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Contents

Introduction	3
General Anxiety Disorder (GAD)	3
Classification of General Anxiety Disorder within ICD-10	3
People suffering general anxiety disorder in the UK.	3
Causes of anxiety (Aetiology).....	3
Signs and Symptoms of GAD	4
When anxiety can be diagnosed	4
Current treatment for GAD	5
Recommendations for improvement of anxiety	5
Principles of care for people with generalised anxiety disorder (NICE)	5
Schizophrenia	6
Statistic people suffering Schizophrenia.	6
classification Schizophrenia within the ICD –10	7
Causes Schizophrenia (Aetiology)	7
Signs/Symptoms Schizophrenia.....	7
Diagnosis Schizophrenia	7
Current treatments.....	8
Guidance and principle of care NICE.....	8
Recommendations	8
Conclusion.....	12
References	13

Introduction

This report offers a comprehensive analysis of the classification, diagnosis, treatment, and rehabilitation measures for three mental disorders from the ICD-10 (WHO, 2010): General Anxiety Disorder, Schizophrenia, and Autism. The report aims to provide a detailed evaluation of these disorders and their respective treatment options.

General Anxiety Disorder (GAD)

According to the National Health Service (NHS), in 2022, General Anxiety Disorder is characterized by a constant feeling of stress, panic, and fear that can have a substantial impact on an individual's daily life, both physically and mentally (NHS, 2022). According to the International Classification of Diseases, generalized anxiety is a persistent condition that is not limited to any particular environmental circumstance. Anxiety can be classified as a neurosis, reaction, or state. (World Health Organisation, 2010)

Classification of General Anxiety Disorder within ICD-10

Generalized Anxiety Disorder (GAD) is classified under the broader category of 'F40-F48 Neurotic, stress-related and somatoform disorders' and specifically falls under the subcategory of F41.1. (World Health Organisation, 2010)

People suffering general anxiety disorder in the UK.

The prevalence of anxiety as a mental health condition in the United Kingdom is documented in a report by the Mental Health Foundation. An estimated 5–19% of the population will develop Generalised Anxiety Disorder (GAD) at some stage in their lives. This condition is characterised by feelings of apprehension, fear, and unease, and can have a substantial impact on an individual's daily functioning. Individuals afflicted with anxiety must urgently seek appropriate assistance, including medication, therapy, or other treatment modalities. Establishing a supportive and inclusive workplace atmosphere is critical for safeguarding the welfare of personnel. (Pindar, 2024)

Causes of anxiety (Aetiology)

Anxiety is a multifactorial disorder with numerous potential causes. An individual's susceptibility to anxiety may be deduced in part from genetics, which is one of the most influential factors. Anxiety symptoms may be caused or exacerbated by neurotransmitter imbalances, such as those involving serotonin and dopamine, which are components of the brain chemistry that may also play a role. Moreover, Anxiety can be induced in vulnerable individuals by environmental stressors, including but not limited to work-related obligations, financial challenges, and partner problems. Abuse, neglect, or the bereavement of a

significant other are examples of traumatic life events that can contribute to the development of anxiety disorders by leaving permanent emotional scars. It is crucial to collaborate with a mental health professional in order to identify the root cause of your anxiety and develop an individualised treatment strategy that will assist you in effectively managing your symptoms. (Gottschalk & Domschke, 2017)

Signs and Symptoms of GAD

Individuals with Generalised Anxiety Disorder (GAD) encounter an intense and pervasive feeling of apprehension and dread, even in the absence of any discernible cause for anxiety. The intensity of this anxiety can be so extreme that it hinders their ability to carry out their daily routines, causing difficulties in focusing, sleeping, and deriving pleasure from regular activities. Common manifestations of Generalised Anxiety Disorder (GAD) encompass restlessness, fatigue, impaired concentration, irritability, muscle tension, and sleep disturbances. Individuals with Generalised Anxiety Disorder (GAD) may also manifest physiological manifestations including migraines, gastrointestinal distress, perspiration, and tremors. (Munir & Takov, 2022) Generalised Anxiety Disorder (GAD) is a severe condition that has a profound negative effect on an individual's overall well-being. Nevertheless, individuals diagnosed with Generalised Anxiety Disorder (GAD) can acquire the necessary therapy to effectively control their symptoms and lead a productive and satisfying existence. It is crucial to seek professional assistance if you or someone you know is displaying symptoms of Generalised Anxiety Disorder (GAD) in order to obtain an accurate diagnosis and receive suitable treatment.

