

**THE ROYAL AUSTRALIAN AND NEW ZEALAND COLLEGE OF PSYCHIATRISTS**

**MOCK WRITTENS**

**MODIFIED ESSAY PAPER**

**MARKING GUIDE**

**November 2022**

**Produced and delivered by the NSW Branch Training Committee in collaboration with Health Education and Training Institute Higher Education**



**CANDIDATE’S NAME:**

 **DATE:**

**TRAINING ZONE:**

**Modified Essay Question 4** **Candidate Name**:

Each question within this modified essay will be marked by a different examiner. The examiner marking this question will not have access to your answers to the other questions. Therefore, please ensure that you address each question separately and specifically. Answer this question fully, even if you believe that you have partly covered its content in your answers to other questions.

**Modified Essay Question 4: (22 Marks)**

You are a generalist junior consultant psychiatrist on duty for the Emergency Department. You have been asked to assess a 14-year old-boy, Jake, brought in by police and ambulance to the ED.

The police documentation indicates “domestic dispute with his mother Mary. Has punched holes in the wall and set furniture on fire. According to his mother, he has also been threatening to kill the family cat and has tried to poison it in the past.”

The ED psychiatry registrar has seen Jake and described him as sullen and sitting with his arms crossed, refusing to speak. His mother was seen in the ED yelling at him "if you keep doing this, you’ll never be allowed to come home. I’ve had enough.”

**Question 4.1**

**Describe (list and explain) how you would approach the interview with Jake as part of a comprehensive psychiatric assessment? (3 marks)**

*Please note: a list without any explanation will not receive any marks*

|  |  |  |
| --- | --- | --- |
|  |  | **Mark (circle)** |
| **A** | **Safety**- Ensure Jake seen in a quiet, low stimulus setting- Consider impacts upon rapport/whether it is appropriate for security/police to remain outside | 01 |
| **B** | **Direct assessment of Jake**- Offer to see Jake alone.- attempts to build rapport.- Explicitly discuss confidentiality and limits of confidentiality.- Observe for signs of substance intoxication, overt psychosis or mood disorder. | 012 |
| **C** | **Collateral Information** - Explains need to seek collateral information from his mother and other sources (e.g., emergency services).- Considers Gillick competence to give or refuse consent to interview and seeking collateral information. | 012 |
| **D** | Did handwriting affect marking?  |  |
|  |  **Up to a maximum of 3 marks in total**  **TOTAL** |  |

**Note to Examiner:** Final mark is set at not more than 3 (i.e. if they score more than 3, final mark is still 3)

**Modified Essay Question 4 contd. Candidate Name:**

*You are a generalist junior consultant psychiatrist on duty for the Emergency Department. You have been asked to assess a 14-year old-boy, Jake, brought in by police and ambulance to the ED.*

*The police documentation indicates “domestic dispute with his mother Mary. Has punched holes in the wall and set furniture on fire. According to his mother, he has also been threatening to kill the family cat and has tried to poison it in the past.” The ED psychiatry registrar has seen Jake and described him as sullen and sitting with his arms crossed, refusing to speak. His mother was seen in the ED yelling at him "if you keep doing this, you’ll never be allowed to come home. I’ve had enough.”*

Jake eventually agrees to speak and says that he has had enough of his mother who keeps asking him to stop hurting the cat. He points to himself and says “this is Jake, and the mother is always giving Jake shit for not going to school. The mother doesn’t care about Jake and is only nice to her feline. The felines don’t know the rules and don’t care about rules. Jake tried to poison the new feline because it wouldn’t listen to Jake, when he told the feline to piss in its litter box. The stupid feline keeps pissing in Jake’s room.”

When asked about drug use, he said that “Jake smokes ‘fortified tetrahydrocannabidiol’, because the ‘diol’ is twice the strength and makes Jake’s mind chill twice as hard. It’s a legal mind medicine in parts of the world.” He denied using alcohol or other drugs.

