

VOLUME II OF II

STATE OF SOUTH CAROLINA

In The Court of Appeals

APPEAL FROM RICHLAND COUNTY

G. Thomas Cooper, Circuit Court Judge

THE STATE,

RESPONDENT,

V.

CHARLES M. DEVEAUX,

APPELLANT

APPELLATE CASE NO. 2011-202734

RECORD ON APPEAL

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RECEIVED

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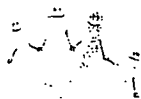
SC Court of Appeals

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SOUTH CAROLINA
Children's Advocates
Medical Response System

Child Maltreatment Protocol

Child's Name ChildDate of Birth

AGENCIES INVOLVED

DSS County Richland County DSSCase Worker Jewel TaylorPhone Number 714-7352Alternate Phone Number LE Agency Richland County Sheriff DepartmentOfficer Inv. Rob MartinCase Number 0807116611Phone Number 576-3070Alternate Phone Number Referral Source (if different from above) Agency Phone Number

ASSESSMENT & RESOURCE CENTER
The Children's Advocacy Center of Richland County

Child's Name:

Minor

Appointment Date:

July 23, 2008

Provider Names:

Ray OlzewskiSusan Libecoff, MD

We suggest the following for your assistance:

- Referred for therapy. Heather Smith will contact you with more information.
- Cooperate with DSS and LE investigation.
- No contact with her father at this time.

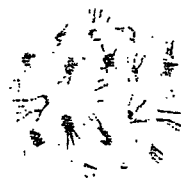
Follow-up Date: _____

If you have any questions or problems with these referrals
please call and ask for our Victim Advocate at (803) 898-1470.

If therapy has been recommended,
please have your child's therapist request records from the ARC.

ARC (803) 898-1470
Fax (803) 898-1471

PO BOX 119
THE WILSON BUILDING
COLUMBIA, SC 29202



NATIONAL
CHILDREN'S
ALLIANCE

SOUTH CAROLINA
Child Welfare Division
Medical Response System

Child Maltreatment Protocol

DEMOGRAPHICS

Child's Name MINDZ
Last First Middle Initial

DOB Month Day Year Age Gender ☐ Male ☒ Female

Child Brought By Kathy Myers Relationship to Child Mother

Race

☐ American Indian/Alaska Native ☒ Black/African American ☐ Pacific Islander
☐ Asian ☐ Multiracial ☐ White/Caucasian
☐ Biracial ☐ Other: Specify _____

Ethnicity

☐ Hispanic ☒ Non-Hispanic ☐ Other: Specify _____

County of Residence Richland If Other, please specify: _____

Insurance Information

☒ SOVA ☐ Medicaid ☐ Other Third Party Payor ☐ Self Pay ☐ Other: Specify _____

SERVICES PROVIDED

Date of Medical Evaluation Month 7 Day 23 Year 2008

Healthcare Provider Luberoff, Susan If Other, please specify: _____

Facility Where Services Provided Assessment & Resource Center If Other, please specify: _____

Forensic Interview

☐ No ☒ Yes If yes: Date Month 7 Day 23 Year 2008

Outcome of Forensic Interview

☒ Clear disclosure of abuse ☐ Problematic disclosure
☐ No disclosure ☐ Problematic non-disclosure

REFERRAL BACKGROUND

Referral/Intake Date Month 7 Day 16 Year 2008

09/20/07
Rev. 03/28/08
Rev. 05/20/08

Healthcare Provider's Initials SL
Date of Evaluation 7-23-08
Page 1 of 12

Child's Name

Minor

DOB

REFERRAL BACKGROUND (CONT.)

Referral Source

☒ DSS☐ Community Physician☐ Pediatrician☐ Family Practice☐ Other: Specify☐ Mental Healthcare Provider☐ Self-Referral☐ LE☐ Community/Children's Hospital House Staff☐ Emergency Department ☐ Orthopedics☐ General Pediatrics☐ PICU☐ Neurosurgery☐ Trauma Services☐ Other: Specify☐ Other: Specify

Reason for Referral (check all that apply)

☒ Sexual Abuse☐ Anal/Penile Penetration

Last Incident:

☐ < 72 hrs☐ > 10 days☐ > 72 hrs - 10 days ☐ Undetermined☐ Digital Penetration

Last Incident:

☐ < 72 hrs☐ > 10 days☐ > 72 hrs - 10 days ☐ Undetermined☒ Fondling☐ Genital Blisters/Vesicles/Ulcers☐ Genital Warts☐ Oral-Genital Contact☐ Other Child in Household With an STD☐ Penile Discharge☐ Rectal Bleeding☐ Sexualized Behavior☐ STD (Gonorrhea, Chlamydia, Syphilis)☐ Threat of Harm☐ Vaginal Bleeding/Gynecological Trauma☐ Vaginal Discharge☐ Vaginal/Penile Penetration

Last Incident:

☐ < 72 hrs☐ > 10 days☐ > 72 hrs - 10 days ☐ Undetermined☐ Other: Specify☐ Physical Abuse☐ Abdominal Injury☐ Bruise☐ Fracture☐ Laceration/wound☐ Threat of Harm☐ Abrasion/Scratch☐ Burn☐ Head injury☐ Scar(s)☐ Other: Specify☐ Neglect☐ Delay in Medical Care☐ Exposure to Parental Substance Abuse☐ Lack of Supervision☐ Drug-Endangered Child☐ Exposure to Pornography☐ Non-Compliance W/ Med. Treatment☐ Removal from Meth Lab☐ Failure to Thrive☐ Physical Neglect☐ Exposure to Domestic Violence☐ Other: Specify☐ Miscellaneous Reasons for Referral☐ Death of Another Sibling/Child in Household Due to Abuse/Neglect☐ Pediatric Condition Falsification☐ Emotional Abuse☐ Witness to Abuse☐ Other: Specify

Comments

Child's Name

MINOR

DOB

CLINICAL HISTORY

Give brief history of allegation as provided by referral source and/or caregiver; please specify. Please indicate alleged perpetrator and relationship to child, if known:

Child C disclosed to her mother and told deputies that her father put his fingers into her vagina and told her not to tell. Her father is a suspect from a Feb. 2007 lewd act on a minor involving a seven year old. That case was not investigated at the request of the child's mother.

Child's Statement

Quote child's words; indicate person(s) present during medical interview and relationship to child:

ARC interview done.

Child's Name

Minor

DOB

SOCIAL HISTORY

check all that apply.☒ Prior history, involvement or report of child abuse and/or neglect (*check all that apply*)☐ Conditions hazardous in home☐ Medical neglect☐ Exposure of child to domestic violence☐ Physical abuse☐ Exposure of child to drug manufacturing☐ Physical neglect☐ Exposure of child to parental substance abuse☒ Sexual abuse☐ Failure to thrive☐ Pregnancy☐ STD☐ Lack of supervision☐ Other: *Specify* _____☐ Prior DSS involvement☐ Prior Law Enforcement involvement☐ Current domestic violence in home☐ Current substance abuse in home☐ Prior history of child abuse in caretaker(s)☐ Mental illness in caretaker☐ Negative pertinent social history

Comments:

DaShawna was about 1 or 2 years old when she was first abused. 2000 child abuse investigation.

no pets

Child's Name

MINOR

DOB

PERTINENT MEDICAL HISTORY

Prior Injuries

☐ No adult caregiver available to provide information☐ Injuries☐ Burns, age: _____☐ Head injuries, age: _____☐ Fractures, age: _____☐ Lacerations with sutures, age: _____☐ Ingestion/poisoning☐ Invasive anogenital diagnostic procedure/surgery, age: _____☒ No history of prior injuries

Comments:

DaShawna is a healthy child, and Eau Claire Pediatrics provides her routine medical care. She was hospitalized with rotavirus at age 1 or 2, at Baptist Hospital.

Co-Morbid Conditions

Has the child been diagnosed with any of the following? (Check all that apply)

☐ ADD/ADHD☐ Developmental Delay☐ Microcephaly☐ Asperger Syndrome/PDD☐ Down's Syndrome☐ Myelodysplasia☐ Autism☐ Gross Motor Delay☐ Oppositional Defiant Disorder☐ Bipolar Disorder☐ Language Disorder☐ PTSD☐ Cerebral Palsy☐ Learning Disability☐ Schizophrenia☐ Conduct Disorder☐ Mental Retardation☐ Seizures☐ Depression☐ Other: Specify _____☒ None

Comments:

Child's Name

MINOR

DOB

REVIEW OF SYSTEMS (ROS)

Behavioral ROS (check all that apply)☐ No adult caregiver available to provide information.☐ Having difficulty sleeping☐ Clinging/whining☐ Fearful of being left alone☐ Sad or crying easily☐ Quiet or withdrawn☐ Hitting/biting siblings/friendsHas child run away from home? ☐ Yes ☐ NoHas child tried to hurt him/herself? ☐ Yes ☐ No☐ Difficulty making/keeping friends☐ Other: *Specify*☒ School performance☒ Excellent☐ Good☐ Average☐ Fair☐ PoorSchool name Southeast Middle

Location

Grade 6☐ Drinking alcohol☐ Using drugs☐ Sexualized behavior☐ Started having sex☐ In trouble with the law☒ No behavioral changes identified

Comments:

Physical ROS (check all that apply)☐ No adult caregiver available to provide information☐ Dysuria☐ Bed wetting ☐ Day ☐ Night☐ UTI How frequent? Last episode?☐ Constipation☐ Soiling of underpants☐ Change in appetite☐ Frequent stomachaches☐ Frequent headaches☐ Genital itching☐ Anal itching☐ Other: *Specify*☐ Genital pain☐ Anal pain☐ Genital bleeding☐ Anal bleeding☐ Vaginal discharge☐ Penile dischargeAge menarche 10 Date of LMP on now☐ Use of contraceptives*Specify*☒ Negative pertinent physical review of systems

Comments:

Child's Name

MINOR

DOB

PHYSICAL EXAMINATION

Person(s) present at examination PA Jones CLS, Laverne Fairnot LPNRelationship to the child ARC staffVital Signs: Pulse 80 Respiratory rate 16 Blood pressure ($\geq$ age 3)Weight 104 %tile Height 63 %tile HC (< age 2) %tile

General Appearance/Demeanor (check all that apply)

☐ Shy ☐ Crying ☒ Cooperative ☐ Hostile ☐ Apprehensive ☐ Withdrawn
☐ Thin ☒ WDNW ☐ Overweight ☒ Clean ☐ Poor Hygiene ☐ Active

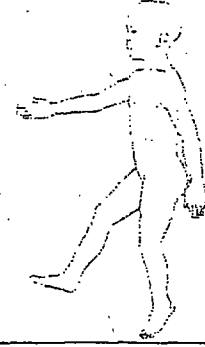
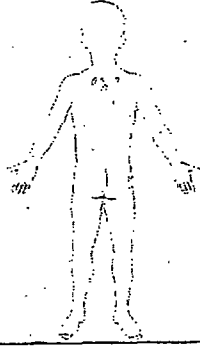
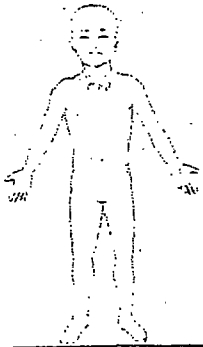
	WNL	ABN	Comments
Development	☒	☐	
Eyes/Fundi	☒	☐	
Ears, Nose, Mouth, Throat	☒	☐	
Lung (Respiratory)	☒	☐	
Heart (Cardiovascular)	☒	☐	
Abdomen (Gastrointestinal)	☒	☐	
Musculoskeletal	☒	☐	
Neurological Exam	☒	☐	
Anus (visual inspection for anal wink, rugae pattern)	☒	☐	

Child's Name

MINOR

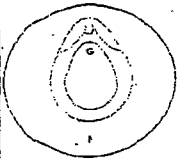
DOB

Document findings on appropriate diagrams, as applicable.

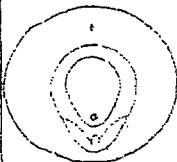
Skin Findings/Comments: ☐ Photos

guttate hyperpigmentation on back and chest

Female Genital Exam Findings

Colposcope: ☐ Exam ☐ Photos
Positioning: ☐ Supine ☐ Prone KC
Other _____

Tanner: PH _____ B _____

Hymen: ☒ Annular ☐ Crescentic
☒ Estrogenized ☐ Fimbriated
☐ Redundant ☐ Septate
☐ Microperforate/imperforate
☐ Other: Specify _____

Comments:

wide, smooth
no discharge except light menstrual flow

Male Genital Exam Findings

Colposcope: ☐ Exam ☐ Photos
Positioning: ☐ Supine ☐ Prone KC
Other _____

Tanner: PH _____ G _____

Circumcision: ☐ Yes ☐ No

Comments:

Healthcare Provider's Initials SCDate of Evaluation 2-23-08

Child's Name

MINOR

DOB

OUTCOME OF MEDICAL EVALUATION

☒ No injuries identified☐ Anogenital Injuries:

- | | | | |
|--|---|--|---|
| ☐ Anus: | ☐ Abrasion | ☐ Erythema/redness | ☐ Scar |
| | ☐ Bruising | ☐ Fissure | ☐ Tear/Laceration, acute |
| ☐ Fossa Navicularis: | ☐ Abrasion | ☐ Erythema/redness | ☐ Scar |
| | ☐ Bruising | ☐ Petechiae | ☐ Tear/Laceration, acute |
| ☐ Hymen: | ☐ Abrasion | ☐ Cleft/Notch | ☐ Petechiae |
| | ☐ Absence of posterior hymen | ☐ Erythema/redness | ☐ Tear, acute |
| | ☐ Bruising | ☐ Hematoma | ☐ Transection, healed |
| ☐ Labia Majora/Minora: | ☐ Abrasion | ☐ Erythema/redness | ☐ Laceration, acute |
| | ☐ Bruising | ☐ Hematoma | ☐ Petechiae |
| ☐ Penis/Scrotum: | ☐ Abrasion | ☐ Erythema/redness | ☐ Petechiae |
| | ☐ Bruising | ☐ Laceration, acute | |
| ☐ Posterior Fourchette: | ☐ Abrasion | ☐ Erythema/redness | ☐ Petechiae |
| | ☐ Bruising | ☐ Laceration, acute | ☐ Scar |

☐ Other: Specify☐ Cutaneous Injuries:☐ Abrasions: Type: (check all that apply) ☐ Non-Patterned ☐ Patterned

- | | | | | |
|------------------------|--|--------------------------------|-------------------------------------|-------------------------------------|
| Location: | ☐ Abdomen | ☐ Chest | ☐ Forearms | ☐ Scalp |
| (check all that apply) | ☐ Back | ☐ Eye | ☐ Lower legs | ☐ Thighs |
| | ☐ Breasts | ☐ Face | ☐ Neck | ☐ Upper arms |
| | ☐ Buttocks | | | |
| | ☐ Other: <u>Specify</u> | | | |

Number of abrasions: ☐ < 5 ☐ 5-10 ☐ 11-15 ☐ > 15☐ Bruises: Type: (check all that apply) ☐ Non-Patterned ☐ Patterned If pattern present: ☐ Human Bite

- | | | | | |
|------------------------|--|--------------------------------|-------------------------------------|-------------------------------------|
| Location: | ☐ Abdomen | ☐ Chest | ☐ Forearms | ☐ Scalp |
| (check all that apply) | ☐ Back | ☐ Eye | ☐ Lower legs | ☐ Thighs |
| | ☐ Breasts | ☐ Face | ☐ Neck | ☐ Upper arms |
| | ☐ Buttocks | | | |
| | ☐ Other: <u>Specify</u> | | | |

Number of bruises: ☐ < 5 ☐ 5-10 ☐ 11-15 ☐ > 15☐ Burn: Contact Pattern: ☐ Yes ☐ No If yes: ☐ Cigarette ☐ Iron ☐ Other hot objectScald: ☐ Yes ☐ No If yes: ☐ Immersion ☐ SpillCaustic/Chemical Burn: ☐ Yes ☐ NoDegree: (check all that apply) ☐ First (Superficial) ☐ Second (Partial Thickness) ☐ Third (Full Thickness)☐ Laceration/wound:

- | | | | | |
|------------------------|--|--------------------------------|-------------------------------------|-------------------------------------|
| Location: | ☐ Abdomen | ☐ Chest | ☐ Forearms | ☐ Scalp |
| (check all that apply) | ☐ Back | ☐ Eye | ☐ Lower legs | ☐ Thighs |
| | ☐ Breasts | ☐ Face | ☐ Neck | ☐ Upper arms |
| | ☐ Buttocks | | | |
| | ☐ Other: <u>Specify</u> | | | |

Number of lacerations/wounds: ☐ < 5 ☐ 5-10 ☐ 11-15 ☐ > 15

Child's Name

MINOR

DOB

OUTCOME OF MEDICAL EVALUATION (CONT.)

Scars: Type: ☐ Patterned ☐ Non-PatternedSelf-Mutilation: ☐ Yes ☐ No

Location: ☐ Abdomen ☐ Chest ☐ Forearms ☐ Scalp
 (check all that apply) ☐ Back ☐ Eye ☐ Lower legs ☐ Thighs
☐ Breasts ☐ Face ☐ Neck ☐ Upper arms
☐ Buttocks
☐ Other: Specify

Number of scars: ☐ < 5☐ 5-10☐ 11-15☐ > 15☐ Fractures:☐ Clavicle☐ Long Bone Location (check all that apply)☐ Femur☐ Tibia☐ Humerus☐ Other: Specify☐ RadiusCML Present: ☐ Yes ☐ No☐ Ribs Location (check all that apply):☐ Posterior☐ Lateral☐ AnteriorNumber: ☐ Single☐ Multiple☐ Skull Location (check all that apply):☐ Frontal☐ Occipital☐ Parietal☐ TemporalNumber: ☐ Single☐ Multiple☐ Other: Specify☐ Head Injuries:☐ Anoxic/hypoxic brain injury☐ Cortical contusion☐ Retinal hemorrhages☐ Subarachnoid hemorrhage☐ Cephalohematoma☐ Cortical laceration☐ Scalp soft tissue swelling☐ Subgaleal hematoma☐ Cerebral atrophy☐ Epidural hemorrhage☐ Subdural hemorrhage☐ Other: Specify☐ Cerebral edema☐ Extra-axial fluid collections☐ Acute ☐ Chronic☐ Visceral Injuries:☐ Adrenal gland:☐ Contusion☐ Hematoma☐ Laceration☐ Amylase/Lipase elevated☐ Free fluid, peritoneum☐ Hemoperitoneum☐ Kidney:☐ Contusion☐ Hematoma☐ Laceration☐ Liver:☐ Contusion☐ Hematoma☐ Laceration☐ Pancreas:☐ Hematoma☐ Laceration☐ Pancreatitis☐ Pseudocyst☐ Small Intestine:☐ Hematoma, intramural☐ Perforation☐ Stomach:☐ Hematoma, intramural☐ Perforation☐ Transaminases elevated (AST/ALT)☐ Other: Specify☒ Miscellaneous Symptoms/Findings:☐ Anal/rectal pain☐ Labial adhesions☐ Seizures☐ Vaginal foreign body☐ Dental caries/disease☐ Penile discharge☐ Vaginal bleeding☐ Vaginal/genital pain☐ Dysuria☐ Poor physical hygiene☐ Vaginal discharge☐ Venereal warts☐ Failing growth parameters☐ Rectal bleeding☒ Other: Specify tinea versicolor☐ Genital blisters/vesicles/ulcers☐ No miscellaneous symptoms or findings identified☐ Other: Specify

Ild Maltreatment Protocol

Rev. 09/20/07, 03/28/08, 06/20/08

Healthcare Provider's Initials WDate of Evaluation 7-23-08

Child's Name

Minor

DOB

DIAGNOSTIC WORKUP

Laboratory/Imaging Studies (check all that apply):

☒ No Laboratory Studies Ordered☒ No Imaging Studies Ordered

Sexual Abuse Panel

☐ Gonorrhea☐ Culture Results: ☐ Negative☐ Positive☐ NAAT Results: ☐ Negative☐ PositiveSource (check all that apply): ☐ Anus ☐ Pharynx ☐ Urethra ☐ Vagina/Cervix☐ Chlamydia Trachomatis☐ Culture Results: ☐ Negative☐ Positive☐ NAAT Results: ☐ Negative☐ PositiveSource (check all that apply): ☐ Anus ☐ Urethra ☐ Vagina/Cervix☐ Herpes Simplex Virus☐ Culture Results: ☐ Negative☐ Positive☐ PCR Results: ☐ Negative☐ PositiveSpecify: ☐ Type I ☐ Type IISpecify: ☐ Type I ☐ Type II☐ Trichomonas Vaginalis☐ Wet mount Results: ☐ Negative☐ Positive☐ Culture Results: ☐ Negative☐ Positive☐ PCR Results: ☐ Negative☐ Positive☐ HBs Ab☐ HBs Ag☐ HIV☐ Pregnancy test Results: ☐ Negative☐ Positive☐ RPR Results: ☐ Negative☐ Positive☐ Other: Specify _____

Physical Abuse Panel

☐ Amylase/Lipase ☐ CBC w/ platelets☐ AST/ALT ☐ PT/aPTT☐ Other: Specify _____☐ Skeletal Survey ☐ Bone Scan☐ CAT Scan (check all that apply):☐ Head☐ Abdomen☐ Other study: Specify _____☐ MRI, Brain☐ Other imaging study: Specify _____☐ Ophthalmology Exam

Miscellaneous Panel

☐ Urine Toxicology Screen☐ Methamphetamine, positive☐ Other study: Specify _____

Child Maltreatment Protocol

Rev. 09/20/07, 03/28/08, 06/20/08

Healthcare Provider's Initials ESDate of Evaluation 2-23-08

OVERALL MEDICAL ASSESSMENT
(Based on history and physical findings)

Diagnosis & Conclusions:

Normal exam, does not rule out sexual abuse. Tinea versicolor rash.

Miscellaneous Sexually Transmitted Diseases

- | | | |
|--|--|--|
| ☐ Herpetic balanitis | ☐ HPV Condyloma Acuminata | ☐ Trichomonas Vaginalis |
| ☐ Herpetic vulvovaginitis | ☐ Perianal Herpes | |

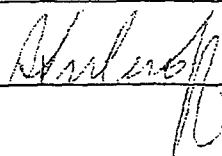
Miscellaneous Diseases/Conditions

- | | | |
|---|--|--|
| ☐ Birth Trauma | ☐ Molluscum Contagiosum | ☐ Streptococcal vulvovaginitis |
| ☐ Candida vulvovaginitis | ☐ Mongolian Spots | ☐ Urethral prolapse |
| ☐ Encopresis | ☐ Obesity | ☐ Urinary Tract Infection |
| ☐ Enuresis | ☐ Osteogenesis Imperfecta | ☐ Vaginitis, non-specific |
| ☐ Glutaric Aciduria | ☐ Perianal streptococcal dermatitis | ☐ Vitamin K Deficiency Bleeding |
| ☐ Hemangioma | ☐ Pinworm | ☐ Von Willebrand's Disease |
| ☐ Impetigo | ☐ Rickets | ☐ Other Specify: _____ |
| ☐ Lichen Sclerosus et Atrophicus | ☐ Straddle injury | |

RECOMMENDATIONS AND TREATMENT

ARC therapy coordinator will assist with therapy referral.
Selsun shampoo 2.5% twice weekly to control tinea versicolor.

Healthcare Provider's
Signature



Date

7.23.08

MENTAL HEALTH CENTER

Initial Clinical Assessment

Date: 01/06/2008

Source of Data: ☒ Client ☒ Family: Kathy Myers - BP☐ School:Referred By: ☐ Self ☐ Court Order: (Type)☐ Old records ☐ Other:☒ Other: ARC

Section A: Identifying Data

Name: (Last) (First) MINOR (MI) K CID# 10169491

Age: DOB: Gender: Female Race: AA Marital Status: Single

Other Identifying Information:

Section B: Perceptions and History of Presenting Problem(s)

Documentation should address the source of information and the following:

(1) What brought client here today (px, sx, hx, duration and stressors)?

Client Response:

"I'm sometimes having nightmares." MINOR described also feeling some anxiety at times.

Family/Guardian (Specify):

Per BP: She sleeps with her room door open, some light on at night. She has an increased appetite but eats smaller portions and she has been keeping food in her room."

Collateral Sources (Specify):

N/A

(2) What are the possible causes? Why does the client think she/he is having these problems/symptoms?

Client Response:

"I'm here to tell you what happened with dad."

Family/Guardian (Specify):

Per BP: "It happened at the end June last year. She had weekend visits with her dad. She told me her dad sexually abused her, putting his fingers in her vagina. She has had no visits since then and there is a restraining order against him. Investigator Martin is working on the case."

Collateral Sources (Specify):

N/A

(3) Who and what area of client's life are affected by this? How does this make client/family member feel about him/herself?

Client Response:

No answer.

Family/Guardian (Specify):

Per BP: "It's hard to say. No noticeable change in her self-esteem. She has no contact with her father."

Collateral Sources (Specify):

N/A

(4) How does client/family think this can be solved? What will help?

Client Response:

No answer.

Family/Guardian (Specify):

Per BP: "I don't want this situation to ruin the rest of her life. So she won't get into negative risk taking behavior -like drugs."

Collateral Sources (Specify):

CID#: 10169491

Section C: Urgent Needs/Risk AssessmentSuicidal Risk: ☒ Denies ☐ Ideas ☐ Plans ☐ Means ☐ Intent ☐ Hx of attempts ☐ Hx in familyHomicidal Risk: ☒ Denies ☐ Ideas ☐ Plans ☐ Means ☐ Intent ☐ Hx of attempts ☐ Hx in familySelf Mutilation: ☒ Denies ☐ Ideas ☐ Plans ☐ Means ☐ Intent ☐ Hx of attempts ☐ Hx in familyOther Risk Taking Behaviors: Past or current (Specify in comments section.): ☒ Denies☐ Driving fast/DUI ☐ Unprotected sex ☐ Gang affiliations ☐ Fire setting ☐ Hx of violence☐ Other**Comments:**

N/A

Steps taken to address urgent needs:

N/A

Section D: History of Mental Health TreatmentA chronological history of all inpatient and outpatient treatment to include location, date of treatment, diagnosis, type of treatment, and how/why ended. ☒ NoneFamily Mental Health History: ☒ None

Describe history and specify relative: _____

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Section E: Trauma History (☐ See Trauma Assessment Form)History of Trauma/Violence/Abuse/Neglect: ☐ None apparent ☐ Signs/sx present, but denies ☒ Acknowledges
☐ Referred for assessmentType of Trauma/Violence/Abuse/Neglect: ☐ None ☒ Sexual ☐ Physical ☐ Emotional ☐ Self/someone else was going to die/be killed
☐ Natural Disaster ☐ Accident (specify): _____Was client: ☒ Victim ☐ Witness ☐ Perpetrator

Describe issues identified: (nightmares, flashbacks, startle reflex, avoidance): _____

Sporadic appetite; nightmares; fear of the dark.

Section F: Substance Use ☒ Denies (go to Family Hx of Substance Abuse)

Substance	Age Started	Frequency/Quantity	Method	Last Use
Alcohol				
Cannabis				
Sedatives (Benzodiazepines, Barbiturates)				
Stimulants (Crack, Cocaine, Methamphetamine, Speed)				
Hallucinogens (LSD, Mushrooms, Mescaline)				
Opiates (Heroin, Codeine, Morphine)				
Inhalants				
Steroids				
Caffeine				
Nicotine				
Other				

Substance Use Treatment (A chronological history of all inpatient and outpatient treatment to include location, dates of treatment, type of treatment, and how/why ended.): _____

Substance Use Experiences:1) Experienced blackouts? ☐ Yes ☐ No If yes, describe: _____2) Withdrawal symptoms (seizures, DT's, etc)? ☐ Yes ☐ No If yes, describe: _____3) Legal involvements related to substance use? ☐ Yes ☐ No If yes, describe: _____4) Is your alcohol/drug use something that needs to be addressed in treatment? ☐ Yes ☐ No If yes, describe: _____5) Family history of substance abuse? ☐ Yes ☒ No If yes, describe: Ms. Myers denies family history of use but cannot confirm that for DaShawna's father.

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Section G: Medical History and Current Status (☐ See Medical Assessment Form)

C = Current problem

H = Client has a history

☐	☒	No physical sx/problems	☐	☐	Kidney/bladder problems	☐	☐	STDs (specify)
☐	☐	Thyroid	☐	☐	Stomach/intestinal problems	☐	☐	Other (specify) _____
☐	☐	Seizures	☐	☐	Serious body/head injury			
☐	☐	Severe headaches/migraines	☐	☐	Heart problems/Hypertension			
☐	☐	TB	☐	☐	Epilepsy			
☐	☐	Cancer (specify): _____	☐	☐	Liver/Hepatitis			
☐	☐	Lung problems	☐	☐	Immune disorder			
☐	☐	Diabetes (specify if juvenile or adult onset)	☐	☐	Surgeries (specify)			
			☐	☐	Allergies: _____			

Females:

Date of last menstrual period: _____

Pregnant? ☐ Yes ☐ No

of pregnancies _____

of living Children _____

Comments: (Describe status of any current physical conditions. Describe any significant history.) None**Significant Family History:**

Maternal side of the family has a history of diabetes.

Medication: (List all current medications: prescribed and OTC, including herbs, vitamins, etc.):

Name of medication	Dosage	Frequency	Why prescribed?	How well does it work?
NONE	NONE	NONE	NONE	NONE

Medication Allergies: None knownAdverse Reactions to Medication: None knownPrimary Care Physician: Eau Claire Peds Phone #: () Date Last Seen: _____none, community resources provided? ☐ Yes ☒ No

CID#: 10169491

Section H: Social, Economic and Cultural

Where were you born and raised?

DaShawna was born in Columbia, SC and has lived there her whole life.

2). Describe your family of origin (who raised you, how many sibling(s), quality of relationships then and now):

MINOR is the only child of her biological mother and father. **MINOR** has 15 year old brother Eric who has a different father. **MINOR** biological father has several children that are grown. Until the disclosure of abuse **MINOR** was having visits with her father and stepmother. **MINOR** s interview revealed sexual abuse by her biological father as well as incidences of being beaten and subsequently locked in a closet. **MINOR** s now has no contact with her biological father and appears to have a positive relationship with her mother.

3). Describe current family/significant relationships (significant other? children? quality of relationships?):

MINOR lives with her mother Kathy, her stepfather John, and her brother Eric. Kathy is married to John.

4). Describe past significant relationships (marriages, divorces, separations, etc.):

MINOR has been separated from contact with her father since the report of abuse. **MINOR** parents were never married.

5). Describe any significant losses/separations of any family members/significant others (including loss of pets, physical functions, limbs, property/possessions, etc.):

None

6). Describe current housing situation (house, mobile home, boarding homes, shelter, homeless, etc.): Any needs?

No needs.

7). Any problems/issues/changes with sex/sexuality? ☐ Yes ☒ No (If yes, describe):

8). Describe current social involvement (activities that you enjoy with others):

"I like to go outside and play with my friends." DaShawna also enjoys "playing basketball and dancing." Per BP: "We play games together... cards, Monopoly, Scrabble."

9). Describe current spiritual/religious involvement:

Christian Apostolic - Good Shepherd Family Worship

10). Describe educational background (how far in school, tech school, college, special ed., special programs, highest level completed):

MINOR attends Southeast Middle School and is in the 6th grade.

11). Describe current and past employment (how long at each job, if on disability, include any military service/type of discharge, etc.):

MINOR is not age appropriate to work. Her mother is a C.N.A. and her stepfather works for the City of Columbia.

If you could work now, what would you be interested in doing?

N/A

12). History of legal involvements (DJJ, charges, jail/prison time, #arrests and #convictions, as well as any current legal problems): ☒ None

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Section I: Child And Adolescent Developmental History

Source of data if other than birth mother: _____

Maternal: Mother's condition while pregnant with the child ☐ Unknown☒ Normal, no health problems ☐ Threatened miscarriage ☐ Bleeding ☐ Toxemia ☐ High BP☐ Diabetes ☐ Frequent nausea/vomitingPregnancy was: ☐ Planned ☒ UnplannedUse of Alcohol: ☐ None ☒ Infrequent ☐ FrequentUse of Nicotine: ☒ None ☐ Less than one pack/day ☐ More than one pack/day ☐ Other useUse of Illegal drugs: ☒ None ☐ Infrequent ☐ Frequent specify: _____Use of Prescription/OTC drugs: ☐ Yes ☒ No specify: _____

Comments: Per BP: "I had the occasional glass of wine while I was pregnant."

Birth: Child's status at time of birth ☐ Unknown☐ Normal ☐ Birth trauma (forceps, breech, prolonged/early labor, cord problems, hypoxia, etc) ☐ NICU ☐ C-Section☐ Single birth ☐ Multiple birth ☐ Low birth weight ☒ Premature ☐ Other complications

Comments: _____

Infancy: Birth to 2 years. ☐ Unknown☒ Contented/happy ☐ Colic ☐ Excessive crying ☐ Overactive ☐ Failure to thrive ☐ Feeding problems

Comments: _____

Early Developmental Stages: W=Within Normal Limits D=Difficulty ☐ Unknown☒ ☐ Motor skills (crawling/walking)☒ ☐ Hearing☒ ☐ Speech development☒ ☐ Vision☒ ☐ Toilet training☒ ☐ Language development☒ ☐ Cognitive development

Comments: _____

Has the child had any major losses/separations from family members/significant persons? ☐ Yes ☒ No

Give approximate age of child and additional information if available: _____

Medical Issues (specify past/current/complications): ☐ Unknown

Yes No

☒ ☐ Regular pediatric preventive (well-baby) care☒ ☐ Immunizations current☐ ☒ Enuresis☐ ☒ Encopresis☐ ☒ Exposure to toxins (i.e. lead, asbestos, etc.) list: _____☒ ☐ Childhood illnesses (measles, mumps, chickenpox, etc.) list: DaShawna has had chickenpox.

