

PARTICULARS OF PATIENT
IN BLOCK LETTERS PLEASE

Hospital use Only	Clinic	Day Date	Time	Hospital No.	GP112										
REQUEST FOR OUT-PATIENT CONSULTATION 86336 THE INFORMATION IN THIS SECTION MUST BE COMPLETED															
Hospital <u>INVERCLYDE ROYAL</u>		Date <u>17.09.96</u>	Appointment Category Routine ☒ Soon ☐ Urgent ☐												
Please arrange for this patient to attend the		CHI No. <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>													
Patient's Surname <u>PHILLIPS</u>		CHILD PSYCHIATRY clinic of Dr/Mr <u>LEIGHTON</u>													
First Names <u>WESLEY</u>		Maiden Surname													
Address <u>40 BRIGHTSIDE AVENUE</u>		Single/Married/Widowed/Other													
<u>PORT GLASGOW</u>		Date of Birth <u>05.02.82</u>													
Postal Code <u>PA14 6QW</u>		Patient's Occupation													
		Contact telephone number <u>(01475) 741707</u>													
Has the patient attended hospital before? YES / NO If "YES" please state:															
Name of Hospital <u>LARKFIELD CHILDRENS UNIT</u>															
Year of attendance <u>JULY 1996</u> Hospital No. <u>3542</u>															
If the patient's name and/or address has/have changed since then please give details:															
Can patient attend at short notice? YES / NO															
If YES, minimum notice required days															
Name, Address and Telephone number of MEDICAL / DENTAL PRACTITIONER <u>DR M W MUTCH</u> <u>THE MEDICAL CENTRE</u> <u>DUBBS PLACE</u> <u>PORT GLASGOW</u> <u>PA14 6HW</u> <u>(01475) 705604</u> Please use rubber stamp															

I would be grateful for your opinion and advice on the above named patient. A brief outline of history, symptoms and signs is given below:

Dear Dr Leighton

Wesley's mother has requested that I re-refer him to you. She feels his behaviour has deteriorated over the summer and indeed he was suspended from school within a day or 2 of starting because of swearing at his teacher.

He remains extremely verbally aggressive and his behaviour is disruptive both at home and at school.

He was recently on holiday with the family in Ulster and was climbing a fence and badly lacerated his right hand severing the ulnar digital nerve to the index finger. This had to be repaired. He is in a backslab at the moment.

I have taken the liberty of restarting Haloperidol 1 mg twice daily as his mother thought that he was much better on this and would welcome your expert opinion.

Kind regards,

Yours sincerely

Diagnosis / provisional diagnosis:

Present drug treatment and potential special hazards:

X-ray (women of childbearing age). Date of first day of L.M.P.

Relevant X-rays available from: No. (if known)

Signature

DR M W MUTCH

KML/MF/G3542

01475 656088

29 July 1996

CONFIDENTIAL

Dr M Mutch
The Medical Centre
Dubbs Place
PORT GLASGOW

Dear Dr Mutch

Wesley Phillips, 40 Brightside Avenue, Port Glasgow (05.02.82)

Since my last letter Wesley has refused to attend the Day Centre and again refused to attend outpatient review. I did, however, meet with Mrs Phillips on 26 July, 1996, when Mrs Phillips reported that Wesley's behaviour is currently fairly settled, although he continues to swear frequently and be rather derogatory in remarks towards herself. Wesley has been attending the local play scheme which he is reported to have enjoyed and his behaviour there has been satisfactory.

Mrs Phillips has agreed to a referral for the consideration of IT Groups for Wesley and I will ask the Social Workers at Larkfield Child & Family Centre to be in touch with the family.

Mrs Phillips is now more positive about the school's handling of Wesley's behavioural difficulties and I would agree that the school have a range of appropriate strategies which they have developed in liaison with the Educational Psychologist, which would suit Wesley's needs.

In view of Wesley's improvement and his refusal to attend the clinic he has now been discharged. I would be happy to accept re-referral in the future should the situation change.

Yours sincerely

KATHERINE M LEIGHTON
Consultant in Child & Adolescent Psychiatry

KML/MF/g3542

01475 656088

29 July 1996

CONFIDENTIAL

Ms Sandra McFadyen
Senior Social Worker
Larkfield Child & Family Centre

Dear Sandra

Wesley Phillips, 40 Brightside Avenue, Port Glasgow (05.02.82)

I would be grateful if you, or a member of the team, could meet with Wesley to discuss IT groups. He is no longer attending the Day Centre but has been attending a local play scheme. I feel it would be important that he continue to receive socialisation opportunities outwith the family home. Mrs Phillips has agreed to this referral to yourself.

Yours sincerely

KATHERINE M LEIGHTON
Consultant in Child & Adolescent Psychiatry

26 July, 1996

Present Mrs Phillips, KL.

Mrs Phillips stated that Wesley would not attend. She stated that his behaviour continued to cause difficulties although he was having more good days than bad. When his behaviour is poor the main problem is swearing and derogatory remarks to his mother. He has been attending the local play scheme.

I gave feedback on our contact with the school and informed Mrs Phillips about the school's contingency plans for behaviour problems. Mrs Phillips stated that she had more confidence in the school now.

Wesley's tick is minimal and only present when he becomes very, very angry. Mother is happy that Wesley is discharged from Dr Coutts' clinic and wishes no further treatment for this problem.

[REDACTED] I discussed other Social Work supports. Mrs Phillips was rather negative about the Social Work Department but agreed to a representative of the Larkfield Social Work team contacting her re IT Groups for Wesley.

In view of Wesley's non-attendance he has been discharged. I will make referral to Sandra McFadyen.

KATHERINE M LEIGHTON
Consultant in Child & Adolescent Psychiatry

KML/MF/G3542

01475 656088

15 July 1996

Mrs Phillips
40 Brightside Avenue
Port Glasgow

Dear Mrs Phillips

An appointment has been made for Wesley to attend Dr Leighton's Clinic, Larkfield Child & Family Centre, Greenock on Friday 26 July at 10.15 a.m.

The Larkfield Child & Family Centre is situated on the opposite side of Larkfield Road facing the Inverclyde Royal Hospital.

I hope this will be convenient.