**Question 4.2**

**Outline (list and justify) the aspects of the history that you need to explore with Jake? (8 marks)**

*Please note: a list without any justification will not receive any marks.*

|  |  |  |
| --- | --- | --- |
|  |  | **Mark (circle)** |
|  **A** | *Relationship with Mother and other adult carers*Family context.Consider how long has he had difficulties with his mother? What role does his father or other significant adults have in his life?Significant trauma - e.g., evidence of physical, emotional or sexual abuse from adult carers? | 012 |
|  **B** | *School attendance*Last regular attendance? What does he do when not at school?Suspensions or expulsions? | 01 |
|  **C** | Comment on Jake’s unusual syntax by Mary as ‘mother’ and not ‘mum’, and himself as ‘Jake’Assess for Autism Spectrum Disorder. | 012  |
|  **D** | Assess for symptoms of ADHD. | 01  |
| **E** | Psychotic symptoms, especially hallucinations and persecutory beliefs.Assess for cooccurring anxiety/OCD symptoms. Mood disorder, especially hypomania or mania. | 01 |
| **F** | Consider Intellectual Disability or learning problems. | 01 |
| **G** | Consider conduct disorder symptoms, youth justice services or police?Risks of harm to self, others and reputation. | 01 |
| **H** | Drug and alcohol assessment including motivation to change. frequency/quantity of use; physical/psychological dependence; periods of abstaining; effects in other domains of life – school, social; family.  | 01 |
| **I** | Any involvement with care and protection services?  | 01 |
| **J** | Did handwriting affect marking? |  |
|  | **Up to a maximum of 8 marks in total****TOTAL** |  |

**Note to Examiner:** Final mark is set at not more than 8 (i.e. if they score than 8, final mark is still 8)

**Modified Question 4 contd. Candidate Name:**

*You are a generalist junior consultant psychiatrist on duty for the Emergency Department. You have been asked to assess a 14-year old-boy, Jake, brought in by police and ambulance to the ED.*

*The police documentation indicates “domestic dispute with his mother Mary. Has punched holes in the wall and set furniture on fire. According to his mother, he has also been threatening to kill the family cat and has tried to poison it in the past.” The ED psychiatry registrar has seen Jake and described him as sullen and sitting with his arms crossed, refusing to speak. His mother was seen in the ED yelling at him "if you keep doing this, you’ll never be allowed to come home. I’ve had enough.”*

*Jake eventually agrees to speak and says that he has had enough of his mother who keeps asking him to stop hurting the cat. He points to himself and says “this is Jake, and the mother is always giving Jake shit for not going to school. The mother doesn’t care about Jake and is only nice to her feline. The felines don’t know the rules and don’t care about rules. Jake tried to poison the new feline because it wouldn’t listen to Jake, when he told the feline to piss in its litter box. The stupid feline keeps pissing in Jake’s room.” When asked about drug use, he said that “Jake smokes ‘fortified tetrahydrocannabidiol’, because the ‘diol’ is twice the strength and makes Jake’s mind chill twice as hard. It’s a legal mind medicine in parts of the world.” He denied using alcohol or other drugs.*

Jake’s mother says that “Jake has always been a bit odd, and he can’t make or keep friends. He’s hated the cats forever, is always trying to teach them human rules, and then yells at them when they don’t do what he wants. He’s refused to see a paediatrician or psychologist because he doesn’t think anything is a problem. He can be calm one minute and then loses it whenever I ask him to stop obsessing over rules. He’s always referring to himself by his first name only.”

**Question 4.3**

**Outline (list and justify) any additional information would you seek from Jake’s mother or any other sources. (4 marks)**

*Please note: a list without any justification will not receive any marks.*

|  |  |  |
| --- | --- | --- |
|  |  | **Mark (circle)** |
| **A** | **Mother****-** Developmental history (e.g. milestones, anxiety as a child)- Social development, especially social reciprocity.- Family history of mental ill health, with emphasis on anxiety, ASD, OCD, learning difficulties.- Observations suggesting psychotic or mood disorder.- Any other substance use.- Any knowledge of significant traumas? | 0123 |
| **B** | **Emergency services****-** Behaviour when apprehended by police/ambulance- Behaviour in the ED | 01 |
| **C** | **School****-** Any stressors at school? - Evidence of learning difficulties enrolment in a support class?- Friends and type of friends (e.g. quirky peers, disruptive and antisocial peers).- Distractibility, impulsivity, disruptiveness?- Behaviour with peers vs behaviour alone? - Learning difficulties.- Whether behaviours tend to violate rights of others? | 012 |
| **D** | Did handwriting affect marking?  |  |
|  |  **Up to a maximum of 4 marks in total**  **TOTAL** |  |

**Note to Examiner:** Final mark is set at not more than 4 (i.e., if they score more than 4, final mark is still 4)

**Modified Question 4 contd. Candidate Name: **

*You are a generalist junior consultant psychiatrist on duty for the Emergency Department. You have been asked to assess a 14-year-old boy, Jake, brought in by police and ambulance to the ED.*

*The police documentation indicates “domestic dispute with his mother Mary. Has punched holes in the wall and set furniture on fire. According to his mother, he has also been threatening to kill the family cat and has tried to poison it in the past.” The ED psychiatry registrar has seen Jake and described him as sullen and sitting with his arms crossed, refusing to speak. His mother was seen in the ED yelling at him "if you keep doing this, you’ll never be allowed to come home. I’ve had enough.”*