When anxiety can be diagnosed

Anxiety is a prevalent psychological disorder that can manifest in various forms. It can induce emotions of dread, concern, and unease that can be challenging to control and disrupt daily functioning. If you have been consistently experiencing symptoms of anxiety, such as restlessness, irritability, difficulty concentrating, muscle tension, or sleep disturbances, it is crucial to seek assistance from a professional. Generalised Anxiety Disorder (GAD) is a distinct form of anxiety disorder that is diagnosed when an individual has exhibited these symptoms consistently for a minimum of six months (Gottschalk & Domschke, 2017). Consulting a mental health professional can facilitate the evaluation of your symptoms and offer a personalised diagnosis and treatment plan to address your specific requirements. It is crucial to prioritise the maintenance of your mental well-being on par with your physical well-being. In order to assist with the diagnosis, a general practitioner (GP) may perform a physical examination or order blood tests to eliminate the possibility of other conditions that may be causing the symptoms. These conditions could include

anaemia (a deficiency in iron, vitamin B12, or folate) or hyperthyroidism (an overactive thyroid gland). Patients may also be asked to complete questionnaires.

Current treatment for GAD

GAD is amenable to a variety of treatment modalities, including psychotherapy, medication, and self-help techniques. Prescriptions for GAD frequently involve antidepressants and anti-anxiety medications. Although these medications have the potential to alleviate symptoms of anxiety, they may also induce nausea, dizziness, drowsiness, and somnolence. Additionally, their efficacy may vary among individuals and their initiation may require a number of weeks. Additionally, cognitive-behavioural therapy (CBT), which is therapy in particular, is an effective treatment option for GAD. CBT assists individuals in recognising and altering anxious-inducing negative thought patterns and behaviours. It is capable of being performed both individually and in a group, and its benefits have been demonstrated to endure. In addition to exercise, mindfulness, and relaxation techniques, self-help methods such as these may be useful in the management of GAD symptoms. (Mental, 2024)

Notably, the severity of GAD can differ significantly between individuals, and treatment strategies should be customised to meet the specific requirements of each person. A healthcare professional can assist in determining the most efficacious treatment regimen in consideration of the individual's unique symptoms and circumstances, as well as the severity of GAD.

The 'Generalised Anxiety Disorder Questionnaire (GAD-7)' is one of the rehab assessment tools utilised in GAD. (refer to Appendix A).

Recommendations for improvement of anxiety

Anxiety is a prevalent problem that affects numerous individuals and can have a substantial influence on their overall state of being. Various evidence-based strategies, such as regular exercise, relaxation techniques, and good sleep hygiene, can effectively manage symptoms of anxiety. It is crucial to be conscious of one's consumption of caffeine and alcohol, as these substances have the potential to exacerbate symptoms of anxiety. In addition, employing positive affirmations to counter negative thoughts can be an effective strategy for coping with anxiety. (Bandelow, et al., 2017) If the symptoms of anxiety are significantly disrupting one's daily activities, it is advisable to seek assistance from a qualified therapist or counsellor.

Principles of care for people with generalised anxiety disorder (NICE)

The National Institute for Health and Care Excellence (NICE) provides guidelines outlining the recommended principles of care for individuals diagnosed with Generalised Anxiety

Disorder (GAD).

