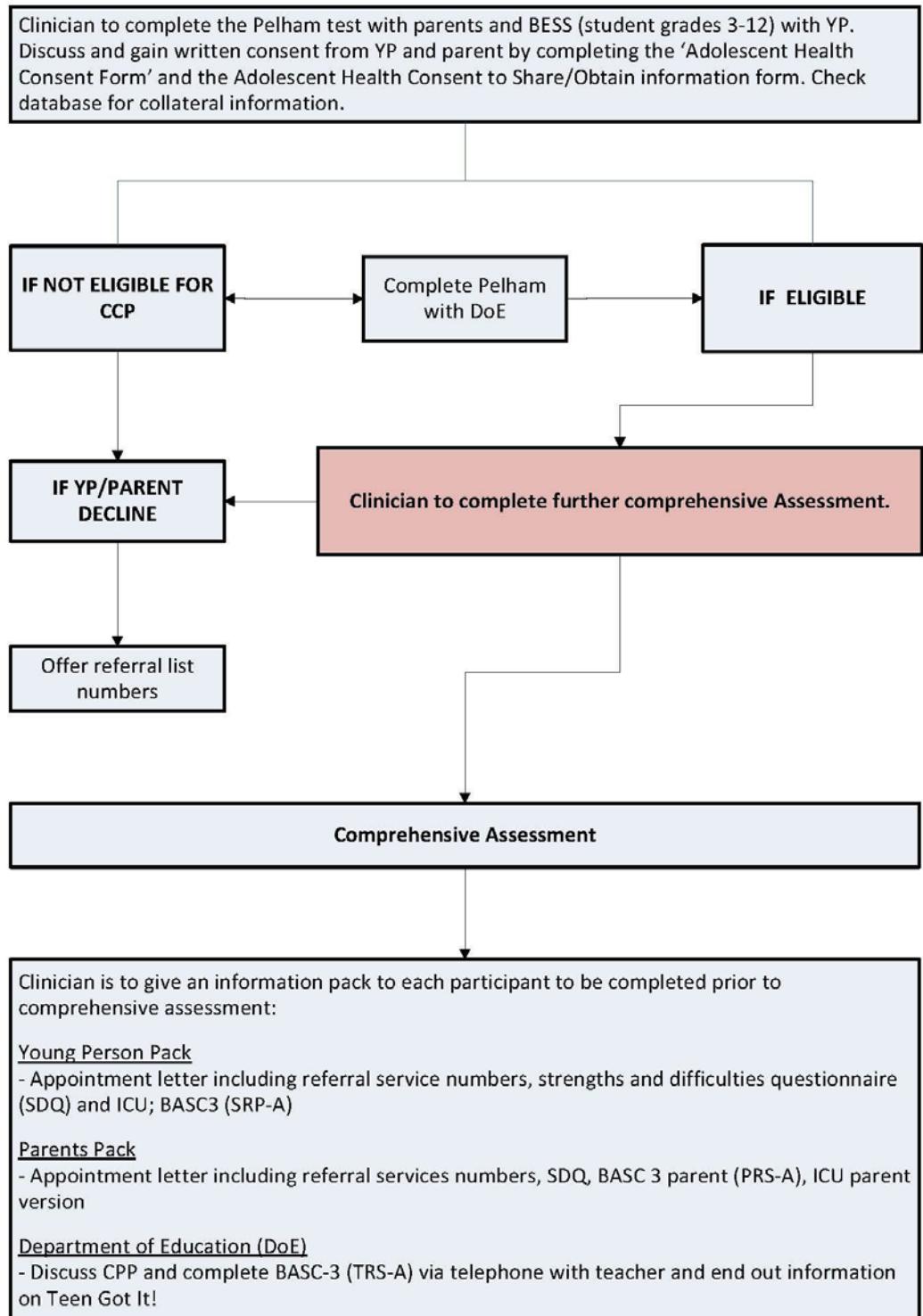
[Appendix 15 Stakeholder/ School satisfaction survey \(Court; FaCS; CAMHS etc.\)](#)

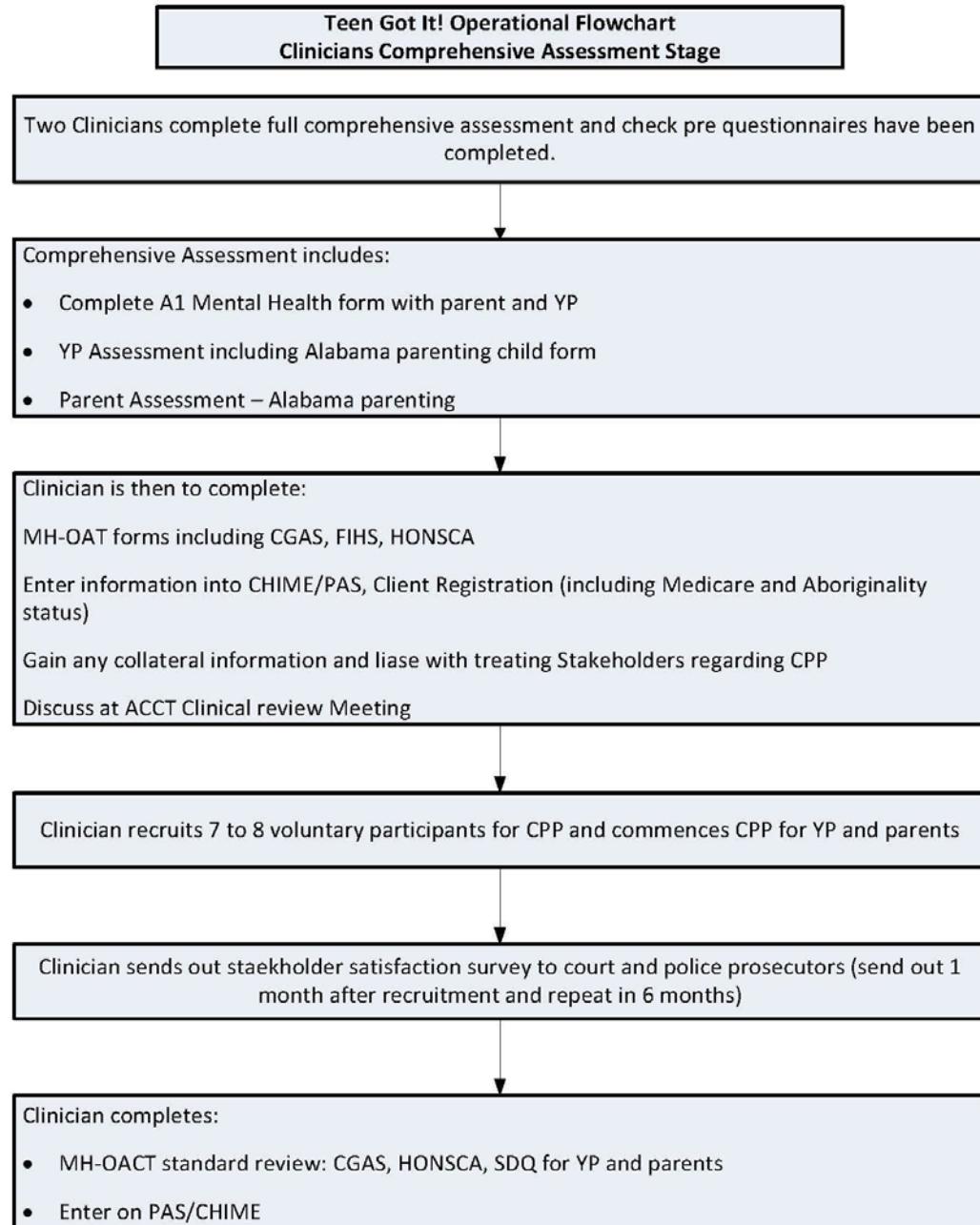
[Appendix 16 TGI Resources](#)

Appendix 1 Operational Flowchart for Teen Got It! Clinicians



Teen Got It! Operational Flow Chart
Screening Process





Teen Got It! Operational Flowchart
Clinicians End of Program Stage

Clinician completes end of program assessments for each part involved:

Young person

- SDQ, MH-OAT forms, ICUT (if required), Alabama parenting child form, BASC3 (SRP-A) and satisfaction survey (Stakeholder, YP, Parent)

Parent

- SDQ, BASC3 (PRS-A), Alabama parenting and satisfaction survey

DoE

- BASC-3 (TRS-A) and satisfaction survey

Stakeholders (i.e. police prosecutors and CLS)

- Satisfaction survey

Clinician to send out follow up letter for ongoing care coordination to existing treating stakeholders or to new treating services.

Discuss at TGI clinical review meeting.

Discharge pf PAS/CHIME

Send closure to HIRS

Complete 6 month follow up post intervention which involves collecting:

- BASC-3 from YP, parent and DoE
- Alabama collection from YP and parents

Repeat the above step in 12 months time

Appendix 2 Adolescent Health Consent Form and Adolescent Health Consent to Share / Obtain Information Form

 Health Justice Health & Forensic Mental Health Network		FAMILY NAME _____ GIVEN NAME _____ <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
ADOLESCENT HEALTH CONSENT TO SHARE / OBTAIN INFORMATION		D.O.B. _____ / _____ / _____ M.O. LOCATION COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE
Section 1: Partner Agencies		
<input type="checkbox"/> I consent to JH&FMHN exchanging relevant information with Juvenile Justice NSW and the Department of Education relating to my safety, welfare and wellbeing.		
Section 2: External Agencies		
<input type="checkbox"/> I consent for JH&FMHN to 'share' confidential information contained within my health record with those listed below; and/or <input type="checkbox"/> I consent for JH&FMHN to 'obtain' information from those listed below;		
Information:	Agency:	This information will be: <input type="checkbox"/> Shared <input type="checkbox"/> Obtained <input type="checkbox"/> Shared <input type="checkbox"/> Obtained <input type="checkbox"/> Shared <input type="checkbox"/> Obtained <input type="checkbox"/> Shared <input type="checkbox"/> Obtained
This information may be of a highly sensitive nature, which may include information concerning sexual assault, drug and alcohol, domestic violence, sexual health, mental health, genetics and child protection.		
Section 3: Consent		
<ul style="list-style-type: none"> • If aged 16 years and over, the young person's own consent is sufficient. • If aged between 14 and 16 years, the young person can give consent provided they adequately understand and appreciate the nature and consequences of the consent. Wherever possible consent from the parent or guardian should also be obtained unless the young person objects. • If aged less than 14 years, consent of the parent or legal guardian must be obtained. 		
Young Person Consent:		
Name: _____ Signature: _____ Date: _____		
Parent Guardian Consent:		
Name: _____ Signature: _____ Date: _____		
Relationship to young person: _____ <input type="checkbox"/> Phone Consent		
Staff Name: _____	Signature: _____	Designation: _____
Date: _____ NO WRITING		