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School History ☐ N/ASchool attending: Southeast Middle Grade: 6th Teacher(s): Ms. Lanon - homeroomType of class: ☒ Regular/mainstream ☐ Resource ☐ Gifted ☐ LD ☐ EH ☐ TMH ☐ EMH ☐ Self-contained
Subject(s) _____Rehabilitative/Support Services: ☒ None ☐ PT ☐ OT ☐ Speech ☐ Other, specify: _____Attendance: ☒ Regular attendance ☐ Misses often/excused ☐ Misses often/unexcusedReason for absences: ☒ Illness ☐ Truancy ☐ Other specify: _____Need for discipline: ☒ None/infrequent ☐ Frequent ☐ Office referrals ☐ ISS ☐ OSS ☐ ExpulsionsGrades repeated: ☒ No ☐ Yes specify: _____Performance: ☒ Exceeds ☐ Average ☐ Below averageExtracurricular activities: NoneIf available, would child/parents be willing to participate in school based services? ☐ Yes ☒ No**Behaviors (Check all that apply)**
H=Home S=School

H	S		H	S		H	S	
☐	☐	Appropriate, no problems	☐	☐	Runs/climbs inappropriately	☐	☐	Often defiant
☐	☐	Unable to concentrate, focus	☐	☐	"On the go" or seems driven	☐	☐	Deliberately annoys people
☐	☐	Makes careless mistakes	☐	☐	Talks excessively	☐	☐	Blames others for mistakes
☐	☐	Difficulty sustaining attention	☐	☐	Often blurts out answers	☐	☐	Touchy/easily annoyed
☐	☐	Fails to finish tasks	☐	☐	Difficulty waiting	☐	☐	Angry/resentful
☐	☐	Difficulty organizing	☐	☐	Interrupts/intrudes on others	☐	☐	Spiteful/vindictive
☐	☐	Dislikes complicated tasks	☐	☐	Often loses temper	☐	☐	Bullies/threatens/intimidates
☐	☐	Loses things	☐	☐	Often argues with adults	☐	☐	initiates physical fights
☐	☐	Easily distracted	☐	☐	Often lies	☐	☐	Used weapon to harm others
☐	☐	Often forgetful	☐	☐	Steals	☐	☐	Cruel to animals/people
☐	☐	Often fidgets/squirms	☐	☐	Fire setting	☐	☐	Destruction of property
☐	☐	Leaves seat inappropriately	☐	☐	Violates curfew	☐	☐	Truancy
☐	☐	Excessive anxiety concerning separation from caregivers	☐	☐	Irritable	☐	☐	Oppositional
			☐	☐	Disrespectful	☐	☐	Seems depressed/down

Discipline at home: ☒ Restriction of activities ☐ Time out ☐ Spanking ☒ Other. Describe: BP: "I take things away, make her clean her room, won't allow play."**Social Environment**Peer interactions: ☒ Sociable ☐ Few friends ☒ Same age ☐ Younger ☐ Older ☐ IsolatedCurrent caregiver and relationship to child: MINOR lives with her mother.Issues/concerns re: caregiver/living situation: NoneLegal custody: Ms. Myers has sole custody. MINOR s father (Michael Devaux) was allowed visits but currently is not

Allowed contact per the restraining order.

CID#: 10169491

Section J: Strengths, Needs, Abilities, and Preferences

Strengths: (family, social, spiritual support, hobbies, and attitudes that have helped overcome past crises)
 BP: "She gets very good grades in school. She's smart."

Per Ct: "I'm funny, nice... kids like to be around me."

Needs: (Client's expression of current needs emotional, physical, social, environmental)
 None

Are you currently receiving services from other providers/agencies?
☐ Yes ☒ No

Specify:

Abilities: (Client's ability to follow up with treatment, understand instructions, participate in treatment)
 Per BP: "She likes math."

Per Ct: "I'm good at dancing, basketball, math, computer keyboarding."

Preferences: (appt, day/times, therapist, treatment modality, etc.)

Appointments need to be made on Ms. Myers day off from work and that changes.

Section K: View of Treatment and Discharge

Documentation should include the source and the following:

> What are your expectations?

Client: "I don't know."

Family (specify): Per BP: "I want her to tell you what's going on so you can comfort and encourage her."

> What is your commitment and motivation to treatment?

Client: N/A

Family (specify): No concerns regarding commitment to treatment.

How will you know when you will be ready for discharge?

Client: "I'll be a new person. I'll act different and do different things - be better."

Family (specify): Per BP: "That's hard to say. I'll wait til treatment is over."

Section L: Mental Status Exam

List more than one descriptor if applicable. Elaborate on any problem areas in the space provided.

Appearance & Hygiene ☐ Meticulous ☒ Neat ☒ Clean ☐ Disheveled ☐ Bizarre ☐ Body Odor
 Comments:

Motor Activity

☒ Appropriate to situation ☐ Over-active ☐ Tremor/tics ☐ Poor coordination ☐ Repetitive ☐ Lethargic
 Comments:

Attitude During Interview

☒ Cooperative ☐ Oppositional ☐ Hostile ☐ Dramatic ☐ Guarded ☐ Irritable ☐ Withdrawn
 Comments:

Affect

☒ Appropriate to situation ☐ Blunted ☐ Flat ☐ Tearful ☐ Incongruent ☐ Expansive ☐ Labile
 Comments:

Mood

☐ Happy ☐ Euthymic ☐ Anxious ☐ Depressed ☐ Angry ☐ Hopeless ☐ Suspicious ☒ Passive
 Comments:

Speech

☒ Normal rate and tone ☐ Slow ☐ Fast ☐ Soft ☐ Loud ☐ Pressured ☐ Slurred ☐ Stuttering ☐ Alogia
 Comments:

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Thought Process	☒ Normal, appropriate, coherent, relevant ☐ Loose associations ☐ Flight of ideas ☐ Blocking ☐ Racing ☐ Circumstantial ☐ Tangential ☐ Indecisive ☐ Disorganized ☐ Concrete Comments:
Thought Content	☒ Normal ☐ Phobias ☐ Obsessions ☐ Ideas of hopelessness ☐ Ideas of worthlessness ☐ Paranoia ☐ Persecutory ☐ Suicidal ☐ Homicidal (Note: If suicidal or homicidal, see risk assessment) Comments:
Hallucinations	☒ No evidence ☐ Auditory ☐ Command ☐ Visual ☐ Olfactory ☐ Tactile ☐ Denies Comments:
Delusions	☒ No evidence ☐ Persecutory ☐ Grandeur ☐ Reference ☐ Influence ☐ Somatic ☐ Denies Comments:
Orientation/Level of Consciousness	☒ Alert Oriented to ☒ Person ☒ Place ☒ Time ☐ Situation ☐ Clouded ☐ Confused Comments:
Judgement	☒ Able to make sound decisions ☐ Usually able to make sound decisions ☐ Poor decision-making, adversely affects self ☐ Poor decision-making, adversely affects others Comments:
Insight/Adjustment to Problems/Illness, Disabilities, Disorders	☐ Denies problems/illness ☐ Blames others ☐ Minimizes ☒ Acknowledges & understands ☐ Acknowledges but fails to understand Comments: <i>Minor</i> understands why she is coming to therapy.
Memory (use example)	☒ Intact ☐ Poor remote ☐ Poor recent ☐ Poor immediate Comments:
Concentration & Calculations (use example)	☒ Able to concentrate ☐ Able to do simple math ☐ Easily distracted ☐ Daydreams Comments:
Fund of Knowledge (use example)	☒ Above average ☐ Average ☐ Below average Comments:
Other Pertinent Information: _____	

Sleep Patterns:		Appetite/Eating Patterns:		Energy Levels:	Libido
☐ Adequate	☐ Hypersomnia	☐ Adequate	☐ Purges	☒ Adequate	☒ Adequate
☐ Early awakening	☐ Insomnia	☐ Increased	☐ Binges	☐ Increased	☐ Increased
☐ Short intervals	☐ Sleepwalking	☒ Decreased	☐ Doesn't eat	☐ Decreased	☐ Decreased
☒ Nightmares	☐ Decreased need for sleep	☐ Weight changes: _____ Lbs.		☐ Fatigue	
☐ Other					

Name: DaShawna Anderson

CID#: 10169491

Section M: DSM-IV Diagnosis
(Must include both code and description)

Axis I: 995.53 Sexual Abuse of a Child

Criteria For Dx: Focus of clinical attention is on treating a child victim of abuse. MINOR has experienced nightmares, fear of the dark, and a decreased appetite.

Axis II: v71.09 None

Axis III: None

Axis IV: Victim of sexual abuse

Axis V: 70

Section N: Interpretive Summary

This is a narrative of the data gleaned during the assessment. It should include: ☒ Priorities for treatment, include co-occurring disorders ☒ Justification for treatment ☒ Recommendation(s) for treatment and referrals (including services and their frequencies) ☒ Clinical judgement re: both positive and negative factors likely to affect the client's course of treatment and clinical outcomes. And it could also include: ☒ Current levels of cognitive, emotional, and behavioral functioning ☒ Issues present ☒ Basis for diagnosis ☒ Adjustments to disorder/disabilities.

MINOR is an 11 year old African American female. MINOR currently lives with her mother, her stepfather, and her older brother Eric. DaShawna is in the 6th at Southeast Middle School. MINOR enjoys activities with friends and family. She is loves playing basketball and dancing. DaShawna is intelligent and capable of following through on tasks and assignments.

MINOR alleges that her father sexually abused her one time during a visit to his house. Prior to the next visit MINOR reported the abuse to her mother. MINOR's mother was protective and she has not had contact with her father. MINOR appetite is sporadic and has decreased. Ms. Myers describes hoarding behaviors. MINOR is afraid of the dark and has occasional nightmares. There is a history that DaShawna was beaten by her father and locked away when she was younger, lending to the fear of the dark.

According to the DSM-IV-TR MINOR meets the criteria for a diagnosis of 995.53 Sexual Abuse of a Child. GAF is at 65. MINOR symptoms are minimal. She appears happy and confident. MINOR symptoms do not prohibit daily functioning but the symptoms can be limiting and should be addressed in therapy. MINOR treatment will focus on treating symptoms associated with the abuse. MINOR will participate in Trauma Focused Cognitive Behavioral Therapy (TFCBT), a best practice model for treating victims of trauma. MINOR will have an opportunity to discuss her trauma which may cause her some embarrassment and discomfort. However, processing her trauma will provide her with an opportunity to identify cognitive distortions associated with the abuse. These benefits will outweigh any negative aspect of therapy.

MINOR is not currently receiving services elsewhere and referrals to outside agencies are inappropriate at this time. Referrals will be made as needed.

Assisting Staff's Signature / Title (if applicable):

Date:

Clinician's Signature / Title:

Aimee Phipps, LMSW

Date: 01/16/2008

PLAN OF CARE

ADMISSION DATE: 01/06/09

PAGE 1

CLIENT NAME: MINOR		CLIENT ID #: 10169491	MEDICAID #: (if applicable) 2400490001																	
PRIMARY DIAGNOSIS ADDRESSED IN TX.: CODE AND DESCRIPTION (changes need to be dated and initialed)			OTHER DIAGNOSIS ADDRESSED IN TX.: CODE AND DESCRIPTION (changes need to be dated and initialed)																	
995.53 Sexual Abuse of a Child																				
PROMPTS: Number Goals and Objectives (1., 1A, 1B; 2., 2A, 2B as appropriate) Goals should be in the words of the client, family, and/or stakeholder - list things they would like to achieve, change, or need help with. Objectives should be reflective of the client's expectations, development, culture/ethnicity, tx. team's expectations, understandable to the client & their family as appropriate, appropriate to the DX, and behavioral, measurable, achievable. Interventions at least one for each objective that tells how and what is done to achieve the objective.																				
(MD MUST INITIAL AND DATE ANY ADDED SERVICES OR CHANGES IN FREQUENCY AFTER MD SIGNATURE/AUTHORIZATION BELOW)																				
Per Client: "I'll be a new person. I'll act different and do different things - be better."			TARGET DATE	SERVICES																
1. MINOR will gain the skills to prevent future abuse and reduce her anxiety.																				
1A. Use TF-CBT to provide psychoeducation about abuse, boundaries, and healthy relationships.			06/06/09	ASSMT PRN MHP																
1B. MINOR will develop and implement a safety plan.			06/06/09	SPD PRN MHP																
1C. Using TF-CBT MINOR will learn to identify her thoughts, feelings, and behaviors.			01/06/10	PMA PRN MD																
1D. MINOR will develop five coping skills and demonstrate their use in session and at home.			01/06/10	IND.TX 1 Time Weekly MHP																
1E. Using TF-CBT MINOR will develop a narrative of her trauma experience and will process it in therapy.				FM.TX 1 Time Month MHP																
1F. If appropriate MINOR will share her narrative with her caregiver.			01/06/10	TOW/MON PRN MHP																
			01/06/10																	
<table border="1"> <tr> <td>COPY:</td> <td>CLIENT SIGNATURE AND DATE (Indicates input and copy offered)</td> <td>CLINICIAN SIGNATURE, TITLE AND DATE:</td> <td>PHYSICIAN SIGNATURE, TITLE AND DATE: (confirms medical necessity and appropriateness)</td> </tr> <tr> <td>☐ Accepted ☐ Declined</td> <td></td> <td>Almae Phipps, LMSW 04/06/2009</td> <td><i>[Signature]</i> 04/06/09</td> </tr> <tr> <td>☐ Accepted ☐ Declined</td> <td></td> <td></td> <td></td> </tr> <tr> <td>☐ Accepted ☐ Declined</td> <td></td> <td></td> <td></td> </tr> </table>					COPY:	CLIENT SIGNATURE AND DATE (Indicates input and copy offered)	CLINICIAN SIGNATURE, TITLE AND DATE:	PHYSICIAN SIGNATURE, TITLE AND DATE: (confirms medical necessity and appropriateness)	☐ Accepted ☐ Declined		Almae Phipps, LMSW 04/06/2009	<i>[Signature]</i> 04/06/09	☐ Accepted ☐ Declined				☐ Accepted ☐ Declined			
COPY:	CLIENT SIGNATURE AND DATE (Indicates input and copy offered)	CLINICIAN SIGNATURE, TITLE AND DATE:	PHYSICIAN SIGNATURE, TITLE AND DATE: (confirms medical necessity and appropriateness)																	
☐ Accepted ☐ Declined		Almae Phipps, LMSW 04/06/2009	<i>[Signature]</i> 04/06/09																	
☐ Accepted ☐ Declined																				
☐ Accepted ☐ Declined																				

PLAN OF CARE

PAGE 2

CLIENT NAME:

MINOR

CLIENT ID #:

10169491

Strengths: (programs, institutions, people in client's life that offer support/ motivation)

Caregiver: "She gets very good grads in school. She's smart."

Per MINOR "I'm funny, nice. . . kids like to be around me."

Needs: (treatment or global needs, include legal involvements/requirements, e.g., court ordered to bc.)

NONE

Abilities: (assets/skills of the client that can be used in treatment)

Per Caregiver: "She likes math."

Per MINOR: "I'm good at dancing, basketball, math, computer, keyboarding."

Preferences: (appt. times, therapist, types of treatment, language of preference)

Appointments need to be made on Ms. Myers day off from work and that changes.

Other Service Providers/Referrals: (include co-occurring disabilities/needs beyond the scope of the MHC)

☐ VR ☐ DDSN ☒ DSS ☐ A&D ☐ DHEC ☐ MD ☐ OTHER (list)

Rhynette Sumler

Referral Source Information: ARC

Contact Name: Ray Olszewski

Telephone: 803-898-1470

Other:

*Program:

Discharge/Transition Criteria: (initiated with the client on intake)

MINOR will demonstrate she is able to utilize one of her five coping skills when confronted with a stressor.

MINOR anxiety will decrease and be minimal and situationally appropriate.

Center Use:

Other:

04 / 06 / 09 to 07 / 06 / 09

PROGRESS SUMMARY

(Due at transfer, discharge, and no less often than every 90 days)

Sent GAF: <u>50</u>		Current CAFAS <u>MINOR</u> (optional):		Other Rating:		ID #: 10169491	
Outcome Rating Scale: 1- None 2- Limited 3- Some 4- Significant 5- Accomplished							
Check All Services Received:							
☒ PMA	☐ PMA-APRN	☐ Med Adm	☐ NS	☐ CI	☐ CMHS	☒ ASSMT	☒ SPD
☒ Pmt. Tx.	☐ Gp. Tx.	☒ TCM	☐ CCS	☐ PRS	☐ STAD	☐ PSS	☐ ACT-1
☐ MHS-NOS	☐ BHP-ES	☐ WRAPS-BI	☐ WRAPS-CG	☐ WRAPS-CCS	☐ WRAPS-TDC	☐ BH-DT	☐ ACT-2

Summary: 1. Progress on each goal & tx. Objective (outcome rating and narrative). 2. Clinical justification of the need for continuing treatment by clearly stating how the continuation of services is necessary to treat the disorder or prevent decompensation (the benefit or impact of the services) and / or criteria for discharge to another program or from Center. 3. Plan / recommendation for future treatment. Include client and family feedback; integration of client into the community and changes in treatment planning. For transfer or discharge, list medications / efficacy.

Objective Number	Outcome Rating	
1A	5	MINOR has successfully completed all of her treatment goals and objectives. MINOR used her therapy time to learn about abuse. She learned about healthy physical and emotional relationships. MINOR
1B	5	participated in activities to help understand boundaries in relationships. She developed a safety plan and can identify
1C	5	a minimum of five trusted adults that will protect her.
1D	5	MINOR completed work on identifying thoughts, feelings, and behaviors. She identified her own emotions of anger
1E	5	and sadness regarding the abuse. She developed more than five coping skills to combat negative emotions, and she
1F	5	used those skills both at home and in session. MINOR completed a trauma narrative and shared it with her
		caregiver. She reported feeling "happy" after sharing her narrative with her mother.
		At this time MINOR does not present with any symptoms. She reports getting mad at her brother but the anger is
		age and situation appropriate.
		MINOR completed a psychiatric medical assessment and it was determined that she did not need medication to
		manage her symptoms.
		At this time no further services are needed. I recommend that MINOR be discharged from therapy. She should
		have no contact with the perpetrator. MINOR will receive a follow-up appointment in three months. Should
		MINOR need court preparation, it is recommended that she return to the ARC for those services.

Clinician's Signature and Title:

Aimee Phipps, LMSW

Date:

07/07/2009



ASSESSMENT & RESOURCE CENTER
The Children's Advocacy Center of Richland County
Serving the Midlands

ARC PROGRESS SUMMARY REPORT

Client Name: *MINOR*
DOB:
Admission Date: 01/06/2009
Progress Summary Date: 06/04/2009

TREATMENT GOALS/PROGNOSIS (Achieved, Some/Limited/No Progress)

MINOR has been participating in Trauma Focused Cognitive Behavioral Therapy (TF-CBT) at the Assessment and Resource Center (ARC). TF-CBT is a best practice therapy for treating victims of trauma. *MINOR* is currently working on the last major component of therapy. *MINOR* has completed psychoeducation on sexual abuse. She has learned risk reduction techniques and has a plan for safety. *MINOR* has learned about the relationship among thoughts, feelings, and behaviors. She has successfully developed a variety of coping skills and implements them at home and in session. *MINOR* is now working on completing her trauma narrative and sharing that with her mother. *MINOR*'s caregiver has been supportive and protective throughout the course of treatment.

MEDICATION UPDATE (if applicable)

MINOR is not currently taking any medications at this time. She was referred for an assessment with a psychiatrist and it was determined that she did not need further psychiatric services.

THERAPEUTIC PLAN

Once *MINOR* has completed the narrative section of her therapy she will complete a discharge transition which is a step-down process to ending therapy. If *MINOR* requires court preparation services in the future (post discharge) she may return to the ARC for those services.

RECOMMENDATIONS/CONCERNS (Placement, visitation, education, social, services needed, etc.)

I recommend that *MINOR* remain in therapy at the ARC, attending all therapy appointments, and completing all therapeutic requirements. *MINOR* should not be allowed to have contact with her father or her step-mother.


Aimee Phipps, LMSW
Mental Health Therapist

Ph (803) 898-1470
Fx (803) 898-1471

PO BOX 119
THE WILSON BUILDING
COLUMBIA, SC 29202



NATIONAL
CHILDREN'S
ALLIANCE®
ACCREDITED MEMBER

DaShawna Anderson
10169491

Batch # _____

529

See C-184 Typ'd in chart

Time Service Provided

AM PM

Next Appl

Time

AM PM

Staff Signature/Title

AD#

432

Date

01/06/2009

Svc Code

B002

Desc

ASSMT

Can/VNS

Bill Time

12:00

Ticket #

33528926

Audit #

148259

CID

10169491

Name

MINOR

Session for *MINOR* canceled by caregiver
due to inclement weather. Session rescheduled for
the following Tuesday @ 5pm.

		Completed by: <i>[Signature]</i> <i>Almae Pripps Linn</i>	
Date	Client's Last Name, First	ID#	Type of Note
4/20/09	<i>MINOR</i>	10169491	Individual

F: Rapport building.

I: Therapist and used a rapport building exercise to establish therapeutic rapport.

R: *MINOR* completed a worksheet about herself. The therapist and *MINOR* engaged in a discussion of her responses. *MINOR* is actively involved in school work and activities. She enjoys a variety of activities and has several friends.

MINOR appears well adjusted and has a positive family support.

Sexual abuse psychoeducation.

Completed by: Aimee Phipps, LMSW *[Signature]*

Date

Client's Last Name, First

ID#

Type of Note *[Signature]*

01/27/2009

MINOR

10169491

Individual Tx

SCD/MH FORM - MH-FCC-2

Dec 81 (Rev Mar 91, 2002-07-15) DMHF-CO39.doc

532

See C-39 Typed in chart; dated 1/27/09

Time Service Provided

5:00 AM PM

Next Appt.

Time

AM PM

Staff Signature/Title

ID#

432

Date

01/27/2009

Svc Code

F003

Desc

IND TX

Can/NS

Bill Time

1:40

Ticket #

33633766

Audit #

148322

CID

10169491

Name

M/NOE

F: Sexual abuse psychoeducation.

I: Therapist engaged in a discussion with MINOR about sexual abuse. Discussion included a conversation about body part identification. The therapist obtained parental permission prior to the start of the session to teach MINOR the correct names for body parts.

R: MINOR appropriately identified the private areas on the body. MINOR engaged in conversation with the therapist answering questions honestly and appropriately. MINOR identified herself as feeling angry about the abuse. She denies feeling any guilt that her father was arrested. MINOR identified a substantial support network and she feels comfortable confiding in a number of adult family members as well as helping professionals.

P: MINOR grades in school have dramatically declined which, according to her mother, is uncharacteristic of MINOR.

P: Sexual abuse education - boundary identification.

		Completed by: Aimee Phipps, LMSW <i>[Signature]</i>	
Date	Client's Last Name, First	ID#	Type of Note
02/13/2009	<u>MINOR</u>	10169491	Individual Tx

534

See C-39 Tyrodin chart ; dated 2/13/09

Time Service Provided

8:30 (AM) PM

Next Appt.

Time

AM PM

Staff Signature/Title

ID#

432

Date

02/13/2009

Svc Code

E003

Desc

IND TX

Can/NS

Bill Time

Ticket #

33736100

Audit #

148384

CID

10169491

Name

MJNOC

Batch #

* Client was late for appt. Unable to meet for a full hour *

(F) Sexual abuse education- boundary identification. (I) Therapist explained boundaries in relationships through modeling and discussion. (R) MINOR identified different boundaries she has a variety of individuals in her life. She appropriately identified actions that would be unhealthy or unsafe. MINOR gave a good plan to reduce risk in the future if a boundary is not maintained by another person towards MINOR. (P) MINOR is doing well at home and has positive caregiver support. (P) Feelings identification. TFA Δ.

Time Service Provided

AM PM

Next Appt.

3/13/09

Time

8:30

(AM) PM

Staff Signature/Title

/ID#

432

Date

03/04/2009

Svc Code

H003

Desc

IND TX

Can/NS

Bill Time

30

Ticket #

33887392

Audit #

148470

CID

10169491

Name

MINOR

Batch #

Client late for appt. unable to meet full hour. Therapist met c. caregiver briefly to discuss tardiness and arrange schedule for the next appt.
 (F) Thoughts, feelings, and actions identification. (I) Therapist gave MINOR a feelings identification worksheet. Therapist used TFA A ^{fit} and role playing to discuss TFA relationship. (R) MINOR identified multiple types of feelings. She engaged in the role play identifying thoughts, feelings, and ~~ex~~ related to a given scenario. Despite misperceptions in role play MINOR demonstrated she could respond appropriately. (P) Some conflict w a peer at school. (P) Continue c TFA ident. Coping skills

Time Service Provided

AM PM

Next Appt.

2/27/09

Time

9

: 00

(AM) PM

Staff Signature/Title

/ID#

432

Date

03/13/2009

Svc Code

H003

Desc

IND TX

Can/NS

Bill Time

30

Ticket #

33887441

Audit #

148478

CID

10169491

Name

MINOR

F: Feelings, thoughts, actions identification.

Therapist used journal writing to discuss TFA and coping skills.

MINOR randomly drew a feeling out of a cup and journaled on that feeling. *MINOR* engaged in a discussion of her journal entry with the therapist. *MINOR* role played relaxation breathing with therapist. She engaged developing a list of coping skills that she finds to be useful in her life. *MINOR* as a support network and enjoys physical activities such as dancing.

P: *MINOR* is doing well in school and making positive choices when confronted with opposition, particularly in school.

P: TFA identification, emotion regulation.

		Completed by: Aimee Phipps, LMSW <i>[Signature]</i>	
Date	Client's Last Name, First	ID#	Type of Note
03/27/2009	<i>MINOR</i>	10169491	Individual Tx

SCD/MH FORM - MH-FCC-2

Dec 81 (Rev Mar 91, 2002-07-15) DMHF-CO39.doc

538

Batch #

see C-39 Typed in chart

Time Service Provided

AM PM

Next Appt

4/14/09

Time

9:00

AM PM

Staff Signature/Title

ADW

ID#

432

Date

03/27/2009

Svc Code

B003

Desc

IND TX

Can/NS

Bill Time

100

Ticket #

33954596

Audit #

148534

CID

10169491

Name

MINOR

P: Feelings identification and emotion regulation.

I: Therapist used journal writing to discuss TFA. Model muscle relaxation and practice visualization skills.

∴ *MINOR* chose to journal about feeling bitter. She discussed a recent scenario that occurred at school where that feeling was present. *MINOR* used the TFA triangle to explain her feelings, thoughts, and actions. *MINOR* practiced

muscle relaxation techniques with the therapist. *MINOR* also practiced visualizing a calm place of her choosing in session, with the therapist narrating. Discussion of how to focus thoughts and feelings during the visualization exercise in order to calm anger and worries.

P: *MINOR* is open in session to practicing relaxation strategies. She is open and honest about her feelings. She is doing well in school.

P: Feelings identification and emotion regulation. Prepare *MINOR* for her trauma narrative.

		Completed by: Aimee Phipps, LMSW <i>[Signature]</i>	
Date	Client's Last Name, First	ID#	Type of Note
04/10/2009	<i>MINOR</i>	10169491	Individual Tx

540

See c-39 Typed in chart, dated 4/10/09

Time Service Provided

AM PM

Next Appt

Time

AM PM

Staff Signature/Title

[Signature]

ID#

432

Date

04/10/2009

Svc Code

H003

Desc

IND TX

Can/NS

Bill Time

Ticket #

34060421

Audit #

150131

CID

10169491

Name

Minor

Unable to bill - all PMT is provided. client attended session.

Batch #

① TFA identification. ② Emotion regulation. ③ Use
 journaling exercise to continue developing understanding of TFA
 relationship. Focused visualization exercise. ④ MINOR; journal
 about feelings of loneliness. She discussed personal experiences where
 she has felt lonely. MINOR - engaged in a focused visualization
 exercise with the therapist and agreed to implement as homework
 practice. ⑤ MINOR is doing well academically ^{and socially} in school. She is
 having some discord with her brother. ⑥ Continue to TFA, prepare for narrative.

Time Service Provided

9:00 AM PM

Next Appt.

Time

AM PM

432

AD#

Staff Signature/Title

05/08/2009

HD03

IND TX

Can/NS

Bill Time

600

Date

34204416

Svc Code

10169491

Desc

Name

MINOR

Ticket #

150221

Audit #

CID

542

Clinical Service Notes

Batch # _____

Therapist provided psychosocial history and current mental health assessment to Dr. Watson for the purpose of providing a PMA. Therapist was directed by Dr. Watson to continue therapy services to Anderson.

Time Services Provided _____

AM PM

Next Appt _____

Time _____

AM PM

Staff Signature/Title _____

05/12/2009

Svc Code

H0170

Desc

SPD

Car/NS _____

Bill Time

15

Date

Ticket #

34288316

Audit #

150257

CID

10169491

Name

M/1/16/1

Batch # _____

Therapist canceled appt. Out of office.

Time Service Provided _____

AM PM

Next Appt. 6/1/09Time 10:00 AM PM

Staff Signature/Title _____

/ID# 432Date 05/29/2009Svc Code HD03Desc IND TXCan/NS CAN RBill Time 0Ticket # 34319668Audit # 150284CID 10169491Name MINOR

544

544 Trauma Narrative, thoughts and feelings identification, emotion regulation.

I: Review written narrative, using worksheets to identify thoughts and feelings about material in narrative. Write a letter to the perpetrator and discuss.

R: MINOR spent part of her session completing workbook sheets about her narrative and writing a letter to her father about her feelings towards him. In her worksheet MINOR is appropriately identified that she is not responsible for the abuse. There was no evidence of distorted thoughts or feelings regarding the abuse. MINOR recognized that the fault is not hers. She understands that she has a positive support system. She appropriately identified feelings she has in regard to the abuse but can identify coping skills to manage those feelings. MINOR's letter to her father was only to allow her an avenue to address her thoughts and feelings about him and will not be given to him.

P: MINOR feels ready to share her narrative with her mother.

P: Trauma narrative.

		Completed by: Aimee Phipps, LMSW <i>Aimee Phipps</i>	
Date	Client's Last Name, First	ID#	Type of Note
06/01/2009	<u>MINOR</u>	10169491	Individual Tx

SCD/MH FORM - MH-FCC-2

Dec 81 (Rev Mar 91, 2002-07-15) DMHF-CO39.doc

Batch # _____

See C-39 Typed in chart ; dated 6/1/09

Time Service Provided

AM PM

Next Appt.

6/10/09

Time

10:00

AM PM

Staff Signature/Title

[Signature]

ID# 432

Date

06/01/2009

Svc Code

HD03

Desc

IND TX

Can/NS

Bill Time

60

Ticket #

34340392

Audit #

150287

CID

10169491

Name

MINOR

546

I: Family session with *MINOR*'s mother to share the trauma narrative.

R: The therapist prepped *MINOR*'s mother prior to the family session. She agreed to follow the rules of the family session. *MINOR* arranged the room how she felt most comfortable and shared her narrative with her mother.

MINOR expressed some nervous energy through laughter in the beginning but she was able to take some deep breaths and calm herself to share her narrative. *MINOR*'s mother was appropriate throughout the telling of the narrative.

MINOR's mother offered appropriate feedback, including words of support and affection. *MINOR* met briefly with a therapist following the narrative to review her feelings and thoughts. *MINOR* felt happy to be done with that portion and felt supported by her mother. She reviewed things she can do at home over the next couple of weeks in the event that she has unwanted feelings or memories related to the abuse.

P: *MINOR* is ready to be discharged. She has no symptoms.

P: Begin discharge transition.

Completed by: Aimee Phipps, LMSW

Date	Client's Last Name, First	ID#	Type of Note
06/10/2009	<i>MINOR</i>	10169491	Family Tx

SCD/MH FORM - MH-FCC-2

Dec 81 (Rev Mar 91, 2002-07-15) DMHF-CO39.doc

Batch # _____

See C-39 Typed in chart, dated 6/10/09

Time Service Provided

10:00 (AM) PM

Next Appt.

6/18/09

Time

11:00

(AM) PM

Staff Signature/Title

/ID# 432

Date

06/10/2009

Svc Code

HD0402

Desc

FM TX

Can/NS

Bill Time

60

Ticket #

34397296

Audit #

150330

CID

10169491

Name

MIND

F: Discharge transition, emotion regulation.

I: Plan with client for discharge. Review safety skills and coping skills. Visual journaling exercise.

R: *MINOR* decided what her last day should be and how many sessions of discharge transition she wanted. DaShawna also decided what activities would be completed on her last day. She reviewed her safety plan and coping skills with the therapist. *MINOR* also added a few new skills to her list and took those with her. *MINOR* completed a visual journaling activity as an additional resource for her coping skills.

P: *MINOR* is not experiencing any symptoms. She has a solid safety plan and has demonstrated her willingness to report abuse.

F: Discharge transition.

		Completed by: Aimee Phipps, LMSW <i>APhipps</i>	
Date	Client's Last Name, First	ID#	Type of Note
06/18/2009	<i>MINOR</i>	10169491	Individual Tx

See C-39 Typed in chart
Dated 6/18/09

Time Service Provided _____ AM PM Next Appt. _____ Time _____ AM PM
Staff Signature/Title [Signature] ID# **432**
Date **06/18/2009** Svc Code **ED03** Desc **IND TX** Can/NS _____ Bill Time **60**
Ticket # **34433488** CID **10169491** Name **MINDR.**
Audit # **150344**

550ch #

Cl appt canceled and rescheduled due to
Scheduling conflict.

Time Service Provided

AM PM

Next Appt

6/29/09

Time

11:00

AM

PM

Staff Signature/Title

AD# 432

Date

06/26/2009

Svc Code

H003

Desc

IND TX

Can/NS

CAN-R

Bill Time

0

Ticket #

34453917

Audit #

150351

CID

10169491

Name

MINOR

Batch #

① Discharge transition. ② Final therapy session. Activities to transition out of therapy. ③ MINOR reported feeling ready to end therapy. She denied having any symptoms of abuse MINOR. ④ MINOR engaged in transition exercises. MINOR is using her coping skills in the home. ⑤ MINOR was scheduled for a 3 month follow up appt. She will need court preparation when her case goes to trial. MINOR does not require any ongoing services at this time. ⑥ Discharge therapy chart.

Time Service Provided

AM PM

Next Appt.

Time

AM PM

Staff Signature/Title

/ID# 432

Date

06/29/2009

Svc Code

FD03

Desc

IND TX

Can/NS

Bill Time

(00)

Ticket #

34499888

Audit #

150360

CID

10169491

Name

MINOR

DISCHARGE PLAN AND SUMMARY

CLIENT'S NAME & ID#	ADMISSION DATE	DATE OF LAST CONTACT
<i>MINOR</i> 10169491	01/06/2009	06/29/2009

SUMMARY OF SERVICES RENDERED

- a. Goals and measurable outcomes achieved (response to treatment):

MINOR has successfully completed all of her treatment goals and objectives. She used her therapy time to learn about abuse and about healthy physical and emotional relationships. She developed a safety plan and can identify a minimum of five trusted adults that will protect her. *MINOR* completed work on identifying thoughts, feelings, and behaviors. She developed more than five coping skills to combat negative emotions, and she used those skills both at home and in session. *MINOR* completed a trauma narrative and shared it with her caregiver.

- b. Strengths, needs, abilities, and preferences of the client:

MINOR enjoys a wide range of activities (dancing, math, basketball). She has a lot of strong family support.
MINOR should not be allowed to have any contact with the perpetrator.

- c. Services or interventions provided:

Trauma-focused Cognitive Behavioral Therapy (individual and family sessions)
 Psychiatric medical assessment (PMA)

- d. Most current medication(s) prescribed and response:

None

CLIENT'S ASSESSMENT OF TREATMENT EFFECTIVENESS (IF AVAILABLE)

MINOR reported feeling "happy" at the end of her treatment.

DISCHARGE DIAGNOSIS

995.53 Sexual Abuse of a Child

REASON FOR TERMINATION OF SERVICES

Client completed all treatment goals.

FOLLOW-UP PLANS

- a. Discharge was: ☒ planned ☐ unplanned (if unplanned, discuss efforts made to encourage client to return):

- b. Referral(s) made to:
 N/A

STAFF SIGNATURE & TITLE

Aimee Phipps, LMSW

DATE

07/07/2009

Batch # _____

See C-164 in chart, dated 9/6/09

Time Service Provided _____

AM PM

Next Appt. _____

Time _____

AM PM

Staff Signature/Title _____

/ID# _____

Date _____

Svc Code _____

Desc _____

Can/NS _____

Bill Time _____

Ticket # 33972005

Audit #4

148905

CID _____

Name _____

LIMITED CONTACT SHEET - SHORT FORM
(FOR LESS THAN 6 SERVICE DAYS OR LESS THAN 45 CALENDAR DAYS)

2ND SERVICE DAY - BRIEF CLINICAL NOTE, INCLUDING: SERVICE PROVIDED; PROGRESS;
 DISPOSITION; AND RECOMMENDATIONS.

see C-39 in chart
 dated 9/25/09

PROVIDER'S SIGNATURE, TITLE, AND DATE:

[Signature] 4/28/09 9/25/09

3RD SERVICE DAY - BRIEF CLINICAL NOTE, INCLUDING: SERVICE PROVIDED; PROGRESS;
 DISPOSITION; AND RECOMMENDATIONS.