1. Provide details regarding Generalised Anxiety Disorder (GAD) and the various treatment options, which encompass self-help techniques and psychological therapies.
2. Engage the individual in the process of designing their treatment plan, considering their preferences, requirements, and objectives.
3. It is recommended to provide individual cognitive behavioural therapy (CBT) as the initial treatment for generalised anxiety disorder (GAD).
4. Contemplate providing group Cognitive Behavioural Therapy (CBT) or a supervised self-help programme for individuals who are unable or reluctant to engage in one-on-one CBT sessions.

It is crucial to acknowledge that these principles serve as broad recommendations, and the most suitable course of treatment will vary based on the individual's specific circumstances and requirements. Hence, it is imperative to seek guidance and assistance from a healthcare professional for tailored advice and support. (National Institute for Health and Care Excellent, 2011)

Schizophrenia

Schizophrenia is a serious mental illness that affects a person's thoughts, feelings, and behaviour. It is a chronic condition that can cause delusions, hallucinations, disordered thinking, and other symptoms that can make it difficult for people to function in their daily lives. According to IC-10 Schizophrenic disorders are characterized by profound and noticeable distortions of perception and thought, as well as inappropriate or reduced emotions. Although clear consciousness and intellectual ability are typically preserved, specific cognitive impairments may develop over time. (World Health Organisation, 2010)

Statistic people suffering Schizophrenia.

The World Health Organisation (WHO) estimates that schizophrenia affects around 20 million individuals globally, or 0.3% to 0.7% of the total population. An estimated one in one hundred individuals in the United Kingdom will be diagnosed with schizophrenia at some stage in their lives. A person with schizophrenia must contend with a severe and chronic mental health condition that impairs rational thought, emotion, and behaviour. Schizophrenia is characterised by distressing symptoms, which frequently consist of delusions, hallucinations, and thought disorders. Although schizophrenia can affect anyone, it typically manifests in individuals between the ages of 16 and 30. Additionally, the incidence of schizophrenia is marginally higher among men than among women. (World Health Organisation, 2022)

classification Schizophrenia within the ICD –10

Physicians employ the International Classification of Diseases, Tenth Revision (ICD-10) as a framework for coding and categorising all diagnoses, symptoms, and procedures that are pertinent to the processing of claims. Schizophrenia is categorised as F20-29. (World Health Organisation, 2010)

Causes Schizophrenia (Aetiology)

The aetiology of schizophrenia, a mental disorder, remains incompletely understood. Nevertheless, it is widely accepted that the interplay of genetic, environmental, and brain chemistry factors may play a role in the onset of this psychiatric disorder. Research indicates that there is a potential genetic predisposition to schizophrenia, as it has a tendency to be hereditary. Environmental factors, such as prenatal exposure to viruses or toxins, may also contribute. Moreover, there is a correlation between schizophrenia and disparities in specific neurotransmitters in the brain, such as dopamine and glutamate. (Gejman, et al., 2011) Nevertheless, the precise aetiology of schizophrenia continues to be the subject of ongoing research and investigation.

Signs/Symptoms Schizophrenia

Schizophrenia is a psychiatric condition that impacts cognitive processes, emotional experiences, and behavioural patterns. Common manifestations of schizophrenia may encompass the following signs and symptoms:

- Delusions refer to erroneous beliefs that lack a basis in reality.
- Hallucinations, which refer to perceiving
- Impaired ability to focus or concentrate - Decreased motivation or interest in socializing - Avoidance of social interactions or isolation . It is crucial to acknowledge that the symptoms of schizophrenia can differ among individuals and may evolve over time. If you or someone you are acquainted with is encountering any of these indications, it is crucial to promptly seek medical assistance and seek support from a mental health specialist. (Tahir Rahman, 2016)

Diagnosis Schizophrenia

A mental health professional, such as a psychiatrist or psychologist, conducts a comprehensive evaluation of the patient's symptoms, medical history, and family history in order to diagnose schizophrenia. Psychological evaluations, laboratory analyses, and physical examinations may be included in the evaluation. Additionally, the mental health practitioner will evaluate the individual's functional capacity and capability to engage in routine tasks. The mental health professional will ascertain whether the patient satisfies the

diagnostic and statistical criteria for schizophrenia as outlined in the DSM-5 once all pertinent information has been collected. (C.P., et al., 2024)