100017

**ADOLESCENT HEALTH CONSENT
TO SHARE / OBTAIN INFORMATION**

JUS020.455

 Health Justice Health & Forensic Mental Health Network	FAMILY NAME _____ MRN _____ GIVEN NAME _____ <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE									
	D.O.B. ____ / ____ / ____ M.O. _____									
	LOCATION _____									
	COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE									
	ADOLESCENT HEALTH CONSENT FORM									
<p>Adolescent Health provides the following services, if applicable you will be linked with:</p> <table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; text-align: center; padding: 5px;">  </td> <td style="width: 85%; padding: 5px;"> The Adolescent Court and Community Team (ACCT) for: 1. Mental health assessment and court report to enable diversion from custody. 2. Forensic risk assessment to support community services managing mental health concerns. 3. Early intervention and therapeutic care for young people subject to an Apprehended Violence Order (AVO). </td> </tr> <tr> <td style="text-align: center; padding: 5px;">  </td> <td style="padding: 5px;"> Custodial Health provides a range of primary, mental health and drug and alcohol services whilst in custody. </td> </tr> <tr> <td style="text-align: center; padding: 5px;">  </td> <td style="padding: 5px;"> The School-Link Service provides support for wellbeing and mental health through collaboration between health and education professionals. </td> </tr> <tr> <td style="text-align: center; padding: 5px;">  </td> <td style="padding: 5px;"> The Community Integration Team (CIT) co-ordinates care after release from custody to ensure linkages with community services. </td> </tr> </table>				The Adolescent Court and Community Team (ACCT) for: 1. Mental health assessment and court report to enable diversion from custody. 2. Forensic risk assessment to support community services managing mental health concerns. 3. Early intervention and therapeutic care for young people subject to an Apprehended Violence Order (AVO).		Custodial Health provides a range of primary, mental health and drug and alcohol services whilst in custody.		The School-Link Service provides support for wellbeing and mental health through collaboration between health and education professionals.		The Community Integration Team (CIT) co-ordinates care after release from custody to ensure linkages with community services.
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	Custodial Health provides a range of primary, mental health and drug and alcohol services whilst in custody.									
	The School-Link Service provides support for wellbeing and mental health through collaboration between health and education professionals.									
	The Community Integration Team (CIT) co-ordinates care after release from custody to ensure linkages with community services.									
Section 1: Assessments										
<p>I consent to the following assessment and subsequent report, the nature of which has been explained to me:</p> <p><input type="checkbox"/> ACCT Court Report Assessment</p> <p>The information provided during the assessment will be used to inform the Court of any mental health concerns. This report may include recommendations for further mental health management and treatment.</p> <p>A copy of the NSW Police Facts Sheet obtained during the course of your assessment will be filed in your patient health record.</p>										
Section 2: Treatments										
<p>I consent to the below treatments - the nature, likely results and risks have been explained to me:</p> <p><input type="checkbox"/> Dental <input type="checkbox"/> Implantable Contraception <input type="checkbox"/> Invasive Procedure <input type="checkbox"/> Mental Health Medication <input type="checkbox"/> Other (add details below)</p> <p>Details: _____</p>										
Section 3: Blood/Urine Tests										
<p>I consent to a blood/urine test being undertaken for the purpose of identifying the below conditions - the nature, likely results and risks of these conditions have been explained to me:</p> <p><input type="checkbox"/> Chlamydia <input type="checkbox"/> Gonorrhoea <input type="checkbox"/> Hepatitis <input type="checkbox"/> HIV <input type="checkbox"/> Pregnancy <input type="checkbox"/> Syphilis <input type="checkbox"/> Other (add details below)</p> <p>Details: _____</p>										
19817 Staff Name: _____		Signature: _____	Designation: _____	Date: _____						

Holes punched as per ASS2828.1: 2012
BINDING MARGIN - NO WRITING

ADOLESCENT HEALTH CONSENT FORM FOR TREATMENT

JUS020.450

 <p>Health Justice Health & Forensic Mental Health Network</p> <p>ADOLESCENT HEALTH CONSENT FORM</p>	FAMILY NAME _____		MRN _____												
	GIVEN NAME _____		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE												
	D.O.B. ____/____/____		M.O. _____												
	LOCATION _____														
	COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE														
<p>Section 4: Vaccinations</p> <p>I consent to the below vaccinations - the benefits and possible side effects have been explained to me.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><input type="checkbox"/> Diphtheria, Tetanus, Pertussis (dTpa)</td> <td style="width: 33%;"><input type="checkbox"/> Hepatitis B</td> <td style="width: 33%;"><input type="checkbox"/> HPV</td> </tr> <tr> <td><input type="checkbox"/> Measles, Mumps, Rubella (MMR)</td> <td><input type="checkbox"/> Meningococcal</td> <td><input type="checkbox"/> Influenza</td> </tr> <tr> <td colspan="3" style="text-align: center;"><input type="checkbox"/> Varicella</td> </tr> <tr> <td colspan="3" style="text-align: center;"><input type="checkbox"/> Other (add details below)</td> </tr> </table> <p>Details: _____</p>				<input type="checkbox"/> Diphtheria, Tetanus, Pertussis (dTpa)	<input type="checkbox"/> Hepatitis B	<input type="checkbox"/> HPV	<input type="checkbox"/> Measles, Mumps, Rubella (MMR)	<input type="checkbox"/> Meningococcal	<input type="checkbox"/> Influenza	<input type="checkbox"/> Varicella			<input type="checkbox"/> Other (add details below)		
<input type="checkbox"/> Diphtheria, Tetanus, Pertussis (dTpa)	<input type="checkbox"/> Hepatitis B	<input type="checkbox"/> HPV													
<input type="checkbox"/> Measles, Mumps, Rubella (MMR)	<input type="checkbox"/> Meningococcal	<input type="checkbox"/> Influenza													
<input type="checkbox"/> Varicella															
<input type="checkbox"/> Other (add details below)															
<p>Section 5: Consent</p> <ul style="list-style-type: none"> • If aged 16 years and over, the young person's own consent is sufficient. • If aged between 14 and 16 years, the young person can give consent provided they adequately understand and appreciate the nature and consequences of the consent. Wherever possible consent from the parent or guardian should also be obtained unless the young person objects. • If aged less than 14 years, consent of the parent or legal guardian must be obtained. <p>Young Person Consent:</p> <p>Name: _____ Signature: _____ Date: _____</p> <p>Parent Guardian Consent:</p> <p>Name: _____ Signature: _____ Date: _____</p> <p>Relationship to young person: _____ <input type="checkbox"/> Phone Consent</p>															
<p>Staff Name: _____ Signature: _____ Designation: _____ Date: _____</p>															

Holes punched as per AS2828.1: 2012
BINDING MARGIN - NO WRITING



Appendix 3 Client Rights and Responsibilities Handout



ADOLESCENT COURT AND COMMUNITY TEAM **CLIENT RIGHTS AND RESPONSIBILITIES**

Clients have the right to make decisions about their own health care. Justice Health and Forensic Mental Health Network (The Network) staff will provide information to clients to enable them to make relevant and informed choices about his / her health care and treatment options.

As a client of the Adolescent Court and Community Team you have the right to:

1. Be treated with respect, consideration and dignity at all times regardless of your age, social status, gender, sexual preference, culture, religion, criminal convictions, or political beliefs.
2. Be given information about your health care in words that you can understand.
3. Use the interpreter service if required or necessary.
4. Know the profession and qualifications of the staff member who is working with you.
5. Have a parent / guardian OR legal representative present at your assessment.
6. Request the Network professional to talk to your family and other health professionals about your mental health issues and explain how they may assist in your recovery.
7. Accept or decline to take part in any research projects.

As a client of the Adolescent Court and Community Team you have the responsibility to:

1. Answer questions about your health as openly and honestly as you can.
2. Behave in a manner that is not threatening, violent or intimidating towards Justice Health staff.

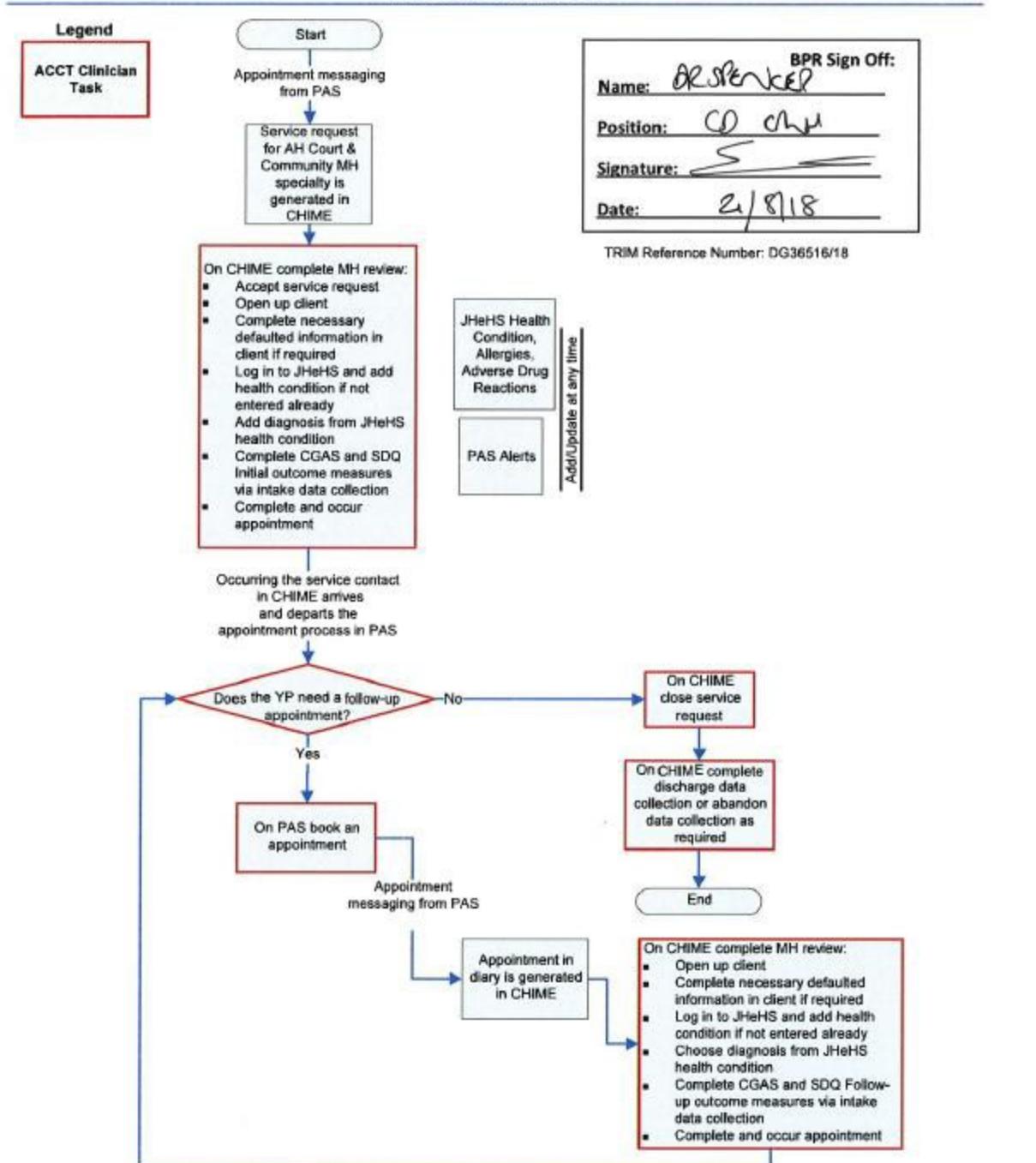
As a client of the Adolescent Court and Community Team be aware that:

1. Information you disclose will be shared with the Court.
2. Should a concern about a significant risk of harm to self or others arise, information you disclose may be provided to other services involved in your care.