Yours Sincerely,

Medical Records Officer.

ret.let

Consultant Paediatricians

Dr. N.A. Coutts
Dr. R.C. Shepherd
Dr. O.K. Kurian

Larkfield Road,
Greenock, PA16 0XN

Tel. 01475-633777
Ext. 4109
Fax. 01475-636753

Please quote: NAC/EB/195834

Dictated: 20/6/96
Typed: 21/6/96

Dr M Mutch
The Medical Centre
4 Dubbs Place
PORT GLASGOW
PA14 5YR

c.c. Dr. K.M. Leighton, Consultant Child Psychiatrist, L.C.F.C., Greenock. ✓

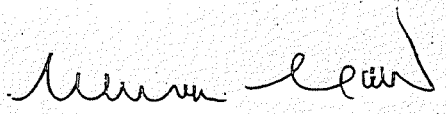
Dear Dr Mutch

Wesley Phillips, 40 Brightside Avenue, Port Glasgow. dob 05.02.82

Wesley came back for review accompanied by his mother and father. Theoretically he is still on Haloperidol but in fact he never takes it. His tic is said to be much less though I did see some evidence of it, particularly when he got a bit upset after a slanging match with his mother. I said since he wasn't really taking the Haloperidol we ought to officially discontinue it, indeed, I don't think I have much to offer him apart from sympathy. It is quite obvious that he doesn't get on with either of his parents. I guess that his [REDACTED]

[REDACTED]. There was a break in the Clinic when Wesley saw me so I had a chat with him on his own and told him that I thought he should try to behave in a more acceptable manner, I said that the sort of language he used for his friends was really unacceptable at home. I also pointed out his [REDACTED] and suggested that he should try to do something to help her rather than make things worse. He looked very shame faced during the interview and agreed that he was unhappy and would prefer to be happy. However, I think good intentions don't necessarily lead anywhere and it seems to me that the family relationships are such that nothing will heal them. Perhaps Dr. Leighton has something up her sleeve however. She is seeing Wesley very soon. I have discharged him but would see him again if either of you thought I could help.

Yours sincerely,


N.A. Coutts,
Consultant Paediatrician.



KML/MF/G3542

01475 656088

10 June 1996

Mrs Phillips
40 Brightside Avenue
Port Glasgow
PA14 6QN

Dear Mrs Phillips

An appointment has been made for Wesley and yourself to attend Dr Leighton's Clinic, Larkfield Child & Family Centre, Greenock on Tuesday 18 June at 9.15 a.m.

The Larkfield Child & Family Centre is situated on the opposite side of Larkfield Road facing the Inverclyde Royal Hospital.

I hope this will be convenient.

Yours Sincerely,

Medical Records Officer.

ret.let

KML/MF/G3542

01475 656088

16 May 1996

CONFIDENTIAL

Dr Mutch
The Medical Centre
Dubbs Place
PORT GLASGOW

Dear Dr Mutch

Wesley Phillips, 40 Brightside Avenue, Port Glasgow (05.02.82)

Since my last letter Wesley has continued to attend the Day Centre two days per week. His behaviour has become more settled within the unit, at home and at school. I met with school staff, Educational Psychology and Social Work to review his progress on 9 May, 1996. It appears that a range of supports are being offered to Wesley and his family and that it would be appropriate at this stage to decrease Wesley's attendance at the Larkfield Day Centre with a view to resuming full time attendance at school following the summer break. Social Work Community Groups will be offered over the summer period and ongoing Social Work support will be offered to Mrs Phillips. The Educational Psychologist, Mrs Erica Rigg, will continue to monitor Wesley's progress in school.

I will keep you informed of Wesley's attendance here.

Yours sincerely

KATHERINE M LEIGHTON
Consultant in Child & Adolescent Psychiatry

CASE CONFERENCE

ON

WESLEY PHILLIPS

Held at Larkfield Child & Family Centre on 9 May, 1996

PRESENT: Larkfield Unit Staff
Denise Munro, Social Worker, Larkfield
Steve Beck, Guidance Teacher, Port Glasgow High
Campbell Orr, Home/School Worker, Port Glasgow High
Erica Rigg, Educational Psychologist

KL reviewed progress since last case conference on 7 March 1996. Since then Wesley's parents [REDACTED] Family life has settled down and [REDACTED] accepting the Social Work support from Denise Munro. Wesley's behaviour has settled at the unit where he appears to be making good progress. Wesley has now been attending the Unit as a Day Patient since New Year and today's conference was called to plan for Wesley's ongoing support at school.

Within the Day Unit nursing staff reported that Wesley had had no verbal outbursts and that the verbal abuse in the home had decreased markedly since [REDACTED] had left. In the classroom, Mrs Odam stated that he was rather anxious in class but not a behavioural problem.

Mr Beck stated that improvement in Wesley had occurred at school and an arrangement has been made for Wesley to leave the main class to go to the office should he feel under stress. He has used this on very few, if any, occasions but his temper outbursts have decreased. He is receiving a prize in English for the most progress. Recently he apologised to a member of staff for the first time that the teachers can remember.

Mr Orr stated that he also saw an improvement in Wesley. He had one or two outbursts per week but these were now minimal.

Erica Rigg stated that there was really no alternative to mainstream. The Mearns Centre would not cater for children beyond second or third year and there was really no other resource in the area. The Kintyre Base or Balrossie as a day pupil were not available options. The only available option would be Kibble as a day pupil and this was not felt to be appropriate. Wesley is receiving Learning Support in the classroom and Mr Orr's programme of removing him from class if he feels under stress will continue.

Denise Munro stated that she had had a number of sessions with [REDACTED] and [REDACTED]. A brother has agreed to take Wesley during her hospital admission. Denise Munro will continue a contact until July with a review at that point. Social Work Student at Larkfield has been seeing Wesley on a regular basis and has found his own attitude to be improving. We discussed the possibility of summer Community Groups and ongoing support groups following the summer, and the Social Work Student will look into this.

It was agreed that Wesley's attendance would be reduced to one day per week with a view to discharge at the summer break. Ongoing support would be provided by Social Work Community Groups and outpatient appointment if necessary.

KATHERINE M LEIGHTON
Consultant in Child & Adolescent Psychiatry

SOCIAL WORK NOTES

Name: Wesley Phillips

Unit No. G3542

Date: 14 May, 1996

Weekly meeting 14.5.96 as arranged at Larkfield Child & Family Centre between Wesley Phillips, John Rodgers, Student Social Worker, Larkfield Child & family Centre.