Current treatments

Typically, schizophrenia is managed through a combination of pharmacotherapy and psychotherapy. Medications that induce antipsychotic effects are the mainstay of treatment for hallucinations and delusions. Antipsychotic medications that are frequently prescribed include, among others, risperidone, olanzapine, and aripiprazole. Additionally, family therapy and cognitive behavioural therapy (CBT) may be of assistance in assisting those with schizophrenia to better manage their symptoms and enhance their quality of life.

Additionally, modifying one's lifestyle to include a balanced diet, regular exercise, and abstinence from alcohol and drugs can aid in the management of symptoms. Close collaboration between individuals diagnosed with schizophrenia and their healthcare provider is of utmost importance in order to develop an individualised treatment plan that addresses their unique needs. (C.P., et al., 2024)

(REFER TO APPENDIX B).

Guidance and principle of care NICE

The following are components of the principles of care for patients with schizophrenia:

1. Person-centered care: Healthcare practitioners ought to collaborate with patients in order to formulate a treatment regimen that considers their unique requirements, inclinations, and objectives.

2. Shared decision-making: Healthcare professionals should deliver comprehensive information to patients regarding the advantages and disadvantages .

3. Psychological interventions: Patients should be offered psychological therapies such as cognitive behavioural therapy (CBT) and family therapy, which have demonstrated efficacy in the treatment of schizophrenia.

4, Pharmacotherapy: The cornerstone of schizophrenia treatment is antipsychotic medication; therefore, healthcare practitioners ought to collaborate with patients in order to identify the most efficacious drug with the fewest adverse effects.

5. Recovery-oriented care. Healthcare professionals can guarantee that patients diagnosed with schizophrenia receive optimal treatment and support in managing their condition by adhering to these principles of care. (National Institute for Health and Care Excellent, 2011)

Recommendations for improvement of Schizophrenia

A number of treatment options exist that have the potential to alleviate symptoms and improve the overall quality of life for individuals afflicted with the condition.

1. Antipsychotic medications are frequently prescribed for the treatment of schizophrenia. Assisting in the mitigation of symptoms including hallucinations, delusions, and disordered thinking, these medications may be of assistance.
2. Treatment: Cognitive-behavioural therapy (CBT) and other forms of psychotherapy can assist people with schizophrenia in coping with their symptoms and enhancing their quality of life.
3. Support groups: Support groups offer individuals with schizophrenia a secure and encouraging setting to establish connections with others who are undergoing comparable circumstances.
4. Habits of living: Incorporating healthy lifestyle choices into one's daily routine, including sufficient rest, physical activity, and nutrition, can contribute to an enhanced state of health and overall wellness. Intoxicants and drugs should also be avoided, as they have the potential to exacerbate symptoms and impede treatment.
5. Family education: Sophisticated family members and close friends can be better equipped to offer support to a loved one with schizophrenia if they are educated about the disorder. (World Health Organisation, 2022) Useful link <https://livingwithschizophreniauk.org/>

Autism

Autism, also known as autism spectrum disorder (ASD), is a condition that affects the development of communication, social interaction, and behaviour. Autistic individuals may encounter challenges in social interactions, repetitive behaviours, and both verbal and nonverbal communication. Being a spectrum disorder, the intensity of symptoms can greatly differ among individuals. Although there is presently no established remedy for autism, prompt identification and intervention can greatly enhance the results for individuals impacted by the condition. (World Health Organisation, 2010)

Classification within the ICD –10

The classification of Autism falls under Disorders of Psychological Development (ICD, 2010) with the code F80-F89. (World Health Organisation, 2010)

Data related to percentage of children with autism in the world and UK.