Appendix 4 PAS Business Process

CHIME Business Process – Adolescent Court and Community Team (ACCT) Apprehended Violence Order (AVO) Getting on Track in Time (Got It)- V.1

Wednesday, August 15, 2018

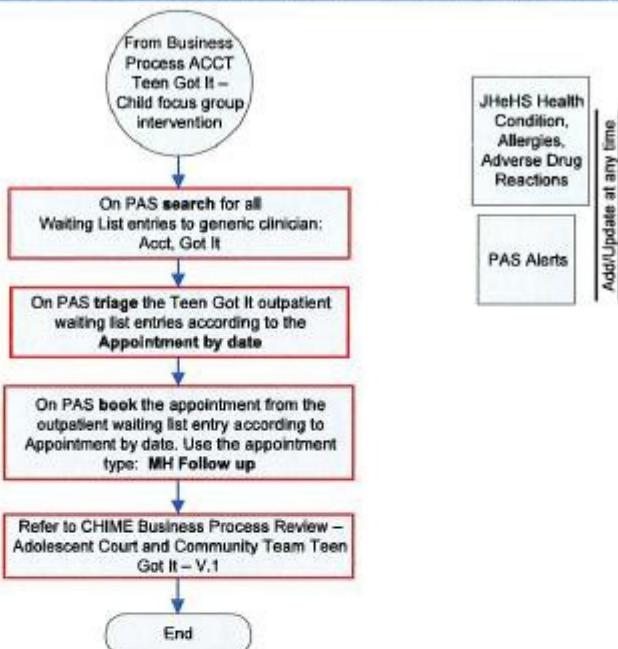


**Clinical Applications Business Process -
Adolescent Court and Community Team (ACCT) Teen
Getting on Track in Time (Got It)
Individual Appointment - V.1**

Wednesday, August 15, 2018

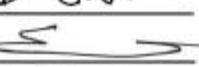
Legend

ACCT Clinician Task



JHeHS Health Condition, Allergies, Adverse Drug Reactions
PAS Alerts

Add/Update at any time

BPR Sign Off:	
Name:	DR SPENCER
Position:	CD CMH
Signature:	
Date:	21/8/18

Clinical Applications Business Process - Adolescent Court and Community Team (ACCT) Teen Getting on Track in Time (Got It) – Child Focus Group Intervention - V.1

Wednesday, August 15, 2018

Legend

ACCT Clinician Task

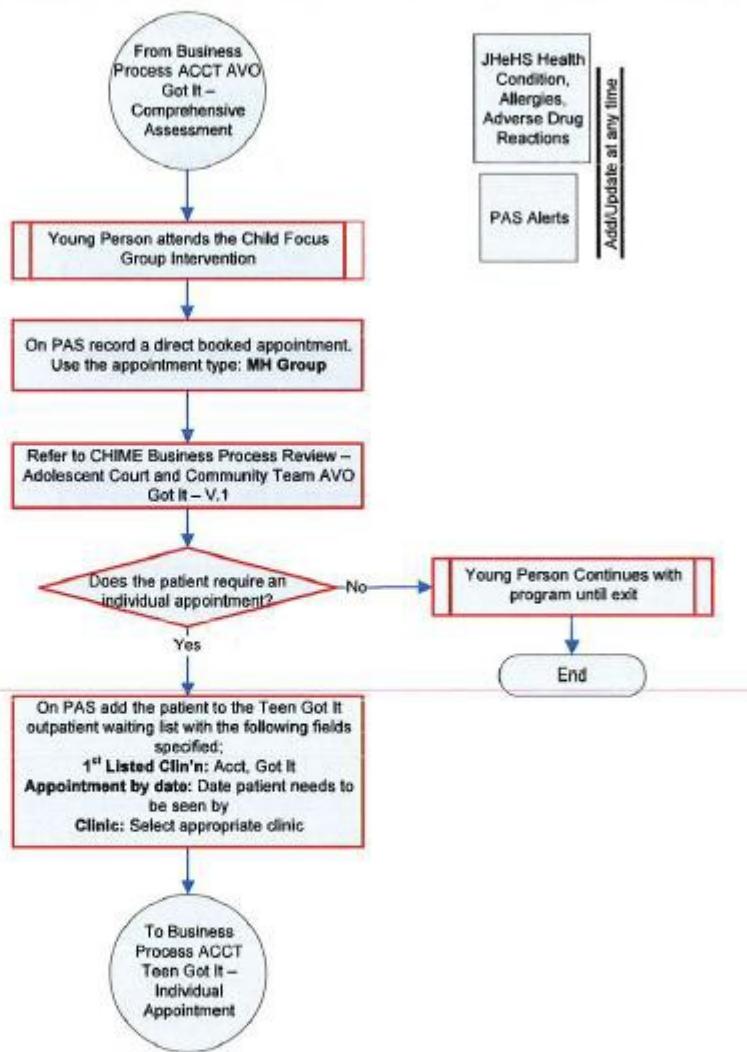
Note:
The Coping Power Program is a 26 week, group intervention based on CBT principles. A group will be formed when 5-7 young people are available. Each group runs for one hour/session

From Business
Process ACCT AVO
Got It –
Comprehensive
Assessment

JHeHS Health
Condition,
Allergies,
Adverse Drug
Reactions

PAS Alerts

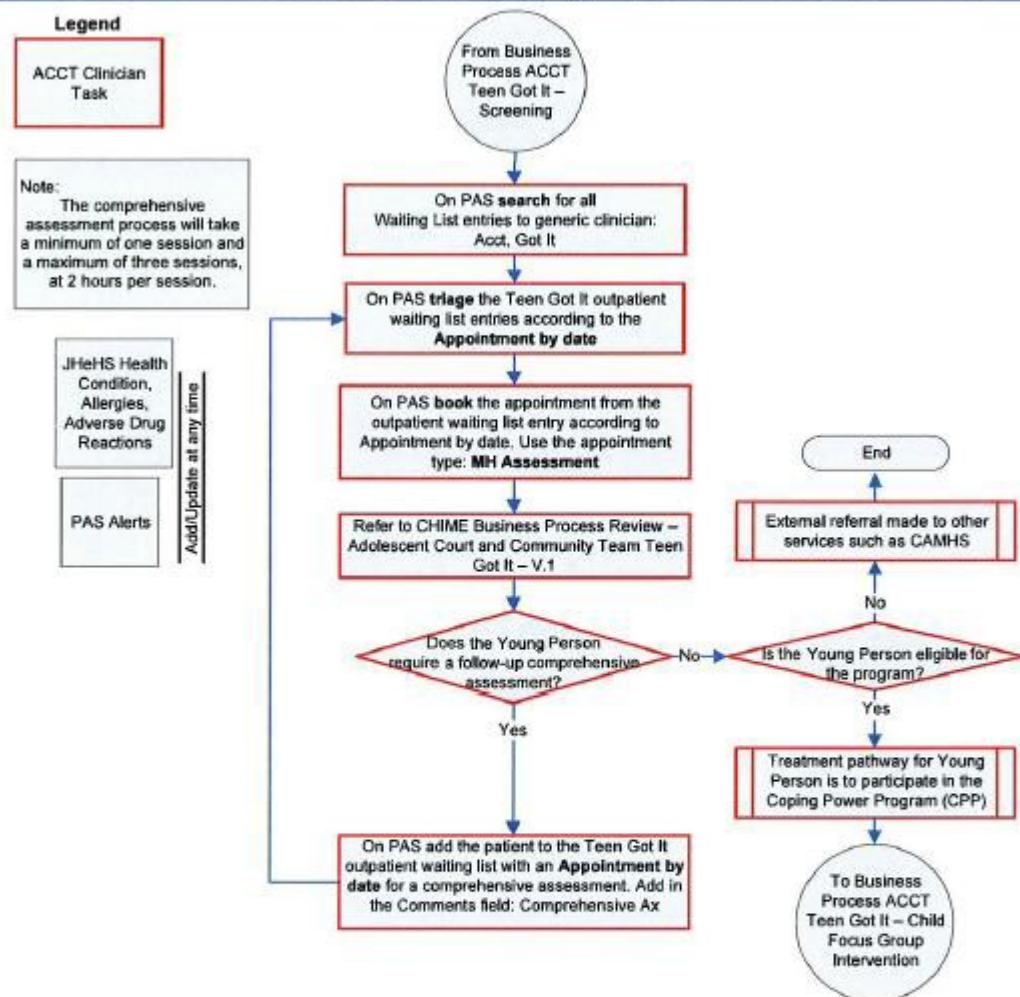
Add/Update at any time



BPR Sign Off:	
Name:	DR SPENCER
Position:	CD CMH
Signature:	
Date:	2/8/18

Clinical Applications Business Process - Adolescent Court and Community Team (ACCT) Teen Getting on Track in Time (Got It) – Comprehensive Assessment - V.1

Wednesday, August 15, 2018



BPR Sign Off:	
Name:	DR SPENCER
Position:	DO CMH
Signature:	
Date:	2/8/18

Clinical Applications Business Process - Adolescent Court and Community Team (ACCT) Teen Getting on Track in Time (Got It) – Screening - V.1

Wednesday, August 15, 2018

Legend

ACCT Clinician Task

HIRS Client Registration Officer Task

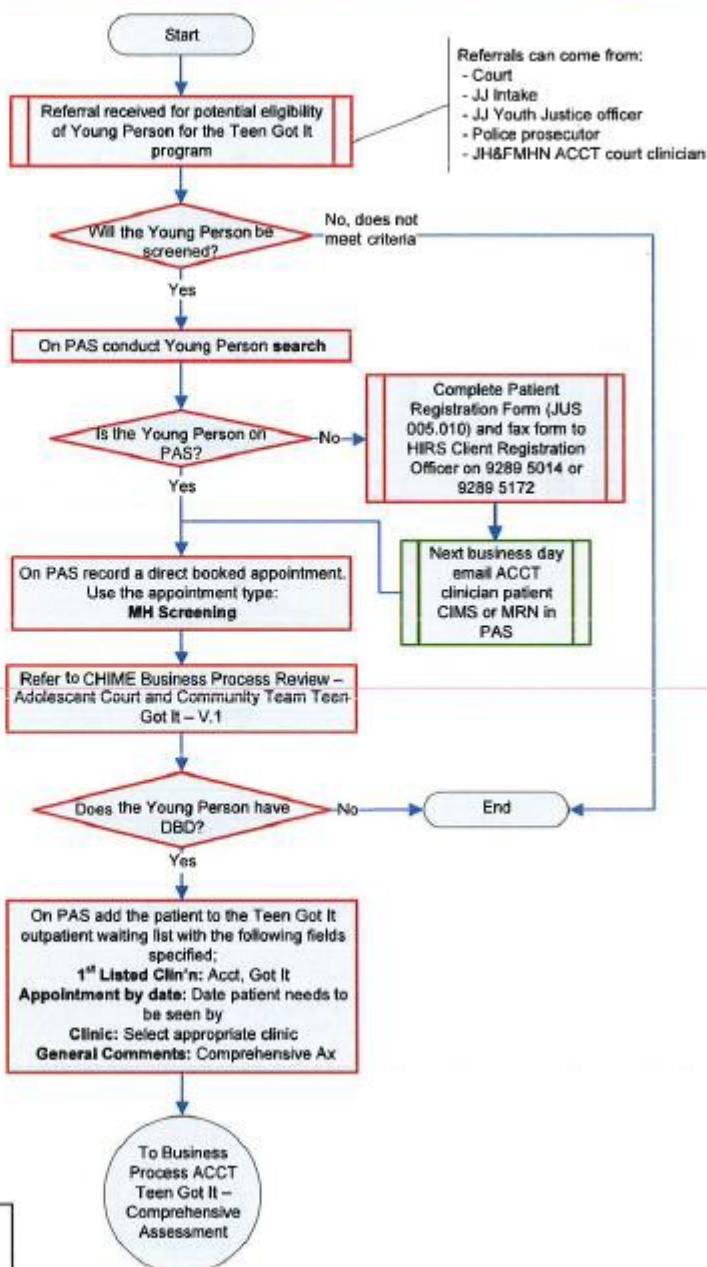
Note:
Got It! (Getting On Track in Time) is a program which delivers early specialist mental health intervention for both Young People (YP) between the ages of 11-15 who have disruptive behaviour disorder (DBD) and are appearing before the NSW Children's Court as the subject of an application for an Apprehended Violence Order (AVO), and their families.