The purpose of this meeting was to continue exploring Wesley's feelings about some of the current issues in his life namely: His mother [REDACTED] his subsequent need to stay at his older brother's and his family, and his anger management at both home and school.

I began the meeting by informing Wesley about the outcome of the recent Case Conference held at Larkfield last week. I informed Wesley how positive the school were about his current behaviour at school. They were also impressed by the work that Wesley does in class at Larkfield Child & Family Centre. The Depute Head Master informed the meeting that if Wesley's current good behaviour continued, then they could foresee little problems with Wesley continuing to attend the school. They looked forward to seeing Wesley back full time.

I then asked Wesley how he felt about his [REDACTED] Wesley appeared slightly concerned about his [REDACTED] assured him that her stay was very temporary. I did, however, go on to remind Wesley how important it would be for both himself and his brother to offer greater assistance to his mother with the household chores. In general, Wesley, concluded that his stay at his brother's had been fairly uneventful.

Re Wesley's anger management, Wesley informed me of an incident that happened in school yesterday. He admitted to having had a major temper outburst during the French lesson. I reminded Wesley about the glowing reports received in the last Case Conference and informed him that it is vital that he continues to show restraint and control his temper. Wesley agreed how counter-productive such outbursts at school have been for him. Wesley then re-affirmed his commitment to standing back from any further incidents.



JOHN RODGERS
Student Social Worker

SOCIAL WORK NOTES

Name: Wesley Phillips

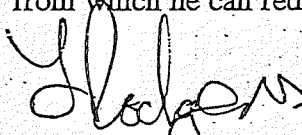
Unit No. 3542

Date: 23 April, 1996

Weekly Meeting with Wesley Phillips. Present: Wesley Phillips, John Rodgers, Social Work Student, Larkfield Child & Family Centre.

We began with me asking Wesley if he had completed the letter to his dad that I requested he do at our last session. Wesley informed me that he had not. He did, however, relate to me that he had a long chat with his mum about his dad leaving. She informed him quite clearly it seems, that the reasons for his dad's departure were nothing to do with him rather, they were personal and between his mum and his dad. A lot of emphasis was put by mum on telling Wesley that he bore, no, responsibility for his dad's departure and should not feel any blame at all for it. Wesley seems to have accepted this explanation quite readily and appears visibly less stressed about his father not being at home. He reiterated that he would like to keep in contact with him but accepts that this might take some time before the situation will be tolerable for his mother to agree to. In the meantime I reminded Wesley that it was okay for him to still want to see his father and to still love him and also be angry with him for what he has done as well. It appears Wesley has gone through the gamut of what might be a recognised separation process, almost in a sort of microcosm. For the moment this issue seems of okay with him, but if the analogy continues then the issue might well resurrect itself intermittently and new feelings of guilt might emerge about not wanting to see his father.

I ended the session by asking Wesley about life at home and how he is getting on with mum. He thinks things are much calmer now, now mum is seeing the other Social Worker to discuss [REDACTED]. He did, however, say that he had had an angry exchange with his mum that day resulting in him swearing. I reminded Wesley just how inappropriate it was to use foul language at home and he agreed. He stated that it is only when he loses his temper that this happens and he also agreed that he would like to reduce the number of similar incidents at home and at school. I then asked Wesley if he could monitor his outbursts over the next week and then come back and tell me what had happened. The purpose being to set up a base line from which he can reduce and visibly show these reductions. The session then ended.


JOHN RODGERS
Student Social Worker

KML/MF/G3542

01475 656088

23 April 1996

Mrs Phillips
40 Brightside Avenue
Port Glasgow
PA14 6QN

Dear Mrs Phillips

An appointment has been made for Wesley and yourself to attend Dr Leighton's Clinic, Larkfield Child & Family Centre, Greenock on Tuesday 30 April at 10.30 a.m.

The Larkfield Child & Family Centre is situated on the opposite side of Larkfield Road facing the Inverclyde Royal Hospital.

I hope this will be convenient.

Yours Sincerely,

Medical Records Officer.

ret.let

SOCIAL WORK NOTES

Name: Wesley Phillips

Unit No. G3542

Date: 2 April, 1996

Weekly meeting with Wesley Phillips.

Present: Wesley Phillips, John Rodgers, Student Social Worker, Larkfield Child & Family Centre.

This was our third meeting and was very brief, lasting only 20 minutes due to unforeseen circumstances. The central issue discussed was how Wesley feels about his dad and his recent decision to leave the family home. Wesley began by saying how he hated his dad for leaving. In the same sentence he remarked that he still loved him and that he still wanted to see him again but that he did not know how to get in touch with him, or even if his dad would want him to do so.

I asked Wesley if he knew why his father had left. From his answer which, although confused and disjointed, referred mainly to issues about his own behaviour in school and at home, it is clear that Wesley believes that he was to blame for his father's departure.

I feel these two areas: 1. Wesley's belief he is to blame for his father's leaving and 2. his confusion about what his mother has disclosed are among the present primary reasons for some of his recent challenging behaviour both at home and at school.

On the first issue I have asked Wesley to put down his feelings on paper for us to discuss when next we meet. I suggested this take the form of a letter to his father. The intention is, to treat the issue of Wesley's father departure from the house as a form of bereavement, and therefore, to support Wesley through the various stages of this process. The emphasis and aim of which is to reduce and alleviate his feelings of anxiety and stress around this area and certainly to remove any feelings of guilt or responsibility.

On the second issue, I reminded Wesley that this was a matter for his mother to deal with and not really an area that we can discuss in her absence.

I further informed Wesley that someone else from Social Work Department is speaking to his mother about this issue and not me and I, therefore, feel unable to comment. Although I tried to slightly reduce Wesley's confusion by answering his question on this matter, I feel that the only important issue here is that Wesley does not feel blamed for this as well. I, therefore, informed Wesley that I would only discuss this issue on that level.


JOHN RODGERS
Student Social Worker

SOCIAL WORK NOTES

Name: Wesley Phillips

Unit No. G3542

Date: 26 March, 1996

Session as arranged at Larkfield child & Family Centre, 23.3.96, between Wesley Phillips, John Rogers, Student Social Worker, Larkfield Child & Family Centre.