According to the World Health Organisation (WHO), the prevalence of autism spectrum disorder (ASD) in children worldwide is approximately 1 in 160. The National Autistic Society in the UK approximates that there are approximately 700,000 individuals with autism, representing roughly 1% of the population. There is no definitive evidence indicating a higher prevalence of autism in one gender compared to the other. Nevertheless, research has indicated that the incidence of autism diagnosis is higher in males compared to females. According to the Centres for Disease Control and Prevention (CDC), the prevalence of autism spectrum disorder (ASD) is approximately four times higher in boys compared to girls. It is crucial to acknowledge that autism can manifest in various ways among individuals, and its symptoms can vary in intensity from mild to severe. (world Health Organisation, 2023)

Causes Autism (Aetiology)

Although the precise aetiology of autism remains unknown, it is hypothesised that a confluence of genetic and environmental influences contributes to the condition. Research has indicated that specific genes might be associated with an increased susceptibility to autism; furthermore, environmental influences, including prenatal exposure to toxins or infections, may exert an impact. Furthermore, there are researchers who posit that early childhood disruptions in brain development might play a role in the aetiology of autism. However, further investigation is required in order to comprehensively comprehend the intricate aetiology of this condition. (world Health Organisation, 2023)

Signs /symptoms Autism

Autism is a neurodevelopmental disorder that impairs an individual's communication skills, social interaction, and ability to behave appropriately in social settings. Common indicators of autism encompass delayed or absent speech, challenges in establishing eye contact, repetitive actions, difficulties in comprehending social cues, and heightened sensitivity to sensory stimuli. Nevertheless, it is crucial to acknowledge that the intensity and presentation of these symptoms can differ among individuals. (world Health Organisation, 2023)

Diagnosis

Urgently consult a healthcare professional if you have any reason to believe that you or your child may be affected by autism. One may contemplate seeking guidance from a health visitor (for children under the age of five), a general practitioner (GP), or any other healthcare specialist (e.g., a therapist or another physician) that you or your child are

currently attending to. Conversely, you may inquire with the special educational needs coordinators (SENCOs) at your child's institution whether they would advise you to undergo an autism evaluation.

Autism assessments are performed by a group of specialists who have received specialised training in the diagnosis and treatment of autism. It is the only method by which autism in yourself or your child can be diagnosed. An assessment process is initiated by a group of experts who may inquire about any difficulties you or your child may be experiencing, observe your child's social interactions, and conduct interviews with people who are intimately acquainted with you or your child, including family members, friends, your general practitioner, or your child's educators.

During the evaluation of children, it may be necessary to inquire about their developmental milestones, observe their play and interactions, and review reports provided by their general practitioner, nursery, or school.

You will receive a report at the conclusion of the assessment that will specify whether your child or you have autism. (NHS, 2022)

Current treatments for Autism

Medication, dietary interventions, behavioural therapy, communication therapy, and sensory integration therapy are some of the most frequently employed treatments. A prevalent method, behavioural therapy, including Applied Behaviour Analysis (ABA), aims to enhance social interactions, behaviour, and communication abilities. Individuals with ASD benefit from communication therapies, including speech therapy and social skills training, which aid in the development of their language and communication abilities. The objective of sensory integration therapy is to assist people with ASD in more adaptively processing and responding to sensory information, including touch, sound, and light. Antidepressants or antipsychotics might be prescribed for the treatment of specific symptoms associated with autism spectrum disorder (ASD), including anxiety, depression, or aggression.. (National Center on Birth Defects and Developmental Disabilities, Centers for Disease Control and Prevention, 2022)

Recommendations

Intervention at an early stage is critical for autism. The more promptly a child is diagnosed and initiated treatment, the more favourable the prognosis for substantial advancements. A prevalent treatment for autism, applied behaviour analysis (ABA) focuses on behavioural improvement and the instruction of new skills via positive reinforcement. Additionally, speech therapy can be advantageous for autistic individuals who have difficulty communicating. Occupational therapy can facilitate the development of daily living skills and assist with sensory issues, whereas social skills groups can improve social interactions. A healthy

lifestyle, in conjunction with therapy, may prove beneficial for individuals diagnosed with autism. In addition to quality sleep, a balanced diet and regular exercise can all contribute to an individual's enhanced health and well-being. (Hodges, et al., 2020) It is crucial to recognise that each autistic individual is unique, and what is effective for one may not be effective for another. Collaboration with healthcare professionals and therapists is imperative in order to formulate an individualised treatment strategy that caters to the unique requirements of the autistic individual.