JHeHS Health Condition, Allergies, Adverse Drug Reactions
PAS Alerts

Add/Update at any time

BPR Sign Off:

Name: DR SPENCER
Position: CD CHM
Signature: S
Date: 2/9/18



Appendix 5 Pelham's DBD rating scale

Parent / Teacher DBD Rating Scale

Child's Name: _____

Form Completed by: _____

Grade: _____ Date of Birth: _____ Sex: _____ Date Completed: _____
Check the column that best describes your/this child. **Please write DK next to any items for which you don't know the answer.**

	Not at All	Just a Little	Pretty Much	Very Much
1. often interrupts or intrudes on others (e.g., butts into conversations or games)				
2. has run away from home overnight at least twice while living in parental or parental surrogate home (or once without returning for a lengthy period)				
3. often argues with adults				
4. often lies to obtain goods or favors or to avoid obligations (i.e., "cons" others)				
5. often initiates physical fights with other members of his or her household				
6. has been physically cruel to people				
7. often talks excessively				
8. has stolen items of nontrivial value without confronting a victim (e.g., shoplifting, but without breaking and entering; forgery)				
9. is often easily distracted by extraneous stimuli				
10. often engages in physically dangerous activities without considering possible consequences (not for the purpose of thrill-seeking), e.g., runs into street without looking				
11. often truant from school, beginning before age 13 years				
12. often fidgets with hands or feet or squirms in seat				
13. is often spiteful or vindictive				
14. often swears or uses obscene language				
15. often blames others for his or her mistakes or misbehavior				
16. has deliberately destroyed others' property (other than by fire setting)				
17. often actively defies or refuses to comply with adults' requests or rules				
18. often does not seem to listen when spoken to directly				
19. often blurts out answers before questions have been completed				
20. often initiates physical fights with others who do not live in his or her household (e.g., peers at school or in the neighborhood)				
21. often shifts from one uncompleted activity to another				
22. often has difficulty playing or engaging in leisure activities quietly				
23. often fails to give close attention to details or makes careless mistakes in schoolwork, work, or other activities				
24. is often angry and resentful				
25. often leaves seat in classroom or in other situations in which remaining seated is expected				
26. is often touchy or easily annoyed by others				
27. often does not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace (not due to oppositional behavior or failure to understand instructions)				
28. often loses temper				
29. often has difficulty sustaining attention in tasks or play activities				
30. often has difficulty awaiting turn				
31. has forced someone into sexual activity				
32. often bullies, threatens, or intimidates others				
33. is often "on the go" or often acts as if "driven by a motor"				
34. often loses things necessary for tasks or activities (e.g., toys, school assignments, pencils, books, or tools)				
35. often runs about or climbs excessively in situations in which it is inappropriate (in adolescents or adults, may be limited to subjective feelings of restlessness)				
36. has been physically cruel to animals				
37. often avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort (such as schoolwork or homework)				
38. often stays out at night despite parental prohibitions, beginning before age 13 years				
39. often deliberately annoys people				
40. has stolen while confronting a victim (e.g., mugging, purse snatching, extortion, armed robbery)				
41. has deliberately engaged in fire setting with the intention of causing serious damage				
42. often has difficulty organizing tasks and activities				
43. has broken into someone else's house, building, or car				
44. is often forgetful in daily activities				
45. has used a weapon that can cause serious physical harm to others (e.g., a bat, brick, broken bottle, knife, gun)				

parentteacher dbd.v1

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University at Buffalo
Center for Children and Families
318 Diefendorf Hall
3435 Main Street
Buffalo, NY 14214
716-829-2244

SCORING INSTRUCTIONS FOR THE DISRUPTIVE BEHAVIOR DISORDER RATING SCALE

There are two ways to determine if a child meets the criteria for DSM IV diagnoses of Attention-Deficit/Hyperactivity Disorder, Oppositional Defiant Disorder, or Conduct Disorder. The first method involves counting symptoms for each disorder using the Disruptive Behavior Disorders (DBD) rating scale. The second method involves comparing the target child's factor scores on the DBD Rating Scale to established norms. The factor scores method is preferable for diagnosis of females (e.g., using a 2 SD cutoff), as the symptom counting method often results in underdiagnosis of female children. Please note that Items 10, 14, and 21 are from DSM-III-R and are not included in the scoring for a DSM-IV diagnosis.

Method 1: Counting Symptoms

To determine if a child meets the symptom criteria for DSM IV diagnoses of Attention-Deficit/Hyperactivity Disorder, Oppositional Defiant Disorder, or Conduct Disorder as measured by the DBD Parent / Teacher Rating Scale, count the number of symptoms that are endorsed "pretty much" or "very much" by either parent or teacher in each of the following categories: Note that impairment and other criteria must be evaluated in addition to symptom counts.

Attention-Deficit/Hyperactivity Disorder

Attention-Deficit/Hyperactivity Disorder - Inattention Symptoms
(items 9, 18, 23, 27, 29, 34, 37, 42, 44)

6 or more items must be endorsed as "pretty much" or "very much" to meet criteria for **Attention-Deficit/Hyperactivity Disorder, Predominantly Inattentive Type**. The six items may be endorsed on the teacher DBD, the parent DBD, or can be a combination of items from both rating scales (e.g., 4 symptoms endorsed on the teacher DBD and 2 separate symptoms endorsed on the parent DBD). The same symptom should **not** be counted twice if it appears on both versions (parent and teacher) of the rating scale.

Attention-Deficit/Hyperactivity Disorder - Hyperactivity/Impulsivity Symptoms
(items 1, 7, 12, 19, 22, 25, 30, 33, 35)

6 or more items must be endorsed as "pretty much" or "very much" on the parent and/or the teacher DBD to meet criteria for **Attention-Deficit/Hyperactivity Disorder, Predominantly Hyperactive-Impulsive Type**

If 6 or more items are endorsed for Attention-Deficit/Hyperactivity Disorder - inattention and 6 or more items are endorsed for Attention-Deficit/Hyperactivity Disorder - hyperactivity/impulsivity, then criteria is met for **Attention-Deficit/Hyperactivity Disorder, Combined Type**

Some impairment from the symptoms must be present in two or more settings (e.g., school, home)

Oppositional Defiant Disorder

Oppositional Defiant Disorder (items 3, 13, 15, 17, 24, 26, 28, 39)

A total of 4 or more items must be endorsed as "pretty much" or "very much" on either the parent or the teacher DBD to meet criteria for **Oppositional Defiant Disorder**

Conduct Disorder

Conduct Disorder - aggression to people and animals (items 6, 20, 31, 32, 36, 40, 45)
Conduct Disorder - destruction of property (items 16, 41)
Conduct Disorder - deceitfulness or theft (items 4, 8, 43)
Conduct Disorder - serious violation of rules (items 2, 11, 38)

A total of 3 or more items in any category or any combination of categories must be endorsed as "pretty much" or "very much" on either the parent or the teacher DBD to meet criteria for **Conduct Disorder**

Method 2: Using Factor Scores

Factor scores for the two ADHD and ODD dimensions for teacher ratings on the DBD are reported in Pelham, et al (1992). Teacher ratings of DSM-III-R symptoms for the disruptive behavior disorders: *Journal of the American Academy of Child and Adolescent Psychiatry*, 31, 210-218. The factor scores for DSM IV factors are the same as for the DSM III-R factors reported in that paper. To determine how a child's scores compare to normative data, compute the average rating for the items from each factor (listed below) using the following scoring: Not at all = 0, Just a little = 1, Pretty Much = 2, Very much = 3. Then, using the information from the attached table of norms, determine where the child falls in relation to other children. A variety of cutoff scores can be used (e.g., 2 standard deviations above the mean).

Factors	
Oppositional / Defiant	(items 3, 13, 15, 17, 24, 26, 28, 39)
Inattention	(items 9, 18, 23, 27, 29, 34, 37, 42, 44)
Impulsivity / Overactivity	(items 1, 7, 12, 19, 22, 25, 30, 33, 35)

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Appendix



BASC-3 Behavioral and Emotional Screening System (BASC™-3 BESS™)

BASC-3 BESS Student Form

Score Report

Randy W. Kamphaus, PhD, & Cecil R. Reynolds, PhD

Child Information

Name: Sample Examinee
Gender: Female
Birth Date: 07/01/2007
Age: 10:1

Test Information

Test Date: 08/21/2017
Admin. Language: English
Norm Used: Combined Gender



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[1.0 / RE1 / QG1]

ALWAYS LEARNING

PEARSON

Validity Indexes

F Index	Response Pattern	Consistency
Acceptable Raw Score: 0	Acceptable Raw Score: 21	Acceptable Raw Score: 5

Behavioral and Emotional Risk Index

Raw Score	T Score	Percentile	Classification
44	69	96	Elevated Risk

Classifications Normal Risk: 0-60 Elevated Risk: 61-70 Extremely Elevated Risk: 71 and higher

Subindex Score Classifications

Subindex	Raw Score	Classification
Internalizing Risk Index	16	Elevated Risk (12-16)
Self-Regulation Risk Index	5	Normal Risk (0-8)
Personal Adjustment Risk Index	9	Elevated Risk (8-12)

Subindex Item Lists

A summary of the ratings and items contributing to the risk indexes with cautionary ratings are presented below.

Internalizing Risk Index

- 5. I want to do better, but I can't. (Often)
- 8. I am lonely. (Sometimes)
- 11. I worry but I don't know why. (Often)
- 13. I feel like my life is getting worse and worse. (Sometimes)
- 16. I get blamed for things I can't help. (Sometimes)
- 21. Even when I try hard, I fail. (Often)
- 23. I feel out of place around people. (Often)
- 24. I have trouble controlling my thoughts. (Sometimes)
- 26. I worry about what is going to happen. (Often)
- 27. No one understands me. (Often)

Self-Regulation Risk Index

The Self-Regulation Risk Index rating is Normal Risk.