This was an informal meeting designed to assess the difficult areas of Wesley's life that he agrees that he would like to change. Using the medium of a game of pool, Wesley quickly relaxed and began to freely express some of the feelings about for him just now.

Without my broaching the subject, Wesley asked if I knew why his dad had left. he then state how he hates his dad, but that he would like him to contact him. He knows he can't because of the change in home phone number. Wesley showed some signs of distress when discussing his dad's departure. From his tone and questions about what was said on a home visit I had attended, I detected that Wesley feels a certain amount of guilt about why his father left home.

We then had general discussion about school and about being picked on and scapegoated.

I then took the lead in describing what I thought we could do to help Wesley cope with some of these difficult issues. I suggested that we tackle a different issue each week, although if there was unfinished work on one issue then we might possibly carry this forward to the next week. During the sessions, we agreed to explore the range of feelings around the issues in question and we agreed that this might be difficult. Wesley decided that the first issue we shall talk about is his dad's departure from the family home.

JOHN ROGERS
Student Social Worker

KML/MF/G3542

01475 656088

25 March 1996

Dr B Kelly
Educational Psychologist
Psychological Service
Highholm Centre
Highholm Avenue
PORT GLASGOW

Dear Dr Kelly

Wesley Phillips, 40 Brightside Avenue, Port Glasgow (05.02.830

I write to invite you to attend a Case Conference to discuss Wesley. This will take place at Larkfield Child & Family Centre on Thursday, 9 May, 1996, at 10.00 a.m. Please confirm that this date and time is convenient. Thanking you.

Yours sincerely

KATHERINE M LEIGHTON
Consultant in Child & Adolescent Psychiatry

KML/MF/G3542

01475 656088

25 March 1996

The Head Teacher
Port Glasgow High School
Marloch Avenue
PORT GLASGOW

Dear Sir or Madam

Wesley Phillips, 40 Brightside Avenue, Port Glasgow (05.02.830

I write to invite you, or the person considered most appropriate, to attend a Case Conference to discuss Wesley. This will take place at Larkfield Child & Family Centre on Thursday, 9 May, 1996, at 10.00 a.m. Please confirm that this date and time is convenient. Thanking you.

Yours sincerely

KATHERINE M LEIGHTON
Consultant in Child & Adolescent Psychiatry

KML/MF/G3542

01475 656088

21 March 1996

CONFIDENTIAL

Dr Mutch
The Medical Centre
Dubbs Place
PORT GLASGOW

Dear Dr Mutch

Wesley Phillips, 40 Brightside Avenue, Port Glasgow (05.02.82)

I reviewed Wesley at my clinic on 19 March, 1996, when he attended with his mother. Wesley's behaviour within the Day Unit appears to be satisfactory although at home and at school he continues to have difficulties. [REDACTED] and this is causing some distress in the household. [REDACTED]

In view of Wesley's ongoing problems, I have increased his day attendance to two days per week and will continue to liaise with the school. [REDACTED] offered Social Work support from the Larkfield Child & Family Centre. I will keep you informed of progress.

Yours sincerely

KATHERINE M LEIGHTON
Consultant in Child & Adolescent Psychiatry

WESLEY PHILLIPS

19 March, 1996

Present Wesley, Mrs Phillips.

[REDACTED]
[REDACTED] Wesley stated he would like to see his dad. Mum stated that she would not have him back in the house but would allow the children to see him although she did not want Wesley to give dad the phone number; she has changed her phone number. She described dad's b [REDACTED] in the past and [REDACTED]

[REDACTED]
[REDACTED]
The day following the [REDACTED] there was an incident at school where Wesley was suspended. Wesley stated that he was upset because his father had left and this had caused him to lose his temper. However, [REDACTED]

In view of ongoing difficulties and the stress of the [REDACTED] I have advised that Wesley increase his attendance to two days per week. [REDACTED] is happy with this. The Social Work Team at Larkfield will continue to be available to support [REDACTED] and I will review Wesley at my outpatient clinic in 3 weeks.

Wesley's tic appears to be improving. Dr Coutts is due to review him in two or three weeks. He is currently on Haloperidol 5 mgs b.d. He complained of some tiredness and nausea.

KATHERINE M LEIGHTON
Consultant in Child & Adolescent Psychiatry

SOCIAL WORK NOTES

Name: Wesley Phillips

Unit No. 3542

Date: 18 March, 1996

8.3.96

I received a telephone call from Mrs Phillips [REDACTED]
[REDACTED] Today [REDACTED] had some difficulty getting
Wesley to school as he was responding to the home situation. However, at the time of speak-
ing to [REDACTED], Wesley had left for school.

[REDACTED]
I have
agreed with Mrs Phillips that contact will be made from the department early next week.
Later that same day, a message was left on the answering machine at approximately 4.00 p.m.
that Wesley had been returned home from school and had been suspended.

Phyl Gilmour

PHYL GILMOUR
Social Worker

KML/MF/G3542

01475 656088

11 March 1996

Mrs Phillips
40 Brightside Avenue
Port Glasgow

Dear Mrs Phillips

An appointment has been made for Wesley to attend Dr Leighton's Clinic, Larkfield Child & Family Centre, Greenock on Tuesday 19 March at 9.15 a.m.

The Larkfield Child & Family Centre is situated on the opposite side of Larkfield Road facing the Inverclyde Royal Hospital.

I hope this will be convenient.

Yours Sincerely,

Medical Records Officer.

ret.let

SOCIAL WORK NOTES

Name: Wesley Phillips d.o.b. 5.2.81

Unit No. 3542

Date: 4 March, 1996

Meeting as arranged 4.3.96, at 40 Brightside Avenue, Port Glasgow. Present Phyl Gilmour, Social Worker, Larkfield Child & Family Centre, John Rodgers, Student Social Worker, Larkfield.

Presenting Issue

Wesley's difficult behaviour at home and at school. Wesley is verbally abusive to his parents and is threatening towards his older brother, Anthony.

History of Issue

The family had intermittent Social Work involvement since 1984. Both [redacted] at home, and [redacted], have presented with difficult behaviours in the past, requiring involvement with Port Glasgow Social Work Department. Perusal of the family file at Port Glasgow Social Work Department indicates that Wesley's most recent involvement relate to two incidents in July and August, 1995, when emergency Social Work help was requested to assist with Wesley being out of control. Both incidents involved Wesley being verbally abusive to his parents to an unacceptable level. The incident in July involved a visit to the home by Social Workers, George Webster and Jan Marshall and the incident in August involved Standby Social Work services. On both occasions the situations were calmed by intervention of the visit and both incident reports alluded to necessary follow up. This appears not to have happened.