Ⓢ Court prep / emotion reg.
 Ⓢ Review courtroom vocabulary. Discuss rules/etiquette for courtroom conduct.
 Discuss expectations about court; anxieties and coping.
 Ⓢ MINOR - Practiced using appropriate etiquette in response to dialogue from
 a judge v. dialogue from an atty. She discussed when it is appropriate to make
 statements such as "don't know" to "don't remember" to "don't want to talk about the
 she practiced answering noncase related questions using clear answers. MINOR
 has some concern about testifying in front of other people and using words for name
 of body parts. Ⓢ MINOR feels capable to testify and is working on skills to confront worry.
 PROVIDER'S SIGNATURE, TITLE, AND DATE: *[Signature]* 10/16/09 Court prep.

4TH SERVICE DAY - BRIEF CLINICAL NOTE, INCLUDING: SERVICE PROVIDED; PROGRESS;
 DISPOSITION; AND RECOMMENDATIONS.

PROVIDER'S SIGNATURE, TITLE, AND DATE:

5TH SERVICE DAY - BRIEF CLINICAL NOTE, INCLUDING: SERVICE PROVIDED; PROGRESS;
 DISPOSITION; AND RECOMMENDATIONS.

PROVIDER'S SIGNATURE, TITLE, AND DATE:

DaShawna Anderson

Batch #

⑤ Court preparation - emotion regulation. ⑤ Review courtroom vocabulary and layout. Discuss use of coping skills. ⑤ ~~MINOR~~ brought her courtroom workbooks to session. She had spent time working on each book. ~~MINOR~~ discussed feelings of nervousness having to speak in front of others about what happened. She expressed confidence in her own abilities. ~~MINOR~~ completed activities to identify vocab & layout of the courtroom. ⑤ ~~MINOR~~ has acquired a small comfort object and will practice relaxation breathing @ home. ⑤ Court prep - emotion regulation.

Time Service Provided

AM PM

Next Appt.

Time

AM PM

Staff Signature/Title

ID#

Date

Svc Code

Desc

Can/NS

Bill Time

Ticket # 33972775

Audit # 54

149208

CID

Name

556

Batch #

10/16/09

Robert Palmer (30)

See C-167 in chart, dated 10/16

Time Service Provided

AM PM

Next Appt

Time

AM PM

Staff Signature/Title

ID# 432

Date

10/16/2009

Svc Code

HD03

Desc

IND TX

Can/NS

Bill Time

90

Ticket #

35060553

Audit #

150487

CID

10169491

Name

MINOR

clt did not show for scheduled appt.
① to call and reschedule.

Time Service Provided _____

AM PM

Next Appt. _____

Time _____

AM PM

Staff Signature/Title _____

ID# 432

Date

10/28/2009

Svc Code

HD03

Desc

IND TX

Can/NS

NS

Bill Time

0

Ticket #

35136930

Audit #

150505

CID

10169491

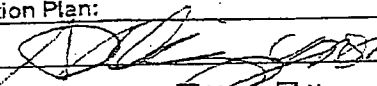
Name

MINDA

MENTAL HEALTH CENTER

Discharge Summary or Transition Plan

This form is being used to (check one): ☒ Discharge from MHC services ☐ Transfer to another program

Client Name: MINOR	CID#: 10169491	Date of Admission: 09/11/2009	Date of Discharge/Transition: 10/30/2009
Reason for Discharge/Transition: Unable to finish court preparation due to unknown court date. Client to be discharged and will continue court prep when an official court date has been established.			
Diagnosis at Admission: 995.53 Sexual Abuse of a Child		Diagnosis at Discharge/Transition: 995.53 Sexual Abuse of a Child	
GAF at Admission: 90		GAF at Discharge/Transition: 90	
Strengths: MINOR is intelligent. She has a positive support system.	Needs: MINOR needs to be prepared for court, learning skills to reduce anxiety about courtroom procedures and expectations.	Abilities: MINOR is able to communicate clearly.	Preferences: None
Current Medications (list medications, dosages): None			
Will the client be discharged/transferred on medication? ☐ Yes ☒ No			
Explain.			
Presenting Condition/Problem(s)/Symptom(s): MINOR is experiencing some anxiety about testifying in court that her father sexually abused her.			
What services were provided and what were the results of services/progress on recovery at the time of discharge/transition (Include the following: Were goals/objectives met? Gains achieved? Progress in his/her recovery?): Court preparation for the purpose of reducing anxiety about courtroom procedures, rules, and expectations. MINOR reviewed the general courtroom layout, including the roles and responsibilities of different courtroom personnel. She also reviewed rules for dress and behavior in the courtroom. She practiced skills for regulating her emotions while testifying (e.g. deep relaxation breaths, holding a comfort object). MINOR has not yet had the opportunity to visit a live courtroom. She is anxious about the process but feels ready to testify. Services will not continue with MINOR until a court date has officially been established.			
Date of Last Contact: 10/16/2009	Client Status at Last Contact: Clt was alert and involved.		
Recommendations for Follow-up/Support (include information about referrals to other agencies): 1). If symptoms re-appear you may return to the mental health center for further evaluation and treatment. 2). Referred to _____ Contact name & phone number: _____			
Person participating in Discharge Summary/Transition Plan:			
Staff Signature/Title/Date: Aimee Phipps, LMSW  10/30/09			
Client received a copy of the Discharge Summary/Transition Plan: ☐ Yes ☒ No			

My name is _____ I
 am _____ years old. My birthday is _____
 My favorite color
 is lavender, light blue, and pink.
 I live with my mom, brother, and
 step dad. I attend school at
 Southeast Middle. I am in the 6th
 grade. I love to dance, sing, draw,
 watch T.V., and figure out puzzles.
 But most of all I like playing
 basketball. My favorite food is
 pizza and hot wings. My favorite
 teacher is my science teacher Mr.
 Sewell. I love going shopping and
 love eating Big Mama sandwiches.
 My favorite song is Do da Standby Me.

My real dad wanted to get custody
 of me when I was little and he
 did every other weekend and
 every time I went over their him
 and his wife would beat me with
 belts for no reason. He locked me
 in the bathroom and lock me in
 my room in the dark. It was
 one weekend I went over their
 and he started touching on me
 so I told my mother and I
 stopped going over their.

Last year he did it again he wanted custody over me so I started going over there every other weekend. And he wanted me to stay a whole week so I did. My mom said she had a bad feeling something was going to happen and something did happen! He started feeling on me again. I was on a Tuesday night and I was about to go to bed and he said he will be in my room in a minute. so he did come in and he got in my bed and started squeezing on my butt and then he pulled up my night gown and start squeezing on my butt again so then he started rubbing his thumb up and down in my private then he stopped and asked me did it feel good and I said no so he took me outside talk me he told me not to tell anyone he said you promise I didn't say yes I said ok so I was going to tell anyway so we went back inside and I went to bed. I told my mom the next weekend I had to go over there and she called police and came from

over there. Now there is why I
am at the Arc now to discuss
what happened.

Name

MINOR

Feelings About Being Molested

1. I would like to hide from people so I don't have to talk about it.

never almost never sometimes almost always always

2. I want to cry.

never almost never sometimes almost always always

3. I should have been able to stop it.

never almost never sometimes almost always always

4. I thought _____ really did care for me.

never almost never sometimes almost always always

5. I feel like a good person.

never almost never sometimes almost always always

6. There was something I could do to stop it.

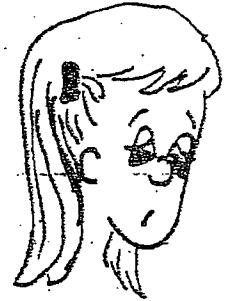
never almost never sometimes almost always always

7. I think _____ had a right to touch me.

never almost never sometimes almost always always

8. I understand why it happened.

never almost never sometimes almost always always



HANDOUT 4-2

Name MINOR

I THINK THIS HAPPENED BECAUSE...

I think this happened to me because
Really I don't know

why it happened



I think he
did it because

He wanted to

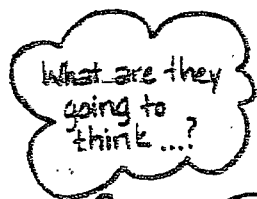


Name

MNOE

What Will People Think of Me?

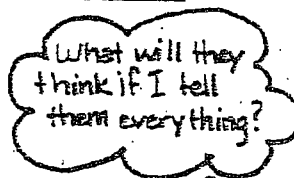
1. When others hear what happened to me, they may think that I am
not really not a good person.
2. I worry that I am the only one who would get hurt in
that situation.
3. If I share some of the things I am scared to say, other kids may make
fun of me or make try to help me.
4. People might think I'm weird if I tell them about my problem
or what is going on.
5. The hardest thing for me to tell about is what happened to me.



6. I was warned that other kids might
say well do you want to
get bullied.

7. I worry that if I tell everything that
happened to me, I won't
will get in trouble.

8. I would feel better talking about this if
I tell someone



Dear Mr. Astroble

IF I ever see your Nasty ass I am going to kill you with a weed eater and your body to snakes and after that if your ghost is still alive I am going to send your ass to jail and get put in the jam electric chair and you will rot for all eternity. You bastard!

Sincerely, Your Worst
Nightmare

ADDENDUM TO PLAN OF CARE

DATED: _____

ADMISSION DATE: 01/06/2009

CLIENT NAME: MINOR	CLIENT ID #: 10169491	MEDICAID #: (if applicable) 2400490001
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PRIMARY DIAGNOSIS ADDRESSED IN TX.: CODE AND DESCRIPTION
(changes need to be dated and initialed)

OTHER DIAGNOSIS ADDRESSED IN TX.: CODE AND DESCRIPTION
(changes need to be dated and initialed)

PROMPTS:

Number Goals and Objectives (1., 1A, 1B; 2., 2A, 2B as appropriate)

Goals should be in the words of the client, family, and/or stakeholder - list things they would like to achieve, change, or need help with.

Objectives should be reflective of the client's expectations, development, culture/ethnicity, tx. team's expectations, understandable to the client & their family as appropriate, appropriate to the DX; and behavioral, measurable, achievable.

Interventions at least one for each objective that tells how and what is done to achieve the objective.

(MD MUST INITIAL AND DATE ANY ADDED SERVICES OR CHANGES IN FREQUENCY AFTER MD SIGNATURE/AUTHORIZATION BELOW)

			TARGET DATE	SERVICES	FREQUENCY	TYPE OF STAFF
☐ Accepted ☐ Declined						
☐ Accepted ☐ Declined						
☐ Accepted ☐ Declined						

LIMITED CONTACT SHEET - SHORT FORM
(FOR LESS THAN 6 SERVICE DAYS OR LESS THAN 45 CALENDAR DAYS)

Page 2

2ND SERVICE DAY - BRIEF CLINICAL NOTE, INCLUDING: SERVICE PROVIDED; PROGRESS;
 DISPOSITION; AND RECOMMENDATIONS.

see C-39 in chart
 dated 9/25/09

PROVIDER'S SIGNATURE, TITLE, AND DATE:

[Signature] LMSN 9/25/09

3RD SERVICE DAY - BRIEF CLINICAL NOTE, INCLUDING: SERVICE PROVIDED; PROGRESS;
 DISPOSITION; AND RECOMMENDATIONS.

Ⓢ Court prep / emotion reg.
 Ⓢ Review courtroom vocabulary. Discuss rules/etiquette for courtroom conduct.
 Discuss expectations about court; anxiety and coping.
 Ⓢ MINOR Practiced using appropriate etiquette in response to dialogue from
 a judge v. dialogue from an attorney. She discussed when it is appropriate to make
 statements such as "don't know" to "don't remember" to "don't want to talk about that."
 She practiced answering non-case related questions using clear answers. MINOR
 some concern about testifying in front of other people and using words for named
 body parts. MINOR feels capable to testify and is working on skills to confront worry.
 PROVIDER'S SIGNATURE, TITLE, AND DATE: *[Signature]* LMSN 10/16/09 Court prep

4TH SERVICE DAY - BRIEF CLINICAL NOTE, INCLUDING: SERVICE PROVIDED; PROGRESS;
 DISPOSITION; AND RECOMMENDATIONS.

PROVIDER'S SIGNATURE, TITLE, AND DATE:

5TH SERVICE DAY - BRIEF CLINICAL NOTE, INCLUDING: SERVICE PROVIDED; PROGRESS;
 DISPOSITION; AND RECOMMENDATIONS.

PROVIDER'S SIGNATURE, TITLE, AND DATE:

DaShawna Anderson
 10169491

COURT'S
EXHIBIT NO. 13
IDENTIFICATION/EVIDENCE
DKT. # Derry
DATE: 10-13-11

CHILD & ADOLESCENT
NEW PATIENT EVAL TEMPLATE

PATIENT: _____ DATE OF SERVICE: 5/8/09

DATE OF BIRTH: _____

CHIEF COMPLAINT: ARC EVAL

INFORMANT/SOURCES Mom + pt

LEGAL GUARDIAN(S) Mom

HISTORY OF PRESENT ILLNESS: 11yo BF no h/o psych. illness presents for intake eval starting TF-CBT + ARC. Pt. + mom do not report a h/o mood, anxiety, mania symptoms. The pt currently denies any symptoms indicative of dep. mania, or an anxiety d/o. She describes good sleep appetite, energy + conc. She denies an anhedonia. She denies any mood swings or grandiosity. h/o FOI. Pt denies any h/o fears (except developmentally appropriate fear of snakes. No h/o ritualistic behaviors. At times she thinks about trauma "a little" but denies repetitive intrusive thoughts. Denies hypervigilance or avoidant behaviors. She also denies fear of seeing Dad at this time + is not concerned he can hurt her. She denies any ongoing trauma at this time. Pt enjoys dance, singing, playing games. She has a group of friends as well.

Past Psychiatric History (including hospitalizations and outpatient treatment)

None

Substance Use History (including nicotine)

Denies

Medical History: NKDA

- Current Primary Care Physician
- Current Medications None
- Significant Illnesses (operations) h/o ROTAVIRUS & hospitalization; No surgery
No h/o seizures, migraines, LEE

Family History: (psychiatric and medical)

None

Social History: (including Spiritual/Cultural/Legal) Lives w/ stepdad, mom, & 16yo bro.

H/o sexual abuse by dad

Denies sexual activity

Denies illicit, TOB, & TON

Academic History: 6 gr. No h/o failures or special ed. Pt & A/B & on
honor roll at S.E. Middle School

Developmental History:

- Prenatal History maternal stress
No meds, infections
- Birth History 2 mos early; nat. delivery, no other complications
- Developmental Milestones nml per mom & concerns

Height _____ Weight _____ B/P _____ Pulse _____

Mental Status Examination:

General Appearance slim, wdown, really dressed & braids + beads on end.

Behavior/Motor Activity No PM a/B, no tics/odd movements

Speech fluent nonpress, conversational rate + tone

Mood "Good", "Happy"... "A lot of the time"

Affect congruent w/ affect

Thought Process (including associations) L + S

Thought Content (including delusions, hallucinations, HI/SI: Obsessions) & SI/HI/AVH/delusions

Insight/Judgment Good

Orientation A + O x 3

Memory (Recent/Remote) 3/3 + at 5 min

Attention Span & Concentration Intact

Fund of Knowledge Above avg

DIAGNOSIS:

AXIS I: V 71.00

AXIS II: None

AXIS III: None

AXIS IV: h/o trauma

AXIS V: GAF= 65

FORMULATION: (include bio/psycho/social/spiritual) Dis/yo BFE no prev. h/o MI + none in the family. There is no h/o substance use or chronic med. prob. Psychosc
 ly pt has been a victim of trauma from her biological father. Subsequ
 to this she has no contact with him. She has a supportive family, good school
 performance, friends + variety of interests + hobbies.

INITIAL TREATMENT PLAN:

- Biologic No meds indicated at this time
- Psychological Cont TF-CBT
- Social/Spiritual/Cultural

 5/3/09
 Signature & Date

C/ SENT TO EXAMINATIONS AND TREATMENT

Consent and authority is hereby given to this mental health facility and its professional staff to perform have performed examinations and / or psychotherapy and / or related mental health treatments and administer medications when deemed necessary or advisable by appropriate members of the professional staff in consultation with me. This statement has been fully explained to me and I understand it.

Barbara Uymer
Witness

7-23-08
Date

Signature of Patient

Bobby Uymer
Signature of Parent or Legal Guardian

I have been provided a copy of the SCDMH Notice of Privacy Practices and an opportunity to review it and ask questions:

Signature

Date

(If not signed, staff to state reason on line and initial)

**SIGNIFICANT OTHER PARTICIPANTS INVOLVE
IN THE IDENTIFIED PATIENT'S SERVICES**

I further authorize any follow-up services as required. KM

I agree to participate in therapy focused on the patient signing above. I understand that any information that give may be included in the patient's record and disclosed as allowed by law. I also understand that if I want to receive therapy or other treatment services, a separate consent to examination and treatment is required.

Participant / Relationship

Date

Staff Initials

Participant / Relationship

Date

Staff Initials

Participant / Relationship

Date

Staff Initials

Participant / Relationship

Date

Staff Initials

Participant / Relationship

Date

Staff Initials

The staff who obtain the other participant signature above enter initials and signature here.

Staff Initials

Staff Signature

Staff Initials

Staff Signature



ASSESSMENT & RESOURCE CENTER FORENSIC INTERVIEW REPORT

CHILD'S NAME: _____ SEX: Female

DATE OF INITIAL INTERVIEW: 7/23/2008 RACE: Black

DATE OF BIRTH: _____ AGE: _____

REFERRAL SOURCE/AGENCY/PHONE: Jewel Taylor/Richland County DSS/714-7352

INVOLVED AGENCIES: Enter specific personnel and agency name.

☒ Law Enforcement Rob Martin, Richland County Sheriff's Dept., 576-3070

☒ DSS Jewel Taylor, Richland County

☐ Other _____

TYPE OF ABUSE / EVENT SUSPECTED (Check):

☒ Sexual Abuse

☐ Physical Abuse

☐ Neglect

☐ Psychological Abuse

☐ Witness

☐ Other _____

Identity of alleged perpetrator (include full name, age, race): Charles Deveau, 54, B

Relation to child: Father

CHILD INTERVIEW and SUMMARY OF DATA:

Records reviewed / Available in chart:

Collateral Information:

☒ LE Records

☐ DSS Records

☒ ARC Intake

☒ Caregiver Questionnaire

☒ Other Records (specify): Letter written by child.

Symptom Assessment:

☒ TSCC

☐ TSCYC

☐ CBCL

☐ CSBI

☐ CAPI

☐ Other Symptom Measure: _____

Was interview observed?

If yes, by whom?

☐ Y ☒ N

Was competency assessed?

(option for children 4-7 or those with cognitive delays)

☐ Y ☒ N

Comments:

☐
N/A

WILLIAM S. HALL PSYCHIATRIC INSTITUTE CONSENT FORM FOR EDUCATIONAL USE OF MEDICAL RECORDS

The State Legislature has designated the William S. Hall Psychiatric Institute as a teaching hospital for the primary purposes of training mental health personnel and psychiatric research. Therefore, individual treatment programs at the Institute are conducted by and include mental health professionals in various states of training while under the supervision of fully trained and qualified professionals.

In order to carry out the purpose of the William S. Hall Psychiatric Institute; and to assist my treatment and evaluation program; and, in the interest of medical education, knowledge and training, I
CONSENT TO:

- 1) Audio/visual recording and/or closed circuit transmissions of my treatment and evaluation sessions at the William S. Hall Psychiatric Institute, when, in the judgment of my physician, such could be of possible benefit to my treatment, medical research, education, training or science. However, in any use of these recordings and/or transmissions, other than by the staff or its trainees, it is specifically understood that I should not be identified by name.
- 2) Participate in presentations, conferences and seminars involving my case within the facilities of the William S. Hall Psychiatric Institute.
- 3) Participate in interviews with students and/or trainees of various mental health disciplines within the facilities of the William S. Hall Psychiatric Institute.

Signature of patient _____

or Signature of Responsible Person

and Relationship

Kathy Lynn
Mother

Witness Borbaen Upm

Date 7-23-08

(Note: If the patient is a minor or been declared incompetent, this consent form must be signed by the patient's legal guardian or parent or other responsible person.)

Note: Each patient admitted to WSHPI is required to sign this consent form.

Any identified concerns re: allegation distortion?

If yes, **describe:**

☐ Y ☒ N

- ☐ Fantastic / implausible elements
☐ Concerning for fabricated or contaminated statement
☐ Concerning for false denial / minimization / recantation
☐ Other:

Comments:

Given all available data, this forensic interview is considered:

☒ **Compelling for:**

- ☐ No abuse
☒ Sexual Abuse
☐ Physical Abuse
☐ Psychological Abuse
☐ Neglect
☐ Witness
☐ Other:

Comments:

☐ **Problematic for:**

- ☐ No abuse
☐ Sexual Abuse
☐ Physical Abuse
☐ Psychological Abuse
☐ Neglect
☐ Witness
☐ Other:

Comments:

Summary of abuse / event disclosure (See video for child's complete statement)

☐ No disclosure

Comments:

☒ Disclosure of event(s): Include who / what / when / where / time-frame / contextual details synopsis
 Summary: MINOR a discloses one incident of digital penetration by her father. This took place during a week-long visitation with her father near the end of June at his house. MINOR na says that he came into her bedroom, got into bed with her and after squeezing and touching her butt, he put his finger inside of her vagina. She says this was a one time incident. She says she thinks it might have been the Tuesday of the week she was at her dad's that the incident took place. MINOR a states that she was in her room "half asleep" on her bed when her father came in the room. She believes her step-mother was home but asleep. MINOR i states that she was sleeping on her side facing the wall. She states her father got in the bed with her. She says he then got up and put a fan in the window and then got back in the bed with her. She states that he first squeezed her "butt" over her clothes and then touched her butt under her nightclothes and underwear. She says she was wearing a long shirt/nightgown type of thing. She says he then moved her underwear to the side and put his finger in her vagina. She says it felt weird and he was moving it in and out. She says he asked her if it felt good and when she said no, he stopped. She says he then told her to put her shoes on and go outside so he could talk to her. She says she went outside in her night clothes and he asked her if she trusted him and he told her not to tell anyone about it. MINOR says she did tell her mother prior to being dropped off for her next visit with her father.

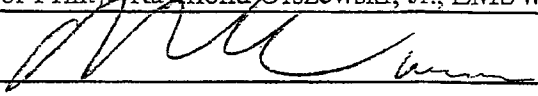
MINOR also says that she has memories from when she was three years old of her father and step-mother beating her and locking her in a closet and in her room.

Continuation Section for Disclosure Summary:

RECOMMENDATIONS TO TEAM AND / OR FAMILY:

1. Referred for therapy, Heather Smith from the ARC will contact the family with referral information.
2. Cooperate with DSS and LE investigations.
3. No contact with the father at this time.

Evaluator Name (Type or Print): Raymond Olszewski, Jr., LMSW, AFSW

Evaluator Signature: 

Date: July 23, 2008

- X 2. Does the child have any medical, developmental or learning problems? If YES, please check the appropriate boxes below and explain.

☐ YES
☒ NO
☐ I DON'T KNOW

☐ Medical disorder:

☐ Mental health disorder:

☐ Speech / Language problem:

☐ Other:

- X 3. Has the child experienced any difficulties at school?
 If YES, describe:

☐ YES
☒ NO
☐ I DON'T KNOW

X 4. Name of child's school: *Southeast Middle*

Current grade: *6th*

- X 5. Has there ever been a child abuse investigation involving this child or family before?
 If YES, describe: *Dashanna was about 1 or 2 yrs old when she was first abused*

☒ YES
☐ NO
☐ I DON'T KNOW

- X 6. Who is suspected of harming the child? (Give name, age)

*Queen De Veaux &
 Charles DeVeaux - stepfather*

- X 7. How does the child know this person or persons? *She's her stepmother*

- X 8. How often did the child see this person or persons, and when was the last contact? *every other week*

- X 9. Tell us how you came to know there might be a problem. If the child said something to you, tell us what the child said, as close to the exact words as you can remember.
11th of 2008 and said that her father sexual abuse her @ I ask her how. She told me that he put his fingers in her vagina.

9. (Continued, if needed):

X 10. What does the child know about coming to the ARC today? What was the child told? *I told her that she's going to ~~get~~ get a full physical, and she have to tell the doctors the same thing? she told me*

X 11. Have previous interviews been conducted?

If YES, describe: *DSS*

☒ YES
☐ NO
☐ I DON'T KNOW

X 12. Do you have concerns about how the child is doing?

If YES, describe:

☐ YES
☐ NO
☐ I DON'T KNOW

X 13. Is the child receiving counseling or mental health services right now?

If YES, describe with whom and for what.

☐ YES
☒ NO
☐ I DON'T KNOW

X 14. What else would you like us to know about the child or the situation?

I would like you to know that both step parents drinks and the wife smokes

X Thank you for answering this questionnaire. The professional who interviews the child will use this information to further guide the process. Do you have questions? Please write them below.

MENTAL HEALTH CENTER

Discharge Summary or Transition Plan

This form is being used to (check one): ☒ Discharge from MHC services ☐ Transfer to another program

Client Name:	CID#: 10169491	Date of Admission: 07/01/2010	Date of Discharge/Transition: 07/30/2010
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Reason for Discharge/Transition:

No further services are needed at this time.

Diagnosis at Admission:

995.53 Sexual Abuse of a Child

Diagnosis at Discharge/Transition:

995.53 Sexual Abuse of a Child

GAF at Admission: 75

GAF at Discharge/Transition: 90

Strengths:

DaShawna is intelligent. She has a positive support system.

Needs:

None.

Abilities:

DaShawna is able to communicate clearly.

Preferences:

None

Current Medications (list medications, dosages):

None

Will the client be discharged/transferred on medication? ☐ Yes ☒ No

Explain.

Presenting Condition/Problem(s)/Symptom(s):

DaShawna is experiencing some anxiety about testifying in court that her father sexually abused her.

What services were provided and what were the results of services/progress on recovery at the time of discharge/transition (Include the following: Were goals/objectives met? Gains achieved? Progress in his/her recovery?):

Court preparation for the purpose of reducing anxiety about courtroom procedures, rules, and expectations. reviewed the general courtroom layout, including the roles and responsibilities of different courtroom personnel. She also reviewed rules for dress and behavior in the courtroom. She practiced skills for regulating her emotions while testifying (e.g. deep relaxation breaths, holding a comfort object). visited the courtroom to familiarize herself with the layout. She also testified during the trial and felt positive and empowered by her experience.

Date of Last Contact:

07/23/2010

Client Status at Last Contact:

Client felt positive about court outcome and hopeful for her future.

Recommendations for Follow-up/Support (include information about referrals to other agencies):

1). If symptoms re-appear you may return to the mental health center for further evaluation and treatment.

2). Referred to _____ Contact name & phone number: _____

Person participating in Discharge Summary/Transition Plan:

Staff Signature/Title/Date: Aimee Phipps, LMSW

Client received a copy of the Discharge Summary/Transition Plan: ☐ Yes ☒ No

LIMITED CONTACT SHEET - SHORT FORM
(FOR LESS THAN 6 SERVICE DAYS OR LESS THAN 45 CALENDAR DAYS)

2ND SERVICE DAY - BRIEF CLINICAL NOTE, INCLUDING: SERVICE PROVIDED; PROGRESS;
DISPOSITION; AND RECOMMENDATIONS.

See C-39 in chart
7/12/10

PROVIDER'S SIGNATURE, TITLE, AND DATE:

AD [signature] 7/12/10

3RD SERVICE DAY - BRIEF CLINICAL NOTE, INCLUDING: SERVICE PROVIDED; PROGRESS;
DISPOSITION; AND RECOMMENDATIONS.

see C-39 in chart
date 7/16/10

PROVIDER'S SIGNATURE, TITLE, AND DATE:

AD [signature] 7/16/10

4TH SERVICE DAY - BRIEF CLINICAL NOTE, INCLUDING: SERVICE PROVIDED; PROGRESS;
DISPOSITION; AND RECOMMENDATIONS.

PROVIDER'S SIGNATURE, TITLE, AND DATE:

5TH SERVICE DAY - BRIEF CLINICAL NOTE, INCLUDING: SERVICE PROVIDED; PROGRESS;
DISPOSITION; AND RECOMMENDATIONS.

PROVIDER'S SIGNATURE, TITLE, AND DATE:

MENTAL HEALTH CENTER
Discharge Summary or Transition Plan

This form is being used to (check one): ☒ Discharge from MHC services ☐ Transfer to another program

Client Name: <i>MINOR</i>	CID#: 10169491	Date of Admission: 09/11/2009	Date of Discharge/Transition: 10/30/2009
---------------------------	----------------	-------------------------------	--

Reason for Discharge/Transition:

Unable to finish court preparation due to unknown court date. Client to be discharged and will continue court prep when an official court date has been established.

Diagnosis at Admission:

995.53 Sexual Abuse of a Child

Diagnosis at Discharge/Transition:

995.53 Sexual Abuse of a Child

GAF at Admission: 90

GAF at Discharge/Transition: 90

Strengths:

MINOR is intelligent. She has a positive support system.

Needs:

MINOR needs to be prepared for court, learning skills to reduce anxiety about courtroom procedures and expectations.

Abilities:

MINOR is able to communicate clearly.

Preferences:

None

Current Medications (list medications, dosages):

None

Will the client be discharged/transferred on medication? ☐ Yes ☒ No

Explain:

Presenting Condition/Problem(s)/Symptom(s):

is experiencing some anxiety about testifying in court that her father sexually abused her.

What services were provided and what were the results of services/progress on recovery at the time of discharge/transition (Include the following: Were goals/objectives met? Gains achieved? Progress in his/her recovery?):

Court preparation for the purpose of reducing anxiety about courtroom procedures, rules, and expectations. *MINOR* reviewed the general courtroom layout, including the roles and responsibilities of different courtroom personnel. She also reviewed rules for dress and behavior in the courtroom. She practiced skills for regulating her emotions while testifying (e.g. deep relaxation breaths, holding a comfort object).

MINOR has not yet had the opportunity to visit a live courtroom. She is anxious about the process but feels ready to testify. Services will not continue with DaShawna until a court date has officially been established.

Date of Last Contact:

10/16/2009

Client Status at Last Contact:

Clt was alert and involved.

Recommendations for Follow-up/Support (include information about referrals to other agencies):

1). If symptoms re-appear you may return to the mental health center for further evaluation and treatment.

2). Referred to _____ Contact name & phone number: _____

Person participating in Discharge Summary/Transition Plan:

Staff Signature/Title/Date: Aimee Phipps, LMSW

Client received a copy of the Discharge Summary/Transition Plan: ☐ Yes ☒ No

LIMITED CONTACT SHEET - SHORT FORM
(FOR LESS THAN 6 SERVICE DAYS OR LESS THAN 45 CALENDAR DAYS)

Page 2

2ND SERVICE DAY - BRIEF CLINICAL NOTE, INCLUDING: SERVICE PROVIDED; PROGRESS;
 DISPOSITION; AND RECOMMENDATIONS.

see C-39 in chart
 dated 9/25/09

PROVIDER'S SIGNATURE, TITLE, AND DATE:

[Signature] MBR 9/25/09

3RD SERVICE DAY - BRIEF CLINICAL NOTE, INCLUDING: SERVICE PROVIDED; PROGRESS;
 DISPOSITION; AND RECOMMENDATIONS.

Ⓢ Court prep / emotion reg.
 Ⓢ Review courtroom vocabulary. Discuss rules / etiquette for courtroom conduct.
 Discuss expectations about court; anxieties and coping.
 Ⓢ Practiced using appropriate etiquette in response to dialogue from
 a judge v. dialogue from an attorney. She discussed when it is appropriate to make
 statements such as "don't know" to "don't remember" to "don't want to talk about that."
 She practiced answering non-case related questions using clear answers. Dashaune
 has some concern about testifying in front of other people and using words for names
 of body parts. Ⓢ feels capable to testify and is working on skills to confront worry.

PROVIDER'S SIGNATURE, TITLE, AND DATE:

[Signature] MBR 10/16/07

Ⓢ Court prep.

4TH SERVICE DAY - BRIEF CLINICAL NOTE, INCLUDING: SERVICE PROVIDED; PROGRESS;
 DISPOSITION; AND RECOMMENDATIONS.

PROVIDER'S SIGNATURE, TITLE, AND DATE:

5TH SERVICE DAY - BRIEF CLINICAL NOTE, INCLUDING: SERVICE PROVIDED; PROGRESS;
 DISPOSITION; AND RECOMMENDATIONS.

PROVIDER'S SIGNATURE, TITLE, AND DATE:

DISCHARGE PLAN AND SUMMARY

CLIENT'S NAME & ID#	ADMISSION DATE	DATE OF LAST CONTACT
10169491	01/06/2009	06/29/2009

SUMMARY OF SERVICES RENDERED

a. Goals and measurable outcomes achieved (response to treatment):

..... has successfully completed all of her treatment goals and objectives. She used her therapy time to learn about abuse and about healthy physical and emotional relationships. She developed a safety plan and can identify a minimum of five trusted adults that will protect her. completed work on identifying thoughts, feelings, and behaviors. She developed more than five coping skills to combat negative emotions, and she used those skills both at home and in session. completed a trauma narrative and shared it with her caregiver.

b. Strengths, needs, abilities, and preferences of the client:

..... enjoys a wide range of activities (dancing, math, basketball). She has a lot of strong family support. should not be allowed to have any contact with the perpetrator.

c. Services or interventions provided:

Trauma-focused Cognitive Behavioral Therapy (individual and family sessions)
Psychiatric medical assessment (PMA)

d. Most current medication(s) prescribed and response:

None

CLIENT'S ASSESSMENT OF TREATMENT EFFECTIVENESS (IF AVAILABLE)

..... reported feeling "happy" at the end of her treatment.

DISCHARGE DIAGNOSIS

995.53 Sexual Abuse of a Child

REASON FOR TERMINATION OF SERVICES

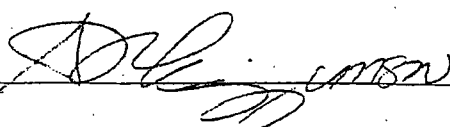
Client completed all treatment goals.