Personal Adjustment Risk Index

- 3. My parents trust me. (Often)
- 6. Others have respect for me. (Sometimes)
- 10. I am liked by others. (Sometimes)
- 14. My parents are proud of me. (Sometimes)
- 19. I'm happy with who I am. (Sometimes)



- 22. My parents listen to what I say. (Sometimes)
- 25. I am good at making decisions. (Sometimes)
- 28. My parents like to be with me. (Sometimes)

Item Responses

Behavioral and Emotional Risk Index

- 1. I have trouble sitting still. (Sometimes)
- 2. My teacher is proud of me. (Sometimes)
- 3. My parents trust me. (Often)
- 4. I have trouble paying attention to the teacher. (Sometimes)
- 5. I want to do better, but I can't. (Often)
- 6. Others have respect for me. (Sometimes)
- 7. People tell me to slow down. (Never)
- 8. I am lonely. (Sometimes)
- 9. My school feels good to me. (Never)
- 10. I am liked by others. (Sometimes)
- 11. I worry but I don't know why. (Often)
- 12. I talk while other people are talking. (Never)
- 13. I feel like my life is getting worse and worse. (Sometimes)
- 14. My parents are proud of me. (Sometimes)
- 15. I get along with my teacher. (Often)
- 16. I get blamed for things I can't help. (Sometimes)
- 17. I feel safe at school. (Sometimes)
- 18. I forget to do things. (Often)
- 19. I'm happy with who I am. (Sometimes)
- 20. I get into trouble for not paying attention. (Sometimes)
- 21. Even when I try hard, I fail. (Often)
- 22. My parents listen to what I say. (Sometimes)
- 23. I feel out of place around people. (Often)
- 24. I have trouble controlling my thoughts. (Sometimes)
- 25. I am good at making decisions. (Sometimes)
- 26. I worry about what is going to happen. (Often)
- 27. No one understands me. (Often)
- 28. My parents like to be with me. (Sometimes)



BASCTM3

Behavior Assessment System for Children, Third Edition

BASC-3 Behavioral and Emotional Screening System (BASCTM-3 BESSTM)

BASC-3 BESS Parent Form - Child/Adolescent

Score Report

Randy W. Kamphaus, PhD, & Cecil R. Reynolds, PhD

Child Information

Name: Sample Examinee
Gender: Female
Birth Date: 07/01/2007
Age: 10:1

Test Information

Test Date: 08/21/2017
Rater Name: Anne Sample
Rater Gender: Female
Relationship: Mother
Admin. Language: English
Norm Used: Combined Gender



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Validity Indexes

F Index	Response Pattern	Consistency
Acceptable Raw Score: 0	Acceptable Raw Score: 15	Acceptable Raw Score: 6

Behavioral and Emotional Risk Index

Raw Score	T Score	Percentile	Classification
31	59	83	Normal Risk

Classifications Normal Risk: 0-60 Elevated Risk: 61-70 Extremely Elevated Risk: 71 and higher

Subindex Score Classifications

Subindex	Raw Score	Classification
Externalizing Risk Index	8	Elevated Risk (8-12)
Internalizing Risk Index	8	Normal Risk (0-8)
Adaptive Skills Risk Index	15	Normal Risk (12-27)

Subindex Item Lists

A summary of the ratings and items contributing to the risk indexes with cautionary ratings are presented below.

Externalizing Risk Index

- 4. Gets into trouble. (Sometimes)
- 7. Disobeys. (Sometimes)
- 12. Breaks the rules. (Sometimes)
- 14. Defies people in authority. (Sometimes)
- 16. Is overly aggressive. (Sometimes)
- 18. Deceives others. (Never)
- 24. Disrupts other children's activities. (Sometimes)
- 26. Acts out of control. (Sometimes)
- 29. Loses temper too easily. (Sometimes)

Internalizing Risk Index

The Internalizing Risk Index rating is Normal Risk.

Adaptive Skills Risk Index

The Adaptive Skills Risk Index rating is Normal Risk.

Item Responses

Behavioral and Emotional Risk Index

- 1. Gets along well with others. (Often)



2. Is easily upset. (Sometimes)
3. Has a short attention span. (Sometimes)
4. Gets into trouble. (Sometimes)
5. Sets realistic goals. (Often)
6. Worries about things that cannot be changed. (Often)
7. Disobeys. (Sometimes)
8. Says, "I hate myself." (Never)
9. Tracks down information when needed. (Often)
10. Is easily frustrated. (Often)
11. Is good at getting people to work together. (Sometimes)
12. Breaks the rules. (Sometimes)
13. Is nervous. (Sometimes)
14. Defies people in authority. (Sometimes)
15. Seems lonely. (Sometimes)
16. Is overly aggressive. (Sometimes)
17. Adjusts well to changes in routine. (Sometimes)
18. Deceives others. (Never)
19. Says, "Nobody likes me." (Never)
20. Organizes chores or other tasks well. (Sometimes)
21. Has trouble concentrating. (Often)
22. Gives good suggestions for solving problems. (Sometimes)
23. Is negative about things. (Sometimes)
24. Disrupts other children's activities. (Sometimes)
25. Tries to bring out the best in other people. (Often)
26. Acts out of control. (Sometimes)
27. Complains about health. (Never)
28. Responds appropriately when asked a question. (Almost always)
29. Loses temper too easily. (Sometimes)



Behavior Assessment System for Children, Third Edition

BASC-3 Behavioral and Emotional Screening System (BASC™-3 BESS™)

BASC-3 BESS Teacher Form - Child/Adolescent

Score Report

Randy W. Kamphaus, PhD, & Cecil R. Reynolds, PhD

Child Information

Name: Sample Examinee
Gender: Female
Birth Date: 07/01/2007
Age: 10:1

Test Information

Test Date: 08/21/2017
Rater Name: Math Sample
Norm Used: Combined Gender



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[1.0 / RE1 / QG1]

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Validity Indexes

F Index	Response Pattern	Consistency
Acceptable Raw Score: 0	Acceptable Raw Score: 10	Acceptable Raw Score: 2

Behavioral and Emotional Risk Index

Raw Score	T Score	Percentile	Classification
24	60	83	Normal Risk

Classifications Normal Risk: 0-60 Elevated Risk: 61-70 Extremely Elevated Risk: 71 and higher

Subindex Score Classifications

Subindex	Raw Score	Classification
Externalizing Risk Index	6	Normal Risk (0-6)
Internalizing Risk Index	5	Normal Risk (0-6)
Adaptive Skills Risk Index	7	Normal Risk (5-15)

Subindex Item Lists

A summary of the ratings and items contributing to the risk indexes with cautionary ratings are presented below.

Externalizing Risk Index

The Externalizing Risk Index rating is Normal Risk.

Internalizing Risk Index

The Internalizing Risk Index rating is Normal Risk.

Adaptive Skills Risk Index

The Adaptive Skills Risk Index rating is Normal Risk.

Item Responses

Behavioral and Emotional Risk Index

1. Worries. (Sometimes)
2. Is well organized. (Sometimes)
3. Has poor self-control. (Sometimes)
4. Is sad. (Never)
5. Is highly motivated to succeed. (Sometimes)
6. Gets into trouble. (Sometimes)
7. Tries to help others be their best. (Sometimes)
8. Changes moods quickly. (Sometimes)
9. Annoys others on purpose. (Sometimes)

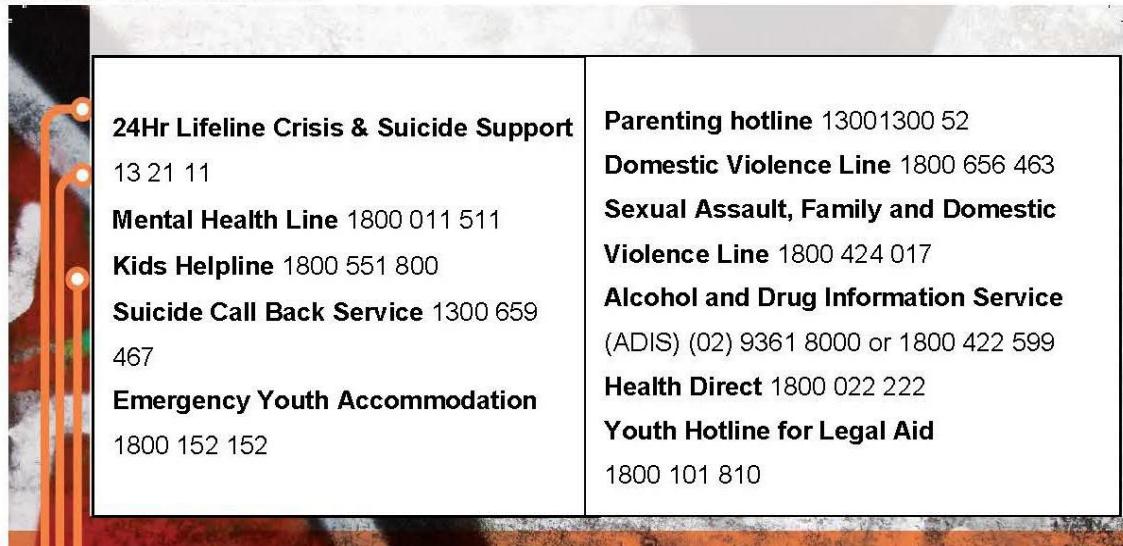


10. Has a short attention span. (Often)
11. Defies teachers. (Sometimes)
12. Is easily upset. (Sometimes)
13. Is easily stressed. (Sometimes)
14. Has trouble concentrating. (Often)
15. Disrupts other children's activities. (Sometimes)
16. Completes assignments incorrectly because of not following instructions. (Sometimes)
17. Is good at getting people to work together. (Often)
18. Disobeys. (Sometimes)
19. Has good study habits. (Often)
20. Appears tense. (Sometimes)

SAMPLE

Appendix 7 Access Line Numbers

Access line numbers:



24Hr Lifeline Crisis & Suicide Support 13 21 11	Parenting hotline 13001300 52
Mental Health Line 1800 011 511	Domestic Violence Line 1800 656 463
Kids Helpline 1800 551 800	Sexual Assault, Family and Domestic Violence Line 1800 424 017
Suicide Call Back Service 1300 659 467	Alcohol and Drug Information Service (ADIS) (02) 9361 8000 or 1800 422 599
Emergency Youth Accommodation 1800 152 152	Health Direct 1800 022 222
	Youth Hotline for Legal Aid 1800 101 810



>Contact details:

Strengths and Difficulties Questionnaire

P 11-17

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

Your child's name

Male/Female

Date of birth.....

	Not True	Somewhat True	Certainly True
Considerate of other people's feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Restless, overactive, cannot stay still for long	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often complains of headaches, stomach-aches or sickness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shares readily with other youth, for example CD's, games, food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often loses temper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Would rather be alone than with other young people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Generally well behaved, usually does what adults request	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Many worries or often seems worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helpful if someone is hurt, upset or feeling ill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Constantly fidgeting or squirming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has at least one good friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often fights with other young people or bullies them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often unhappy, depressed or tearful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Generally liked by other young people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Easily distracted, concentration wanders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nervous in new situations, easily loses confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kind to younger children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often lies or cheats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Picked on or bullied by other young people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often volunteers to help others (parents, teachers, children)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thinks things out before acting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Steals from home, school or elsewhere	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gets along better with adults than with other young people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Many fears, easily scared	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Good attention span, sees chores or homework through to the end	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you have any other comments or concerns?