Guidance and principle of care patient with Autism- NICE

Healthcare professionals who are involved in the care of patients with autism can obtain guidance and principles of care from the National Institute for Health and Care Excellence (NICE). The purpose of the guidance is to boost the quality of life for people with autism by providing recommendations for diagnosis, management, and treatment that are supported by evidence. The principles of care include the significance of person-centered care, patient and family involvement in decision-making, and consideration of each patient's unique needs and preferences. A multidisciplinary approach is recommended of healthcare professionals, in which they collaborate with a variety of specialists to deliver coordinated and comprehensive care. Healthcare professionals can ensure the delivery of effective and compassionate care for individuals with autism by adhering to these prescribed guidelines. (National Institute of Health and Care Excellence, 2012)

Conclusion

Based on the information presented in the report, it can be concluded that the classification, diagnosis, treatment, and rehabilitation measures for General Anxiety Disorder, Schizophrenia, and Autism are complex and multifaceted. The report provides a thorough analysis of these mental disorders, highlighting the different symptoms, causes, and treatment options available. Overall, the report emphasizes the importance of a holistic approach to mental health, which includes early diagnosis, tailored treatment plans, and ongoing support for patients and their families.

References

- National Center on Birth Defects and Developmental Disabilities, Centers for Disease Control and Prevention, 2022. *Treatment and Intervention Services for Autism Spectrum Disorder*. [Online] Available at: <https://www.cdc.gov/ncbddd/autism/treatment.html> [Accessed 1 May 2024].
- Bandelow, B., Michaelis, S. & Wedekind, D., 2017. Treatment of anxiety disorders. *National Library of Medicine*, pp. 93-17.
- C.P., S., WilliamsMatt McMillen & Mitchell, K., 2024. *Schizophrenia Exams and Diagnostic Tests*. [Online] Available at: <https://www.webmd.com/schizophrenia/diagnostic-tests-schizophrenia> [Accessed 1 May 2024].
- Gejman, P., Sanders, A. & Duan, J., 2011. *National Library of Medicine* , pp. 35-66.
- Gottschalk, M. G. & Domschke, K., 2017. Genetics of generalized anxiety disorder and related traits. *National Library of Medicine* , Volume 1, pp. 159-168.
- Hodges, H., Fealko, C. & Soarescorresponding, N., 2020. Autism spectrum disorder: definition, epidemiology, causes, and clinical evaluation. *National* , pp. 55-65.
- Mental, 2024. *Generalised anxiety disorder diagnosis*. [Online] Available at: https://mentalhealth-uk.org/help-and-information/conditions/generalised-anxiety-disorder/diagnosis/?gad_source=1&gclid=Cj0KCQjwltKxBhDMARIsAG8KnqXEx9h4MDq8ZtCds2EXGE O 5qSps-wQsGf3rX B9lhHMMQwizqEhHcaAITKEALw wCB&gclsrc=aw.ds [Accessed 2 May 2024].
- Munir, S. & Takov, V., 2022. *Generalized Anxiety Disorder*. s.l.:StatPearls Publishing.
- National Institute for Health and Care Excellent, 2011. Generalised anxiety disorder and panic disorder in adults: management. *NICE guidance*, Volume 1.
- National Institute of Health and Care Excellence, 2012. *Autism spectrum disorder in adults: diagnosis and management*. [Online] Available at: <https://www.nice.org.uk/guidance/cg142> [Accessed 1 May 2024].
- NHS, 2022. *How to get an autism assessment*. [Online] Available at: <https://www.nhs.uk/conditions/autism/getting-diagnosed/how-to-get-diagnosed/> [Accessed 1 May 2024].
- Pindar, J., 2024. *Anxiety Statistics UK: 2023*. [Online] Available at: <https://championhealth.co.uk/insights/anxiety-statistics/> [Accessed 1 May 2024].
- Tahir Rahman, M. a. a. J. L. M., 2016. Schizophrenia: An Overview. *National Library of Medicine* , Volume 1, pp. 300-307.
- World Health Organisation, 2010. *WHO ICD-10 VERSION*. [Online] Available at: <https://icd.who.int/browse10/2019/en#/V> [Accessed 1 May 2024].