FOLLOW-UP PLANS

a. Discharge was: ☒ planned ☐ unplanned (if unplanned, discuss efforts made to encourage client to return):

b. Referral(s) made to:

N/A

STAFF SIGNATURE & TITLE	DATE
Aimee Phipps, LMSW 	07/07/2009

PLAN OF CARE

ADMISSION DATE: 01/06/09

PAGE 1

CLIENT NAME:		CLIENT ID #:	MEDICAID #: (if applicable)		
		10169491	2400490001		
PRIMARY DIAGNOSIS ADDRESSED IN TX.: CODE AND DESCRIPTION (changes need to be dated and initialed)		OTHER DIAGNOSIS ADDRESSED IN TX.: CODE AND DESCRIPTION (changes need to be dated and initialed)			
995.53 Sexual Abuse of a Child					
PROMPTS: Number Goals and Objectives (1., 1A, 1B; 2., 2A, 2B as appropriate) Goals should be in the words of the client, family, and/or stakeholder - list things they would like to achieve, change, or need help with. Objectives should be reflective of the client's expectations, development, culture/ethnicity, tx. team's expectations, understandable to the client & their family as appropriate, appropriate to the DX; and behavioral, measurable, achievable. Interventions at least one for each objective that tells how and what is done to achieve the objective.					
(MD MUST INITIAL AND DATE ANY ADDED SERVICES OR CHANGES IN FREQUENCY AFTER MD SIGNATURE/AUTHORIZATION BELOW)					
Per Client: "I'll be a new person. I'll act different and do different things - be better."		TARGET DATE	SERVICES	FREQUENCY	TYPE OF STAFF
1. a will gain the skills to prevent future abuse and reduce her anxiety.			ASSMT	PRN	MHP
1A. Use TF-CBT to provide psychoeducation about abuse, boundaries, and healthy relationships.		06/06/09			
1B. will develop and implement a safety plan.		06/06/09	SPD	PRN	MHP
1C. Using TF-CBT DaShawna will learn to identify her thoughts, feelings, and behaviors.		01/06/10	PMA	PRN	MD
1D. will develop five coping skills and demonstrate their use in session and at home.		01/06/10	IND.TX.	1 Time Weekly	MHP
1E. Using TF-CBT will develop a narrative of her trauma experience and will process it in therapy.			FM.TX.	1 Time Month	MHP
1F. If appropriate a will share her narrative with her caregiver.		01/06/10	TOM/OM	PRN	MHP
		01/06/10			
COPY:	CLIENT SIGNATURE AND DATE (Indicates input and copy offered)	CLINICIAN SIGNATURE, TITLE AND DATE		PHYSICIAN SIGNATURE, TITLE AND DATE (confirms medical necessity and appropriateness)	
☐ Accepted ☐ Declined		Almea Phipps, LMSW 04/06/2009			
☐ Accepted ☐ Declined					
☐ Accepted ☐ Declined					

PLAN OF CARE

PAGE 2

CLIENT NAME:		CLIENT ID #: 10169491	
Strengths: (programs, institutions, people in client's life that offer support/motivation) Per Caregiver: "She gets very good grads in school. She's smart." Per "I'm funny, nice. . . kids like to be around me."		Needs: (treatment or global needs, include legal involvements/requirements, e.g., court ordered to tx.) NONE	
Abilities: (assets/skills of the client that can be used in treatment) Per Caregiver: "She likes math." "I'm good at dancing, basketball, math, computer, keyboarding."		Preferences: (appt. times, therapist, types of treatment, language of preference) Appointments need to be made on Ms. Myers day off from work and that changes.	
Other Service Providers/Referrals: (include co-occurring disabilities/needs beyond the scope of the MHC) ☐ VR ☐ DDSN ☒ DSS ☐ A&D ☐ DHEC ☐ MD ☐ OTHER (list) Rhunette Sumler		Referral Source Information: ARC Contact Name: Ray Olszewski Telephone: 803-898-1470 Other:	
Program:			
Discharge/Transition Criteria: (initiated with the client on intake) will demonstrate she is able to utilize one of her five coping skills when confronted with a stressor. anxiety will decrease and be minimal and situationally appropriate.			
Center Use:			
Other:			

COPY	CLIENT SIGNATURE AND DATE (Indicates input and copy offered)	CLINICIAN SIGNATURE, TITLE AND DATE:	PHYSICIAN SIGNATURE, TITLE AND DATE: (confirms medical necessity and appropriateness)
☐ Accepted ☐ Declined			
☐ Accepted ☐ Declined			
☐ Accepted ☐ Declined			

MENTAL HEALTH CENTER

Initial Clinical Assessment

Date: 01/06/2008 *9:10 AM*

Source of Data: ☒ Client ☒ Family: Kathy Myers - BP

☐ School:

Referred By: ☐ Self ☐ Court Order: (Type)

☐ Old records ☐ Other:

☒ Other: ARC

Section A: Identifying Data

Name: (Last) (First) (MI) K CID# 10169491

Age: DOB: Gender: Female Race: AA Marital Status: Single

Other Identifying Information:

Section B: Perceptions and History of Presenting Problem(s)

Documentation should address the source of information and the following:

(1) What brought client here today (px, sx, hx, duration and stressors)?

Client Response:

"I'm sometimes having nightmares." described also feeling some anxiety at times.

Family/Guardian (Specify):

Per BP: She sleeps with her room door open, some light on at night. She has an increased appetite but eats smaller portions and she has been keeping food in her room."

Collateral Sources (Specify):

N/A

(2) What are the possible causes? Why does the client think she/he is having these problems/symptoms?

Client Response:

"I'm here to tell you what happened with dad."

Family/Guardian (Specify):

Per BP: "It happened at the end June last year. She had weekend visits with her dad. She told me her dad sexually abused her, putting his fingers in her vagina. She has had no visits since then and there is a restraining order against him. Investigator Martin is working on the case."

Collateral Sources (Specify):

N/A

(3) Who and what area of client's life are affected by this? How does this make client/family member feel about him/herself?

Client Response:

No answer.

Family/Guardian (Specify):

Per BP: "It's hard to say. No noticeable change in her self-esteem. She has no contact with her father."

Collateral Sources (Specify):

N/A

(4) How does client/family think this can be solved? What will help?

Client Response:

No answer.

Family/Guardian (Specify):

Per BP: "I don't want this situation to ruin the rest of her life. So she won't get into negative risk taking behavior -like drugs.

Collateral Sources (Specify):

Name: DaShawna Anderson

CID#: 10169491

Section C: Urgent Needs/Risk Assessment**Suicidal Risk:** ☒ Denies ☐ Ideas ☐ Plans ☐ Means ☐ Intent ☐ Hx of attempts ☐ Hx in family**Homicidal Risk:** ☒ Denies ☐ Ideas ☐ Plans ☐ Means ☐ Intent ☐ Hx of attempts ☐ Hx in family**Self Mutilation:** ☒ Denies ☐ Ideas ☐ Plans ☐ Means ☐ Intent ☐ Hx of attempts ☐ Hx in family**Other Risk Taking Behaviors:** Past or current (*Specify in comments section.*): ☒ Denies☐ Driving fast/DUI ☐ Unprotected sex ☐ Gang affiliations ☐ Fire setting ☐ Hx of violence☐ Other**Comments:**

N/A

Steps taken to address urgent needs:

N/A

Section D: History of Mental Health Treatment**A chronological history of all inpatient and outpatient treatment to include location, date of treatment, diagnosis, type of treatment, and how/why ended.** ☒ None**Family Mental Health History:** ☒ None

Describe history and specify relative:

Name: _____

CID#: 10169491

Section E: Trauma History (☐ See Trauma Assessment Form)History of Trauma/Violence/Abuse/Neglect: ☐ None apparent ☐ Signs/sx present, but denies ☒ Acknowledges
☐ Referred for assessmentType of Trauma/Violence/Abuse/Neglect: ☐ None ☒ Sexual ☐ Physical ☐ Emotional ☐ Self/someone else was going to die/be killed
☐ Natural Disaster ☐ Accident (specify): _____Was client: ☒ Victim ☐ Witness ☐ Perpetrator

Describe issues identified: (nightmares, flashbacks, startle reflex, avoidance): _____

Sporadic appetite; nightmares; fear of the dark.

Section F: Substance Use ☒ Denies (go to Family Hx of Substance Abuse)

Substance	Age Started	Frequency/Quantity	Method	Last Use
Alcohol				
Cannabis				
Sedatives (Benzodiazepines, Barbiturates)				
Stimulants (Crack, Cocaine, Methamphetamine, Speed)				
Hallucinogens (LSD, Mushrooms, Mescaline)				
Opiates (Heroin, Codeine, Morphine)				
Inhalants				
Steroids				
Caffeine				
Nicotine				
Other				

Substance Use Treatment (A chronological history of all inpatient and outpatient treatment to include location, dates of treatment, type of treatment, and how/why ended.):

Substance Use Experiences:

- 1) Experienced blackouts? ☐ Yes ☐ No If yes, describe: _____
- 2) Withdrawal symptoms (seizures, DT's; etc)? ☐ Yes ☐ No If yes, describe: _____
- 3) Legal involvements related to substance use? ☐ Yes ☐ No If yes, describe: _____
- 4) Is your alcohol/drug use something that needs to be addressed in treatment? ☐ Yes ☐ No If yes, describe: _____
- 5) Family history of substance abuse? ☐ Yes ☒ No If yes, describe: Ms. Myers denies family history of use but cannot confirm that for DaShawna's father.

Name: _____

CID#: 10169491

Section H: Social, Economic and Cultural

1). Where were you born and raised?

_____ was born in Columbia, SC and has lived there her whole life.

2). Describe your family of origin (who raised you, how many sibling(s), quality of relationships then and now):

_____ is the only child of her biological mother and father. _____ has 15 year old brother Eric who has a different father. _____ biological father has several children that are grown. Until the disclosure of abuse _____ /na was having visits with her father and stepmother. _____ interview revealed sexual abuse by her biological father as well as incidences of being beaten and subsequently locked in a closet. DaShawna's now has no contact with her biological father and appears to have a positive relationship with her mother.

3). Describe current family/significant relationships (significant other? children? quality of relationships?):

DaShawna lives with her mother Kathy, her stepfather John, and her brother Eric. Kathy is married to John.

4). Describe past significant relationships (marriages, divorces, separations, etc.):

_____ has been separated from contact with her father since the report of abuse. _____ parents were never married.

5). Describe any significant losses/separations of any family members/significant others (including loss of pets, physical functions, limbs, property/possessions, etc.):

None

6). Describe current housing situation (house, mobile home, boarding homes, shelter, homeless, etc.): Any needs?

No needs.

7). Any problems/issues/changes with sex/sexuality? ☐ Yes ☒ No (If yes, describe):

8). Describe current social involvement (activities that you enjoy with others):

"I like to go outside and play with my friends." _____ also enjoys "playing basketball and dancing." Per BP: "We play games together... cards, Monopoly, Scrabble."

9). Describe current spiritual/religious involvement:

Christian Apostolic - Good Shepherd Family Worship

10). Describe educational background (how far in school, tech school, college, special ed., special programs, highest level completed):

_____ attends Southeast Middle School and is in the 6th grade.

11). Describe current and past employment (how long at each job, if on disability, include any military service/type of discharge, etc.):

_____ is not age appropriate to work. Her mother is a C.N.A. and her stepfather works for the City of Columbia.

If you could work now, what would you be interested in doing?

N/A

12). History of legal involvements (DJJ, charges, jail/prison time, #arrests and #convictions, as well as any current legal problems): ☒ None

Name: _____

CID#: 10169491

Section I: Child And Adolescent Developmental History

Source of data if other than birth mother: _____

Prenatal: Mother's condition while pregnant with the child ☐ Unknown☒ Normal, no health problems ☐ Threatened miscarriage ☐ Bleeding ☐ Toxemia ☐ High BP☐ Diabetes ☐ Frequent nausea/vomitingPregnancy was: ☐ Planned ☒ UnplannedUse of Alcohol: ☐ None ☒ Infrequent ☐ FrequentUse of Nicotine: ☒ None ☐ Less than one pack/day ☐ More than one pack/day ☐ Other useUse of Illegal drugs: ☒ None ☐ Infrequent ☐ Frequent specify: _____Use of Prescription/OTC drugs: ☐ Yes ☒ No specify: _____

Comments: Per BP: "I had the occasional glass of wine while I was pregnant."

Birth: Child's status at time of birth ☐ Unknown☐ Normal ☐ Birth trauma (forceps, breech, prolonged/early labor, cord problems, hypoxia, etc) ☐ NICU ☐ C-Section☐ Single birth ☐ Multiple birth ☐ Low birth weight ☒ Premature ☐ Other complications

Comments: _____

Infancy: Birth to 2 years ☐ Unknown☒ Contented/happy ☐ Colic ☐ Excessive crying ☐ Overactive ☐ Failure to thrive ☐ Feeding problems

Comments: _____

Early Developmental Stages: W=Within Normal Limits D=Difficulty ☐ Unknown

W	D		W	D		W	D	
☒	☐	Motor skills (crawling/walking)	☒	☐	Hearing	☒	☐	Speech development
☒	☐	Vision	☒	☐	Toilet training	☒	☐	Language development
☒	☐	Cognitive development						

Comments: _____

Has the child had any major losses/separations from family members/significant persons? ☐ Yes ☒ No

Give approximate age of child and additional information if available: _____

Medical Issues (specify past/current/complications): ☐ Unknown

Yes No

☒ ☐ Regular pediatric preventive (well-baby) care☒ ☐ Immunizations current☐ ☒ Enuresis☐ ☒ Encopresis☐ ☒ Exposure to toxins (i.e. lead, asbestos, etc.) list: _____☒ ☐ Childhood illnesses (measles, mumps, chickenpox, etc.) list: DaShawna has had chickenpox.

CID#: 10169491

School History ☐ N/ASchool attending: Southeast Middle- Grade: 6th Teacher(s): Ms. Lanon - homeroomType of class: ☒ Regular/mainstream ☐ Resource ☐ Gifted ☐ LD ☐ EH ☐ TMH ☐ EMH ☐ Self-contained
Subject(s) _____Rehabilitative/Support Services: ☒ None ☐ PT ☐ OT ☐ Speech ☐ Other, specify: _____Attendance: ☒ Regular attendance ☐ Misses often/excused ☐ Misses often/unexcusedReason for absences: ☒ Illness ☐ Truancy ☐ Other specify: _____Need for discipline: ☒ None/infrequent ☐ Frequent ☐ Office referrals ☐ ISS ☐ OSS ☐ ExpulsionsGrades repeated: ☒ No ☐ Yes specify: _____Performance: ☒ Exceeds ☐ Average ☐ Below averageExtracurricular activities: NoneIf available, would child/parents be willing to participate in school based services? ☐ Yes ☒ No**Behaviors (Check all that apply)**

H=Home S=School

H	S		H	S		H	S	
☐	☐	Appropriate, no problems	☐	☐	Runs/climbs inappropriately	☐	☐	Often defiant
☐	☐	Unable to concentrate, focus	☐	☐	"On the go" or seems driven	☐	☐	Deliberately annoys people
☐	☐	Makes careless mistakes	☐	☐	Talks excessively	☐	☐	Blames others for mistakes
☐	☐	Difficulty sustaining attention	☐	☐	Often blurts out answers	☐	☐	Touchy/easily annoyed
☐	☐	Fails to finish tasks	☐	☐	Difficulty waiting	☐	☐	Angry/resentful
☐	☐	Difficulty organizing	☐	☐	Interrupts/intrudes on others	☐	☐	Spiteful/vindictive
☐	☐	Dislikes complicated tasks	☐	☐	Often loses temper	☐	☐	Bullies/threatens/intimidates
☐	☐	Loses things	☐	☐	Often argues with adults	☐	☐	Initiates physical fights
☐	☐	Easily distracted	☐	☐	Often lies	☐	☐	Used weapon to harm others
☐	☐	Often forgetful	☐	☐	Steals	☐	☐	Cruel to animals/people
☐	☐	Often fidgets/squirms	☐	☐	Fire setting	☐	☐	Destruction of property
☐	☐	Leaves seat inappropriately	☐	☐	Violates curfew	☐	☐	Truancy
☐	☐	Excessive anxiety concerning separation from caregivers	☐	☐	Irritable	☐	☐	Oppositional
			☐	☐	Disrespectful	☐	☐	Seems depressed/down

Discipline at home: ☒ Restriction of activities ☐ Time out ☐ Spanking ☒ Other: Describe: BP: "I take things away, make her clean her room, won't allow play."**Social Environment**Peer interactions: ☒ Sociable ☐ Few friends ☒ Same age ☐ Younger ☐ Older ☐ IsolatedCurrent caregiver and relationship to child: DaShawna lives with her mother.Issues/concerns re: caregiver/living situation: NoneLegal custody: Ms. Myers has sole custody. DaShawna's father (Michael Devaux) was allowed visits but currently is not allowed contact per the restraining order.

CID#: 10169491

Section J: Strengths, Needs, Abilities, and Preferences**Strengths:** (family, social, spiritual support, hobbies, and attitudes that have helped overcome past crises)

Per BP: "She gets very good grades in school. She's smart."

Per Ct: "I'm funny, nice...kids like to be around me."

Needs: (Client's expression of current needs emotional, physical, social, environmental)

None

Are you currently receiving services from other providers/agencies?

☐ Yes ☒ No

Specify: _____

Abilities: (Client's ability to follow up with treatment, understand instructions, participate in treatment)

Per BP: "She likes math."

Per Ct: "I'm good at dancing, basketball, math, computer keyboarding."

Preferences: (appt., day/times, therapist, treatment modality, etc.)

Appointments need to be made on Ms. Myers day off from work and that changes.

Section K: View of Treatment and Discharge*Documentation should include the source and the following:*

> What are your expectations?

Client: "I don't know."**Family (specify):** Per BP: "I want her to tell you whats going on so you can comfort and encourage her."

> What is your commitment and motivation to treatment?

Client: N/A**Family (specify):** No concerns regarding commitment to treatment.

> How will you know when you will be ready for discharge?

Client: "I'll be a new person. I'll act different and do different things - be better."**Family (specify):** Per BP: "That's hard to say. I'll wait til treatment is over."**Section L: Mental Status Exam***List more than one descriptor if applicable. Elaborate on any problem areas in the space provided.*

Appearance & Hygiene	☐ Meticulous ☒ Neat ☒ Clean ☐ Disheveled ☐ Bizarre ☐ Body Odor Comments:
Motor Activity	☒ Appropriate to situation ☐ Over-active ☐ Tremor/tics ☐ Poor coordination ☐ Repetitive ☐ Lethargic Comments:
Attitude During Interview	☒ Cooperative ☐ Oppositional ☐ Hostile ☐ Dramatic ☐ Guarded ☐ Irritable ☐ Withdrawn Comments:
Affect	☒ Appropriate to situation ☐ Blunted ☐ Flat ☐ Tearful ☐ Incongruent ☐ Expansive ☐ Labile Comments:
Mood	☐ Happy ☐ Euthymic ☐ Anxious ☐ Depressed ☐ Angry ☐ Hopeless ☐ Suspicious ☒ Passive Comments:
Speech	☒ Normal rate and tone ☐ Slow ☐ Fast ☐ Soft ☐ Loud ☐ Pressured ☐ Slurred ☐ Stuttering ☐ Alogia Comments:

CID#: 10169491

Thought Process	☒ Normal, appropriate, coherent, relevant ☐ Loose associations ☐ Flight of ideas ☐ Blocking ☐ Racing ☐ Circumstantial ☐ Tangential ☐ Indecisive ☐ Disorganized ☐ Concrete Comments:
Thought Content	☒ Normal ☐ Phobias ☐ Obsessions ☐ Ideas of hopelessness ☐ Ideas of worthlessness ☐ Paranoia ☐ Persecutory ☐ Suicidal ☐ Homicidal (<i>Note: If suicidal or homicidal, see risk assessment</i>) Comments:
Hallucinations	☒ No evidence ☐ Auditory ☐ Command ☐ Visual ☐ Olfactory ☐ Tactile ☐ Denies Comments:
Delusions	☒ No evidence ☐ Persecutory ☐ Grandeur ☐ Reference ☐ Influence ☐ Somatic ☐ Denies Comments:
Orientation/Level of Consciousness	☒ Alert Oriented to ☒ Person ☒ Place ☒ Time ☐ Situation ☐ Clouded ☐ Confused Comments:
Judgement	☒ Able to make sound decisions ☐ Usually able to make sound decisions ☐ Poor decision making, adversely affects self ☐ Poor decision-making, adversely affects others Comments:
Insight/Adjustment to Problems/Illness, Disabilities, Disorders	☐ Denies problems/illness ☐ Blames others ☐ Minimizes ☒ Acknowledges & understands ☐ Acknowledges but fails to understand Comments: DaShawna understands why she is coming to therapy.
Memory (use example)	☒ Intact ☐ Poor remote ☐ Poor recent ☐ Poor immediate Comments:
Concentration & Calculations (use example)	☒ Able to concentrate ☐ Able to do simple math ☐ Easily distracted ☐ Daydreams Comments:
Fund of Knowledge (use example)	☒ Above average ☐ Average ☐ Below average Comments:

Other Pertinent Information: _____

Sleep Patterns: ☐ Adequate ☐ Hypersomnia ☐ Early awakening ☐ Insomnia ☐ Short intervals ☐ Sleepwalking ☒ Nightmares ☐ Decreased need for sleep ☐ Other		Appetite/Eating Patterns: ☐ Adequate ☐ Purges ☐ Increased ☐ Binges ☒ Decreased ☐ Doesn't eat ☐ Weight changes: _____ Lbs.		Energy Levels: ☒ Adequate ☐ Increased ☐ Decreased ☐ Fatigue	Libido ☒ Adequate ☐ Increased ☐ Decreased
--	--	--	--	---	---

CID#: 10169491

Section M: DSM-IV Diagnosis
(Must include both code and description)

Axis I: 995.53 Sexual Abuse of a Child

Criteria For Dx: Focus of clinical attention is on treating a child victim of abuse. DaShawna has experienced nightmares, fear of the dark, and a decreased appetite.

Axis II: v71.09 None

Axis III: None

Axis IV: Victim of sexual abuse

Axis V: 70

Section N: Interpretive Summary

This is a narrative of the data gleaned during the assessment. It should include: ☒ Priorities for treatment, include co-occurring disorders ☒ Justification for treatment ☒ Recommendation(s) for treatment and referrals (including services and their frequencies) ☒ Clinical judgement re: both positive and negative factors likely to affect the client's course of treatment and clinical outcomes. And it could also include: ☒ Current levels of cognitive, emotional, and behavioral functioning ☒ Issues present ☒ Basis for diagnosis ☒ Adjustments to disorder/disabilities.

old African American female. DaShawna currently lives with her mother, her stepfather, and her older brother Eric. DaShawna is in the 6th at Southeast Middle School. She enjoys activities with friends and family. She is loves playing basketball and dancing. She is intelligent and capable of following through on tasks and assignments.

DaShawna alleges that her father sexually abused her one time during a visit to his house. Prior to the next visit reported the abuse to her mother. Her mother was protective and she has not had contact with her father. Her appetite is sporadic and has decreased. Ms. Myers describes hoarding behaviors. DaShawna is afraid of the dark and has occasional nightmares. There is a history that DaShawna was beaten by her father and locked away when she was younger, leading to the fear of the dark.

According to the DSM-IV-TR DaShawna meets the criteria for a diagnosis of 995.53 Sexual Abuse of a Child. GAF is at 65. Her symptoms are minimal. She appears happy and confident. Her symptoms do not prohibit daily functioning but the symptoms can be limiting and should be addressed in therapy. Her treatment will focus on treating symptoms associated with the abuse. She will participate in Trauma Focused Cognitive Behavioral Therapy (TFCBT), a best practice model for treating victims of trauma. DaShawna will have an opportunity to discuss her trauma which may cause her some embarrassment and discomfort. However, processing her trauma will provide her with an opportunity to identify cognitive distortions associated with the abuse. These benefits will outweigh any negative aspect of therapy.

DaShawna is not currently receiving services elsewhere and referrals to outside agencies are inappropriate at this time. Referrals will be made as needed.

Assisting Staff's Signature / Title (if applicable):

Date:

Clinician's Signature / Title:

Aimee Phipps, LMSW

Date: 01/16/2006



ASSESSMENT & RESOURCE CENTER

The Children's Advocacy Center of Richland County

William S. Hall Psychiatric Institute
Wilson Building, 1800 Colonial Drive
P. O. Box 202, Columbia, S.C. 29202
Telephone #: 898-1470 Fax #: 898-1471

THERAPY INTAKE FORM

Intake by: Ray Olszewski

Child's name:

Child's age:

DOB:

grade:

Date of referral: 7/23/08

Referral Source:

Contact person: Kathy Myers - mother

If ARC Referral: Patient reg. #:

Working diagnosis:

Therapy needs:

995-53

Child digitally penetrated by her bio (F) mother
would like her to get counseling.

Therapist Assigned:

Aimee Phipps

Attempts to Contact:

Date

Time

8/25/08

appointment made for

9/2/08

(PS)

failed appt. sent letter 9/3/08

appt set

10/13/08

(NS)

Date of first scheduled appointment:

tc - by Kathy reschedule 10/27

(NS)

Additional information:

Ronnette Sumler

Tx RCDSS

→ call ~~when~~ scheduled



ASSESSMENT & RESOURCE CENTER
The Children's Advocacy Center of Richland County
Serving the Midlands

September 3, 2008

Kathy Myers
4216 Leesburg Rd., Lot 9
Hopkins, SC 29061

Dear Ms. Myers:

This letter is in regards to therapy sessions for _____, who was referred for therapy with me at the Assessment and Resource Center (ARC). The ARC specializes in the treatment of child abuse using Trauma Focused Cognitive Behavioral Therapy (TFCBT), a best practice treatment model designed to treat victims of trauma. All employees are trained to provide this specialized treatment that may or may not be available by outside providers.

An appointment to begin therapy services at the ARC was set for Tuesday, September 2, 2008 at 5:30pm. _____ failed to appear for that appointment. We currently have a waiting list for individuals needing TFCBT. Consequently I am unable to hold a therapy slot open indefinitely. This letter is the final attempt to contact you so that therapy services can begin for _____. a. If I do not hear from you by September 15th I will assume that you no longer desire therapy services for _____ and I will relinquish her slot to an individual on our waiting list.

If you have concerns regarding transportation issues I will gladly work with you. I can also provide referrals for therapy at other agencies. I look forward to working with you and your child if therapy services are needed.

I appreciate your prompt response. You can reach at my direct line (803) 898-2396.

Sincerely,

Aimee Phipps, LMSW
Mental Health Therapist





ASSESSMENT & RESOURCE CENTER
The Children's Advocacy Center of Richland County
Serving the Midlands

PO BOX 119
THE WILSON BUILDING
COLUMBIA, SC 29202

Mailed to wrong lot # 78

Ms. Kathy Myers



UNITED STATES POSTAGE
 **PINEY BOWES**
02 1R \$ 00.42⁰⁰
0002095082 SEP 08 2008
MAILED FROM ZIP CODE 29201

ANK

9-10

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Hopkin

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RETURN TO SENDER
ATTEMPTED - NOT KNOWN
UNABLE TO FORWARD

BG: 29202011919 *1454-04637-09-34

29061-2953 292020119





ASSESSMENT & RESOURCE CENTER

The Children's Advocacy Center of Richland County
Serving the Midlands

September 3, 2008

Kathy Myers
4216 Leesburg Rd., Lot 9
Hopkins, SC 29061

Dear Ms. Myers:

This letter is in regards to therapy sessions for _____, who was referred for therapy with me at the Assessment and Resource Center (ARC). The ARC specializes in the treatment of child abuse using Trauma Focused Cognitive Behavioral Therapy (TFCBT), a best practice treatment model designed to treat victims of trauma. All employees are trained to provide this specialized treatment that may or may not be available by outside providers.

An appointment to begin therapy services at the ARC was set for Tuesday, September 2, 2008 at 5:30pm. _____ failed to appear for that appointment. We currently have a waiting list for individuals needing TFCBT. Consequently I am unable to hold a therapy slot open indefinitely. This letter is the final attempt to contact you so that therapy services can begin for _____. If I do not hear from you by September 15th I will assume that you no longer desire therapy services for _____ and I will relinquish her slot to an individual on our waiting list.

If you have concerns regarding transportation issues I will gladly work with you. I can also provide referrals for therapy at other agencies. I look forward to working with you and your child if therapy services are needed.

I appreciate your prompt response. You can reach at my direct line (803) 898-2396.

Sincerely,

Aimee Phipps, LMSW
Mental Health Therapist





ASSESSMENT & RESOURCE CENTER

The Children's Advocacy Center of Richland County
Serving the Midlands

September 24, 2008

Kathy Myers
4216 Leesburg Rd., Lot 9
Hopkins, SC 29061

Dear Ms. Myers:

This letter is in regards to therapy sessions for _____, who was referred for therapy with me at the Assessment and Resource Center (ARC). The ARC specializes in the treatment of child abuse using Trauma Focused Cognitive Behavioral Therapy (TFCBT), a best practice treatment model designed to treat victims of trauma. All employees are trained to provide this specialized treatment that may or may not be available by outside providers.

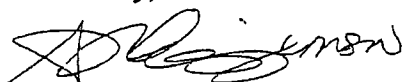
An appointment to begin therapy services at the ARC was set for Tuesday, September 2, 2008 at 5:30pm. _____ failed to appear for that appointment. We currently have a waiting list for individuals needing TFCBT. Consequently I am unable to hold a therapy slot open indefinitely.

A letter regarding the matter was sent previously but delivered to the wrong address. This letter is the final attempt to contact you so that therapy services can begin for _____. If I do not hear from you by October 7th I will assume that you no longer desire therapy services for _____ and I will relinquish her slot to an individual on our waiting list.

If you have concerns regarding transportation issues I will gladly work with you. I can also provide referrals for therapy at other agencies. I look forward to working with you and your child if therapy services are needed.

I appreciate your prompt response. You can reach at my direct line (803) 898-2396.

Sincerely,


Aimee Phipps, LMSW
Mental Health Therapist





ASSESSMENT & RESOURCE CENTER
The Children's Advocacy Center of Richland County
Serving the Midlands

October 3, 2008

Kathy Myers
4216 Leesburg Rd., Lot 9
Hopkins, SC 29061

Dear Ms. Myers:

This letter is in regards to therapy sessions for _____ who was referred for therapy with me at the Assessment and Resource Center (ARC). I received your message regarding rescheduling _____ appointment. However, attempts to call back were unsuccessful as both contact numbers have been disconnected.

A new appointment is scheduled for Monday, October 13, 2008 at 4:00pm. This initial appointment will require only your attendance. If you cannot attend at this day at time you must call to reschedule by Thursday, October 9, 2008. We currently have a waiting list for individuals needing counseling. Failure to attend the appointment will result in removal from the current opening for counseling services however you can request to be returned to the waiting list.

If you have concerns regarding transportation issues I will gladly work with you. I can also provide referrals for therapy at other agencies. I look forward to working with you and your child if therapy services are needed.

I appreciate your prompt response. You can reach at my direct line (803) 898-2396.

Sincerely,


Aimee Phipps, LMSW
Mental Health Therapist



ACCOUNTING LOG OF PHI DISCLOSURES pertaining to:

Name

DOB

Record# / SS#

DMH Entity Disclosing	Disclosed To (Name, Address, and Telephone)	Purpose of Disclosure	Description of Information Disclosed	Date Disclosed	DMH Employee Logging Disclosure
ARC/WSNPI	Rob Martin RCSSD	Investigation	ARC Report DOD copy of interview	7-24-08 7-24-08	Burns
ARC/WSNPI	Jewel Taylor RCSSS	Investigation	ARC Report	7-24-08 7-24-08	Burns
RC/WSHPI	Frank Lynch Solicitor's Office Richland Cnty Judicial Ctr 3rd Floor 1701 Main St. Columbia, S.C. 748-4785	Subpoena	ARC Reports Anatomical Diagram Check-In Log Intake & DOD copies of interview	10-13-08 Pick-ups	JB
ARC/WSHPI	Ronette Sumler RCSSS	Therapy	ARC progress report & MHS client D/c sheet & D/c Plan & Summary sheet	6/4/09 fax/ mail 8-24-09/EL	Ⓟ AD
RC/WSHPI	Kathryn Alden RC Solicitor's Office 1701 Main St. Columbia, SC 5710-1800	Subpoena	ARC therapy assessment, plan of care, progress summaries, discharge summaries, limited contact sheet, progress summary report letter, service notes	7/9/10 hand-delivered by Anne Thompson	15



CMHS CLIENT DISCHARGE

For Official Use Only

UCID: 10169491

Fac:

54

Loc:

Ofc:

Name: last

first

middle

suffix

Discharge Date:

7/30/10

Discharge Time (optional):

Discharging GAF Score:

80

Reason for Release Outpatient Services – CMHS (check only one)

01 ☒ No Further Care Indicated by This Facility02 ☐ By Order of The Court03 ☐ Appropriate Care Unavailable04 ☐ Patient Dropped Out or Rejected Services05 ☐ Patient Withdrew Other Reasons (Moved, Died, Etc.)06 ☐ Appropriate Care Unavailable – Incomplete Referral16 ☐ Patient Deceased99 ☐ Other

Discharging Staff ID

432

Diagnoses at Discharge (DSM – IV for Psychiatric & A/D):

1st

995.53

2nd

3rd

4th

5th

Referral upon Discharge – Disposition (check only one)

SF ☐ SelfFF ☐ Family or friendCL ☐ ClergySH ☐ School/Special ClassPP ☐ Private Physician/PsychiatristMH ☐ Private MH ProfessionalMP ☐ Other Medical ProfessionalsMR ☐ Mental RetardationCC ☐ Community Care HomeDA ☐ Drug and AlcoholVA ☐ Veteran's AdministrationVR ☐ Vocational RehabilitationOS ☐ Out-of-StateYS ☐ Youth ServicesSS ☐ Social ServicesCR ☐ CourtsLF ☐ Law Enforcement/CorrectionsGH ☐ General HospitalPH ☐ Private Psychiatric FacilityNH ☐ Nursing HomeHS ☐ Health Services41 ☐ SCSH42 ☐ CFSH58 ☐ WSHPI65 ☐ Tucker46 ☐ Bryan71 ☐ Morris Village49 ☐ Byrnes Medical Center44 ☐ DGNCC-Columbia48 ☐ DGNCC-Rock Hill47 ☐ Harris67 ☐ Campbell3A ☐ Greenville MHC3B ☐ Charleston/Dorchester MHC3C ☐ Spartanburg MHC3D ☐ Columbia Area MHC3E ☐ Pee Dee MHC3F ☐ Santee-Wateree MHC3G ☐ Catawba MHC3H ☐ Anderson-Oconee-Pickens MHC3J ☐ Beckman MHC3K ☐ Aiken-Barnwell MHC3M ☐ Coastal Empire MHC3N ☐ Tri-county MHC3P ☐ Waccamaw MHC3R ☐ Orangeburg MHC3S ☐ Piedmont MHC3T ☐ Lexington County MHC3W ☐ Berkeley County MHC54 ☐ WSHPI Outpatient ServicesOT ☐ OtherZZ ☒ No Referral Made

Follow-up Date:

CMHS COMPUTERIZED MEDICAL ORDS PATIENT FACE SHEET

CID: 10169491 FAC: 54 OFC: 005 LOC: 050 CC:

NAME: ADMISSION DATE: Jul. 01, 2010
DISCHARGE DATE: Jul. 30, 2010MAIDEN: ALIAS:
RESIDENT ADDRESS: MAILING ADDRESS:HOME PHONE: WORK PHONE: SSN:
CELL PHONE: 000-000-0000 OTHER PHONE:
COUNTY (RES): RICHLAND (ADM): RICHLAND EDC: GRADE 8DATE OF BIRTH: Aug. 29, 1997 ADM AGE: 13 SEX: FEMALE RACE: BLACK/AFRICAN AMERICAN
HOW WELL DOES CLIENT SPEAK ENGLISH: VERY WELL LANGUAGE OF PREFERENCE: ENGLISH
MARITAL STATUS: NEVER MARRIED CHILDREN IN FAMILY: FAMILY SIZE: 4
EMPLOYMENT TYPE: NOT EMPLOYED ANNUAL INCOME: .00
NEXT OF KIN/ CARRIE ANDERSON HOME PHONE:
OTHER CONTACT: G WORK PHONE:
CELL PHONE:

SCHOOL:

** CLINICAL INFORMATION **

LAST PSYCH SVC: DATE: FOR: OUTPATIENT
REFERRAL: PROBLEM(S): ALL OTHERS
REFERRING MD: UPIN#:LIVING ARRANGEMENT: LIVES WITH RELATIVE AND IS DEPENDENT
HOUSEHOLD: LIVES WITH FAMILY/RELATIVESTYPE OF ADMISSION: VOLUNTARY DATE: Jul. 01, 2010
SPEC POPN: NONE PROGRAM: OUTPATIENT FAMILY CASE: N
LEGACY SPEC POPN:GAFCODE: 80 GAPDATE: Jul. 30, 2010
EMPLOYMENT STATUS: STUDENT UNDER 18 YEARS OL EMPLOYMENT LEVEL: NOT EMPLOYED
EMPLOYED DATE: TERMINATION DATE: WAGES: \$0.00
JOB CLASSIFICATION: DOCTOR ASSIGNED:
CASE MANAGER: AIMEE PHIPPS INTAKE STAFF: AIMEE PHIPPSDSM-IV PSYCH DIAGNOSES: HANDICAPS: VISION: HEARING: N
995.53 SPEECH: AMBULATORY:
LIMITED CONTACT: N CHART LOC: PRINTED: 10/04/2010 BY STAFF: vas44

** FINANCIAL INFORMATION **

***** FINANCIAL REVIEW DATE: 07/01/2011 *****

HMO: EFF DATES: THRU LIMITS: UPDATED BY:

MEDICARE: NAME:
MDCR # EFFECTIVE DATES: THRU
ABNS DATE: 12/31/1899 ABNS EXPIRE: 12/31/1899 ABNS OPTION:MEDICAID: NAME: DASHAWNA ANDERSON
MDCD # 2400490001 EFFECTIVE DATES: 06/01/2010 THRUCHAMPUS: SPONSOR:
CHMP # EFFECTIVE DATES: THRU

PRIVATE INSURANCE: CODE EFFECTIVE DATES: THRU

SELFPAID: PERCENT RED % 0 EFFECTIVE DATES: 07/01/2010 THRU
ADDL REDUCT % 0 EFFECTIVE DATES: 07/01/2010 THRU
PHARM REDUCT % EFFECTIVE DATES: THRU

CONTRACT: CONTRACT NUMBER: EFFECTIVE DATES: THRU

Intake Form for CIS

UCID: 10169491 For Official Use Only PAC: 54

Please Print

Codes are on the back of this page

SCREEN ONE - 1 BASIC

Name: last _____ first _____ mi _____ suffix _____

Maiden Name (if appropriate): _____

Alias: Last _____ First _____ mi _____ suffix _____

Resident Address: _____

City: Hookins State: SC Zip: 29061 County of Residence: Richland code: 40

Mailing Address: _____

City: _____ State: _____ Zip: _____ SSN: _____

Home Phone _____ Work Phone: (_____) _____ Number of Children in family: 0

Date of Birth: _____ Age: _____ Education: High Race: Black Sex: F Marital Status: 1

Religion: _____ Family Size: 4 Deaf(Y/N): N Registered to Vote(0-no/1-yes): 0

Veteran(Y/N): 1 Military Status: A ☐ Active I ☐ Inactive Branch of Service:

SCREEN TWO - 2 ADMIT

Admission Date: 7/1/10 Admission Time (military):

Lodge/Ward: Assigned

--	--	--

 District:

--	--	--

11

Admission County: _____ code:

1	0
---	---

 Total Inpatient Adms: _____ Inpatient Adms This Fy: _____

Referral Source code:

--	--

 name: _____

Referral Source Phone #: () .