In September 1995, David McAleer, Senior Social Worker at Port Glasgow Social Work Department office, attended an Extended Support Meeting to discuss the difficulties Wesley was presenting at school.

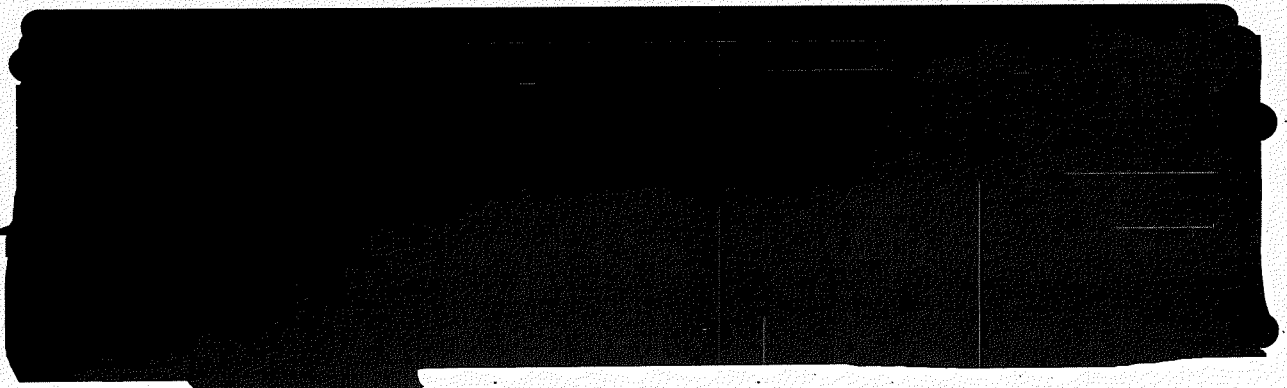
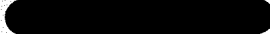
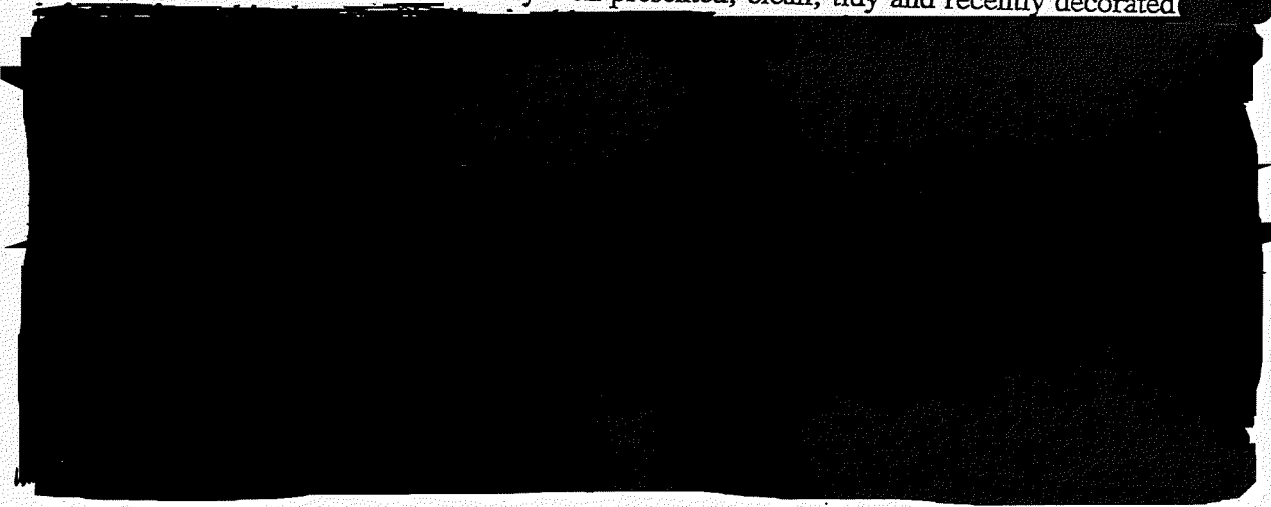
At this meeting, it was recommended that the school and some identified personnel work with Wesley to help address issues such as: anger management, the building up of a bank of positive achievements designed to bolster self-esteem. Wesley agreed to try not to answer teachers back. The situation at school has changed little since this meeting apart from Wesley's recent 2 days suspension from school. A meeting in December, 1995, held at the behest of Port Glasgow High School, the purpose of which neither parent was clear, seemed to suggest that Wesley was nearing his last chance as regards remaining in mainstream school. Wesley was recently re-referred to Larkfield Child & Family Centre for assessment (last referred 1993) and now attends for two days a week and this is progressing well.

Family Background

[redacted]

WESLEY PHILLIPS CONTINUED

about the house. The house was very well presented, clean, tidy and recently decorated



Wesley

Mr & Mrs Phillips both describe Wesley as having ADHD and both are of the opinion that its being diagnosed would be a benefit - to whom is the question I would ask. Mrs Phillips merely wants a diagnosis, not the Ritalin and mentioned freeing any practitioner of possible litigation if only the diagnosis was given.

WESLEY PHILLIPS CONTINUED

Wesley's behaviour is not intermittently unacceptable, it is constantly so, both at school and at home. At home Wesley constantly demands things his way, is always abusive and never accepts responsibility for any of his actions, according to Mr & Mrs Phillips. They struggle to maintain any semblance of a normal family home life such as, at mealtimes, bed time and in joint activities when shopping etc. Wesley disrupts all aspects of home life with the never ending verbal abuse he directs at [REDACTED] and his refusal to comply with any instructions.

In the last 6/7 weeks Wesley has refused to go out and play outside, preferring to stay indoors. [REDACTED] intimated that possibly there might be bullying going on with a neighbouring family and their offspring, who were until recently Wesley's best friends. [REDACTED] explanation and to a degree [REDACTED] concurred with this, was that Wesley is not playing out in order to protect [REDACTED] from getting involved. [REDACTED] and Wesley's continued insistence on sleeping on their bedroom floor in a sleeping bag, this explanation could be a possibility. Wesley may indeed be attempting, in his own way, to keep [REDACTED] in the house. [REDACTED] intimated that Wesley suffers night-time enuresis and that recently this has become more regular. [REDACTED] could not be more specific about the times that this has occurred however.