World Health Organisation, 2022. *Schizophrenia*. [Online]

Available at: <https://www.who.int/news-room/fact-sheets/detail/schizophrenia>

[Accessed 1 May 2024].

World Health Organisation, 2023. *Autism*. [Online]

Available at: <https://www.who.int/news-room/fact-sheets/detail/autism-spectrum-disorders>

[Accessed 1 MAY 2024].

Appendix A: Generalised Anxiety Disorder Questionnaire GAD –7.

generalised anxiety disorder (GAD).^[1,2]

Generalised Anxiety Disorder Questionnaire (GAD-7)	
Over the last 2 weeks, how often have you been bothered by any of the following problems?	
Feeling nervous, anxious or on edge?	Not at all Several days More than half the days Nearly every day
Not being able to stop or control worrying?	Not at all Several days More than half the days Nearly every day
Worrying too much about different things?	Not at all Several days More than half the days Nearly every day
Trouble relaxing?	Not at all Several days More than half the days Nearly every day
Being so restless that it is hard to sit still?	Not at all Several days More than half the days Nearly every day
Becoming easily annoyed or irritable?	Not at all Several days More than half the days Nearly every day
Feeling afraid as if something awful might happen?	Not at all Several days More than half the days Nearly every day
Total= /21	

Appendix B: Indicators for rehabilitative care:

'Quality Indicator for Rehabilitative Care (QuIRC-SA)'

The indicators to be considered are the these:

'Living Environment',

'Therapeutic Environment',

Treatments and Interventions,

Self-Management and Autonomy,

Social Interface,

Human Rights

Recovery Based Practice.

Appendix C

	STUDY PERIOD						
	Enrolment	Baseline	Allocation	Post-allocation			Close-out
TIMEPOINT	T ₁ ~ -2 weeks	T ₂ ~ -1 week		T ₃ + 3 month	T ₄ + 6 month	T ₅ + 9 month	T ₆ + 12 month
ENROLMENT:							
Eligibility screen (ADI-R, ADOS-2, cognitive Assessments)	X						
Informed consent	X						
Allocation			X				
INTERVENTIONS:							
Frankfurt early intervention program (A-FFIP)				←————→			————→
Early Intervention as usual (EIAU)				←————→			————→
ASSESSMENTS:							
Primary Objectives							
BOSCC		X			X		X
Secondary Objectives							
ADOS-2	X				X		X
Bayley-III / WPPSI-III	X						X
SRS-16 (Parents [P])		X		X	X	X	X
SRS-16 (Kindergarten [K])		X			X		X
RBS-R (P)		X		X	X	X	X
RBS-R (K)		X			X		X
CBCL 1 ½-5 (P)		X		X	X	X	X
C-TRF (K)		X			X		X
BRIEF-P (P)		X		X	X	X	X
BRIEF-P (K)		X			X		X
PSOC (P)		X		X	X	X	X
DASS-21 (P)		X		X	X	X	X
FQOLS-2006 IDD (P)		X		X	X	X	X
Mediating Mechanisms							
ESCS		X		X	X	X	
DCMA		X		X	X	X	
Bayley-III subscales				X	X	X	
Moderating Mechanisms							
Eye-Tracking		X			X		X
Adherence and Fidelity							
PATCS				weekly			
A-FFIP documentation				After every session			