Presenting Problem: ALL OTHERS code: _____

Referring Physician: _____ UPIN #: _____

Case Manager ID #:

4	3	2	
---	---	---	--

 Assigned Doctor ID #:

--	--	--	--

Valuables (Y/N): _____ Type of Admission: 01

THC Notified of Admission(Y/N): Screening Facility:

CELL PHONE: _____

OTHER PHONE: _____
LANGUAGE PREFERENCE: English

ETHNICITY: NOT HISPANIC

SPEECH: ___Y___N VISION: ___Y___N AMBULATORY: ___Y___N

Intake Form for CIS

Official Use Only

UCID: 10109491Name: DaShawna Anderson

Please Print

SCREEN THREE - 3 GUARANTOR/NEXT OF KIN

Guarantor Relation to Client: Mother

No Bill Indicator: _____

Name: last Myers first Kenny mi _____ suffix _____

Phone Home: _____

Work: _____

Address: _____

City: _____ State: SC Zip: 29061

Attention: _____

Next of Kin/Other Contact

Relation to Client: Gr-motherName: last Anderson first Carnie mi _____ suffix _____Address: 710 Home Phone: _____City: Fi State: SC Zip: 29044 Work Phone: _____

SCREEN FOUR - 4 EMPLOYMENT/INCOME

Employment Level: 03 Employer Code: _____

Telephone: (____) _____

Employer # 1: _____

Person Employed: _____

Address: _____

Position: _____ Year Hired: _____

Employment Level: _____ Employer Code: _____

Telephone: (____) _____

Employer # 2: _____

Person Employed: _____

Address: _____

Position: _____ Year Hired: _____

INCOME INFORMATION

Income Sources: Primary 9 2nd _____ 3rd _____ Income Source Info: 5Income Amount: \$ 0 Income Indicator: M (Weekly/Bi-weekly/Monthly/Semi-monthly/Annually)Number of People Supported by this Income: 4

PERCENT REDUCTION

EFFECTIVE DATES:

Initial: _____ % Dates: From _____ To _____

Date: _____

Additional: _____ % Dates: From _____ To _____

Review Staff ID: _____

Pharmacy: _____ % Dates: From _____ To _____

Approved By: _____

Mayor Priorities: 04, 02

Intake Form for CIS

Official Use Only

UCID:

10169491

Name:

Please Print

SCREEN FIVE - 5 MEDICAID/MEDICARE

Medicaid #: 2400490001

Medicaid Name: Anderson

Dashauna

K

Effective Dates: From: 6/1/10

To:

Auth. Beginning Date:

Ending Date:

Insurance on Card:

Medicare #:

Medicare Name:

Is Illness Due To: Employment(Y/N):

Auto-Accident(Y/N):

Other Liability(Y/N):

Loss Work Time: From:

To:

Effective Dates: From:

To:

Auth. Date:

Prior Approval Number:

Expiration Date:

Days Approved:

Units Approved:

Review Date:

SCREEN SIX - 6 INSURANCE

Dmhfaci:

Primary Ins by DMH:

Benefits: Psych:

Medical:

Company:

Insurance Code:

Carrier Code:

Address:

Phone: ()

City:

State:

Zip:

Attention:

Relationship to Client:

Insured's Name:

Address:

Phone: ()

City:

State:

Zip:

Insured Date of Birth:

Insured Sex:

M ☐

Male

F ☐

Female

Policy Number:

Group Number:

Insured's Employer:

Supplemental Insurance to (M)edicare/(C)ampus?

Auth. Date:

Effective Dates: From:

To:

Verified by:

Intake Form for CIS

Official Use Only

LECTURE

Name: _____

Please Print

Codes are on the back of this Page

~~SCREEN SEVEN - 7 CHAMPUS/CONTRACT~~

Champus / VA Number: _____ Effective ID Card Dates: From: _____ To: _____

Branch of Service: _____ From: _____ To: _____

Sponsor's Name: _____ SSN: _____

Relationship to Client: _____

Prior Approval Number: _____ Prior Approval Date: _____

Auth. Date: _____ Approval Dates: From: _____ To: _____

Approved Services : 1 _____ 2 _____ 3 _____ 4 _____ 5 _____

Managed Care Effective Dates: From: _____ To: _____

Contract Number: _____ Company: _____

Company Address: _____

Phone: () . Service Limits: Payment Limit:

Flat Charge Rate: \$ _____ Additional Requirement: _____ Limit: _____

SCREEN EIGHT - 8 CLINICAL

Type Commitment: 01

Type Commitment Date: 7/1/10

Type Papers: _____

Type Papers Date: _____

Competency: _____

Competency Date: _____

Living Arrangement: 1D

Living Arrangement Date: 7/1/10

Household Composition: 2

Household Composition Date: 7/1/10

Prior Psych Svc: Inpatient: _____ Outpatient: _____

Date Last Psych Svc: _____ Last Psych Indicator (I or O) : _____

Location Code: 050

Office Code: 005

GAF Score:

--	--

Client Employment Status: IB

Employment Level: _____

VR Registered: _____

Employment Dates: (starting) _____ (ending) _____

Wages: \$

Job Classification:

Special Population: 1

Program: 2

Family Case (Y/N): _____

Group Number: _____

1 Limited Contact(Y/N): _____

Chart Location: _____

ntake Staff ID:

4	3	2	
---	---	---	--

DSM-IV Dx:

 ,

 ,

 ,

 ,

 ,

CONSENT TO EXAMINATIONS AND TREATMENT

Consent and authority is hereby given to this mental health facility and its professional staff to perform or have performed examinations and / or psychotherapy and / or related mental health treatments and to administer medications when deemed necessary or advisable by appropriate members of the professional staff in consultation with me. This statement has been fully explained to me and I understand it.

Virginia Spell
Witness

7/1/10
Date

Signature of Patient

Kathy Yoo
Signature of Parent or Legal Guardian

I have been provided a copy of the SCDMH Notice of Privacy Practices and an opportunity to review it and ask questions:

Kathy Yoo
Signature

7/1/10
Date

(If not signed, staff to state reason on line and initial)

Please initial KYM

SIGNIFICANT OTHER PARTICIPANTS INVOLVED IN THE IDENTIFIED PATIENT'S SERVICES

I further authorize
follow-up treatment as required

I agree to participate in therapy focused on the patient signing above. I understand that any information that I give may be included in the patient's record and disclosed as allowed by law. I also understand that if I want to receive therapy or other treatment services, a separate consent to examination and treatment is required.

Participant / Relationship	Date	Staff Initials
Participant / Relationship	Date	Staff Initials
Participant / Relationship	Date	Staff Initials
Participant / Relationship	Date	Staff Initials
Participant / Relationship	Date	Staff Initials

The staff who obtain the other participant signature above enter initials and signature here.

Staff Initials

Staff Signature

Staff Initials

Staff Signature

MEDICARE

I authorize release of any medical information necessary to process **MEDICARE** claims and request payment of benefits to _____

For any unpaid bills for services provided by them during the period _____ through _____

Patient Signature (or authorized person)

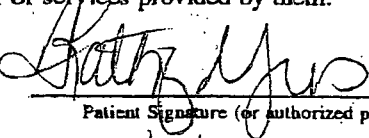
WITNESS

Date

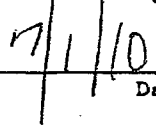
MEDICAID

I authorize release of any medical information necessary to process **MEDICAID** claims and request payment of benefits to _____

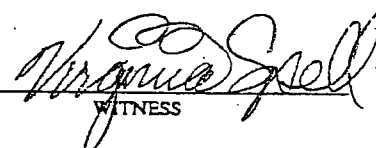
For services provided by them.



Patient Signature (or authorized person)



Date



WITNESS

PRIVATE INSURANCE

I authorize release of any medical information necessary to process claims for _____
and request payment of benefits to _____

For services provided by them.

Patient Signature (or authorized person)

WITNESS

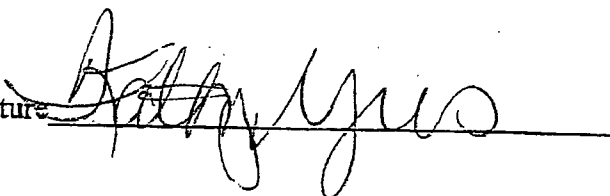
Date

EXHIBIT # UN-51

HOW WE BILL FOR COMMUNITY MENTAL HEALTH SERVICES

1. *Everyone is charged the same amount for the same service. All fees for services are set by the State Mental Health Commission.*
2. *If you have Medicaid, but no other insurance coverage, we will bill at the same rates that apply to you. Medicaid payment is payment in full, and we will not bill you or anyone else.*
3. *If you have Medicare or other insurance, we need for you to sign a form so we may bill your insurance company or Medicare. We will bill at the same rates that apply to you. If you have insurance and/or Medicare and Medicaid, we must bill Medicare and/or your insurance company before we can bill Medicaid. Some services may be covered by insurance or Medicare and some may not. If you have questions about Medicare or other insurance coverage, co-payments or deductibles, let us know.*
4. *If you do not have Medicaid, Medicare or other insurance coverage, you will be billed directly for services you receive.*
5. *We expect you to pay for services rendered. If you are unable to pay the whole bill we will still provide services that you need. Please speak with a center financial representative if you have questions about your bill or making payments.*

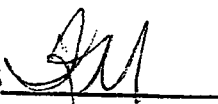
Signature



**SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH
CLINICAL SERVICE FEES**

SERVICE NAME	TIME UNIT	CHARGE
Crisis Intervention Service	15 Minutes	\$40.00
MH Assessment	30 Minutes	\$58.00
Individual Therapy	30 Minutes	\$59.00
Family Therapy	30 Minutes	\$55.00
Group Therapy	30 Minutes	\$26.00
Psychosocial Rehabilitation Service	15 Minutes	\$4.50
Psychiatric Medical Assessment	15 Minutes	\$62.00
Psychiatric Medical Assessment - APRN	15 Minutes	\$52.00
MH Service Plan Development by Non-MD	15 Minutes	\$55.00
Nursing Service	15 Minutes	\$51.00
Targeted Case Management	15 Minutes	\$37.50
Concurrent Case Management	15 Minutes	\$35.00
Peer Support Service	15 Minutes	\$7.50
Behavioral Health Day Treatment	60 Minutes	\$30.00
Community-Based Wrap Around Service	Day	\$164.00
Community-Based Wrap -Community Support	Day	\$164.00

INITIALS



WILLIAM S. HALL PSYCHIATRIC INSTITUTE CONSENT FORM FOR EDUCATIONAL USE OF MEDICAL RECORDS

The State Legislature has designated the William S. Hall Psychiatric Institute as a teaching hospital for the primary purposes of training mental health personnel and psychiatric research. Therefore, individual treatment programs at the Institute are conducted by and include mental health professionals in various states of training while under the supervision of fully trained and qualified professionals.

In order to carry out the purpose of the William S. Hall Psychiatric Institute; and to assist my treatment and evaluation program; and, in the interest of medical education, knowledge and training, **I CONSENT TO:**

- 1) Audio/visual recording and/or closed circuit transmissions of my treatment and evaluation sessions at the William S. Hall Psychiatric Institute, when, in the judgment of my physician, such could be of possible benefit to my treatment, medical research, education, training or science. However, in any use of these recordings and/or transmissions, other than by the staff or its trainees, it is specifically understood that I should not be identified by name.
- 2) Participate in presentations, conferences and seminars involving my case within the facilities of the William S. Hall Psychiatric Institute.
- 3) Participate in interviews with students and/or trainees of various mental health disciplines within the facilities of the William S. Hall Psychiatric Institute.

Signature of patient _____

or Signature of Responsible Person *Sally Jones*

and Relationship *mother*

Witness *Virginia Spell*

Date *7/1/10*

(Note: If the patient is a minor or been declared incompetent, this consent form must be signed by the patient's legal guardian or parent or other responsible person.)

Note: Each patient admitted to WSHPI is required to sign this consent form.

CHILD AND ADOLESCENT SCREENING CLINIC**A. Orientation and Patient Rights and Responsibilities**

I have been given an orientation to the Child and Adolescent Outpatient Clinic and provided a copy of my rights and responsibilities as a patient. I have read and understand my rights and responsibilities.

Patient

7/1/10

Date

Kathy Yano
Other Interested Person

mother
Relationship

Virginia Spall
Witness

Kathy Yano
Signature

7/1/10

Date

South Carolina
HealthyConnections

Medicaid Member Number: 2400490001

South Carolina Healthy Connections
THIS CARD DOES NOT GUARANTEE ELIGIBILITY

Attention Providers:
Providers without Medicaid Point of Sale eligibility access may call 1-888-809-3040 for eligibility verification.
Call 803-898-2880 (physicians) or 803-898-2885 (hospitals) for prior authorization of services outside the normal practice pattern - (25 mile radius of SC)

Attention Insured:
Carry this card with you at all times and present it each time you receive a medical service from your doctor, pharmacy, dentist, etc.
It is against the law to let someone else use your card. Violators will be prosecuted.
Call 1-888-548-0620 if you have questions about enrollment or covered services.
Call 1-800-834-2880 with questions regarding pharmacy services.

To report possible fraud or abuse call 1-888-364-3226

PLACE TOP OF REPORT OR SERVICE NOTE #10 HERE

PLACE TOP OF REPORT OR SERVICE NOTE #9 HERE

PLACE TOP OF REPORT OR SERVICE NOTE #8 HERE

PLACE TOP OF REPORT OR SERVICE NOTE #7 HERE

Clinical Service Notes

IFA identification. Emotion regulation. ~~I~~ Attend court c
 ll. Help process thoughts / feelings re experience. Implement coping
 us. ~~R~~ I feel prepared emotionally to testify. She reflected
 feelings experienced while testifying & of having to see her father
 again. discussed her thoughts regarding the experience.
 re participated in activities to the ~~I~~ to reduce feelings of
 stress related to the courtroom experience. ~~P~~ Dashauna conducted
 self appropriately. I feel ready to move forward her life. ~~P~~ Discharge.

e Service Provided _____ AM PM Next Appt. _____ Time _____ AM PM

Signature/Title _____ ID# 413-

07/20/2010 Svc Code H003 Desc IND TX Can/NS _____ Bill Time 120

et # 35738987
 lit # 54 151453 CID 10169491 Name _____

Date 07/16/2010 Svc Code H003 Desc IND TX Can/NS _____ Bill Time 120

Ticket # 36470291
 Audit # 152432 CID 10169491 Name _____

Date 07/12/2010 Svc Code H003 Desc IND TX Can/NS _____ Bill Time 60

Ticket # 36470274
 Audit # 152419 CID 10169491 Name _____

Date 07/16/2010 Svc Code H031 Desc TCM Can/NS _____ Bill Time 30

Ticket # 36464971
 Audit # 152418 CID 10169491 Name _____

Date 07/14/2010 Svc Code H031 Desc TCM Can/NS _____ Bill Time 100

Ticket # 36464965
 Audit # 152414 CID 10169491 Name _____

Date 07/01/2010 Svc Code H002 Desc AFB Can/NS _____ Bill Time _____

Ticket # 35738987

PLACE TOP OF REPORT OR SERVICE NOTE #10 HERE

PLACE TOP OF REPORT OR SERVICE NOTE #9 HERE

Clinical Service Notes

Batch # (P) Emotion regulation. (I) Show her forensic interview
 on DVD per request. Assess TFA. (R) Dashauna watched her video
 making comments about how young she was. She affirmed
 herself listening to her disclosure. stated that she felt
 more confident and prepared to testify. She feels ready to move
 forward in her life. discussed activities she can do to
 calm herself both in & out of the courtroom. (P) Attend court &
 monitor TFA, assist in emot. reg. (P) Emotion regulation.

Time Service Provided _____ AM PM Next Appt: _____ Time _____ AM PM

Staff Signature/Title Alexandra /ID# 432

Date 07/16/2010 Svc Code H003 Desc IND TX Can/NS _____ Bill Time 120

Ticket # 36470291 CID 10169491 Name _____

Audit # 152432

Date 07/12/2010 Svc Code H003 Desc IND TX Can/NS _____ Bill Time 60

Ticket # 36470274 CID 10169491 Name _____

Audit # 152419

Date 07/16/2010 Svc Code H031 Desc TCM Can/NS _____ Bill Time 30

Ticket # 36464971 CID 10169491 Name _____

Audit # 152418

Date 07/14/2010 Svc Code H031 Desc TCM Can/NS _____ Bill Time 60

Ticket # 36464966 CID 10169491 Name _____

Audit # 152414

Date 07/16/2010 Svc Code H003 Desc IND TX Can/NS _____ Bill Time 60

Ticket # _____

PLACE TOP OF REPORT OR SERVICE NOTE #10 HERE

PLACE TOP OF REPORT OR SERVICE NOTE #9 HERE

Clinical Service Notes

Batch #

E Emotion regulation. I Reviews rules and vocab for courtroom. Discuss use of coping skills and plan out skills to suit needs for court. E demonstrated good recall of courtroom vocab, roles for courtroom personnel, and an understanding of dress and etiquette. u reported feeling prepared to testify against the perp. She showed 1 a bracelet she will use as her comfort object and is practicing relaxation breathing skills. P No concerns for Dushayna's ability to manage anxiety. She would like to see her video again prior to trial. E emot. reg.

Time Service Provided _____ AM PM Next Appt. _____ Time _____ AM PM

Staff Signature/Title

ID# 432

Date 07/12/2010 Svc Code H003 Desc IND TX Can/NS _____ Bill Time 60

Ticket # 36470274

Audit # 152419 CID 10169491 Name _____

Date 07/16/2010 Svc Code H031 Desc TCM Can/NS _____ Bill Time 30

Ticket # 36464971

Audit # 152418 CID 10169491 Name _____

Date 07/14/2010 Svc Code H031 Desc TCM Can/NS _____ Bill Time 60

Ticket # 36464966

Audit # 152414 CID 10169491 Name _____

Date 07/12/2010 Svc Code H003 Desc IND TX Can/NS _____ Bill Time _____

Ticket # _____

PLACE TOP OF REPORT OR SERVICE NOTE #10 HERE

PLACE TOP OF REPORT OR SERVICE NOTE #9 HERE

Clinical Service Notes

Batch # _____

Coordinated to _____ and her caregiver to
 link _____ attorneys for a courtroom
 field trip. _____ was able to visit courtroom
 and prepare herself for upcoming trial.

Time Service Provided _____

AM PM

Next Appt. _____

Time _____

AM PM

Staff Signature/Title _____

/ID# 432

Date

07/16/2010

Svc Code

H031

Desc

TCM

Can/NS

Bill Time

30

Ticket #

36464971

Audit #

152418

CID

10169491

Name _____

Date

07/14/2010

Svc Code

H031

Desc

TCM

Can/NS

Bill Time

100

Ticket #

36464966

Audit #

152414

CID

10169491

Name _____

Date

07/14/2010

PLACE TOP OF REPORT OR SERVICE NOTE #10 HERE

PLACE TOP OF REPORT OR SERVICE NOTE #9 HERE

Clinical Service Notes

Batch #

① Coordinated to state assistant solicitors in preparation of case. ① Linked attorneys to a report of current capacity to testify and plan for court prep.

Time Service Provided

AM PM

Next Appt.

Time

AM PM

Staff Signature/Title

ID# 432

Date

07/14/2010

Svc Code

H031

Desc

TCM

Can/NS

Bill Time

100

Ticket #

36464966

Audit #

152414

CID

10169491

Name

Date

07/14/2010

Svc Code

H002

Desc

TCM

Can/NS

Bill Time

Ticket #

PLACE TOP OF REPORT OR SERVICE NOTE #10 HERE

PLACE TOP OF SERVICE NOTE #9 HERE

Clinical Service Notes

Batch # _____

Assmt to review previous court prep. Plan c
 Caregiver is ctt to prepare for pending trial. Plan includes
 review of courtroom vocab, layout, rules, etc. Discussions
 to include review of coping skills and courtroom visit.

Time Service Provided _____

AM PM

Next Appt. _____ Time _____ AM PM

Staff Signature/Title _____

ID# H-3

Date _____

Svc Code _____

Desc _____

Can/NS _____

Bill Time _____

PLACE TOP OF REPORT OR SERVICE NOTE #10 HERE

PLACE TOP OF REPORT OR SERVICE NOTE #9 HERE

PLACE TOP OF REPORT OR SERVICE NOTE #8 HERE

PLACE TOP OF REPORT OR SERVICE NOTE #7 HERE

PLACE TOP OF REPORT OR SERVICE NOTE #6 HERE

PLACE TOP OF REPORT OR SERVICE NOTE #5 HERE

Clinical Service Notes

Batch # _____

pt did not show for scheduled appt.
 ① to call and reschedule.

Time Service Provided _____

AM PM

Next Appt. _____

Time _____

AM PM

Staff Signature/Title _____

/ID# 432

Date

10/28/2009

Svc Code

H003

Desc

IND TX

Can/NS

NS

Bill Time

0

Ticket #

35136930

Audit #

150505

CID

10169491

Name _____

Date

10/16/2009

Svc Code

H003

Desc

IND TX

Can/NS

Bill Time

90

Ticket #

35060553

Audit #

150487

CID

10169491

Name _____

Date

09/25/2009

Svc Code

H003

Desc

IND TX

Can/NS

Bill Time

90

Ticket # 33972775

Audit # 54

149208

CID

10169491

Name _____

Date

09/11/2009

Svc Code

H003

Desc

IND TX

Can/NS

Bill Time

90

PLACE TOP OF REPORT OR SERVICE NOTE #10 HERE

PLACE TOP OF REPORT OR SERVICE NOTE #9 HERE

PLACE TOP OF REPORT OR SERVICE NOTE #8 HERE

PLACE TOP OF REPORT OR SERVICE NOTE #7 HERE

Batch #

10/16/09

Clinical Service Notes

C. Carter, MD

see C-167 in chart, dated 10/16

Time Service Provided

AM PM

Next Appt.

Time

AM PM

Staff Signature/Title

/ID# 432

Date 10/16/2009

Svc Code H003

Desc IND TX

Can/NS

Bill Time

90

Ticket # 35060553

Audit # 150487

CID 10169491

Name

Date 09/25/2009

Svc Code H003

Desc IND TX

Can/NS

Bill Time

90

Ticket # 33972775

Audit # 54 149208

CID

Name

Date 09/16/2009

Svc Code H003

Desc

IND TX

Can/NS

Bill Time

90

Ticket # 33972005

PLACE TOP OF REPORT OR SERVICE NOTE #10 HERE

PLACE TOP OF REPORT OR SERVICE NOTE #9 HERE

PLACE TOP OF REPORT OR SERVICE NOTE #8 HERE

PLACE TOP OF REPORT OR SERVICE NOTE #7 HERE

Batch #

(F) Court preparation - emotion regulation. (I) Review courtroom vocabulary and layout. Discuss use of coping skills. (R) brought her courtroom workbooks to session. She had spent time working on each book. discussed feelings of nervousness having to speak in front of others about what happened. She expressed confidence in her own abilities completed activities to identify vocab & layout of the courtroom. (P) has acquired a small comfort object and will practice relaxation breathing @ home. (P) Court prep - emotion regulation.

Time Service Provided

AM PM

Next Appt.

Time

AM PM

Staff Signature/Title

ID#

Date

Svc Code

Desc

Can/NS

Bill Time

Ticket # 33972775

Audit # 54 149208

CID

Name

Date

Svc Code

Desc

Can/NS

Bill Time

Ticket # 33972005

PLACE TOP OF REPORT OR SERVICE NOTE #10 HERE

PLACE TOP OF REPORT OR SERVICE NOTE #9 HERE

PLACE TOP OF REPORT OR SERVICE NOTE #8 HERE

PLACE TOP OF REPORT OR SERVICE NOTE #7 HERE

Clinical Service Notes

Batch # _____

See C-164 in chart, dated 9/11/09

Time Service Provided _____

AM PM

Next Appt. _____

Time _____

AM PM

Staff Signature/Title _____

/ID# _____

Date _____

Svc Code _____

Desc _____

Can/NS _____

Bill Time _____

Ticket # 33972005

PLACE TOP OF REPORT OR SERVICE NOTE #10 HERE

PLACE TOP OF REPORT OR SERVICE NOTE #9 HERE

PLACE TOP OF REPORT OR SERVICE NOTE #8 HERE

PLACE TOP OF REPORT OR SERVICE NOTE #7 HERE

PLACE TOP OF REPORT OR SERVICE NOTE #6 HERE

PLACE TOP OF REPORT OR SERVICE NOTE #5 HERE

PLACE TOP OF REPORT OR SERVICE NOTE #4 HERE

Batch #

Clinical Service Notes

(E) Discharge transition. (I) Final therapy session. Activities to transition out of therapy. (R) reported feeling ready to end therapy. She denied having any symptoms of abuse. (P) Discharge transition exercises. is using her coping skills in the home. (P) Discharge transition was scheduled for a 3 month follow-up appt. She will need court preparation when her case goes to trial. (P) Discharge transition is does not require any ongoing services at this time. (P) Discharge therapy chart.

Time Service Provided

AM PM

Next Appt.

Time

AM PM

Staff Signature/Title

/ID# 432

Date 06/29/2009

Svc Code

H003

Desc

IND TX

Can/NS

Bill Time

(00)

Ticket # 34499888

Audit # 150360

CID

10169491

Name

Date 06/26/2009

Svc Code

H003

Desc

IND TX

Can/NS

CAN-E

Bill Time

(00)

Ticket # 34453917

Audit # 150351

CID

10169491

Name

PLACE TOP OF REPORT OR SERVICE NOTE #10 HERE

PLACE TOP OF REPORT OR SERVICE NOTE #9 HERE

PLACE TOP OF REPORT OR SERVICE NOTE #8 HERE

PLACE TOP OF REPORT OR SERVICE NOTE #7 HERE

PLACE TOP OF REPORT OR SERVICE NOTE #6 HERE

Batch #

Clinical Service Notes

Cl appt canceled and rescheduled due to
Scheduling conflict.

Time Service Provided

AM PM

Next Appt

6/29/09

Time

11

00

AM

PM

Staff Signature/Title

/ID# 432

Date

06/26/2009

Svc Code

H003

Desc

IND TX

Can/NS

CAN-R

Bill Time

Ticket #

34453917

Audit #

150351

CID

10169491

Name

PLACE TOP OF REPORT OR SERVICE NOTE #10 HERE

PLACE TOP OF REPORT OR SERVICE NOTE #9 HERE

PLACE TOP OF REPORT OR SERVICE NOTE #8 HERE

PLACE TOP OF REPORT OR SERVICE NOTE #7 HERE

PLACE TOP OF REPORT OR SERVICE NOTE #6 HERE

F: Discharge transition, emotion regulation.

I: Plan with client for discharge. Review safety skills and coping skills. Visual journaling exercise.

R: decided what her last day should be and how many sessions of discharge transition she wanted. also decided what activities would be completed on her last day. She reviewed her safety plan and coping skills with the therapist. DaShawna also added a few new skills to her list and took those with her. completed a visual journaling activity as an additional resource for her coping skills.

P: is not experiencing any symptoms. She has a solid safety plan and has demonstrated her willingness to report abuse.

P: Discharge transition.

		Completed by: Aimee Phipps, LMSW <i>Aimee Phipps</i>	
Date	Client's Last Name, First	ID#	Type of Note
06/18/2009		10169491	Individual Tx

SCDMH FORM - MH-FCC-2

Dec 81 (Rev Mar 91, 2002-07-15) DMHF-CO39.doc

Batch # _____

Clinical Service Notes

See C-39 Typed in chart
Dated 6/18/09

Time Service Provided _____

AM PM

Next Appt. _____

Time _____

AM PM

Staff Signature/Title _____

/ID# 432

Date 06/18/2009

Svc Code

HD03

Desc

IND TX

Can/NS _____

Bill Time

60

Ticket #

34433488

Audit #

150344

CID

10169491

Name _____

06/10/2009

Anderson

SCD/MH FORM - MH-FCC-2

Dec 81 (Rev Mar 91, 2002-07-15) DMHF-CO39.doc

Staff Signature/Title _____

/ID# 432

Date 06/10/2009

Svc Code

HD04-002

Desc

FM TX

Can/NS _____

Bill Time

60

Ticket #

34397296

Audit #

150330

CID

10169491

Name _____

SCD/MH FORM - MH-FCC-2

Dec 81 (Rev Mar 91, 2002-07-15) DMHF-CO39.doc

Staff Signature/Title _____

/ID# 432

Date 06/01/2009

Svc Code

HD03

Desc

IND TX

Can/NS _____

Bill Time

60

Ticket #

34340392

Audit #

150287

CID

10169491

Name _____

Date 05/29/2009

Svc Code

HD03

Desc

IND TX

Can/NS

CANR

Bill Time

15

Ticket #

34319668

Audit #

150284

CID

10169491

Name _____

Date 05/12/2009

Svc Code

HD170

Desc

SPD

Can/NS _____

Bill Time

15

Ticket #

34288316

Audit #

150257

CID

10169491

Name _____

05/08/2009

Svc Code

HD03

Desc

IND TX

Can/NS _____

Bill Time

60

Date

34204416

Ticket #

150221

Audit #

CID

10169491

Name _____

04/10/2009

10169491

Individual Tx

SCD/MH FORM - MH-FCC-2

Dec 81 (Rev Mar 91, 2002-07-15) DMHF-CO39.doc

Date 04/10/2009

Svc Code

HD03

Desc

IND TX

Can/NS _____

Bill Time

15

Ticket #

34060421

F: Trauma Narrative, thoughts and feelings identification, emotion regulation.
 I: Family session with D na's mother to share the trauma narrative.
 R: The therapist prepped a's mother prior to the family session. She agreed to follow the rules of the family session. She agreed to follow the rules of the family session. She agreed to follow the rules of the family session.
 pressed some nervous energy through laughter in the beginning but she was able to take some deep breaths and calm herself to share her narrative. na's mother was appropriate throughout the telling of the narrative. met briefly with the therapist following the narrative to review her feelings and thoughts. a felt happy to be done with that portion and felt supported by her mother. She reviewed things she can do at home over the next couple of weeks in the event that she has unwanted feelings or memories related to the abuse.
 P: is ready to be discharged. She has no symptoms.
 P: Begin discharge transition.