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

Overall, do you think that your child has difficulties in one or more of the following areas: emotions, concentration, behavior or being able to get on with other people?

No	Yes- minor difficulties	Yes- definite difficulties	Yes- severe difficulties
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

- How long have these difficulties been present?

Less than a month	1-5 months	6-12 months	Over a year
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Do the difficulties upset or distress your child?

Not at all	Only a little	Quite a lot	A great deal
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Do the difficulties interfere with your child's everyday life in the following areas?

	Not at all	Only a little	Quite a lot	A great deal
HOME LIFE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FRIENDSHIPS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CLASSROOM LEARNING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LEISURE ACTIVITIES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Do the difficulties put a burden on you or the family as a whole?

Not at all	Only a little	Quite a lot	A great deal
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signature Date

Mother/Father/Other (please specify):

Thank you very much for your help

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Strengths and Difficulties Questionnaire

S 11-17

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

Your name.....

Male/Female

Date of birth.....

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

Do you have any other comments or concerns?

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

Overall, do you think that you have difficulties in one or more of the following areas:
emotions, concentration, behavior or being able to get on with other people?

No	Yes- minor difficulties	Yes- definite difficulties	Yes- severe difficulties
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

- How long have these difficulties been present?

Less than a month	1-5 months	6-12 months	Over a year
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Do the difficulties upset or distress you?

Not at all	Only a little	Quite a lot	A great deal
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Do the difficulties interfere with your everyday life in the following areas?

	Not at all	Only a little	Quite a lot	A great deal
HOME LIFE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FRIENDSHIPS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CLASSROOM LEARNING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LEISURE ACTIVITIES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Do the difficulties make it harder for those around you (family, friends, teachers, etc.)?

Not at all	Only a little	Quite a lot	A great deal
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Your Signature Today's Date

Thank you very much for your help

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Appendix 9 Inventory of Callous-Unemotional Traits (ICU)**ICU
(Youth Version)**

Name: _____

Date Completed: _____

Instructions: Please read each statement and decide how well it describes you. Mark your answer by circling the appropriate number (0-3) for each statement. Do not leave any statement unrated.

	Not at all true	Somewhat true	Very true	Definitely True
1. I express my feelings openly.	0	1	2	3
2. What I think is “right” and “wrong” is different from what other people think.	0	1	2	3
3. I care about how well I do at school or work.	0	1	2	3
4. I do not care who I hurt to get what I want.	0	1	2	3
5. I feel bad or guilty when I do something wrong.	0	1	2	3
6. I do not show my emotions to others.	0	1	2	3
7. I do not care about being on time.	0	1	2	3
8. I am concerned about the feelings of others.	0	1	2	3
9. I do not care if I get into trouble.	0	1	2	3
10. I do not let my feelings control me.	0	1	2	3
11. I do not care about doing things well.	0	1	2	3
12. I seem very cold and uncaring to others.	0	1	2	3
13. I easily admit to being wrong.	0	1	2	3
14. It is easy for others to tell how I am feeling.	0	1	2	3
15. I always try my best.	0	1	2	3
16. I apologize (“say I am sorry”) to persons I hurt.	0	1	2	3
17. I try not to hurt others’ feelings.	0	1	2	3
18. I do not feel remorseful when I do something wrong.	0	1	2	3
19. I am very expressive and emotional.	0	1	2	3
20. I do not like to put the time into doing things well.	0	1	2	3

21. The feelings of others are unimportant to me.	0	1	2	3
22. I hide my feelings from others.	0	1	2	3
23. I work hard on everything I do.	0	1	2	3
24. I do things to make others feel good.	0	1	2	3

Unpublished rating scale by Paul J. Frick, Department of Psychology, University of New Orleans (pfrick@uno.edu) .

ICU
(Parent Version)

Name of Child: _____

Date of Birth: _____

Completed by: _____ Mother _____ Father _____ Other: _____

Date completed: _____

Instructions: Please complete the background information above. Then read each statement and decide how well it describes your child. Mark your answer by circling the appropriate number (0-3) for each statement. Do not leave any statement unrated.

	Not at all true	Somewhat true	Very true	Definitely True
1. Expresses his/her feelings openly.	0	1	2	3
2. Does not seem to know “right” from “wrong”.	0	1	2	3
3. Is concerned about schoolwork.	0	1	2	3
4. Does not care who he/she hurts to get what he/she wants.	0	1	2	3
5. Feels bad or guilty when he/she has done something wrong.	0	1	2	3
6. Does not show emotions.	0	1	2	3
7. Does not care about being on time.	0	1	2	3
8. Is concerned about the feelings of others.	0	1	2	3
9. Does not care if he/she is in trouble.	0	1	2	3
10. Does not let feelings control him/her.	0	1	2	3
11. Does not care about doing things well.	0	1	2	3
12. Seems very cold and uncaring.	0	1	2	3
13. Easily admits to being wrong.	0	1	2	3
14. It is easy to tell how he/she is feeling.	0	1	2	3
15. Always tries his/her best.	0	1	2	3
16. Apologizes (“says he/she is sorry”) to persons he/she has hurt.	0	1	2	3
17. Tries not to hurt others’ feelings.	0	1	2	3

18. Shows no remorse when he/she has done something wrong.	0	1	2	3
19. Is very expressive and emotional.	0	1	2	3
20. Does not like to put the time into doing things well.	0	1	2	3
21. The feelings of others are unimportant to him/her.	0	1	2	3
22. Hides his/her feelings from others.	0	1	2	3
23. Works hard on everything.	0	1	2	3
24. Does things to make others feel good.	0	1	2	3

Unpublished rating scale by Paul J. Frick, Department of Psychology, University of New Orleans (pfrick@uno.edu)

ICU
(Teacher Version)

Name of child: _____ Date completed: _____

Teacher's name: _____ Length of time you
have known the student: _____

Subjects you teach the child: _____

Instructions: Please complete the background information above. Then read each statement and decide how well it describes the student. Mark your answer by circling the appropriate number (0-3) for each statement. Do not leave any statement unrated.

	Not at all true	Somewhat true	Very true	Definitely True
1. Expresses his/her feelings openly.	0	1	2	3
2. Does not seem to know "right" from "wrong".	0	1	2	3
3. Is concerned about schoolwork.	0	1	2	3
4. Does not care who he/she hurts to get what he/she wants.	0	1	2	3
5. Feels bad or guilty when he/she has done something wrong.	0	1	2	3
6. Does not show emotions.	0	1	2	3
7. Does not care about being on time.	0	1	2	3
8. Is concerned about the feelings of others.	0	1	2	3
9. Does not care if he/she is in trouble.	0	1	2	3
10. Does not let feelings control him/her.	0	1	2	3
11. Does not care about doing things well.	0	1	2	3
12. Seems very cold and uncaring.	0	1	2	3
13. Easily admits to being wrong.	0	1	2	3
14. It is easy to tell how he/she is feeling.	0	1	2	3
15. Always tries his/her best.	0	1	2	3
16. Apologizes ("says he/she is sorry") to persons he/she has hurt.	0	1	2	3
17. Tries not to hurt others' feelings.	0	1	2	3

18. Shows no remorse when he/she has done something wrong.	0	1	2	3
19. Is very expressive and emotional.	0	1	2	3
20. Does not like to put the time into doing things well.	0	1	2	3
21. The feelings of others are unimportant to him/her.	0	1	2	3
22. Hides his/her feelings from others.	0	1	2	3
23. Works hard on everything.	0	1	2	3
24. Does things to make others feel good.	0	1	2	3

Unpublished rating scale by Paul J. Frick, Department of Psychology, University of New Orleans (pfrick@uno.edu) .

Appendix 10 Behaviour Assessment System for Children Third Edition (BASC-3)



Behavior Assessment System for Children, Third Edition

BASC-3 Behavioral and Emotional Screening System (BASC™-3 BESS™)

BASC-3 BESS Student Form

Score Report

Randy W. Kamphaus, PhD, & Cecil R. Reynolds, PhD

Child Information

Name: Sample Examinee
Gender: Female
Birth Date: 07/01/2007
Age: 10:1

Test Information

Test Date: 08/21/2017
Admin. Language: English
Norm Used: Combined Gender



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[1.0 / RE1 / QG1]

ALWAYS LEARNING

PEARSON

Validity Indexes

F Index	Response Pattern	Consistency
Acceptable Raw Score: 0	Acceptable Raw Score: 21	Acceptable Raw Score: 5

Behavioral and Emotional Risk Index

Raw Score	T Score	Percentile	Classification
44	69	96	Elevated Risk

Classifications Normal Risk: 0-60 Elevated Risk: 61-70 Extremely Elevated Risk: 71 and higher

Subindex Score Classifications

Subindex	Raw Score	Classification
Internalizing Risk Index	16	Elevated Risk (12-16)
Self-Regulation Risk Index	5	Normal Risk (0-8)
Personal Adjustment Risk Index	9	Elevated Risk (8-12)

Subindex Item Lists

A summary of the ratings and items contributing to the risk indexes with cautionary ratings are presented below.

Internalizing Risk Index

- 5. I want to do better, but I can't. (Often)
- 8. I am lonely. (Sometimes)
- 11. I worry but I don't know why. (Often)
- 13. I feel like my life is getting worse and worse. (Sometimes)
- 16. I get blamed for things I can't help. (Sometimes)
- 21. Even when I try hard, I fail. (Often)
- 23. I feel out of place around people. (Often)
- 24. I have trouble controlling my thoughts. (Sometimes)
- 26. I worry about what is going to happen. (Often)
- 27. No one understands me. (Often)

Self-Regulation Risk Index

The Self-Regulation Risk Index rating is Normal Risk.

Personal Adjustment Risk Index

- 3. My parents trust me. (Often)
- 6. Others have respect for me. (Sometimes)
- 10. I am liked by others. (Sometimes)
- 14. My parents are proud of me. (Sometimes)
- 19. I'm happy with who I am. (Sometimes)

22. My parents listen to what I say. (Sometimes)
25. I am good at making decisions. (Sometimes)
28. My parents like to be with me. (Sometimes)

Item Responses**Behavioral and Emotional Risk Index**

1. I have trouble sitting still. (Sometimes)
2. My teacher is proud of me. (Sometimes)
3. My parents trust me. (Often)
4. I have trouble paying attention to the teacher. (Sometimes)
5. I want to do better, but I can't. (Often)
6. Others have respect for me. (Sometimes)
7. People tell me to slow down. (Never)
8. I am lonely. (Sometimes)
9. My school feels good to me. (Never)
10. I am liked by others. (Sometimes)
11. I worry but I don't know why. (Often)
12. I talk while other people are talking. (Never)
13. I feel like my life is getting worse and worse. (Sometimes)
14. My parents are proud of me. (Sometimes)
15. I get along with my teacher. (Often)
16. I get blamed for things I can't help. (Sometimes)
17. I feel safe at school. (Sometimes)
18. I forget to do things. (Often)
19. I'm happy with who I am. (Sometimes)
20. I get into trouble for not paying attention. (Sometimes)
21. Even when I try hard, I fail. (Often)
22. My parents listen to what I say. (Sometimes)
23. I feel out of place around people. (Often)
24. I have trouble controlling my thoughts. (Sometimes)
25. I am good at making decisions. (Sometimes)
26. I worry about what is going to happen. (Often)
27. No one understands me. (Often)
28. My parents like to be with me. (Sometimes)

Appendix 11 Alabama parenting and young person's questionnaire**The University of New Orleans
Alabama Parenting Questionnaire (APQ)
(Child Form)**

Name: _____

ID#: _____

Instructions: The following are a number of statements about your family. Please rate each item as to how often it TYPICALLY occurs in your home. The possible answers are Never (1), Almost Never (2), Sometimes (3), Often (4), Always (5). If your dad or mom is not currently living at home with you, then skip the questions that ask about that person.