[REDACTED] that both Wesley and [REDACTED] are aware of [REDACTED]. Indeed Wesley now uses reference to this in the [REDACTED]. [REDACTED] concerns about [REDACTED] and his level of understanding about what was said. I would also be concerned about the effect on Wesley a [REDACTED].

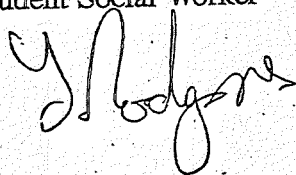
Only a few points were made by [REDACTED] that appeared in any way positive re Wesley. The first concerns his honesty. They both stated quite categorically that Wesley was always truthful, even when relaying what might be unpleasant events, such as reports of his behaviour. The other positive was the excellent report they received about Wesley when he was away in Spain on holiday with other local children.

Conclusion

Briefly, I shall summarise what I consider some of the main points from above:

1. Wesley's negative/abusive behaviour is being perpetuated in the home for a number of possible reasons.
2. There is the unassessed impact that the knowledge [REDACTED] has had on Wesley's behaviour.
3. How near the end of the line Wesley might be in mainstream schooling.
4. [REDACTED]

JOHN RODGER
Student Social Worker



CASE CONFERENCE

ON

WESLEY PHILLIPS

Held at Larkfield Child & Family Centre on 7 March, 1996

PRESENT:

Larkfield Unit Staff
Barbara Kelly, Educational Psychologist
Irene Wilkinson, Senior Social Worker, Port Glasgow

KL reviewed Wesley's contact with Larkfield. He was initially referred in 1993 and attended for several months with his parents for family outpatient therapy in order to address Wesley's behaviour difficulties at home and at school. [REDACTED] Social Work had commenced a voluntary involvement at that point and Wesley was discharged. Re-referred in December, 1995, similar behaviour problems at home and at school. Wesley also has developed a tic...

Wesley has attended the Day Centre since the New Year and is currently attending one day per week. He has shown good progress in the small groups and apart from the first day there have been no outbursts of uncontrollable anger or temper, although this continues at home and there are reports of it at school.

Within the class in the Day Unit, Wesley has worked well and is keen and eager to please; responds well to praise.

Barbara Kelly discussed Educational Psychology input setting up targets and behavioural regimes to improve Wesley's behaviour. These were not followed through on in the past.

Irene Wilkinson spoke about involvement with the family and stated that they had been [REDACTED] only contacting the department at times of crises.

Phyl Gilmour has visited the home with Social Work Student from Larkfield. [REDACTED] Phyl Gilmour and Sandra McFadyen have both stated that [REDACTED] either would be available [REDACTED] It was agreed there is a level of verbal abuse within the home, but no concern for Wesley's safety.

Wesley will continue to attend the Day Centre one day per week. Family outpatient appointments will be offered. Social Work staff at Larkfield will be available [REDACTED] Barbara Kelly will liaise with the school to feedback re today's meeting and suggest return to former strategies which Larkfield could support.

KATHERINE M LEIGHTON
Consultant in Child & Adolescent Psychiatry

Consultant Paediatricians

Dr. N.A. Coutts
Dr. R.C. Shepherd
Dr. O.K. Kurian

Larkfield Road,
Greenock, PA16 0XN

Tel. 01475-633777
Ext. 4520
Fax. 01475-636753

Please quote

NAC/HTC/195834

4 March 1996

Dr. K.M. Leighton,
Consultant Child Psychiatrist,
Larkfield Child & Family Centre,
Larkfield Road,
GREENOCK.

c.c. Dr. M.W. Mutch, Medical Centre, Dubbs Place, Port Glasgow.

Dear Dr. Leighton,

Wesley Phillips, 40 Brightside Avenue, Port Glasgow, d.o.b. 05.02.82

Thanks for asking me to see Wesley who is 14 years' old. He has various problems in particular the ? of ADHD has been raised but you are discussing that in the near future with the Educational Psychologists.

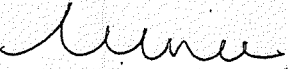
You asked me if I would see him regarding his tic which really is quite marked. This affects his eyes and face only, but all during the interview it was obvious. His parents also said that he had a nervous cough which probably is another manifestation of his tic.

I am glad to say that I found no abnormality neurologically. He does have a problem with asthma but the clinic was so busy I didn't have time to discuss that but I am intending to do that when I see him for review.

You and I have discussed treatment for his tic and agreed that he should go on Haloperidol. I will start him on a small dose and get him back in a few weeks to assess his response to it and also to discuss his asthma.

I will keep in touch.

Yours sincerely,


N.A. Coutts,
Consultant Paediatrician

WESLEY PHILLIPS

29 February, 1996

Telephone Discussion with Dr Coutts

Dr Coutts assessed Wesley re tic; which he believes to be a simple tic which may be responsive to Haloperidol. He plans to review Wesley at his outpatient clinic and will also check out on his wheeze. I discussed my assessment of Wesley's behaviour and stated that I felt Ritalin was contra indicated and that Wesley was improving with behaviour therapies. I will keep Dr Coutts informed of Wesley's progress with Larkfield.

KATHERINE M LEIGHTON
Consultant in Child & Adolescent Psychiatry

KML/MF/G3542

01475 656088

13 February 1996

CONFIDENTIAL

Dr Mutch
The Medical Centre
Dubbs Place
PORT GLASGOW

Dear Dr Mutch

Wesley Phillips, 40 Brightside Avenue, Port Glasgow (05.02.82)

Since my last letter Wesley has attended the Day Centre at Larkfield for assessment. He has been fairly settled within the group but is lacking in social skills. He appears to be easily manipulated by other individuals within the group and seems to be easily led into poor behaviour.

I met with Mrs Phillips to review Wesley's progress at my clinic on 12 February, 1996. I have advised her that the Social Work team from the Larkfield Child & Family Centre will visit to offer support and have arranged for Wesley to continue his attendance at the Day Centre. I would not advise any medication at present.

Yours sincerely

KATHERINE M LEIGHTON
Consultant in Child & Adolescent Psychiatry

WESLEY PHILLIPS

12 FEBRUARY, 1996

Present Mrs Phillips, Wesley.