Date	Client's Last Name, First	Completed by: Aimee Phipps, LMSW
06/10/2009	Anderson DaShawna	ID# 10169491
		Type of Note
		Family Tx

SCD/MH FORM - MH-FCC-2
 Dec 81 (Rev Mar 91, 2002-07-15) DMHF-CO39.doc

Staff Signature/Title [Signature] ID# 432
 Date 06/10/2009
 Ticket # 34397296
 Audit # 150330
 Svc Code HD04-002 Desc FM TX
 CID 10169491
 Can/NS Bill Time 60

CD/MH FORM - MH-FCC-2
 Dec 81 (Rev Mar 91, 2002-07-15) DMHF-CO39.doc

Staff Signature/Title [Signature] ID# 432
 Date 06/01/2009
 Ticket # 34340392
 Audit # 150287
 Svc Code HD03 Desc IND TX
 CID 10169491
 Can/NS Bill Time 60

Date 05/29/2009
 Ticket # 34319668
 Audit # 150284
 Svc Code HD03 Desc IND TX
 CID 10169491
 Can/NS Bill Time 60

Date 05/12/2009
 Ticket # 34288316
 Audit # 150257
 Svc Code HD01-0 Desc SPD
 CID 10169491
 Can/NS Bill Time 15

Date 05/08/2009
 Ticket # 34204416
 Audit #
 Svc Code HD03 Desc IND TX

Batch # _____

Clinical Service Notes

See 139 Typed in chart dated 6/10/09

Time Service Provided 10:00 AM PM Next Appt. 6/18/09 Time 11:00 AM PM
 Staff Signature/Title [Signature] /ID# 432
 Date 06/10/2009 Svc Code HD04002 Desc FM TX Can/NS _____ Bill Time 60
 Ticket # 34397296
 Audit # 150330 CID 10169491 Name _____

SCD/MH FORM - MH-FCC-2

Dec 81 (Rev Mar 91, 2002-07-15) DMHF-CO39.doc

Next Appt. 6/10/09 Time 10:00 AM PM
 Staff Signature/Title [Signature] /ID# 432
 Date 06/01/2009 Svc Code HD03 Desc IND TX Can/NS _____ Bill Time 60
 Ticket # 34340392
 Audit # 150287 CID 10169491 Name _____

Date 05/29/2009 Svc Code HD03 Desc IND TX Can/NS CAN R Bill Time 15
 Ticket # 34319668
 Audit # 150284 CID 10169491 Name _____

Date 05/12/2009 Svc Code HD170 Desc SPD Can/NS _____ Bill Time 15
 Ticket # 34288316
 Audit # 150257 CID 10169491 Name _____

Date 05/08/2009 Svc Code HD03 Desc IND TX Can/NS _____ Bill Time 60
 Ticket # 34204416
 Audit # 150221 CID 10169491 Name _____

04/10/2009

10169491

Individual Tx

F: Trauma Narrative, thoughts and feelings identification, emotion regulation.
 I: Review written narrative, using worksheets to identify thoughts and feelings about material in narrative. Write a letter to the perpetrator and discuss.
 R: spent part of her session completing workbook sheets about her narrative and writing a letter to her father about her feelings towards him. In her worksheets a appropriately identified that she is not responsible for the abuse. There was no evidence of distorted thoughts or feelings regarding the abuse. recognized that the fault is not hers. She understands that she has a positive support system. She appropriately identified feelings she has in regard to the abuse but can identify coping skills to manage those feelings a's letter to her father was only to allow her an avenue to address her thoughts and feelings about him and will not be given to him.
 P: feels ready to share her narrative with her mother.
 P: Trauma narrative.

Date		Client's Last Name, First		Completed by: Aimee Phipps, LMSW	
06/01/2009		[REDACTED]		ID#	Type of Note
				10169491	Individual Tx

SCD/MH FORM - MH-FCC-2

Dec 81 (Rev Mar 91, 2002-07-15) DMHF-CO39.doc

Staff Signature/Title [Signature] Next Appt. 06/10/09 Time 10:00 AM PM
 ID# 432

Date 06/01/2009 Svc Code HD03 Desc IND TX Can/NS Bill Time 60
 Ticket # 34340392
 Audit # 150287 CID 10169491 Name

Date 05/29/2009 Svc Code HD03 Desc IND TX Can/NS CAN R Bill Time 15
 Ticket # 34319668
 Audit # 150284 CID 10169491 Name

Date 05/12/2009 Svc Code HD170 Desc SPD Can/NS Bill Time 15
 Ticket # 34288316
 Audit # 150257 CID 10169491 Name

Date 05/08/2009 Svc Code HD03 Desc IND TX Can/NS Bill Time 60
 Ticket # 34204416
 Audit # 150221 CID 10169491 Name

Date	Client's Last Name, First	ID#	Type of Note
04/10/2009	[REDACTED]	10169491	Individual Tx

SCD/MH FORM - MH-FCC-2

Batch # _____

Clinical Service Notes

See C-39 Typed in chart ; dated 6/1/09

Time Service Provided _____

AM PM

Next Appt. 6/10/09Time 10:00 (AM) (PM)Staff Signature/Title [Signature]/ID# 432Date 06/01/2009Svc Code HD03Desc IND TX

Can/NS _____

Bill Time 60Ticket # 34340392Audit # 150287CID 10169491

Name _____

Date 05/29/2009Svc Code HD03Desc IND TXCan/NS CAN RBill Time 15Ticket # 34319668Audit # 150284CID 10169491

Name _____

Date 05/12/2009Svc Code HD170Desc SPD

Can/NS _____

Bill Time 15Ticket # 34288316Audit # 150257CID 10169491

Name _____

Date 05/08/2009Svc Code HD03Desc IND TX

Can/NS _____

Bill Time 60Ticket # 34204416Audit # 150221CID 10169491

Name _____

04/10/2009

10169491

Individual Tx

Batch # _____

Therapist canceled appt, out of office.

Time Service Provided _____ AM PM Next Appt. 6/1/09 Time 10:00 AM PM

Staff Signature/Title [Signature] ID# 432

Date 05/29/2009 Svc Code H003 Desc IND TX Can/NS CAN R Bill Time 0
 Ticket # 34319668
 Audit # 150284 CID 10169491 Name _____

Date 05/12/2009 Svc Code H0170 Desc SPD Can/NS _____ Bill Time 15
 Ticket # 34288316
 Audit # 150257 CID 10169491 Name _____

Date 05/08/2009 Svc Code H003 Desc IND TX Can/NS _____ Bill Time 60
 Ticket # 34204416
 Audit # 150221 CID 10169491 Name _____

04/10/2009	10169491	Individual Tx
------------	----------	---------------

Date 04/10/2009 Svc Code H003 Desc IND TX Can/NS _____ Bill Time 300
 Ticket # _____

Clinical Service Notes

Batch #

Therapist provided psychosocial history and current mental health assessment to Dr. Watson for the purpose of providing a PMA. Therapist was directed by Dr. Watson to continue therapy services to [REDACTED]

Time Service Provided

AM PM

Next Appl

Time

AM PM

Staff Signature/Title

05/12/2009

H0170

SPD

432

Date

Svc Code

Desc

Can/NS

Bill Time

15

Ticket #

34288316

10169491

Name

Audit #

150257

CID

05/08/2009

H003

IND TX

Date

Svc Code

Desc

Can/NS

Bill Time

60

Ticket #

34204416

10169491

Name

Audit #

150221

CID

04/10/2009

10169491

Individual Tx

Batch #

Clinical Service Notes

① TFA Identification. ① Emotion regulation. ① Use journaling exercise to continue developing understanding of TFA relationship. Focused visualization exercise. ① Journal about feelings of loneliness. She discussed personal experiences where she has felt lonely. Engaged in a focused visualization exercise with the therapist and agreed to implement as homework practice. ① is doing well academically in school. She is having some discord with her brother. ① Continue TFA, prepare for narrative.

Time Service Provided

9:00 AM PM

Next Appt.

Time

AM PM

Staff Signature/Title

05/08/2009

HD03

IND TX

432

/ID#

Date

34204416

Svc Code

Desc

Can/NS

Bill Time

Ticket #

150221

10169491

Audit #

CID

Name

04/10/2009

10169491

Individual Tx

F: Feelings identification and emotion regulation.

I: Therapist used journal writing to discuss TFA. Model muscle relaxation and practice visualization skills.

R: Rose to journal about feeling bitter. She discussed a recent scenario that occurred at school where that feeling was present. used the TFA triangle to explain her feelings, thoughts, and actions practiced muscle relaxation techniques with the therapist. so practiced visualizing a calm place of her choosing in session, with the therapist narrating. Discussion of how to focus thoughts and feelings during the visualization exercise in order to calm anger and worries.

P open in session to practicing relaxation strategies. She is open and honest about her feelings. She is doing well in school.

P: Feelings identification and emotion regulation. Prepare her trauma narrative.

Completed by: Aimee Phipps, LMSW *[Signature]*

Date	Client's Last Name, First	ID#	Type of Note
04/10/2009		10169491	Individual Tx

Batch # _____

Clinical Service Notes

See C-39 Typed in chart dated 4/10/09

Time Service Provided _____

AM PM

Next Appt. _____

Time _____

AM PM

Staff Signature (Print) _____

F: Feelings, thoughts, actions identification.
 I: Therapist used journal writing to discuss TFA and coping skills.
 R: aa used randomly drew a feeling out of a cup and journaled on that feeling. engaged in a discussion of her journal entry with the therapist. role played relaxation breathing with therapist. She engaged in developing a list of coping skills that she finds to be useful in her life. a has a support network and enjoys physical activities such as dancing.
 P: a is doing well in school and making positive choices when confronted with opposition, particularly in school.
 P: TFA identification, emotion regulation.

Date	Client's Last Name, First	Completed by: Aimee Phipps, LMSW <i>Aimee Phipps</i>	
03/27/2009		ID#	Type of Note
		10169491	Individual Tx

SCD/MH FORM - MH-FCC-2

Dec 81 (Rev Mar 91, 2002-07-15) DMHF-CO39.doc

Staff Signature/Title *[Signature]*
 Date 03/27/2009 Svc Code H003 Desc IND TX Can/NS Bill Time 100
 Ticket # 33954596
 Audit # 148534 CID 10169491 Name

Date 03/13/2009 Svc Code H003 Desc IND TX Can/NS Bill Time 30
 Ticket # 33887441
 Audit # 148478 CID 10169491 Name

Date 03/04/2009 Svc Code H003 Desc IND TX Can/NS Bill Time 30
 Ticket # 33887392
 Audit # 148470 CID 10169491 Name

SCD/MH FORM - MH-FCC-2

Dec 81 (Rev Mar 91, 2002-07-15) DMHF-CO39.doc

Staff Signature/Title *[Signature]* ID# 432
 Date 02/13/2009 Svc Code H003 Desc IND TX Can/NS Bill Time 100
 Ticket # 33736100
 Audit # 148384 CID 10169491 Name

SCD/MH FORM - MH-FCC-2

Dec 81 (Rev Mar 91, 2002-07-15) DMHF-CO39.doc

Staff Signature/Title *[Signature]* ID# 432
 Date 01/27/2009 Svc Code H003 Desc IND TX Can/NS Bill Time 60
 Ticket # 33633766
 Audit # 148322 CID 10169491 Name

Staff Signature/Title *[Signature]*
 Date 01/06/2009 Svc Code H002 Desc ASSMT Can/NS Bill Time 120
 Ticket # 33578076

Batch # _____

see C-39 Typed in chart

Time Service Provided _____

AM PM

Next Appt. 4/16/09Time 9:00

AM PM

Staff Signature/Title [Signature]/ID# 432Date 03/27/2009Svc Code H003Desc IND TX

Can/NS _____

Bill Time 100Ticket # 33954596Audit # 148534CID 10169491

Name _____

Date 03/13/2009Svc Code H003Desc IND TX

Can/NS _____

Bill Time 30Ticket # 33887441Audit # 148478CID 10169491

Name _____

Date 03/04/2009Svc Code H003Desc IND TX

Can/NS _____

Bill Time 30Ticket # 33887392Audit # 148470CID 10169491Name I

SCD/MH FORM - MH-FCC-2

Dec 81 (Rev Mar 91, 2002-07-15) DMHF-CO39.doc

Staff Signature/Title [Signature]/ID# 432Date 02/13/2009Svc Code H003Desc IND TX

Can/NS _____

Bill Time 100Ticket # 33736100Audit # 148384CID 10169491

Name _____

SCD/MH FORM - MH-FCC-2

Dec 81 (Rev Mar 91, 2002-07-15) DMHF-CO39.doc

Staff Signature/Title [Signature]/ID# 432Date 01/27/2009Svc Code H003Desc IND TX

Can/NS _____

Bill Time 100Ticket # 33633766Audit # 148322CID 10169491

Name _____

Individual

session for canceled by caregiver
 due to inclement weather. Session rescheduled for
 the following Tuesday @ 5pm.

		Completed by: <i>[Signature]</i> <i>Almae Phipps LMSW</i>	
Date	Client's Last Name, First	ID#	Type of Note
4/20/09		10669491	Individual

Staff Signature/Title *[Signature]*

Date 01/06/2009 Svc Code H002 Desc ASSMT Can/NS 170 Bill Time 170

Ticket # 33528926

Batch # _____

See C-184 Typed in chart

Time Service Provided _____

AM PM

Next Appt. _____

Time _____

AM PM

Staff Signature/Title _____

Date _____

01/06/2009

Svc Code _____

H002

Desc _____

ASSMT

Can/NS _____

Bill Time _____

Ticket # _____

Audit # _____

33528926

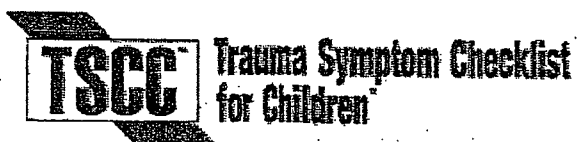
148259

CID _____

10169491

Name _____

/ID# 432



Score Report

by

John Briere, PhD
and
PAR Staff

Client Information

Child's Name: _____

Client ID: 10169491

Child's Gender: ,

Child's Race: African American

Child's Age:

Date of Birth:

Test Form: TSCC

Test Date: 09/11/2009

3 month follow up (P)

Use of this score report requires a complete understanding of the *Trauma Symptom Checklist for Children* (TSCC) scales and its interpretation, applications, and limitations as presented in the TSCC Professional Manual. This report contains raw and standardized scores from the TSCC Item Booklet. Users should refer to the TSCC Professional Manual for procedures and guidelines for the interpretation of this report. Users also should refer to the Professional Manual for information about the psychometric characteristics of the TSCC.

This report should be used as only one source of information about the individual being evaluated. In this respect, no decisions should be based solely on the information contained in this report. The raw and standardized scores contained in this report should be integrated with other sources of information when making decisions about this individual.

This report is confidential and is intended for use by qualified professionals who have sufficient knowledge of psychometric testing and of the TSCC. *This report should not be released to the respondent or to any individuals who are not qualified to interpret the results.*

TSCC Critical Items

Item	Score	Item Description
20.	0	Wanting to hurt myself
21.	0	Wanting to hurt other people
24.	1 *	Feeling scared of men
25.	0	Feeling scared of women
34.	0	Not trusting people because they might want sex
36.	0	Getting into fights
50.	0	Feeling afraid somebody will kill me
52.	0	Wanting to kill myself

Note. "*" indicates a critical item was endorsed which may require immediate intervention.

Missing Responses

Total Missing Responses: 0

TSCC Validity Scales

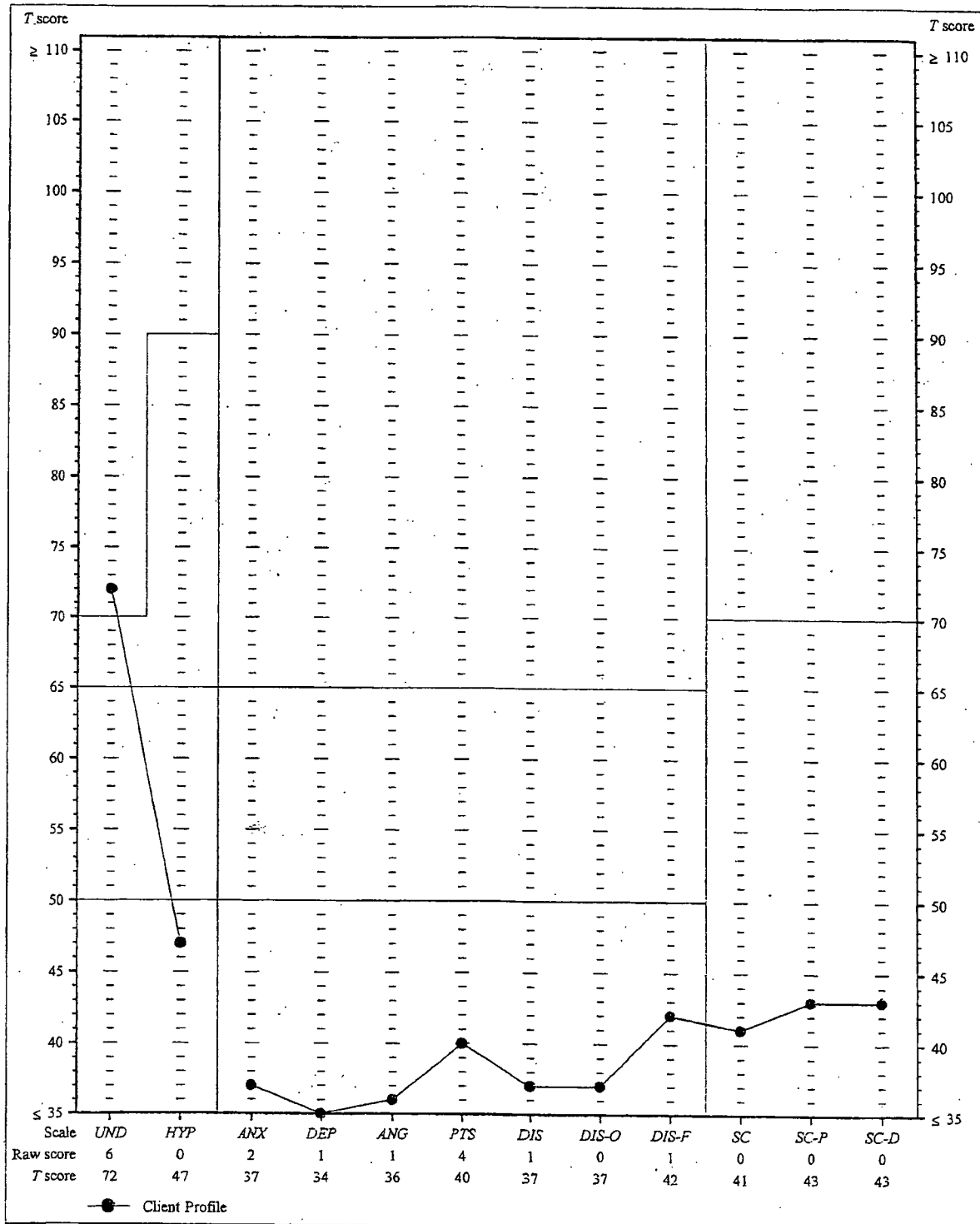
Scale	Raw score	T score
Underresponse (UND)	6	72 #
Hyperresponse (HYP)	0	47

Note. "#" indicates T score exceeds validity cutoff. It is recommended the TSCC be considered invalid.

TSCC Clinical Scales/Subscales

Scale	Raw score	T score
Anxiety (ANX)	2	37
Depression (DEP)	1	34
Anger (ANG)	1	36
Posttraumatic Stress (PTS)	4	40
Dissociation (DIS)	1	37
Overt Dissociation (DIS-O)	0	37
Fantasy (DIS-F)	1	42
Sexual Concerns (SC)	0	41
Sexual Preoccupation (SC-P)	0	43
Sexual Distress (SC-D)	0	43

TSCC T-Score Profile



TSCC Item Responses

Item#	Response	Item#	Response	Item#	Response
1.	1	19.	0	37.	0
2.	1	20.	0	38.	0
3.	1	21.	0	39.	0
4.	0	22.	0	40.	0
5.	0	23.	0	41.	0
6.	1	24.	1	42.	0
7.	1	25.	0	43.	0
8.	0	26.	0	44.	0
9.	0	27.	0	45.	0
10.	0	28.	0	46.	0
11.	0	29.	0	47.	0
12.	0	30.	0	48.	0
13.	0	31.	0	49.	0
14.	0	32.	0	50.	0
15.	0	33.	0	51.	1
16.	0	34.	0	52.	0
17.	0	35.	0	53.	1
18.	0	36.	0	54.	0

Note. 0 = Never, 1 = Sometimes, 2 = Lots of times, 3 = Almost all of the time, ? = Missing.

End of Report

TSSCTM

TSSC Booklet

John Briere, PhD

Directions

Enter items in this booklet, describe things that kids sometimes think, feel, or do. Read each item, then mark how often it happens to you by drawing a circle around the correct number.

Circle 0 if it never happens to you.	0	1	2	3
Circle 1 if it happens sometimes.	0	1	2	3
Circle 2 if it happens lots of times.	0	1	2	3
Circle 3 if it happens almost all of the time.	0	1	2	3

For example, if you are late for school sometimes, you would circle the 1 for this item.

Being late for school

0 ☐ 1 ☒ 2 ☐ 3

If you make a mistake or want to change your answer, do not erase. Cross out the wrong answer with an "X" and then circle the correct answer, like this:

Being late for school

0 ☐ 1 ☒ 2 ☐ 3

Being late for school

0 ☐ 1 ☒ 2 ☐ 3

Age _____ Sex F Identification No. _____ Race A. A. Date 9-11-89

	Never	Sometimes	Lots of times	Almost all of the time
1. Bad dreams or nightmares.....	0	1	2	3
2. Feeling afraid something bad might happen.....	0	1	2	3
3. Scary ideas or pictures just pop into my head.....	0	1	2	3
4. Wanting to say dirty words.....	0	1	2	3
5. Pretending I am someone else.....	0	1	2	3
6. Arguing too much.....	0	1	2	3
7. Feeling lonely.....	0	1	2	3
8. Touching my private parts too much.....	0	1	2	3
9. Feeling sad or unhappy.....	0	1	2	3
0. Remembering things that happened that I didn't like.....	0	1	2	3
1. Going away in my mind, trying not to think.....	0	1	2	3
2. Remembering scary things.....	0	1	2	3
3. Wanting to yell and break things.....	0	1	2	3
4. Crying.....	0	1	2	3
5. Getting scared all of a sudden and don't know why.....	0	1	2	3
6. Getting mad and can't calm down.....	0	1	2	3
7. Thinking about having sex.....	0	1	2	3
8. Feeling dizzy.....	0	1	2	3
9. Wanting to yell at people.....	0	1	2	3
0. Wanting to hurt myself.....	0	1	2	3
1. Wanting to hurt other people.....	0	1	2	3
2. Thinking about touching other people's private parts.....	0	1	2	3
3. Thinking about sex when I don't want to.....	0	1	2	3
4. Feeling scared of men.....	0	1	2	3
5. Feeling scared of women.....	0	1	2	3

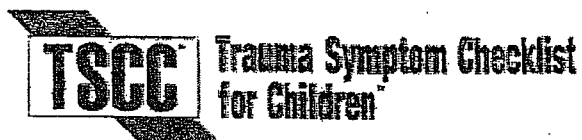
0 = Never
 1 = Sometimes
 2 = Lots of times
 3 = Almost all of the time

28. Feeling like I did something wrong.....	0	1	2	3
29. Feeling like things aren't real.....	0	1	2	3
30. Forgetting things, can't remember things.....	0	1	2	3
31. Feeling like I'm not in my body.....	0	1	2	3
32. Feeling nervous or jumpy inside.....	0	1	2	3
33. Feeling afraid.....	0	1	2	3
34. Not trusting people because they might want sex.....	0	1	2	3
35. Can't stop thinking about something bad that happened to me.....	0	1	2	3
36. Getting into fights.....	0	1	2	3
37. Feeling mean.....	0	1	2	3
38. Pretending I'm somewhere else.....	0	1	2	3
39. Being afraid of the dark.....	0	1	2	3
40. Getting scared or upset when I think about sex.....	0	1	2	3
41. Worrying about things.....	0	1	2	3
42. Feeling like nobody likes me.....	0	1	2	3
43. Remembering things I don't want to remember.....	0	1	2	3
44. Having sex feelings in my body.....	0	1	2	3
45. My mind going empty or blank.....	0	1	2	3
46. Feeling like I hate people.....	0	1	2	3
47. Can't stop thinking about sex.....	0	1	2	3
48. Trying not to have any feelings.....	0	1	2	3
49. Feeling mad.....	0	1	2	3
50. Feeling afraid somebody will kill me.....	0	1	2	3
51. Wishing bad things had never happened.....	1	1	2	3
52. Wanting to kill myself.....	0	1	2	3
53. Daydreaming.....	0	1	2	3
54. Getting upset when people talk about sex.....	0	1	2	3

0 = Never
1 = Sometimes
2 = Lots of times
3 = Almost all of the time

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Score Report

by

John Briere, PhD
and
PAR Staff

Client Information

Child's Name:

Client ID: 10169491

Child's Gender: Female

Child's Race: African American

Child's Age:

Date of Birth:

Test Form: TSCC

Test Date: 06/18/2009

Use of this score report requires a complete understanding of the *Trauma Symptom Checklist for Children* (TSCC) scales and its interpretation, applications, and limitations as presented in the TSCC Professional Manual. This report contains raw and standardized scores from the TSCC Item Booklet. Users should refer to the TSCC Professional Manual for procedures and guidelines for the interpretation of this report. Users also should refer to the Professional Manual for information about the psychometric characteristics of the TSCC.

This report should be used as only one source of information about the individual being evaluated. In this respect, no decisions should be based solely on the information contained in this report. The raw and standardized scores contained in this report should be integrated with other sources of information when making decisions about this individual.

This report is confidential and is intended for use by qualified professionals who have sufficient knowledge of psychometric testing and of the TSCC. *This report should not be released to the respondent or to any individuals who are not qualified to interpret the results.*

TSCC Critical Items

Item	Score	Item Description
20.	0	Wanting to hurt myself
21.	0	Wanting to hurt other people
24.	0	Feeling scared of men
25.	0	Feeling scared of women
34.	0	Not trusting people because they might want sex
36.	0	Getting into fights
50.	0	Feeling afraid somebody will kill me
52.	0	Wanting to kill myself

Missing Responses

Total Missing Responses: 0

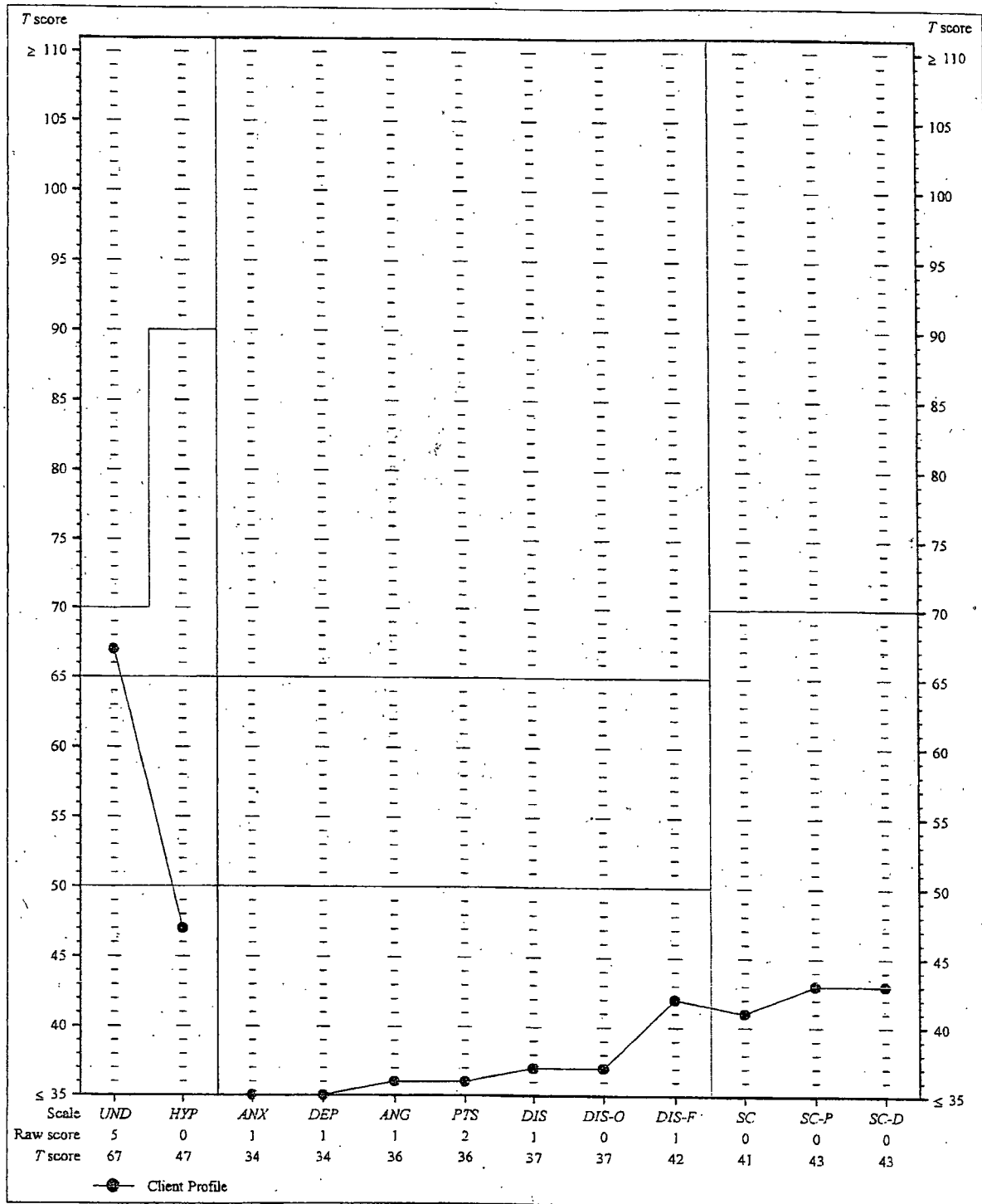
TSCC Validity Scales

Scale	Raw score	T score
Underresponse (<i>UND</i>)	5	67
Hyperresponse (<i>HYP</i>)	0	47

TSCC Clinical Scales/Subscales

Scale	Raw score	T score
Anxiety (<i>ANX</i>)	1	34
Depression (<i>DEP</i>)	1	34
Anger (<i>ANG</i>)	1	36
Posttraumatic Stress (<i>PTS</i>)	2	36
Dissociation (<i>DIS</i>)	1	37
Overt Dissociation (<i>DIS-O</i>)	0	37
Fantasy (<i>DIS-F</i>)	1	42
Sexual Concerns (<i>SC</i>)	0	41
Sexual Preoccupation (<i>SC-P</i>)	0	43
Sexual Distress (<i>SC-D</i>)	0	43

TSCC T-Score Profile



TSCC Item Responses

Item#	Response	Item#	Response	Item#	Response
1.	1	19.	0	37.	0
2.	1	20.	0	38.	0
3.	0	21.	0	39.	0
4.	0	22.	0	40.	0
5.	0	23.	0	41.	0
6.	1	24.	0	42.	0
7.	0	25.	0	43.	0
8.	0	26.	0	44.	0
9.	1	27.	0	45.	0
10.	0	28.	0	46.	0
11.	0	29.	0	47.	0
12.	0	30.	0	48.	0
13.	0	31.	0	49.	0
14.	0	32.	0	50.	0
15.	0	33.	0	51.	1
16.	0	34.	0	52.	0
17.	0	35.	0	53.	1
18.	0	36.	0	54.	0

Note. 0 = Never, 1 = Sometimes, 2 = Lots of times, 3 = Almost all of the time, ? = Missing.

End of Report



TSCC Booklet

John Briere, PhD

Directions

The items in this booklet describe things that kids sometimes think, feel, or do. Read each item, then mark how often it happens to you by drawing a circle around the correct number.

Circle 0 if it **never** happens to you.

0 1 2 3

Circle 1 if it happens **sometimes**.

0 1 2 3

Circle 2 if it happens **lots of times**.

0 1 2 3

Circle 3 if it happens **almost all of the time**.

0 1 2 3

For example, if you are late for school **sometimes**, you would circle the 1 for this item, like this:

Being late for school.

0 1 2 3

If you make a mistake or want to change your answer, do not erase. Cross out the wrong answer with an "X" and then circle the correct answer, like this:

Being late for school.

0 1 ~~2~~ 3

Name

Age

Sex

Female

Identification No.

10169991

Race

African American

Date

6-18-7

	Never	Sometimes	Lots of times	Almost all of the time
1. Bad dreams or nightmares	0	1	2	3
2. Feeling afraid something bad might happen.....	0	1	2	3
3. Scary ideas or pictures just pop into my head.....	0	1	2	3
4. Wanting to say dirty words	0	1	2	3
5. Pretending I am someone else	0	1	2	3
6. Arguing too much	0	1	2	3
7. Feeling lonely.....	0	1	2	3
8. Touching my private parts too much	0	1	2	3
9. Feeling sad or unhappy	0	1	2	3
10. Remembering things that happened that I didn't like.....	0	1	2	3
11. Going away in my mind, trying not to think	0	1	2	3
12. Remembering scary things.....	0	1	2	3
13. Wanting to yell and break things	0	1	2	3
14. Crying.....	0	1	2	3
15. Getting scared all of a sudden and don't know why	0	1	2	3
16. Getting mad and can't calm down	0	1	2	3
17. Thinking about having sex.....	0	1	2	3
18. Feeling dizzy	0	1	2	3
19. Wanting to yell at people	0	1	2	3
20. Wanting to hurt myself.....	0	1	2	3
21. Wanting to hurt other people.....	0	1	2	3
22. Thinking about touching other people's private parts	0	1	2	3
23. Thinking about sex when I don't want to	0	1	2	3
24. Feeling scared of men	0	1	2	3
25. Feeling scared of women	0	1	2	3

0 = Never

1 = Sometimes

2 = Lots of times

3 = Almost all of the time

27. Feeling like things aren't real	☐	1	2	3
30. Forgetting things, can't remember things	☐	1	2	3
31. Feeling like I'm not in my body	☐	1	2	3
32. Feeling nervous or jumpy inside	☐	1	2	3
33. Feeling afraid	☐	1	2	3
34. Not trusting people because they might want sex	☐	1	2	3
35. Can't stop thinking about something bad that happened to me	☐	1	2	3
36. Getting into fights	☐	1	2	3
37. Feeling mean	☐	1	2	3
38. Pretending I'm somewhere else	☐	1	2	3
39. Being afraid of the dark	☐	1	2	3
40. Getting scared or upset when I think about sex	☐	1	2	3
41. Worrying about things	☐	1	2	3
42. Feeling like nobody likes me	☐	1	2	3
43. Remembering things I don't want to remember	☐	1	2	3
44. Having sex feelings in my body	☐	1	2	3
45. My mind going empty or blank	☐	1	2	3
46. Feeling like I hate people	☐	1	2	3
47. Can't stop thinking about sex	☐	1	2	3
48. Trying not to have any feelings	☐	1	2	3
49. Feeling mad	☐	1	2	3
50. Feeling afraid somebody will kill me	☐	1	2	3
51. Wishing bad things had never happened	☐ 1	2	3	
52. Wanting to kill myself	☐	1	2	3
53. Daydreaming	☐ 1	2	3	
54. Getting upset when people talk about sex	☐	1	2	3

0 = Never

1 = Sometimes

2 = Lots of times

3 = Almost all of the time

CBCL/6-18 - Narrative Report & Critical Items

ID: 10169491

Bi: 7

Date Filled: 06/18/2009

Name: on

Gender: Female

Informant: Kathy Myers

Clinician:

The Child Behavior Checklist (CBCL) was completed by Kathy Myers, biological mother, to obtain her perceptions of a's competencies and problems. Ms. Myers reported that a participates in three sports and that she has interests in three hobbies. She belongs to no social organizations, teams or clubs. Ms. Myers reported that a has three jobs or chores. She reported that a has four or more close friends but that she sees friends less than once a week outside of regular school hours. Ms. Myers rated a's school performance as above average in language arts, above average in social studies, above average in math, and above average in science. She rated a's performance in three additional subjects as above average, above average, and above average.

Total Competence score was in the normal range for parents' ratings of girls aged 6 to 11. Her scores on the Activities, Social, and School scales were all in the normal range.

On the CBCL problem scales, s Total Problems, Internalizing, and Externalizing scores were all in the normal range for girls aged 6 to 11. Scores on all rated syndrome scales were in the normal range.

On the DSM-oriented scales, s scores on all rated scales were in the normal range.

OTHER INFORMATION:

Agency:

Education:

Critical Items

In addition to the scale scores, it is important to consider scores on individual problem items. Because they may raise particular challenges for management, it is especially important to note the problems listed below that were reported with scores of 1 or 2. Look at comments made by the informant on the form in relation to these problems to obtain more information about risks associated with the problems and the contexts in which the problems occur.