	Never	Almost Never	Sometimes	Often	Always
1. You have a friendly talk with your mom.	1	2	3	4	5
A. How about your dad?	1	2	3	4	5
2. Your parents tell you that you are doing a good job.	1	2	3	4	5
3. Your parents threaten to punish you and then do not do it.	1	2	3	4	5
4. Your mom helps with some of your special activities (such as sports, boy/girl scouts, church youth groups).	1	2	3	4	5
A. How about your dad?	1	2	3	4	5
5. Your parents reward or give something extra to you for behaving well.	1	2	3	4	5
6. You fail to leave a note or let your parents know where you are going.	1	2	3	4	5
7. You play games or do other fun things with your mom.	1	2	3	4	5
A. How about your dad?	1	2	3	4	5

	Never	Almost Never	Sometimes	Often	Always
8. You talk your parents out of punishing you after you have done something wrong.	1	2	3	4	5
9. Your mom asks you about your day in school.	1	2	3	4	5
A. How about your dad?	1	2	3	4	5
10. You stay out in the evening past the time you are supposed to be home.	1	2	3	4	5
11. Your mom helps you with your homework.	1	2	3	4	5
A. How about your dad?	1	2	3	4	5
12. Your parents give up trying to get you to obey them because it's too much trouble.	1	2	3	4	5
13. Your parents compliment you when you have done something well.	1	2	3	4	5
14. Your mom asks you what your plans are for the coming day.	1	2	3	4	5
A. How about your dad?	1	2	3	4	5
15. Your mom drives you to a special activity.	1	2	3	4	5
A. How about your dad?	1	2	3	4	5
16. Your parents praise you for behaving well.	1	2	3	4	5
17. Your parents do not know the friends you are with.	1	2	3	4	5

	Never	Almost Never	Sometimes	Often	Always
18. Your parents hug or kiss you when you have done something well.	1	2	3	4	5
19. You go out without a set time to be home.	1	2	3	4	5
20. Your mom talks to you about your friends.	1	2	3	4	5
A. How about your dad?	1	2	3	4	5
21. You go out after dark without an adult with you.	1	2	3	4	5
22. Your parents let you out of a punishment early (like lift restrictions earlier than they originally said).	1	2	3	4	5
23. You help plan family activities.	1	2	3	4	5
24. Your parents get so busy that they forget where you are and what you are doing.	1	2	3	4	5
25. Your parents do not punish you when you have done something wrong.	1	2	3	4	5
26. Your mom goes to a meeting at school, like a PTA meeting or parent/teacher conference.	1	2	3	4	5
A. How about your dad?	1	2	3	4	5
27. Your parents tell you that they like it when you help out around the house.	1	2	3	4	5
28. You stay out later than you are supposed to and your parents don't know it.	1	2	3	4	5

	Never	Almost Never	Sometimes	Often	Always
29. Your parents leave the house and don't tell you where they are going.	1	2	3	4	5
30. You come home from school more than an hour past the time your parents expect you to be home.	1	2	3	4	5
31. The punishment your parents give depends on their mood.	1	2	3	4	5
32. You are at home without an adult being with you.	1	2	3	4	5
33. Your parents spank you with their hand when you have done something wrong.	1	2	3	4	5
34. Your parents ignore you when you are misbehaving.	1	2	3	4	5
35. Your parents slap you when you have done something wrong.	1	2	3	4	5
36. Your parents take away a privilege or money from you as a punishment.	1	2	3	4	5
37. Your parents send you to your room as a punishment.	1	2	3	4	5
38. Your parents hit you with a belt, switch, or other object when you have done something wrong.	1	2	3	4	5
39. Your parents yell or scream at you when you have done something wrong.	1	2	3	4	5
40. Your parents calmly explain to you why your behavior was wrong when you misbehave.	1	2	3	4	5

	Never	Almost Never	Sometimes	Often	Always
41. Your parents use time out (makes you sit or stand in a corner) as a punishment.	1	2	3	4	5
42. Your parents give you extra chores as a punishment.	1	2	3	4	5

The University of New Orleans
Alabama Parenting Questionnaire (APQ)
(Parent Form)

Child's Name: _____ ID#: _____

Parent Completing Form(Circle one): Mother Father Other: _____

Instructions: The following are a number of statements about your family. Please rate each item as to how often it **TYPICALLY** occurs in your home. The possible answers are Never (1), Almost Never (2), Sometimes (3), Often (4), Always (5). **PLEASE ANSWER ALL ITEMS.**

	Never	Almost Never	Sometimes	Often	Always
1. You have a friendly talk with your child.	1	2	3	4	5
2. You let your child know when he/she is doing a good job with something.	1	2	3	4	5
3. You threaten to punish your child and then do not actually punish him/her.	1	2	3	4	5
4. You volunteer to help with special activities that your child is involved in (such as sports, boy/girl scouts, church youth groups).	1	2	3	4	5
5. You reward or give something extra to your child for obeying you or behaving well.	1	2	3	4	5
6. Your child fails to leave a note or to let you know where he/she is going.	1	2	3	4	5
7. You play games or do other fun things with your child.	1	2	3	4	5
8. Your child talks you out of being punished after he/she has done something wrong.	1	2	3	4	5

	Never	Almost Never	Sometimes	Often	Always
9. You ask your child about his/her day in school.	1	2	3	4	5
10. Your child stays out in the evening past the time he/she is supposed to be home.	1	2	3	4	5
11. You help your child with his/her homework.	1	2	3	4	5
12. You feel that getting your child to obey you is more trouble than it's worth.	1	2	3	4	5
13. You compliment your child when he/she does something well.	1	2	3	4	5
14. You ask your child what his/her plans are for the coming day.	1	2	3	4	5
15. You drive your child to a special activity.	1	2	3	4	5
16. You praise your child if he/she behaves well.	1	2	3	4	5
17. Your child is out with friends you don't know.	1	2	3	4	5
18. You hug or kiss your child when he/she has done something well.	1	2	3	4	5
19. Your child goes out without a set time to be home.	1	2	3	4	5
20. You talk to your child about his/her friends.	1	2	3	4	5
21. Your child is out after dark without an adult with him/her.	1	2	3	4	5

	Never	Almost Never	Sometimes	Often	Always
22. You let your child out of a punishment early (like lift restrictions earlier than you originally said).	1	2	3	4	5
23. Your child helps plan family activities.	1	2	3	4	5
24. You get so busy that you forget where your child is and what he/she is doing.	1	2	3	4	5
25. Your child is not punished when he/she has done something wrong.	1	2	3	4	5
26. You attend PTA meetings, parent/teacher conferences, or other meetings at your child's school.	1	2	3	4	5
27. You tell your child that you like it when he/she helps out around the house.	1	2	3	4	5
28. You don't check that your child comes home at the time she/he was supposed to.	1	2	3	4	5
29. You don't tell your child where you are going.	1	2	3	4	5
30. Your child comes home from school more than an hour past the time you expect him/her.	1	2	3	4	5
31. The punishment you give your child depends on your mood.	1	2	3	4	5
32. Your child is at home without adult supervision.	1	2	3	4	5

	Never	Almost Never	Sometimes	Often	Always
33. You spank your child with your hand when he/she has done something wrong.	1	2	3	4	5
34. You ignore your child when he/she is misbehaving.	1	2	3	4	5
35. You slap your child when he/she has done something wrong.	1	2	3	4	5
36. You take away privileges or money from your child as a punishment.	1	2	3	4	5
37. You send your child to his/her room as a punishment.	1	2	3	4	5
38. You hit your child with a belt, switch, or other object when he/she has done something wrong.	1	2	3	4	5
39. You yell or scream at your child when he/she has done something wrong.	1	2	3	4	5
40. You calmly explain to your child why his/her behavior was wrong when he/she misbehaves.	1	2	3	4	5
41. You use time out (make him/her sit or stand in a corner) as a punishment.	1	2	3	4	5
42. You give your child extra chores as a punishment.	1	2	3	4	5

Appendix 12 Mental Health Consumer Wellness Plan

 Health		FAMILY NAME GIVEN NAME D.O.B. _____ / _____ / _____ ADDRESS LOCATION / WARD COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE	MRN <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE M.O.
Facility: Mental Health CONSUMER WELLNESS PLAN			
<p><i>This module has been designed by consumers. All consumers are encouraged to complete it in partnership with their clinician and/or nominated carer. The intent of the module is to facilitate consumer involvement in their own care, particularly in terms of symptom management, relapse prevention and crisis planning. It serves as a recovery aid and as a prompt and reminder about what to do to support recovery.</i></p>			
Things I do well / skills I have 			
Things I can do to keep myself well / what helps me stay well 			
Supports/ treatments / medications that have been helpful and / or I have liked (e.g. education, rehabilitation, CBT) 			
Supports/ treatments / medications that have been unhelpful and / or I have disliked (e.g. medication side effects) 			
Consumer Name: 		Signature: 	Date:
<small>NH600905 - 06/2014</small>		<small>MENTAL HEALTH CONSUMER WELLNESS PLAN</small> <small>SMR060.520</small>	

Holes Punched as per AS2828.1: 2012
BINDING MARGIN - NO WRITING

SMR060520

Appendix 13 Letter Detailing Services for Ongoing Care Co-ordination



[Date]

Client name
Address
Address NSW XXXX

Dear [client name]

I am writing to chat to you about your options for ongoing care after [screening/graduating from / participating in] the Teen Got it! Program.

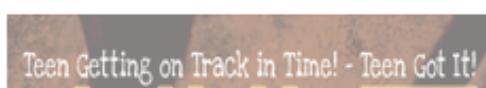
Firstly, I would like to take this opportunity to congratulate you on [finishing / participating in] the Teen Got it! Program. In the Coping Power Program, your [enthusiasm / trustworthiness / creativity / discipline / patience / respectfulness / determination / dedication] was a strength for you and is a fantastic skill to use when things become tough.

Looking towards the future now, it is important for your care coordination to be continued through your doctor so you can link into services which may help you further.

The services listed below are some ideas to get you started. You can always talk to your doctor for other contacts or ideas to help you in the future.