*Jake eventually agrees to speak and says that he has had enough of his mother who keeps asking him to stop hurting the cat. He points to himself and says “this is Jake, and the mother is always giving Jake shit for not going to school. The mother doesn’t care about Jake and is only nice to her feline. The felines don’t know the rules and don’t care about rules. Jake tried to poison the new feline because it wouldn’t listen to Jake, when he told the feline to piss in its litter box. The stupid feline keeps pissing in Jake’s room.” When asked about drug use, he said that “Jake smokes ‘fortified tetrahydrocannabidiol’, because the ‘diol’ is twice the strength and makes Jake’s mind chill twice as hard. It’s a legal mind medicine in parts of the world.” He denied using alcohol or other drugs.*

*Jake’s mother says that “Jake has always been a bit odd, and he can’t make or keep friends. He’s hated the cats forever, is always trying to teach them human rules, and then yells at them when they don’t do what he wants. He’s refused to see a paediatrician or psychologist because he doesn’t think anything is a problem. He can be calm one minute and then loses it whenever I ask him to stop obsessing over rules. He’s always referring to himself by his first name only.”*

After your assessment, Jake appears to be calmer, and his mother is open to taking him home*.*

**Question 4.4
Outline (list and justify) your provisional diagnosis (2 marks)**

*Please note: a list without any justification will not receive any marks.*

|  |  |  |
| --- | --- | --- |
|  |  | **Mark (circle)** |
|  **A** | Autism Spectrum Disorder | 01 |
|  **B** | Anxiety/Obsessive Compulsive Disorder | 01 |
|  **C** | Cannabis Use Disorder | 01 |
|  **D** | Did handwriting affect marking? |  |
|  | **Up to a maximum of 2 marks in total**  **TOTAL**  |  |

**Note to Examiner:** Final mark is set at not more than 2 (i.e., if they score more than 2, final mark is still 2)

**Modified Question 4 contd. Candidate Name: **

*You are a generalist junior consultant psychiatrist on duty for the Emergency Department. You have been asked to assess a 14-year old-boy, Jake, brought in by police and ambulance to the ED.*

*The police documentation indicates “domestic dispute with his mother Mary. Has punched holes in the wall and set furniture on fire. According to his mother, he has also been threatening to kill the family cat and has tried to poison it in the past.” The ED psychiatry registrar has seen Jake and described him as sullen and sitting with his arms crossed, refusing to speak. His mother was seen in the ED yelling at him "if you keep doing this, you’ll never be allowed to come home. I’ve had enough.”*

*Jake eventually agrees to speak and says that he has had enough of his mother who keeps asking him to stop hurting the cat. He points to himself and says “this is Jake, and the mother is always giving Jake shit for not going to school. The mother doesn’t care about Jake and is only nice to her feline. The felines don’t know the rules and don’t care about rules. Jake tried to poison the new feline because it wouldn’t listen to Jake, when he told the feline to piss in its litter box. The stupid feline keeps pissing in Jake’s room.” When asked about drug use, he said that “Jake smokes ‘fortified tetrahydrocannabidiol’, because the ‘diol’ is twice the strength and makes Jake’s mind chill twice as hard. It’s a legal mind medicine in parts of the world.” He denied using alcohol or other drugs.*

*Jake’s mother says that “Jake has always been a bit odd, and he can’t make or keep friends. He’s hated the cats forever, is always trying to teach them human rules, and then yells at them when they don’t do what he wants. He’s refused to see a paediatrician or psychologist because he doesn’t think anything is a problem. He can be calm one minute and then loses it whenever I ask him to stop obsessing over rules. He’s always referring to himself by his first name only.”*

After your assessment, Jake appears to be calmer, and his mother is open to taking him home.

**Question 4.5**

**Outline (list and justify) your initial management plan, including which services you would refer this young person to. For at least two of referrals, please justify why this referral is needed. (5 marks)**

*Please note: a list without any justification will not receive any marks.*

|  |  |  |
| --- | --- | --- |
|  |  | **Mark (circle)** |
|  **A** | *Safety** Re-assess threats to others, and mother, pets before discharge home.
 | 01 |
|  **B** | *Referrals (must mention at least two of with an explanation)** CAMHS
* Psychologist
* Paediatrician
* Adolescent psychiatrist
* Family therapist
* Speech therapy
* Occupational therapy
* Adolescent Drug and Alcohol Services
* Care and protection services
* NDIS
 | 0123 |
|  **C** | *ASD Treatment* * Pharmacological – aim to treat comorbidities (e.g. anxiety, OCD, ADHD, psychosis)
* Non-pharmacological – psychology/behavioural/school strategies.
* Importance of allied health to assist with behavioural targets.
 | 0123 |
|  **D** | Did handwriting affect marking? |  |
|  | **Up to a maximum of 5 marks in total** **TOTAL** |  |

**Note to Examiner:** Final mark is set at not more than 5 (i.e. if they score more than 5, final mark is still 5)