<u>Score</u>	<u>Problem Item</u>	<u>Score</u>	<u>Problem Item</u>
0	6. BMOut	0	67. RunAway
0	15. CruelAnimal	0	70. SeesThings
0	18. HarmSelf	0	72. SetsFires
0	40. HearsThings	0	91. TalkSuicide
0	57. Attacks	0	105. UsesDrugs
0	59. SexPartsP	0	107. WetsSelf

CBCL/6-18 - Competence Scale Scores for Girls 6-11

Page 1 of 4

ID: 10169491

Gender: Female

Date Filled: 06/18/2009

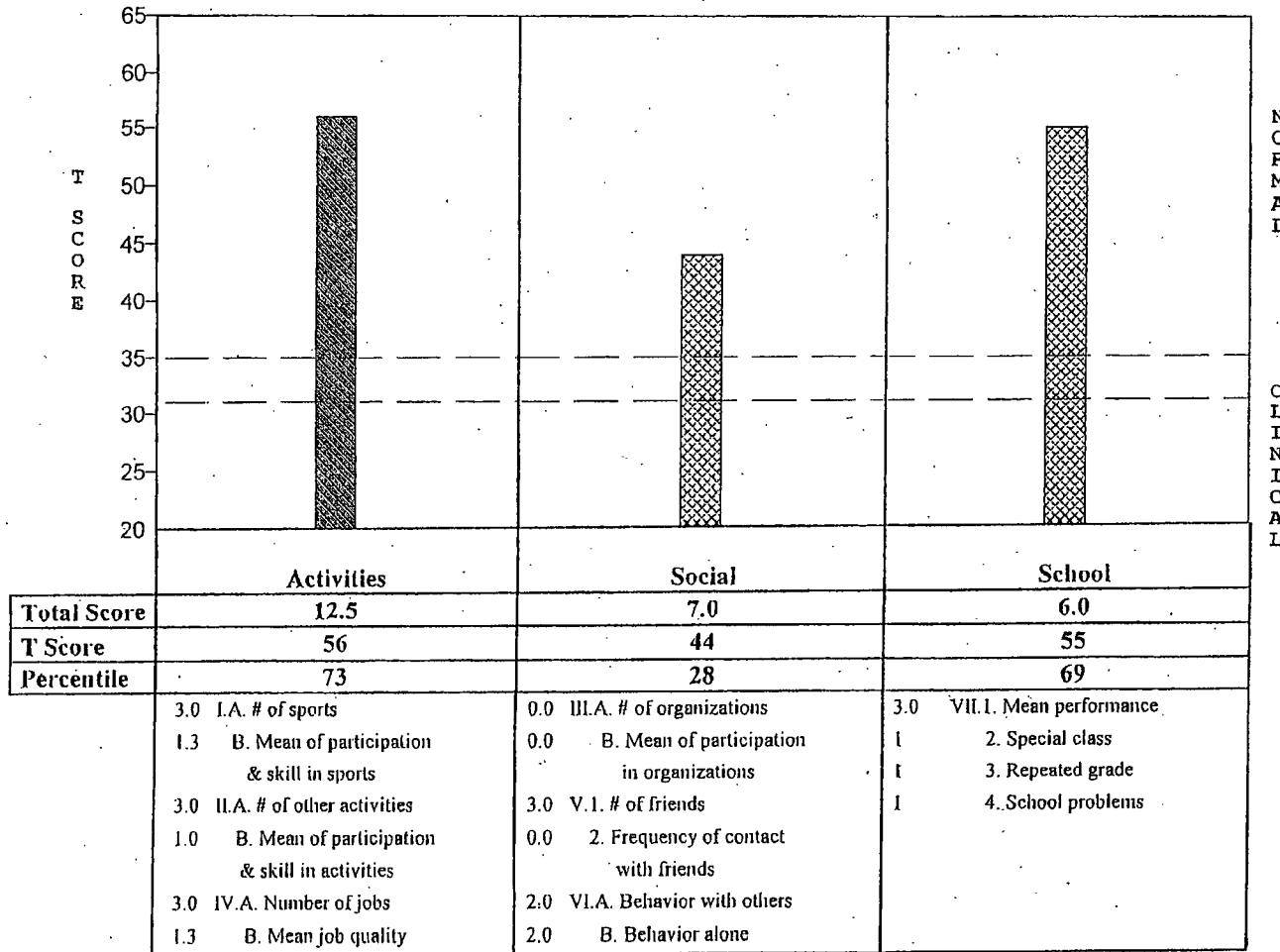
Clinician:

Name:

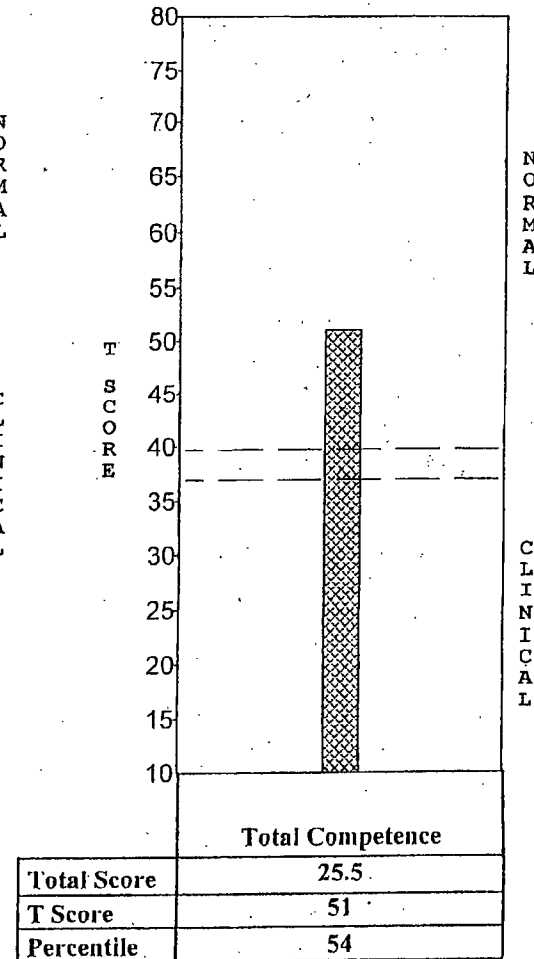
Agency:

Informant: Kathy Myers

Relationship: Biological Mother



B = Borderline clinical range; C = Clinical range
 Broken lines = Borderline clinical range



Total score for each scale is rounded to nearest 0.5.

**** = missing data

nc = The score was not computed due to missing data.

On Activities and Social Scales, if one item is missing, the mean of the other items is substituted.

CBCL/6-18 - Syndrome Scale Scores for Girls 6-11

Page 2 of 4

Gender: Female

Date Filled: 06/18/2009

Clinician:

Agency:

Verified: No

Informant: Kathy Myers

Relationship: Biological Mother

T S C O R E	Internalizing						Externalizing		C L I N I C A L N O R M A L
	Anxious/ Depressed	Withdrawn/ Depressed	Somatic Complaints	Social Problems	Thought Problems	Attention Problems	Rule-Breaking Behavior	Aggressive Behavior	
Total Score	0	0	0	1	0	1	0	1	
T Score	50	50	50	51	50	51	50	50	
Percentile	<=50	<=50	<=50	54	<=50	54	<=50	<=50	
	0 14.Cries 0 29.Fears 0 30.FearSchool 0 31.FearDoBad 0 32.Perfect 0 33.Unloved 0 35.Worthless 0 45.Nervous 0 50.Fearful 0 52.Guilty 0 71.SelfConsc 0 91.TalkSuicide 0 112.Worries	0 5.EnjoysLittle 0 42.PreferAlone 0 65.Won'tTalk 0 69.Secretive 0 75.Shy 0 102.LacksEnergy 0 103.Sad 0 111.Withdrawn	0 47.Nightmares 0 49.Constipate 0 51.Dizzy 0 54.Tired 0 56a.Aches 0 56b.Headaches 0 56c.Nausea 0 56d.EyeProb 0 56e.SkinProb 0 56f.Stomach 0 56g.Vomit	1 11.Dependent 0 12.Lonely 0 25.NotGetAlong 0 27.Jealous 0 34.OutToGet 0 36.Accidents 0 38.Teased 0 48.NotLiked 0 62.Clumsy 0 64.PreferYoung 0 79.SpeechProb	0 9.MindOff 0 18.HarmSelf 0 40.HearsThings 0 46.Twitch 0 58.PicksSkin 0 59.SexPartsP 0 60.SexPartsM 0 66.RepeatsActs 0 70.SeesThings 0 76.SleepsLess 0 83.StoresUp 0 84.StrangeBehv 0 85.StrangeIdeas 0 92.SleepWalk 0 100.SleepProblem	0 1.ActsYoung 1 4.FailsToFinish 0 8.Concentrate 0 10.SitStill 0 13.Confused 0 17.Daydream 0 41.Impulsive 0 61.PoorSchool 0 78.Inattentive 0 80.Stares	0 2.Alcohol 0 26.NoGuilt 0 28.BreaksRules 0 39.BadFriends 0 43.LieCheat 0 63.PreferOlder 0 67.RunAway 0 72.SetsFires 0 73.SexProbs 0 81.StealsHome 0 82.StealsOut 0 90.Swears 0 96.ThinksSex 0 99.Tobacco 0 101.Truant 0 105.UsesDrugs 0 106.Vandalism	1 3.Argues 0 16.Mean 0 19.DemAtten 0 20.DestroyOwn 0 21.DestroyOther 0 22.DisbHome 0 23.DisbSchool 0 37.Fights 0 57.Attacks 0 68.Screams 0 86.Stubborn 0 87.MoodChang 0 88.Sulks 0 89.Suspicious 0 94.Teases 0 95.Temper 0 97.Threaten 0 104.Loud	

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B = Borderline clinical range; C = Clinical range

Broken lines = Borderline clinical range

CBCL/6-18 - Internalizing, Externalizing, Total Problems, Other Problems for Girls 6-11

Page 3 of 4

ID: 10169491

Gender: Female

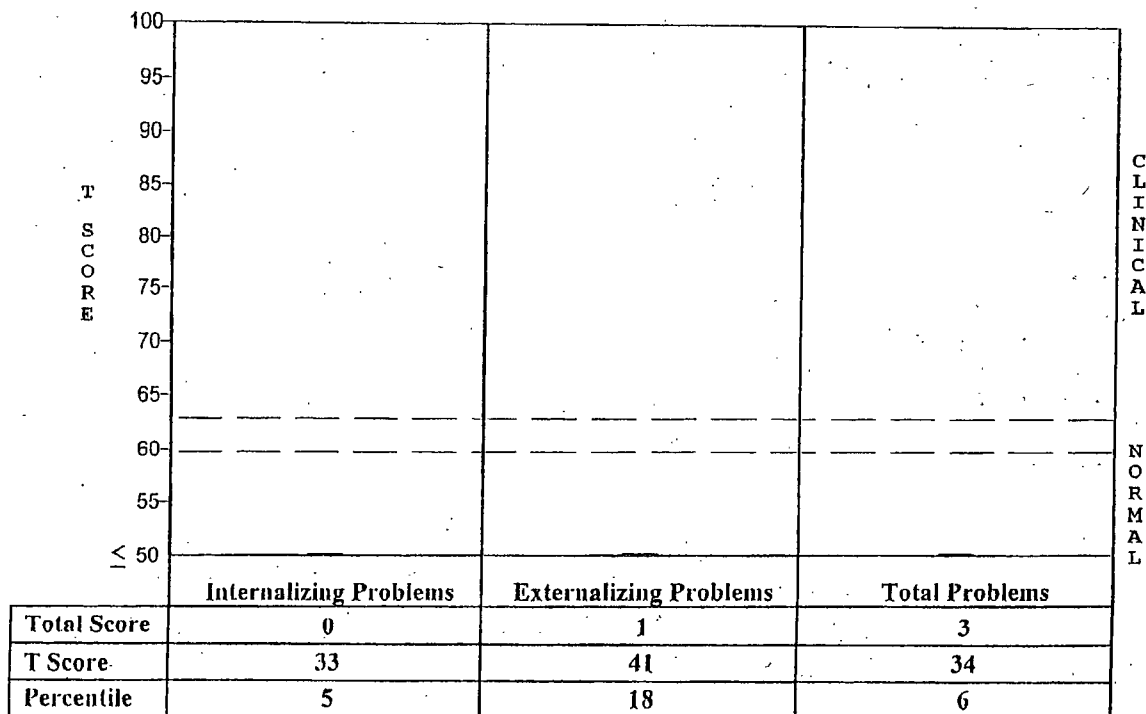
Date Filled: 06/18/2009

Clinician:

Agency:

Informant: Kathy Myers

Relationship: Biological Mother



B = Borderline clinical range; C = Clinical range

Broken lines = Borderline clinical range

Other Problems	
0	6.BMOut
0	7.Brags
0	15.CruelAnimal
0	24.NotEat
0	44.BiteNail
0	53.Overeat
0	55.Overweight
-	56h.OtherPhys
0	74.ShowOff
0	77.SleepsMore
0	93.TalkMuch
0	98.ThumbSuck
0	107.WetsSelf
0	108.WetsBed
0	109.Whining
0	110.WishOppSex
-	113.OtherProb

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 ASEBA, University of Vermont
 1 South Prospect St.
 Burlington, VT 05401-3456
www.ASEBA.org

CBCL/6-18 - DSM-Oriented Scales for Girls 6-11

ID: 10169491

Gender: Female

Date Filled: 06/18/2009

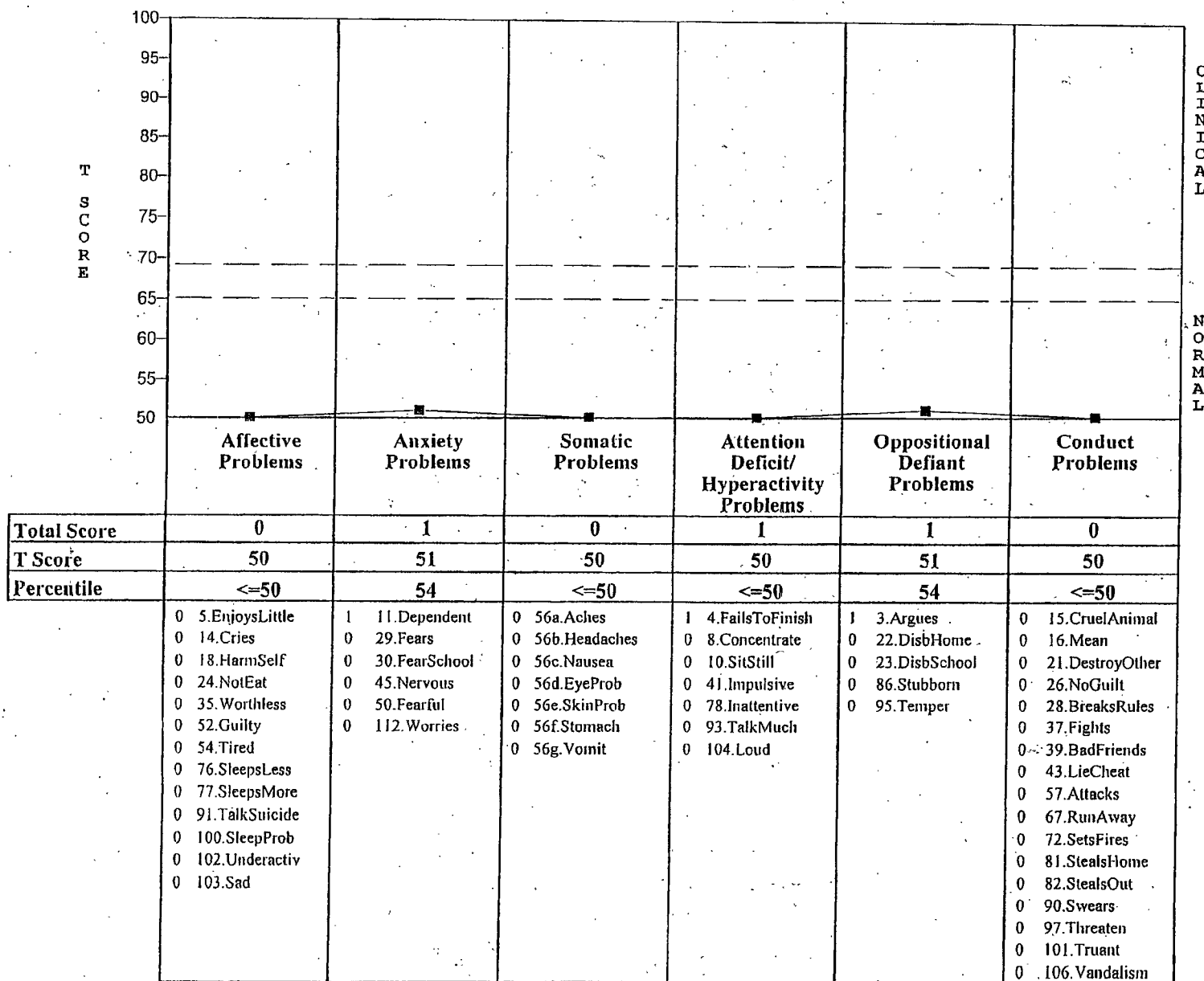
Clinician:

Agency:

Informant: Kathy Myers

Relationship: Biological Mother

Page 4 of 4



B = Borderline clinical range; C = Clinical range

Broken lines = Borderline clinical range

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T.M. Achenbach



Please print **CHILD BEHAVIOR CHECKLIST FOR AGES 6-18**

For office use only
ID # 10169491

CHILD'S FULL NAME First _____ Middle _____ Last _____			PARENTS' USUAL TYPE OF WORK, even if not working now. (Please be specific — for example, auto mechanic, high school teacher, homemaker, laborer, lathe operator, shoe salesman, army sergeant.) FATHER'S TYPE OF WORK _____ MOTHER'S TYPE OF WORK <u>NURSING ASSISTANT</u>	
CHILD'S GENDER ☐ Boy ☒ Girl	CHILD'S AGE _____	CHILD'S ETHNIC GROUP OR RACE <u>Blk</u>	FATHER'S TYPE OF WORK _____	
TODAY'S DATE Mo. <u>6</u> Date <u>18</u> Yr. <u>2009</u>			THIS FORM FILLED OUT BY: (print your full name) <u>Kathy Meyers</u>	
GRADE IN SCHOOL <u>11th</u>	Please fill out this form to reflect your view of the child's behavior even if other people might not agree. Feel free to print additional comments beside each item and in the space provided on page 2. Be sure to answer all items.		Your gender: ☐ Male ☒ Female Your relation to the child: ☒ Biological Parent ☐ Step Parent ☐ Grandparent ☐ Adoptive Parent ☐ Foster Parent ☐ Other (specify) _____	
NOT ATTENDING SCHOOL ☐				

I. Please list the sports your child most likes to take part in. For example: swimming, baseball, skating, skate boarding, bike riding, fishing, etc.

☐ None

- a. Dance
b. Basketball
c. Playing Cards

Compared to others of the same age, about how much time does he/she spend in each?

Less Than Average Average More Than Average Don't Know

☐	☐	☒	☐
☐	☒	☐	☐
☐	☒	☐	☐

Compared to others of the same age, how well does he/she do each one?

Below Average Average Above Average Don't Know

☐	☐	☒	☐
☐	☒	☐	☐
☐	☒	☐	☐

II. Please list your child's favorite hobbies, activities, and games, other than sports. For example: stamps, dolls, books, piano, crafts, cars, computers, singing, etc. (Do not include listening to radio or TV.)

☐ None

- a. Playing Cards
b. Reading
c. Crafts

Compared to others of the same age, about how much time does he/she spend in each?

Less Than Average Average More Than Average Don't Know

☐	☒	☐	☐
☐	☒	☐	☐
☐	☒	☐	☐

Compared to others of the same age, how well does he/she do each one?

Below Average Average Above Average Don't Know

☐	☒	☐	☐
☐	☒	☐	☐
☐	☒	☐	☐

III. Please list any organizations, clubs, teams, or groups your child belongs to.

☒ None

- a. _____
b. _____
c. _____

Compared to others of the same age, how active is he/she in each?

Less Active Average More Active Don't Know

☐	☐	☐	☐
☐	☐	☐	☐
☐	☐	☐	☐

IV. Please list any jobs or chores your child has. For example: paper route, babysitting, making bed, working in store, etc. (Include both paid and unpaid jobs and chores.)

☐ None

- a. Washing dishes
b. Clean the bathroom
c. Clean Room

Compared to others of the same age, how well does he/she carry them out?

Below Average Average Above Average Don't Know

☐	☐	☒	☐
☐	☒	☐	☐
☐	☒	☐	☐

Be sure you answered all items. Then see other side.

Please print. Be sure to answer all items.

0 = Not True (as far as you know)

1 = Somewhat or Sometimes True

2 = Very True or Often True

0	1	2	57. Physically attacks people	0	1	2	84. Strange behavior (describe): _____
0	1	2	58. Picks nose, skin, or other parts of body (describe): _____	0	1	2	85. Strange ideas (describe): _____
0	1	2	59. Plays with own sex parts in public	0	1	2	86. Stubborn, sullen, or irritable
0	1	2	60. Plays with own sex parts too much	0	1	2	87. Sudden changes in mood or feelings
0	1	2	61. Poor school work	0	1	2	88. Sulks a lot
0	1	2	62. Poorly coordinated or clumsy	0	1	2	89. Suspicious
0	1	2	63. Prefers being with older kids	0	1	2	90. Swearing or obscene language
0	1	2	64. Prefers being with younger kids	0	1	2	91. Talks about killing self
0	1	2	65. Refuses to talk	0	1	2	92. Talks or walks in sleep (describe): _____
0	1	2	66. Repeats certain acts over and over; compulsions (describe): _____	0	1	2	93. Talks too much
0	1	2	67. Runs away from home	0	1	2	94. Teases a lot
0	1	2	68. Screams a lot	0	1	2	95. Temper tantrums or hot temper
0	1	2	69. Secretive, keeps things to self	0	1	2	96. Thinks about sex too much
0	1	2	70. Sees things that aren't there (describe): _____	0	1	2	97. Threatens people
0	1	2	71. Self-conscious or easily embarrassed	0	1	2	98. Thumb-sucking
0	1	2	72. Sets fires	0	1	2	99. Smokes, chews, or sniffs tobacco
0	1	2	73. Sexual problems (describe): _____	0	1	2	100. Trouble sleeping (describe): _____
0	1	2	74. Showing off or clowning	0	1	2	101. Truancy, skips school
0	1	2	75. Too shy or timid	0	1	2	102. Underactive, slow moving, or lacks energy
0	1	2	76. Sleeps less than most kids	0	1	2	103. Unhappy, sad, or depressed
0	1	2	77. Sleeps more than most kids during day and/or night (describe): _____	0	1	2	104. Unusually loud
0	1	2	78. Inattentive or easily distracted	0	1	2	105. Uses drugs for nonmedical purposes (<i>don't</i> include alcohol or tobacco) (describe): _____
0	1	2	79. Speech problem (describe): _____	0	1	2	106. Vandalism
0	1	2	80. Stares blankly	0	1	2	107. Wets self during the day
0	1	2	81. Steals at home	0	1	2	108. Wets the bed
0	1	2	82. Steals outside the home	0	1	2	109. Whining
0	1	2	83. Stores up too many things he/she doesn't need (describe): _____	0	1	2	110. Wishes to be of opposite sex
				0	1	2	111. Withdrawn, doesn't get involved with others
				0	1	2	112. Worries
				0	1	2	113. Please write in any problems your child has that were not listed above:
				0	1	2	_____
				0	1	2	_____
				0	1	2	_____

CBCL/6-18 - Narrative Report & Critical Items

ID: 10169491

Gender: Female

Date Filled: 01/06/2009

Informant: Kathy Myers

Clinician:

The Child Behavior Checklist (CBCL) was completed by Kathy Myers, [redacted]'s biological mother, to obtain her perceptions of [redacted]'s competencies and problems. Ms. Myers reported that [redacted] participates in two sports and that she has interests in two hobbies. She belongs to no social organizations, teams or clubs. Ms. Myers reported that [redacted] has three jobs or chores. She reported that [redacted] has two or three close friends and that she sees friends one or two times a week outside of regular school hours. Ms. Myers rated [redacted]'s school performance as above average in language arts, above average in social studies, above average in math, and above average in science.

[redacted]'s Total Competence score was in the normal range for parents' ratings of girls aged 6 to 11. Her scores on the Activities, Social, and School scales were all in the normal range.

On the CBCL problem scales, [redacted] Total Problems, Internalizing, and Externalizing scores were all in the normal range for girls aged 6 to 11. Scores on all rated syndrome scales were in the normal range.

On the DSM-oriented scales, [redacted] scores on all rated scales were in the normal range.

OTHER INFORMATION:

Agency:

Education:

Critical Items

In addition to the scale scores, it is important to consider scores on individual problem items. Because they may raise particular challenges for management, it is especially important to note the problems listed below that were reported with scores of 1 or 2. Look at comments made by the informant on the form in relation to these problems to obtain more information about risks associated with the problems and the contexts in which the problems occur.

<u>Score</u>	<u>Problem Item</u>	<u>Score</u>	<u>Problem Item</u>
0	6. BMOut	0	67. RunAway
0	15. CruelAnimal	0	70. SeesThings
0	18. HarmSelf	0	72. SetsFires
0	40. HearsThings	0	91. TalkSuicide
0	57. Attacks	0	105. UsesDrugs
0	59. SexPartsP	0	107. WetsSelf

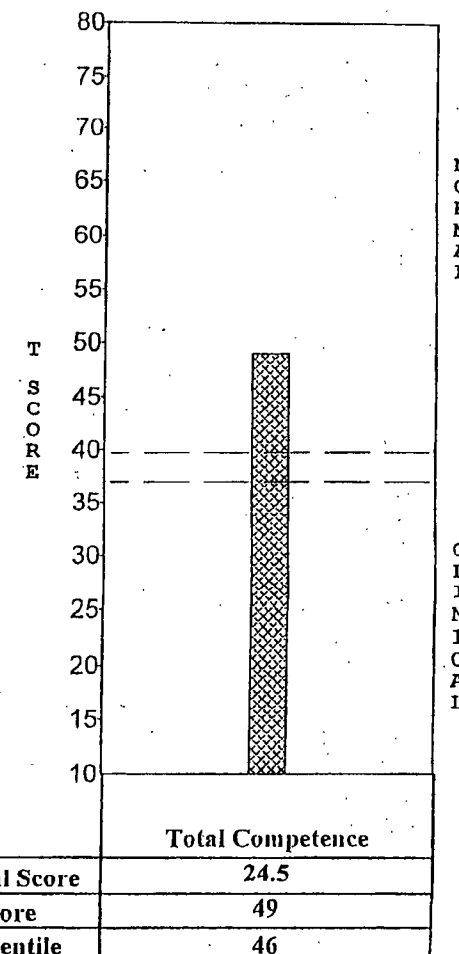
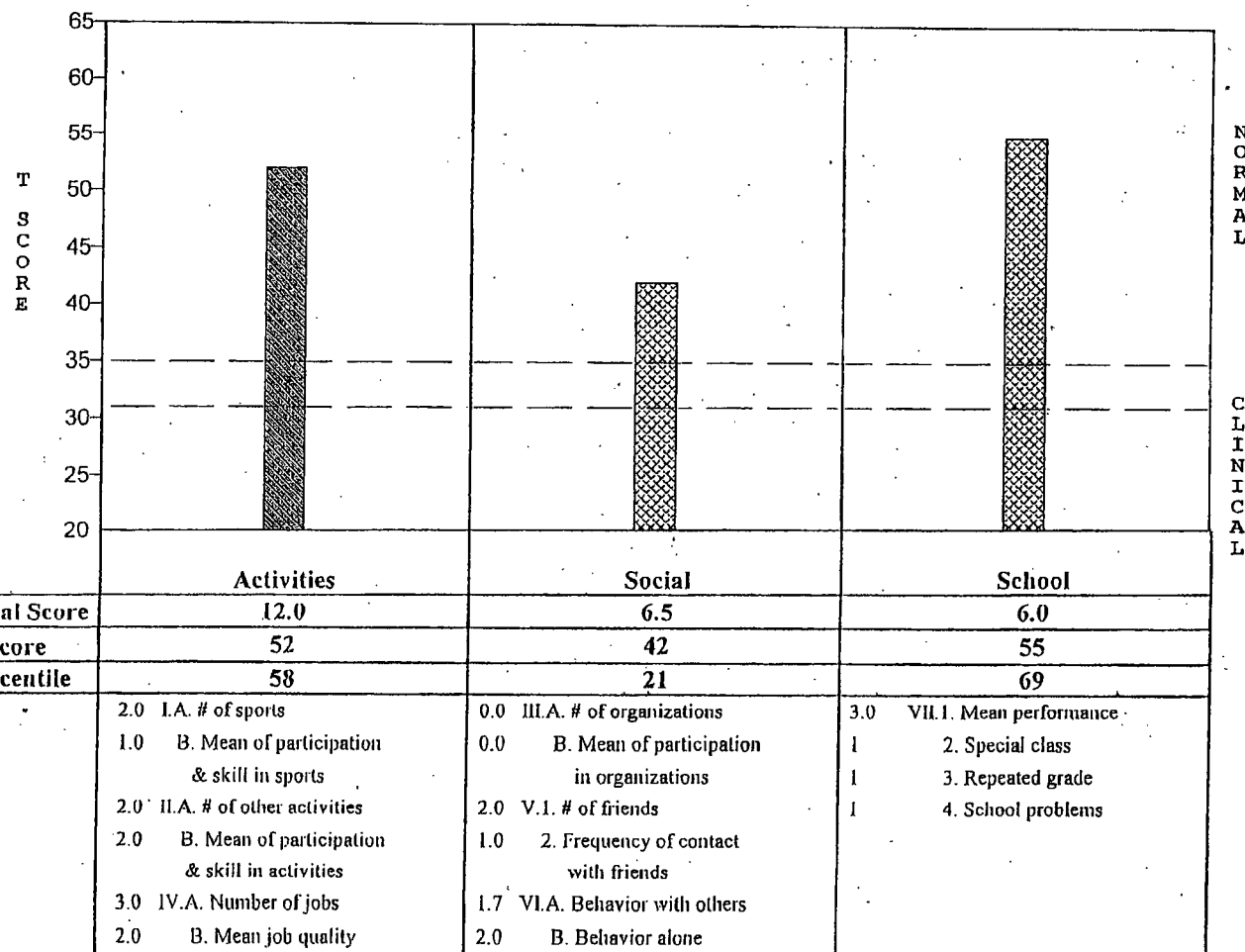
CBCL/6-18 - Competence Scale Scores for Girls 6-11

Page 1 of 4

ID: 10169491

Gender: Female Date Filled: 01/06/2009 Clinician:
Agency:

Informant: Kathy Myers
Relationship: Biological Mother



B = Borderline clinical range; C = Clinical range
Broken lines = Borderline clinical range

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ASEBA, University of Vermont
1 South Prospect St.
Burlington, VT 05401-3456
www.ASEBA.org

Total score for each scale is rounded to nearest 0.5.
**** = missing data
nc = The score was not computed due to missing data.
On Activities and Social Scales, if one item is missing,
the mean of the other items is substituted.