[Below points are suggestions. Delete if not appropriate]

- Ask your doctor to write a **Mental Health Care Plan** for private counselling sessions via Medicare, for example through:
 - Headspace (Mt Druitt - 8881 2500) or (Penrith - 4720 8800)
 - Youth Early Support Service (YESS) Penrith 4720 8811
 - Psychological Therapy Services (ATAPS)** intake line 1800 223 365
- Talk to your school counsellor.
- Contact **Personal Helpers and Mentors service (PHaMs)**: For those 16 years and over whose ability to manage their daily activities and to live independently in the community is impacted because of a severe mental illness.
 - Aftercare (Blacktown 9849 5220)
 - Aftercare (Penrith 4720 9720)
- Join PCYC (Blacktown 9622 3470) and (Penrith 4732 1755)
- Community Health Central Referral Service (Hills, Blacktown, Parramatta, Auburn- 1800 600 681) (Penrith, Cranebrook, St Mary's, St Clair- 1800 222 608)





- Family Referral Service (Mt Druitt) 1800 663 863
- Interrelate (Generalised counselling) 1300 473 528
- RAPS, Adolescent Family Therapy 1800 654 648

So with the knowledge and skills you have gained through The Teen Got it! Program, we hope your future is looking great for you right now. Of course, things can go wrong and at times you may need to reach out for a helping hand. The following contact numbers can help in a crisis:

- For your local youth mental health intake please call 1800 011 511
- Crisis telephone numbers:
 - Kids Helpline 1800 551 800
 - Lifeline 13 11 14
 - Suicide Call Back Service 1300 659 467
 - Sexual Assault, Family and Domestic Violence Line 1800 424 017
 - Link2home Homeless Information Line 1800 152 152

The Teen Got it! Team would like to take this opportunity to wish you the very best for the future.

Yours sincerely,

XXXXX
Teen Got it! Clinician



Appendix 14 Child/ Parent satisfaction survey
Teen Got it! Satisfaction Survey

We greatly appreciate your feedback. Your opinion is valued and will remain confidential.

1. To what extent did the Teen Got It! Program meet your needs?
 Very satisfied - Almost all of my needs have been met
 Satisfied - Most of my needs have been met
 Not very satisfied - Only a few of my needs have been met
 Not at all satisfied - None of my needs have been met

2. Have the services you received helped you to deal more effectively with your problems?
 Yes, they helped a great deal
 Yes, they helped somewhat
 No, they didn't really help
 No, they seemed to make things worse

Comments:

3. How would you rate your interactions with Teen Got It! clinicians?
 Excellent Good Fair Poor

4. How would you rate the relevance of the group content for you?
 Excellent Good Fair Poor

5. How would you rate your level of satisfaction with the Teen Got It! program?
 Very satisfied Satisfied Not very satisfied Not at all satisfied

6. If a friend were in need of similar help would you recommend the Teen Got It! Program to them?
 Yes, definitely Yes, generally No, not really No, definitely not

7. Any other comments?

Thanks for your feedback ☺

Appendix 15 Stakeholder/School satisfaction survey (Court; FaCS; CAMHS etc.)**Teen Got it! Satisfaction Survey**

We greatly appreciate your feedback. By filling out this survey it will help us improve our service. Your opinion is valued and will remain confidential.

Please indicate which Department you work for: _____

1. What was the purpose of your interaction with the Teen Got It!

(please  tick your reason)

	Referral to Teen Got It!		Request for further information about Teen Got It! Program
	Referral options to other services		Access to Justice Health & forensic Mental Health Network
	Attending an education session on Teen Got It!		Requesting meeting /case conference

2. How would you rate the level of satisfaction with the Teen Got It! program?

- Very satisfied -no improvement necessary
- Satisfied - needs minor improvement
- Dissatisfied - needs few changes
- Dissatisfied – needs considerable improvements

3. How would you rate your interactions with Teen Got It clinicians?

- Excellent
- Good
- Fair
- Poor

4. How would you rate the ease of referrals and availability of Teen Got It program offered by our clinicians?

- Excellent
- Good
- Fair
- Poor

5. Please list one aspect of the service you would like improved.

Appendix 16 Teen Got It! Resources

Stakeholder Flyer

Teen Getting on Track in Time! - Teen Got It!

Justice Health and Forensic Mental Health are running a coping program for both teens and their caregivers called "Teen Got It!" It is a voluntary program for teens with an apprehended violence order (AVO) or first time domestic violence related charges at Parramatta Children's Court.

The program targets teens (between 11-17 years of age) experiencing early violence towards their families and peer relationships. The earlier we address a problem the easier it is to "get on track in time" and to improve outcomes for teens.

Young people meet for 25 weeks. It is a small closed group where young people will learn ways to:

- identify aggression triggers,
- practice aggression reduction techniques,
- problem solve conflicts and to improve relationships with caregivers,
- plan beneficial short term and long term goals,
- Address school difficulties.

The program uses a reward system for teens who engage well in the group.

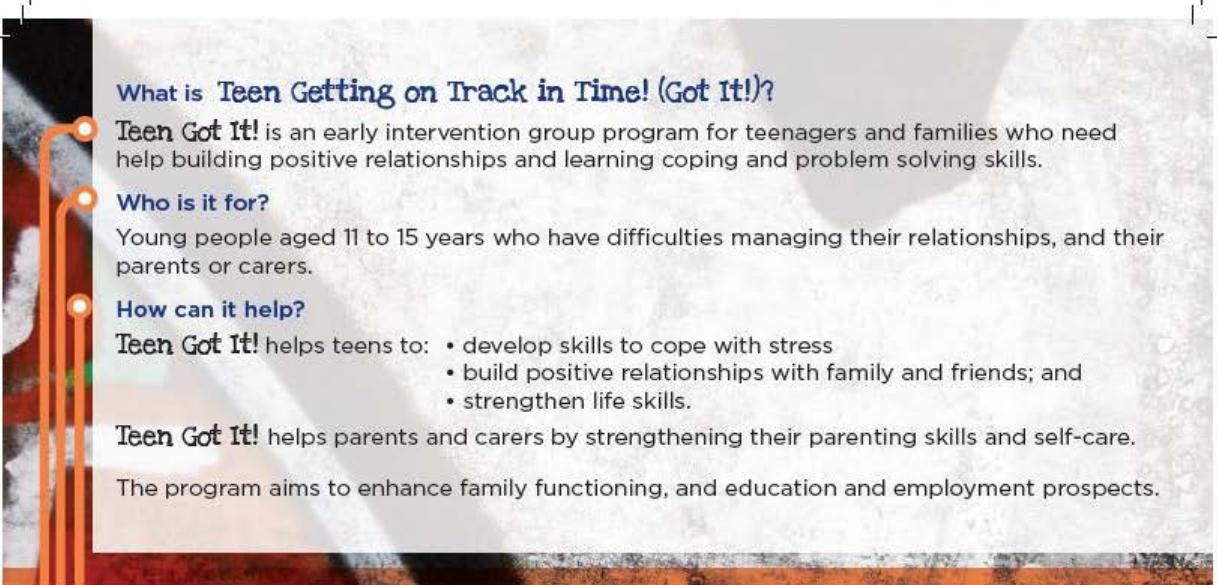
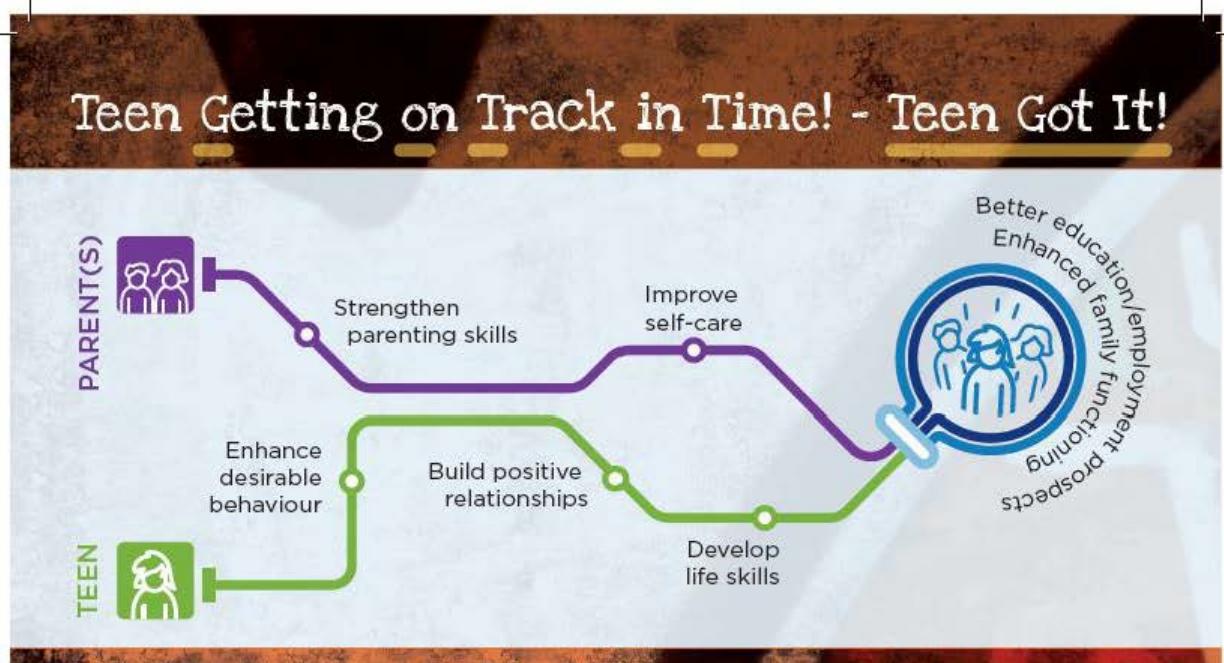
Caregivers meet for 12 sessions and the focus is on supporting your child to complete the program by learning how to:

- resolve conflicts,
- how to manage disruptive behaviours,
- improve communication,
- support school achievement,
- manage stress and overall how to take care of yourself.

The group times will be set in collaboration with caregivers and teens.

If you have any questions about the program please call 02 9700 2237 or alternatively email the team on Got.It@justicehealth.nsw.gov.au

TGI Postcard



TGI flyer

Teen Getting on Track in Time! - Teen Got It!

Teen Got It! is a voluntary program run by NSW Health for teens who have received an apprehended violence order (AVO). The program targets teens in the early trajectory phase of aggression. The earlier we address a problem the easier it is to get back on track.

The program is for both teens and their caregivers. Youth need to be between 11-17 years of age. The teen group consists of 6-8 committed teens and will meet for 24 weeks. Time out from school can be arranged. Participants learn how to cope better with home, school and community stress. Sessions are active and fun. All active session participation is rewarded with a prize. Food and snacks are provided.

Caregivers will meet for 12 sessions and learn how enhance their support for their child. They will also learn how to manage disruptive behaviours, resolve conflicts, improve communication, facilitate school achievement, and take care of yourself with stress management techniques. Group support is facilitated. Coffee and snacks provided.

If you have any questions about the program feel free to call Adolescent Health on 02 9700 2237 and ask to speak to Alyssa or Michael from the Teen Got It! Team. You can also email us at Got.It@justicehealth.nsw.gov.au.



YP Flyer



Teen Getting on Track in Time! - Teen Got It!

Teen Got It! is a coping skills group program run especially for teens. We help teens that are having difficulty in their relationships with their parents.

Come along to our group, it's an opportunity to:

- Meet other young people of similar age
- Participate in fun activities to assist with problem solving and dealing with stress.
- Win prizes and rewards
- Snacks are also provided!
- Celebrate success with a pizza party at graduation.
- Get help with difficulties at school.

Parents also join groups with other parents and they learn skills to help build their relationship with you.

We work in partnership with schools, and other involved services, building up support around you.

If you have any questions about the program please call on 02 9700 2237 or you can email us at Got.It@justicehealth.nsw.gov.au