[REDACTED] a little more positively about Wesley having some good days although generally "more bad than good". She spoke again in detail about Wesley shouting and Bawling and swearing in the house. [REDACTED]

[REDACTED] She stated that she did not want medication for Wesley. She had seen a programme about the side effects of Ritalin last week and now feels that this would not help Wesley.

Information was given to Mrs Phillips and Wesley about Wesley's first two days attendance at the Day Centre. He has not shown evidence of Attention Deficit Disorder but he has been settled within the group. I advised that Wesley continued to attend two days this week, thereafter, one day per week and informed mum that a Case Conference would be held involving school staff.

Wesley is due to see Dr Coutts on 22 February, 1996, for assessment of his tic.

KATHERINE M LEIGHTON
Consultant in Child & Adolescent Psychiatry

KML/MF/G3542

01475 656088

7 February 1996

The Head Teacher
Port Glasgow High School
Marloch Avenue
PORT GLASGOW

Dear Sir or Madam

Wesley Phillips, 40 Brightside Avenue, Port Glasgow (05.02.82)

I write to invite you, or the person considered most appropriate, to attend a Case Conference to discuss Wesley. This will take place at Larkfield Child & Family Centre on Thursday, 7 March, 1996 at 11.00 a.m. Please confirm that this date and time is suitable. Thanking you.

Yours sincerely

KATHERINE M LEIGHTON
Consultant in Child & Adolescent Psychiatry

KML/MF/G3542

01475 656088

7 February 1996

Ms Barbara Kelly
Psychological Service
Highholm Centre
Highholm Avenue
PORT GLASGOW

Dear Ms Kelly

Wesley Phillips, 40 Brightside Avenue, Port Glasgow (05.02.82)

I write to invite you to attend a Case Conference to discuss Wesley. This will take place at Larkfield Child & Family Centre on Thursday, 7 March, 1996 at 11.00 a.m. Please confirm that this date and time is suitable. Thanking you.

Yours sincerely

KATHERINE M LEIGHTON
Consultant in Child & Adolescent Psychiatry

KML/MF/G3542

01475 656088

7 February 1996

Ms Irene Wilkinson
Social Work Department
Newark House
Scarlow Street
PORT GLASGOW

Dear Ms Wilkinson

Wesley Phillips, 40 Brightside Avenue, Port Glasgow (05.02.82)

I write to invite you to attend a Case Conference to discuss Wesley. This will take place at Larkfield Child & Family Centre on Thursday, 7 March, 1996 at 11.00 a.m. Please confirm that this date and time is suitable. Thanking you.

Yours sincerely

KATHERINE M LEIGHTON
Consultant in Child & Adolescent Psychiatry

KML/MF/3542

01475 656088

5 February 1996

Mr & Mrs Phillips
40 Brightside Avenue
Port Glasgow

Dear Mr & Mrs Phillips

An appointment has been made for Wesley to attend Dr Leighton's Clinic, Larkfield Child & Family Centre, Greenock on Monday 12 February at 10:00 a.m.

The Larkfield Child & Family Centre is situated on the opposite side of Larkfield Road facing the Inverclyde Royal Hospital.

I hope this will be convenient.

Yours Sincerely,

Medical Records Officer.

ret.let

KML/MF/3542

01475 656088

29 January 1996

CONFIDENTIAL

Ms I Wilkinson
Social Work Department
Newark House
Scarlow Street
PORT GLASGOW

Dear Ms Wilkinson

Wesley Phillips, 40 Brightside Avenue, Port Glasgow (05.02.82)

Thank you for your letter of 22 January, 1996. I have asked Sandra McFadyen, Senior Social Worker at Larkfield to be in touch with you to discuss the case further. Please do not hesitate to contact me should you wish any further information.

Yours sincerely

K M LEIGHTON
Consultant in Child & Adolescent Psychiatry

KML/MF/3542

01475 656088

29 January 1996

CONFIDENTIAL

Ms Sandra McFadyen
Senior Social Worker
Larkfield Child & Family Centre

Dear Sandra

Wesley Phillips, 40 Brightside Avenue, Port Glasgow (05.02.82)

Further to our recent discussion, I would be grateful if you could respond to Irene Wilkinson's letter of 22 January, 1996. Thanking you.

Yours sincerely

K M LEIGHTON
Consultant in Child & Adolescent Psychiatry

KML/MF/3542

01475 656088

29 January 1996

CONFIDENTIAL

Dr Mutch
The Medical Centre
Dubbs Place
PORT GLASGOW

Dear Dr Mutch

Wesley Phillips, 40 Brightside Avenue, Port Glasgow (05.02.82)

I reviewed Wesley at my clinic on 26 January, 1996, when he attended with both parents. His behaviour difficulties continue. There have been no further suspensions at school but I understand that the school are very concerned about his ability to be maintained at Port Glasgow High. Mrs Phillips is at the end of her tether in coping with Wesley's difficult behaviour at home.

I have arranged for Wesley to attend the Day Centre at Larkfield Child & Family Centre for assessment. He will commence attendance two days per week as of next week. I will keep you informed of developments.

Yours sincerely

K M LEIGHTON
Consultant in Child & Adolescent Psychiatry

cc: Dr N A Coutts - IRH

WESLEY PHILLIPS

26 January, 1996

Present Wesley, Mrs Phillips.

Wesley returned home from school with four punishment exercises. Mum has been in touch with the school and apparently was told by a "Project Teacher" that Wesley needed a different type of school.

I discussed Wesley's attendance at the Education Department prior to Christmas. Apparently Mrs Phillips was told Wesley was on his last chance and if he received a further suspension residential schooling would be considered.

Mrs Philips again spoke about Attention Deficit Disorder and her desire for Wesley to be fully assessed. She is happy for him to come in to the Day Centre for further assessment. No appointment yet from Dr Coutts. No contact yet with Social Work Department.

It was arranged for Wesley to look round the Day Unit with a view to four days assessment. Admission next week if possible.

K M LEIGHTON

Consultant in Child & Adolescent Psychiatry

Strathclyde Regional Council

Social Work Department

Director: Mr. R. Winter

Port Glasgow Area Office

Newark House, Scarlow Street, Port Glasgow PA14 5EY

Tel: (01475) 741891 Fax: (01475) 743230

Dr K Leighton

Larkfield Child & Family Unit

Larkfield Road

GREENOCK

PA16 0XN

Our Ref: IW/CW

Your Ref:

Date: 22nd January 1996

Dear Dr Leighton

Re: WESLEY PHILLIPS

40 Brightside Avenue, PORT GLASGOW

I refer to your letter in respect of the above named boy and his family.

It is not clear from your letter what form of support you are requesting for this family or whether this is to be in addition to ongoing contact with your Unit, or instead of. I would also appreciate some clarification of the family's understanding of this referral and their response.

Given that the Education Department are also concerned about Wesley it would be essential to define the roles of each agency and establish good communication.

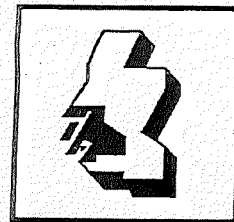
I would therefore appreciate it if you could provide more information on the nature of this family's problems and what particular aspects of these, this Department is being asked to respond to.

I look forward to hearing from you again.

Yours sincerely

Irene S Wilkinson

IRENE WILKINSON
Senior Social Worker



Strathclyde

SCOTLAND



A nuclear-free zone authority



An equal opportunities authority

CHGLPHILIPS

KML/MF/G3542

01475 656088

15 January 1996

CONFIDENTIAL

Dr N A Coutts
Consultant Paediatrician
Level L
Inverclyde Royal

Dear Dr Coutts

Wesley Phillips, 40 Brightside Avenue, Port Glasgow (05.02.82)

I would be grateful if you could assess Wesley at your clinic. He has a right sided facial tic which has been present for about 6 or 7 months. He is currently attending my clinic because of behavioural problems. There are a range of family difficulties and Mrs Phillips' health is very poor.

I am planning to bring Wesley into the Day Centre at Larkfield Child & Family Centre for further assessment in the near future. I will be happy to provide further information should you require it.

Thanking you.

Yours sincerely

K M LEIGHTON
Consultant in Child & Family Centre

cc: Dr M W Mutch, The Medical Centre, Dubbs Place, Port Glasgow

KML/MF/G3542

01475 656088

12 January 1996

CONFIDENTIAL

Dr M W Mutch
The Medical Centre
Dubbs Place
PORT GLASGOW

Dear Dr Mutch

Wesley Phillips, 40 Brightside Avenue, Port Glasgow (05.02.82)

I reviewed Wesley at my clinic on 11 January, 1996, when he attended with his father. Mr Phillips reported that Wesley's behaviour has improved over the holiday period and he has settled back into school. Mr Phillips, however, remains concerned about the possibility that Wesley may show features of Attention Deficit Hyperactivity Disorder and spoke with me about these concerns and the possibility of second opinion being requested. I advised him to discuss this further with yourself but in the meantime I have agreed to continue with my assessment of Wesley.

In view of ongoing concerns I will arrange for Wesley to attend the Day Centre at Larkfield Child & Family Centre for further assessment.

Wesley continues to have a right sided facial twitch. I have made a referral to Dr Coutts, Consultant Paediatrician at Inverclyde Royal Hospital, for further assessment of this.

I will keep you informed of Wesley's progress at our Centre.

Yours sincerely

K M LEIGHTON
Consultant in Child & Adolescent Psychiatry

KML/MF/G3542

01475 656088

12 January 1996

CONFIDENTIAL

Sister Karen Gurney
Larkfield Child & Family Centre

Dear Karen

Wesley Phillips, 40 Brightside Avenue, Port Glasgow (05.02.82)

I would be grateful if you could arrange for Wesley to attend the Day Centre for further assessment. He has been attending my outpatient clinic further to a referral by his GP.

Wesley is said to be very disrespectful and prone to swearing. He shows disruptive and aggressive behaviour both at home and at school. He has been suspended from school five times since August (Port Glasgow High School). He is said to be restless in the house; not settling to any activity. Despite not attending school he has kept up an active social life and goes out frequently with his friends. At night Wesley refuses to sleep in his own bed but sleeps in a sleeping bag on the floor of his parents' bedroom. Over the past 7 months he has developed a right sided facial tic. Prior to this he has a cough for about 7 months, which settled.

Wesley appears generally unsmiling and rather dour looking. He makes good eye contact but has shown testing of limits and been rather disrespectful during appointments. He frequently contradicts his mother although allows his father to speak more freely. He has shown distress when his mother has begun [REDACTED] Wesley has not appeared restless at interview. His concentration has seemed within normal limits. He appears of average intelligence although not formally tested. As stated above, he shows a right sided facial tic which increased in frequency when the tic was discussed.

I/

CONFIDENTIAL

Sister Karen Gurney

-2-

12 January 1996

Wesley Phillips (05.02.82)

I feel that Wesley shows features of a longstanding conduct disorder. He previously attended my clinic in early 1993 with similar behaviour problems although no tic. The problems settled with family therapy. There are a range of difficulties in the family background which have not been resolved. I have referred Wesley to Dr Coutts for assessment of his tic but I feel that further assessment of Wesley within the Day Centre would be useful whilst I continue with outpatient family therapy sessions. Please note, Barbara Kelly, Educational Psychologist, has been involved.

Yours sincerely

K M LEIGHTON

Consultant in Child & Adolescent Psychiatry

WESLEY PHILLIPS

11 January, 1996

Present Mr Phillips, Wesley, KL.

Mr Phillips stated that Wesley's behaviour had been satisfactory over the holiday. He had had good days and bad days, but more good days. He had settled back into school.

It was noticeable that Wesley continued to have a right sided facial twitch. This has now been present for 6 or 7 months.

██████████ spoke at some length about his concern that Wesley may have Attention Deficit Hyperactivity Disorder. He had come to a previous appointment with information about this condition. He stated that he heard a doctor in England was an expert in this condition and also a doctor in Stobhill. I advised him to discuss this further with his GP should he wish a second opinion and also informed him that part of my assessment with Wesley would be to consider this as a possible diagnosis.

We discussed Wesley coming into the Day Unit for further assessment and Wesley and father were in agreement with this. He was not shown round today as the painters were doing up the building and it was not convenient.

Re the twitch, I discussed referral to Paediatric/Medical Clinic. Father is in agreement with this. I will make a referral and inform GP.

K M LEIGHTON
Consultant in Child & Adolescent Psychiatry