CBCL/6-18 - Syndrome Scale Scores for Girls 6-11

ID: 10169491

Gender: Female

Date Filled: 01/06/2009

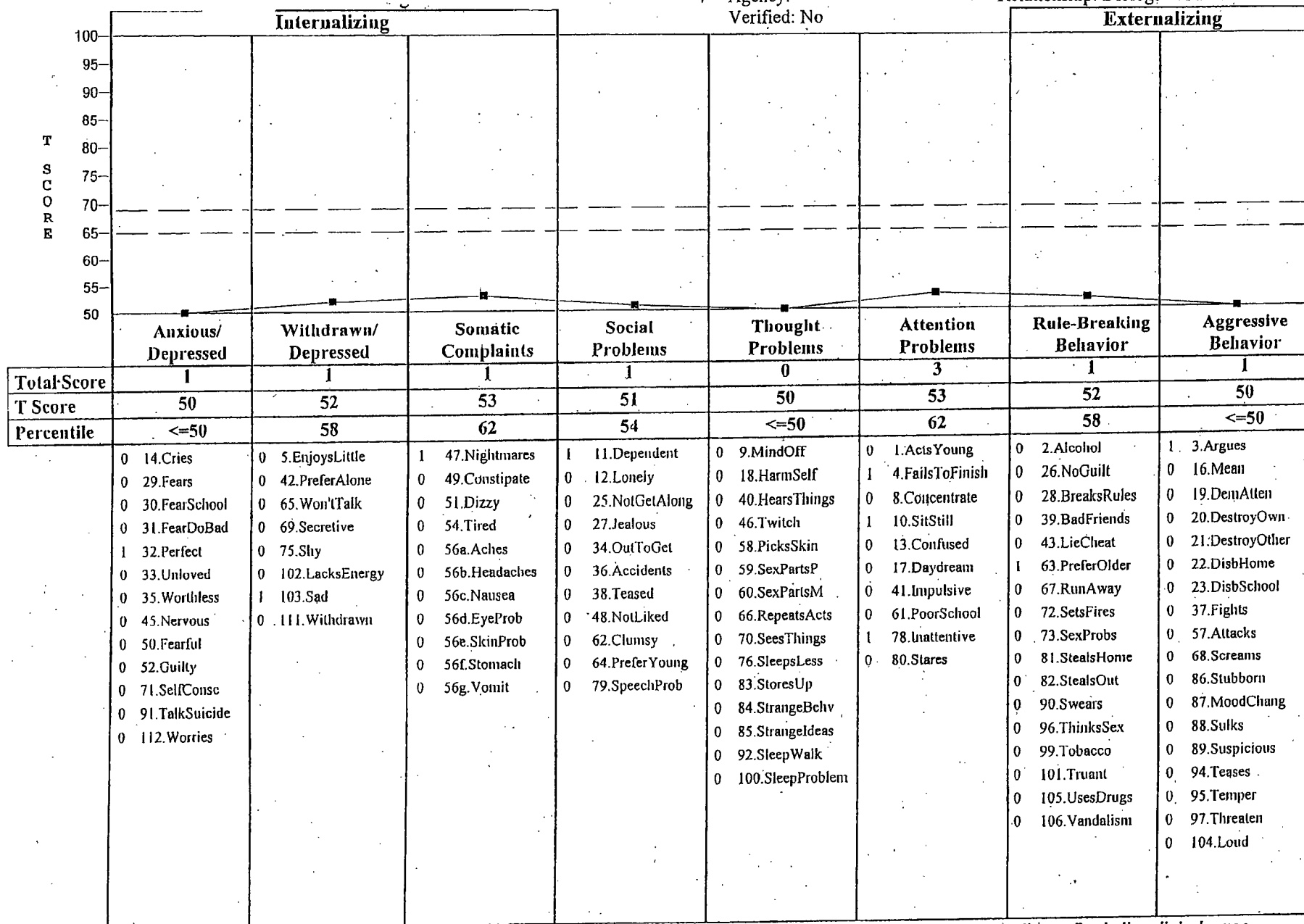
Clinician:

Informant: Kathy Myers

Agency:

Relationship: Biological Mother

Verified: No



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B = Borderline clinical range; C = Clinical range

Broken lines = Borderline clinical range

CBCL/6-18 - DSM-Oriented Scales for Girls 6-11

Page 4 of 4

D: 10169491

Gender: Female

Date Filled: 01/06/2009

Clinician:

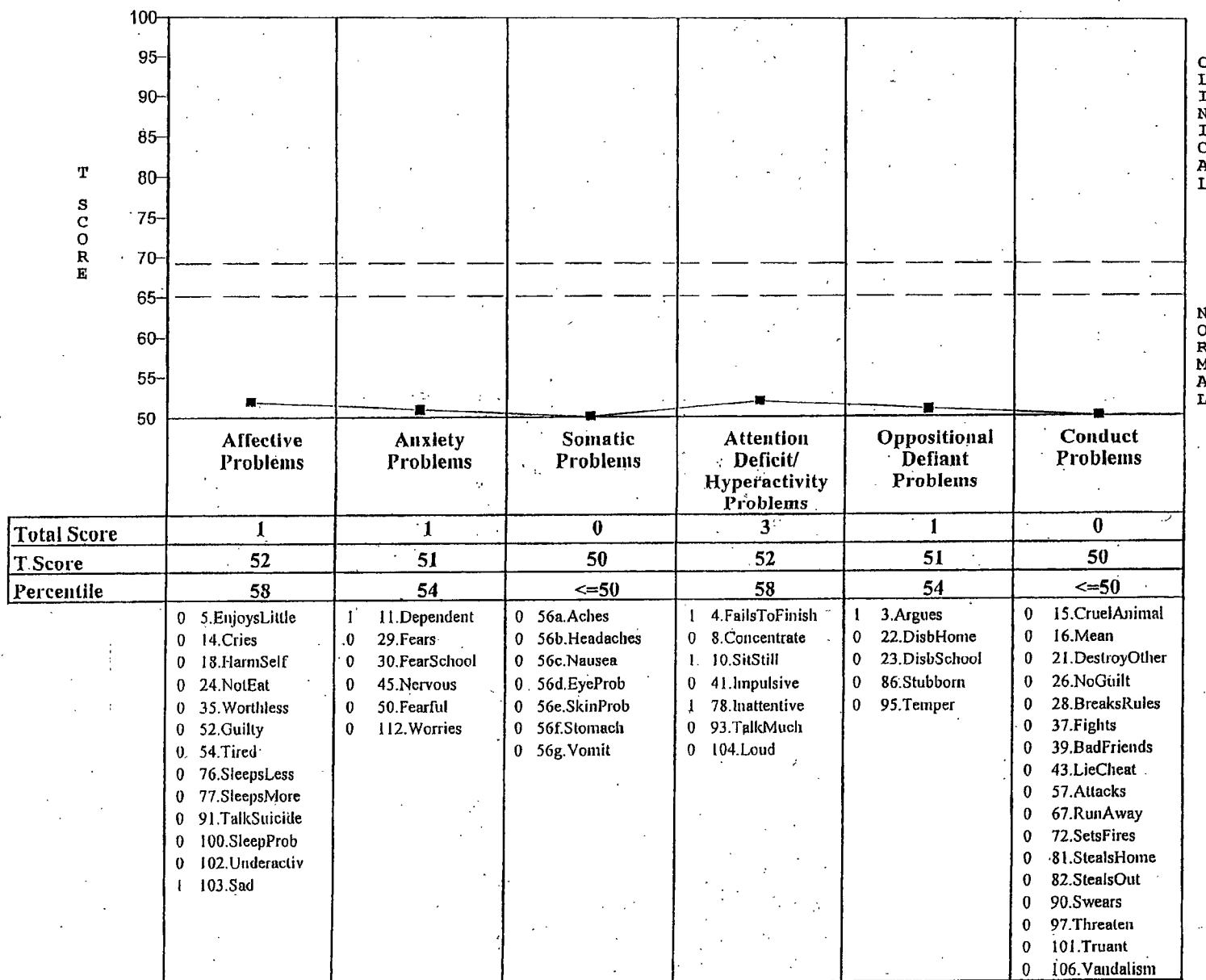
Informant: Kathy Myers

1

7

Agency:

Relationship: Biological Mother



B = Borderline clinical range; C = Clinical range

Broken lines = Borderline clinical range

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Please print **CHILD BEHAVIOR CHECKLIST FOR AGES 6-18**

For office use only
ID # 1016949

CHILD'S FULL NAME Middle Last		PARENTS' USUAL TYPE OF WORK, even if not working now. (Please be specific — for example, auto mechanic, high school teacher, homemaker, laborer, lathe operator, shoe salesman, army sergeant.)	
CHILD'S GENDER ☐ Boy ☒ Girl	CHILD'S AGE <u>11</u>	CHILD'S ETHNIC GROUP OR RACE <u>Blk</u>	FATHER'S TYPE OF WORK MOTHER'S TYPE OF WORK <u>CNA</u>
TODAY'S DATE Mo. <u>01</u> Date <u>06</u> Yr. <u>09</u>		THIS FORM FILLED OUT BY: (print your full name) <u>Kathy Myers</u>	
GRADE IN SCHOOL <u>5th</u>	Please fill out this form to reflect your view of the child's behavior even if other people might not agree. Feel free to print additional comments beside each item and in the space provided on page 2. Be sure to answer all items.		Your gender: ☐ Male ☒ Female
NOT ATTENDING SCHOOL ☐			Your relation to the child: ☒ Biological Parent ☐ Step Parent ☐ Grandparent ☐ Adoptive Parent ☐ Foster Parent ☐ Other (specify)

I. Please list the sports your child most likes to take part in. For example: swimming, baseball, skating, skate boarding, bike riding, fishing, etc.

☐ None

- a. basketball
b. skating
c. _____

Compared to others of the same age, about how much time does he/she spend in each?

Less Than Average Average More Than Average Don't Know

☐	☒	☐	☐
☐	☒	☐	☐
☐	☐	☐	☐

Compared to others of the same age, how well does he/she do each one?

Below Average Average Above Average Don't Know

☐	☒	☐	☐
☐	☒	☐	☐
☐	☐	☐	☐

II. Please list your child's favorite hobbies, activities, and games, other than sports. For example: stamps, dolls, books, piano, crafts, cars, computers, singing, etc. (Do not include listening to radio or TV.)

☐ None

- a. Brat Dolls
b. playing cards
c. _____

Compared to others of the same age, about how much time does he/she spend in each?

Less Than Average Average More Than Average Don't Know

☐	☐	☒	☐
☐	☐	☒	☐
☐	☒	☐	☐

Compared to others of the same age, how well does he/she do each one?

Below Average Average Above Average Don't Know

☐	☐	☐	☐
☐	☐	☐	☐
☐	☐	☐	☐

III. Please list any organizations, clubs, teams, or groups your child belongs to.

☒ None

- a. _____
b. _____
c. _____

Compared to others of the same age, how active is he/she in each?

Less Active Average More Active Don't Know

☐	☐	☐	☐
☐	☐	☐	☐
☐	☐	☐	☐

IV. Please list any jobs or chores your child has. For example: paper route, babysitting, making bed, working in store, etc. (Include both paid and unpaid jobs and chores.)

☐ None

- a. cleaning room
b. washing dishes
c. cleaning bathroom

Compared to others of the same age, how well does he/she carry them out?

Below Average Average Above Average Don't Know

☐	☐	☒	☐
☐	☐	☒	☐
☐	☐	☒	☐

Be sure you answered all items. Then see other side.

1. About how many close friends does your child have? (Do not include brothers & sisters)

☐ None ☐ 1 ☒ 2 or 3 ☐ 4 or more

673

2. About how many times a week does your child do things with any friends outside of regular school hours?

(Do not include brothers & sisters)

☐ Less than 1 ☒ 1 or 2 ☐ 3 or more

1. Compared to others of his/her age, how well does your child:

Worse Average Better

a. Get along with his/her brothers & sisters?

☐☒☐

☐ Has no brothers or sisters

b. Get along with other kids?

☐☐☒

c. Behave with his/her parents?

☐☐☒

d. Play and work alone?

☐☐☒

II. 1. Performance in academic subjects.

☐ Does not attend school because _____

Check a box for each subject that child takes

Other academic subjects—for example: computer courses, foreign language, business. Do not include gym, shop, driver's ed., or other nonacademic subjects.

a. Reading, English, or Language Arts

Failing

☐

Below Average

☐

Average

☐

Above Average

☒

b. History or Social Studies

☐☐☐☒

c. Arithmetic or Math

☐☐☐☒

d. Science

☐☐☐☒

e. _____

☐☐☐☐

f. _____

☐☐☐☐

g. _____

☐☐☐☐

2. Does your child receive special education or remedial services or attend a special class or special school?

☒ No

☐ Yes—kind of services, class, or school:

3. Has your child repeated any grades?

☒ No

☐ Yes—grades and reasons:

4. Has your child had any academic or other problems in school?

☒ No

☐ Yes—please describe:

When did these problems start? _____

Have these problems ended? ☐ No ☐ Yes—when?

Does your child have any illness or disability (either physical or mental)? ☒ No ☐ Yes—please describe:

What concerns you most about your child? The situation of her I want her to be a positive thinker about life and to make sure she believe in herself and she can make something positive out herself

Please describe the best things about your child.

She's smart, talented, outgoing person that I have become to love very much

674 is a list of items that describe children and youths. For each item that describes your child **now or within the past 6 months**, please circle the **2** if the item is **very true or often true** of your child. Circle the **1** if the item is **somewhat or sometimes true** of your child. If the item is **not true** of your child, circle the **0**. Please answer all items as well as you can, even if some do not seem to apply to your child.

0 = Not True (as far as you know)

1 = Somewhat or Sometimes True

2 = Very True or Often True

- 0 1 2 1. Acts too young for his/her age
- 0 1 2 2. Drinks alcohol without parents' approval
(describe): _____
- 0 1 2 3. Argues a lot
- 0 1 2 4. Fails to finish things he/she starts
- 0 1 2 5. There is very little he/she enjoys
- 0 1 2 6. Bowel movements outside toilet
- 0 1 2 7. Bragging, boasting
- 0 1 2 8. Can't concentrate, can't pay attention for long
- 0 1 2 9. Can't get his/her mind off certain thoughts;
obsessions (describe): _____
- 0 1 2 10. Can't sit still, restless, or hyperactive
- 0 1 2 11. Clings to adults or too dependent
- 0 1 2 12. Complains of loneliness
- 0 1 2 13. Confused or seems to be in a fog
- 0 1 2 14. Cries a lot
- 0 1 2 15. Cruel to animals
- 0 1 2 16. Cruelty, bullying, or meanness to others
- 0 1 2 17. Daydreams or gets lost in his/her thoughts
- 0 1 2 18. Deliberately harms self or attempts suicide
- 0 1 2 19. Demands a lot of attention
- 0 1 2 20. Destroys his/her own things
- 0 1 2 21. Destroys things belonging to his/her family or
others
- 0 1 2 22. Disobedient at home
- 0 1 2 23. Disobedient at school
- 0 1 2 24. Doesn't eat well
- 0 1 2 25. Doesn't get along with other kids
- 0 1 2 26. Doesn't seem to feel guilty after misbehaving
- 0 1 2 27. Easily jealous
- 0 1 2 28. Breaks rules at home, school, or elsewhere
- 0 1 2 29. Fears certain animals, situations, or places,
other than school (describe): _____
- 0 1 2 30. Fears going to school
- 0 1 2 31. Fears he/she might think or do something bad

- 0 1 2 32. Feels he/she has to be perfect
- 0 1 2 33. Feels or complains that no one loves him/her
- 0 1 2 34. Feels others are out to get him/her
- 0 1 2 35. Feels worthless or inferior
- 0 1 2 36. Gets hurt a lot, accident-prone
- 0 1 2 37. Gets in many fights
- 0 1 2 38. Gets teased a lot
- 0 1 2 39. Hangs around with others who get in trouble
- 0 1 2 40. Hears sounds or voices that aren't there
(describe): _____
- 0 1 2 41. Impulsive or acts without thinking
- 0 1 2 42. Would rather be alone than with others
- 0 1 2 43. Lying or cheating
- 0 1 2 44. Bites fingernails
- 0 1 2 45. Nervous, highstrung, or tense
- 0 1 2 46. Nervous movements or twitching (describe): _____
- 0 1 2 47. Nightmares
- 0 1 2 48. Not liked by other kids
- 0 1 2 49. Constipated, doesn't move bowels
- 0 1 2 50. Too fearful or anxious
- 0 1 2 51. Feels dizzy or lightheaded
- 0 1 2 52. Feels too guilty
- 0 1 2 53. Overeating
- 0 1 2 54. Overtired without good reason
- 0 1 2 55. Overweight
56. Physical problems **without known medical cause:**
- 0 1 2 a. Aches or pains (**not** stomach or headaches)
- 0 1 2 b. Headaches
- 0 1 2 c. Nausea, feels sick
- 0 1 2 d. Problems with eyes (**not** if corrected by glasses)
(describe): _____
- 0 1 2 e. Rashes or other skin problems
- 0 1 2 f. Stomachaches
- 0 1 2 g. Vomiting, throwing up
- 0 1 2 h. Other (describe): _____

0 = Not True (as far as you know)

1 = Somewhat or Sometimes True

2 = Very True or Often True

675

- 0 1 2 57. Physically attacks people
- 0 1 2 58. Picks nose, skin, or other parts of body (describe): _____
- 0 1 2 59. Plays with own sex parts in public
- 0 1 2 60. Plays with own sex parts too much
- 0 1 2 61. Poor school work
- 0 1 2 62. Poorly coordinated or clumsy
- 0 1 2 63. Prefers being with older kids
- 0 1 2 64. Prefers being with younger kids
- 0 1 2 65. Refuses to talk
- 0 1 2 66. Repeats certain acts over and over; compulsions (describe): _____
- 0 1 2 67. Runs away from home
- 0 1 2 68. Screams a lot
- 0 1 2 69. Secretive, keeps things to self
- 0 1 2 70. Sees things that aren't there (describe): _____
- 0 1 2 71. Self-conscious or easily embarrassed
- 0 1 2 72. Sets fires
- 0 1 2 73. Sexual problems (describe): _____
- 0 1 2 74. Showing off or clowning
- 0 1 2 75. Too shy or timid
- 0 1 2 76. Sleeps less than most kids
- 0 1 2 77. Sleeps more than most kids during day and/or night (describe): _____
- 0 1 2 78. Inattentive or easily distracted
- 0 1 2 79. Speech problem (describe): _____
- 0 1 2 80. Stares blankly
- 0 1 2 81. Steals at home
- 0 1 2 82. Steals outside the home
- 0 1 2 83. Stores up too many things he/she doesn't need (describe): _____

- 0 1 2 84. Strange behavior (describe): _____
- 0 1 2 85. Strange ideas (describe): _____
- 0 1 2 86. Stubborn, sullen, or irritable
- 0 1 2 87. Sudden changes in mood or feelings
- 0 1 2 88. Sulks a lot
- 0 1 2 89. Suspicious
- 0 1 2 90. Swearing or obscene language
- 0 1 2 91. Talks about killing self
- 0 1 2 92. Talks or walks in sleep (describe): _____
- 0 1 2 93. Talks too much
- 0 1 2 94. Teases a lot
- 0 1 2 95. Temper tantrums or hot temper
- 0 1 2 96. Thinks about sex too much
- 0 1 2 97. Threatens people
- 0 1 2 98. Thumb-sucking
- 0 1 2 99. Smokes, chews, or sniffs tobacco
- 0 1 2 100. Trouble sleeping (describe): _____
- 0 1 2 101. Truancy, skips school
- 0 1 2 102. Underactive, slow moving, or lacks energy
- 0 1 2 103. Unhappy, sad, or depressed
- 0 1 2 104. Unusually loud
- 0 1 2 105. Uses drugs for nonmedical purposes (*don't* include alcohol or tobacco) (describe): _____
- 0 1 2 106. Vandalism
- 0 1 2 107. Wets self during the day
- 0 1 2 108. Wets the bed
- 0 1 2 109. Whining
- 0 1 2 110. Wishes to be of opposite sex
- 0 1 2 111. Withdrawn, doesn't get involved with others
- 0 1 2 112. Worries
113. Please write in any problems your child has that were not listed above:
- 0 1 2 _____
- 0 1 2 _____
- 0 1 2 _____

TSCC™

TSCC Booklet

John Briere, PhD

Directions

The items in this booklet describe things that kids sometimes think, feel, or do. Read each item, then mark how often it happens to you by drawing a circle around the correct number.

Circle 0 if it never happens to you.

0 1 2 3

Circle 1 if it happens sometimes.

0 1 2 3

Circle 2 if it happens lots of times.

0 1 2 3

Circle 3 if it happens almost all of the time.

0 1 2 3

For example, if you are late for school sometimes, you would circle the 1 for this item, like this:

Being late for school:

0 1 2 3

If you make a mistake or want to change your answer, do not erase. Cross out the wrong answer with an "X" and then circle the correct answer, like this:

Being late for school:

0 1 ~~2~~ 3

Name

Girl

Identification No.

10169491

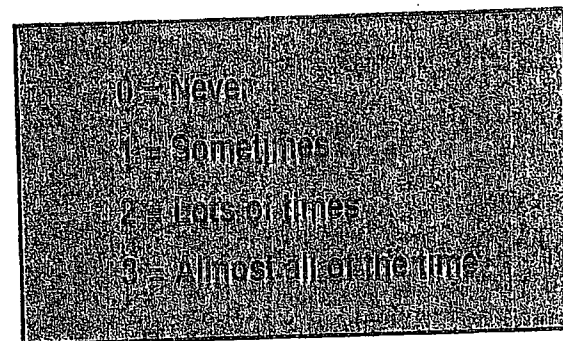
Race

African American

Date

1-6-0

	Never	Sometimes	Lots of times	Almost all of the time
1. Bad dreams or nightmares	0	1	2	3
2. Feeling afraid something bad might happen.....	0	1	2	3
3. Scary ideas or pictures just pop into my head	0	1	2	3
4. Wanting to say dirty words	0	1	2	3
5. Pretending I am someone else	0	1	2	3
6. Arguing too much	0	1	2	3
7. Feeling lonely.....	0	1	2	3
8. Touching my private parts too much	0	1	2	3
9. Feeling sad or unhappy	0	1	2	3
10. Remembering things that happened that I didn't like.....	0	1	2	3
11. Going away in my mind, trying not to think	0	1	2	3
12. Remembering scary things.....	0	1	2	3
13. Wanting to yell and break things	0	1	2	3
14. Crying.....	0	1	2	3
15. Getting scared all of a sudden and don't know why	0	1	2	3
16. Getting mad and can't calm down	0	1	2	3
17. Thinking about having sex.....	0	1	2	3
18. Feeling dizzy	0	1	2	3
19. Wanting to yell at people	0	1	2	3
20. Wanting to hurt myself.....	0	1	2	3
21. Wanting to hurt other people.....	0	1	2	3
22. Thinking about touching other people's private parts	0	1	2	3
23. Thinking about sex when I don't want to	0	1	2	3
24. Feeling scared of men	0	1	2	3
25. Feeling scared of women	0	1	2	3
26. Hating myself because I feel dirty on the inside	0	1	2	3



27. Feeling stupid or bad.....	0	1	2	3
28. Feeling like I did something wrong.....	0	1	2	3
29. Feeling like things aren't real.....	0	1	2	3
30. Forgetting things, can't remember things.....	0	1	2	3
31. Feeling like I'm not in my body.....	0	1	2	3
32. Feeling nervous or jumpy inside.....	0	1	2	3
33. Feeling afraid.....	0	1	2	3
34. Not trusting people because they might want sex.....	0	1	2	3
35. Can't stop thinking about something bad that happened to me.....	0	1	2	3
36. Getting into fights.....	0	1	2	3
37. Feeling mean.....	0	1	2	3
38. Pretending I'm somewhere else.....	0	1	2	3
39. Being afraid of the dark.....	0	1	2	3
40. Getting scared or upset when I think about sex.....	0	1	2	3
41. Worrying about things.....	0	1	2	3
42. Feeling like nobody likes me.....	0	1	2	3
43. Remembering things I don't want to remember.....	0	1	2	3
44. Having sex feelings in my body.....	0	1	2	3
45. My mind going empty or blank.....	0	1	2	3
46. Feeling like I hate people.....	0	1	2	3
47. Can't stop thinking about sex.....	0	1	2	3
48. Trying not to have any feelings.....	0	1	2	3
49. Feeling mad.....	0	1	2	3
50. Feeling afraid somebody will kill me.....	0	1	2	3
51. Wishing bad things had never happened.....	0	1	2	3
52. Wanting to kill myself.....	0	1	2	3
53. Daydreaming.....	0	1	2	3
54. Getting upset when people talk about sex.....	0	1	2	3

0 = Never
 1 = Sometimes
 2 = Lots of times
 3 = Almost all of the time

My name is I
 am 4 years old. My birthday is
 my favorite color
 is lavender, light blue, and pink.
 I live with my mom, brother, and
 step dad. I attend school at
 Southeast Middle. I am in the 6th
 grade. I love to ride, sing, and
 watch T.V. and figure out puzzles.
 But most of all I like playing
 tag. My favorite food is
 pizza and nachos. My favorite
 teacher is my science teacher Mr.
 Sewell. I love going shopping.
 I love eating Big Mama sandwiches.
 My favorite song is Do da Stand by Me.

My real dad wanted to get custody
 of me when I was 11. He and he
 did every thing weekend and
 every time I was with him I
 was with him. He was with me
 for 10, 15, 20. He took me
 in the bathroom and lock me in
 my room in the dark. It was
 one weekend I went over his
 and he started looking at me
 so I told my mom that I
 started crying and I was

380
Last year he did it again he
wanted custody over me so I started
going over there every other
week end. And he wanted me
to stay a whole week so I did.
My mom said she had a bad
feeling something was going to
happen and something did
happen he started feeling on me
again. I was on a Tuesday night
and I was about to go to bed
and he said he will be in my
room in a minute so he did come
in and he got in my bed and started
squeezing on my butt and then
he pulled up my right down and
start squeezing on my butt again
so when he started squeezing
I started crying and he said
don't cry then he started asking
me if I was a good girl and
I said yes he said he was
going to have sex with me and
he told me not to tell anyone
and he said if I told anyone
I would be in trouble and I
said yes he said he would
be in trouble too and he said
I told my mom the
next weekend I had to go over there
and she called police and came for

over there. Now this is why I
am at the Arc now to discuss
what happened.

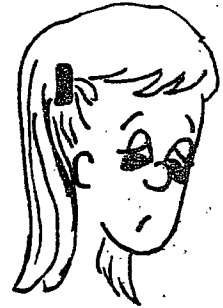
HANDOUT 4-1

Name _____

Feelings About Being Molested

1. I would like to hide from people so I don't have to talk about it.

never almost never sometimes almost always always



2. I want to cry.

never almost never sometimes almost always always

3. I should have been able to stop it.

never almost never sometimes almost always always



4. I thought _____ really did care for me.

never almost never sometimes almost always always

5. I feel like a good person.

never almost never sometimes almost always always



6. There was something I could do to stop it.

never almost never sometimes almost always always



7. I think _____ had a right to touch me.

never almost never sometimes almost always always



8. I understand why it happened.

never almost never sometimes almost always always

HANDOUT 4-2

Name _____

I THINK THIS HAPPENED BECAUSE...

I think this happened to me because

Really I don't know

why it happened

I think he
did it because

He wanted to



Name _____

What Will People Think of Me?

1. When others hear what happened to me, they may think that I am not really not a good person.
2. I worry that I am the only one who would get nothing out of this situation.
3. If I share some of the things I am scared to say, other kids may make fun of me or make try to help me.
4. People might think I'm weird if I tell them about my problems or what's all going on.
5. The hardest thing for me to tell about is what happened to me.



6. I was warned that other kids might say well do you want to tell everyone.

7. I worry that if I tell everything that happened to me, I will will get in trouble.

8. I would feel better talking about this if I tell someone.



W. Barney Giese
Solicitor

John P. Meadors
Deputy Solicitor

The State of South Carolina

SOLICITOR
Fifth Judicial Circuit
Post Office Box 192
1701 Main Street
Columbia, South Carolina 29202

Phone
(803) 576-1800

Fax (803) 576-1718

MEDICAL AUTHORIZATION

I hereby authorize the recipient to furnish the Richland County Solicitor's Office any requested medical information (see below) pursuant to South Carolina law and submission of a duly executed original medical authorization or a copy of the same.

08-9-10
Date

Kathy Myers (mother of ')
Client

Kathy Myers (mother of ')
Client's Printed Name

Date of Birth _____

Social Security Number _____

- Including counseling records from the ARC and Aimee Phipp's notes related to the counseling of Dashaun Anderson

Dear Mr. Astroble

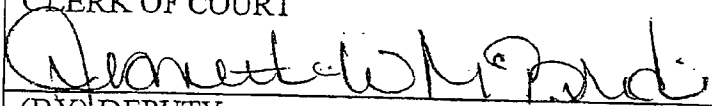
IF I ever see your Nasty ash I am
going to kill you with a woodpecker and
your body to snakes and after that if
your ghost is still alive I am going to send
your ash to jail and get put in the
dam electric chair and you will
rot for all eternity. You bastard!

Sincerely, Your Worst
Nightmare

SUBPOENA IN A CRIMINAL CASE

SOUTH CAROLINA GENERAL SESSIONS COURT		COUNTY: RICHLAND
THE STATE OF SOUTH CAROLINA V CHARLES M. DEVEAUX		CASE NUMBER: 2008-GS40-7097
		SUBPOENA FOR ☒ PERSON ☒ DOCUMENT(S) OR OBJECTS (S)
TO: ARC ATTN: AMY PHIPPS FAX 898-1471		
☒ YOU ARE HEREBY COMMANDED to appear in the above named court at the places, dates and time specified below to testify in the above entitled case.		
PLACE: SOLICITOR'S OFFICE RICHLAND COUNTY JUDICIAL CTR, 3 RD FLOOR 1701 MAIN STREET COLUMBIA, SOUTH CAROLINA TELEPHONE: 576-1800	COURTROOM: DATE AND TIME: Weeks of July 19, August 2, August 9 and August 23, 2010 Telephone Standby	
YOU ARE ALSO COMMANDED to bring with you the following document(s) or object(s):		
LIST DOCUMENT(S) or OBJECT(S): Please bring with you ALL counseling records for Pertaining to incident that occurred on or about July 11, 2008. Please contact Assistant Solicitor Kathryn Ashton at 576-1630 upon receipt of this subpoena.		
CLERK OF COURT <i>Jonathan W. McBride</i> (BY) DEPUTY <i>[Signature]</i>	DATE July 8, 2010	
This subpoena is issued upon application of the ☒ SOLICITOR ☐ DEFENDANT		ATTORNEY'S NAME AND ADDRESS Kathryn Ashton Assistant Solicitor

SUBPOENA IN A CRIMINAL CASE

SOUTH CAROLINA GENERAL SESSIONS COURT		COUNTY: RICHLAND
THE STATE OF SOUTH CAROLINA V CHARLES M. DEVEAUX		CASE NUMBER: 2008-GS40-7097
TO: Raymond Olszewski, Jr., ARC Wk: 898-1473		SUBPOENA FOR ☒ PERSON ☐ DOCUMENT(S) OR OBJECTS (S)
☒ YOU ARE HEREBY COMMANDED to appear in the above named court at the places, dates and time specified below to testify in the above entitled case.		
PLACE: SOLICITOR'S OFFICE RICHLAND COUNTY JUDICIAL CTR, 3 RD FLOOR 1701 MAIN STREET COLUMBIA, SOUTH CAROLINA TELEPHONE: 576-1800	COURTROOM:	DATE AND TIME: Weeks of July 19, August 2, August 9 and August 23, 2010 Telephone Standby
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CLERK OF COURT  (BY) DEPUTY 	DATE July 6, 2010	
This subpoena is issued upon application of the ☒ SOLICITOR ☐ DEFENDANT	ATTORNEY'S NAME AND ADDRESS Kathryn Ashton Assistant Solicitor	

SUBPOENA IN A CRIMINAL CASE

SOUTH CAROLINA GENERAL SESSIONS COURT		COUNTY: RICHLAND
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V		
CHARLES M. DEVEAUX		SUBPOENA FOR ☒ PERSON ☒ DOCUMENT(S) OR OBJECTS (S)
TO: ARC ATTN: AMY PHIPPS FAX 898-1471		
☒ YOU ARE HEREBY COMMANDED to appear in the above named court at the places, dates and time specified below to testify in the above entitled case.		
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CLERK OF COURT	DATE	
<i>Janette W. McBride</i> (BY) DEPUTY	July 8, 2010	
This subpoena is issued upon application of the ☒ SOLICITOR ☐ DEFENDANT		ATTORNEY'S NAME AND ADDRESS Kathryn Ashton Assistant Solicitor

Ray Olszewski ARC Interview 7/23/08

R.O.: Alright. Can you sit over in that chair for me, would that be alright? Just so I can get to some of my stuff over here. You doing alright today?

D.A.: Yeah, I'm good.

R.O.: OK, and it's

D.A.:

R.O.: n, OK, and spell it for me.

D.A.:

R.O.: Capital S, and no apostrophe or anything there and what's your last name?

D.A.: Anderson.

R.O.: S...

D.A.: Son, OK, some people spell it 'en'

R.O.: How old are you?

D.A.:

R.O.: And when is your birthday?

D.A.:

R.O.: OK, so you've got a birthday coming up.

D.A.: (shakes head yes)

R.O.: Mines July 29th so I've got a birthday coming up soon too. My name is Ray, and I'm a social worker. Do you know what that means. You ever heard that word before?

D.A.: (shakes head yes)

R.O.: Well what it means, social workers can do lots of things, what I do is I talk to kids, that's what I do when I come to work everyday... is talk to kids. I talk to boys, girls, all different ages. I talk to them about maybe something's happened to them or something is going on at home. I'm like the kind of person kids can talk to about stuff, OK?

D.A.: (shakes head yes)

R.O.: And I want to tell you something about this room. I don't know if you noticed, did you notice that white box on the wall there? That's actually a video camera, like a movie camera, and there's actually a microphone way up on the ceiling. So I'm actually making a movie, or a video, of you and me talking. It's actually going to be on a DVD, that way I can remember what we talked about, OK?

D.A.: OK.

R.O.: But nobody is watching us right now, so like you don't have to worry that somebody can see us or hear us or anything like that, it's pretty private. Alright um well one thing I like to do just to get to know you a little bit is just talk about your family. So who are you living with right now?

D.A.: My mom.

R.O.: And what's her name?

D.A.: Kathy.

R.O.: And is that a 'C' or a 'K'?

D.A.: 'K'

R.O.: And what's your mom's last name?

D.A.: Myers.

R.O.: (writing on board) like that?

D.A.: (shakes head yes)

R.O.: OK anyone else?
 D.A.: My grandma.
 R.O.: Is that your mom's mom?
 D.A.: (shakes head yes)
 R.O.: What's her name?
 D.A.: Carrie Anderson.
 R.O.: How does she spell that?
 D.A.: C-a-r-r-i-e.
 R.O.: Carrie Anderson. OK you, your mom, and your grandma. Anyone else live there? .
 D.A.: (shakes head no)
 R.O.: OK just the three of you.
 D.A.: No, sometimes I live with my mom, and sometimes I stay with my grandma.
 R.O.: So they don't live in the same house?
 D.A.: (shakes head no)
 R.O.: OK, so sometimes you live with your mom, and sometimes you stay with your grandma.
 OK, well let's do this then. Who stays at your mom's house with her?
 D.A.: Nobody.
 R.O.: Just her by herself?
 D.A.: (shakes head yes)
 R.O.: OK, does anyone stay at your grandmother's house with her?
 D.A.: (shakes head no)
 R.O.: Just her by herself.
 D.A.: (shakes head yes)
 R.O.: OK.
 D.A.: Oh, my brother stays with grandma.
 R.O.: OK, what's your brother's name?
 D.A.: Eric.
 R.O.: E-r-i-c?
 D.A.: Mm hm.
 R.O.: How do you spell that?
 D.A.:
 R.O.: Eric T And how old is he?
 D.A.: 15.
 R.O.: Do you and Eric have the same dad or different dads?
 D.A.: Different.
 R.O.: Any other brothers or sisters that live....
 D.A.: (shakes head no)
 R.O.: OK, so just you and your brother.
 D.A.: (shakes head yes)
 R.O.: Alright, um, when you stay at your mom's house do you have your own bedroom?
 D.A.: Mm hm.
 R.O.: What about at your grandma's?
 D.A.: (shakes head no). I sleep with my grandma, my brother has his own room.
 R.O.: And, like, um. Do you spend more time at one house than the other? What makes you decide which place your going to stay at.
 D.A.: I spend more time at my grandma's house.

R.O.: OK, alright. Do they live close to each other, your mom and your grandma?

D.A.: Kind of.

R.O.: Well what grade are you going to start in school this year?

D.A.: 6th.

R.O.: Oh, first year of middle school. What middle school are you going to go to?

D.A.: Southeast.

R.O.: OK. Are you excited about that?

D.A.: (shakes head yes)

R.O.: Have you been to visit the school?

D.A.: Not yet.

R.O.: Where did you go to elementary school?

D.A.: Harhill (?), first I went to Webber then I went to Harhill.

R.O.: Webber then Harhill. And your going to go to Southeast middle school. Alright, do you like going to school?

D.A.: (shakes head yes)

R.O.: OK. Do you have any pets at either one of these houses?

D.A.: Mmm no.

R.O.: No pets, OK. Well what is your dad's name?

D.A.: My real dad?

R.O.: (shakes head yes)

D.A.: Umm, pause, Charles Deveau.

R.O.: Charles Deveau. Do you get to see him at all?

D.A.: (shakes head yes)

R.O.: OK. Do you know how he spells Deveau?

D.A.: V-u-a-x, I think.

R.O.: OK. So your real dad's name is Deveau, your last name is Anderson, and your mom's name last name is Myers. Where the Anderson comes from, do you know?

D.A.: My momma's real last name is Anderson.

R.O.: OK. So is she married to somebody?

D.A.: (shakes head yes)

R.O.: Who's she married to?

D.A.: John Myers.

R.O.: But do they live together or they don't live together?

D.A.: No, (mumbling).

R.O.: OK, so John Myers is your step-dad. OK. Do you know how come they don't live together?

D.A.: Umm (shakes head no)

R.O.: You don't know?

D.A.: (shakes head no)

R.O.: How long have they not been living together?

D.A.: A day.

R.O.: A day? Did he just, did they just stop living together?

D.A.: ...umm last night....

R.O.: OK, what happened?

D.A.: Umm, he came home late.

R.O.: OK.

D.A.: And my mom was sick and tired of it so, umm, she told him to get out, and he called the police and he went in his room and got his stuff to go to his other family's house and he stayed there.

R.O.: OK, so last night the police came out to your house.

D.A.: (shakes head yes)

R.O.: What did they do when they got to your house?

D.A.: I don't know.

R.O.: Where you there?

D.A.: (shakes head yes)

R.O.: So he went to stay where, do you know?

D.A.: (shakes head no)

R.O.: Where does your real dad live, does he live in South Carolina?

D.A.: Mm hm.

R.O.: How old were you when your mom got married to John Myers?

D.A.: 10.

R.O.: Oh, so when did they get married?

D.A.: It was... March 3rd.

R.O.: Did they have a wedding?

D.A.: (shakes head yes)

R.O.: Were you a part of the wedding, were you in the wedding?

D.A.: (shakes head yes)

R.O.: Was it nice?

D.A.: (shakes head yes)

R.O.: Were they living together before the wedding?

D.A.: (shakes head yes)

R.O.: How old were you when he started staying with you guys?

D.A.: Um, pause, I think I was 8, um, I think I was 8.

R.O.: OK, alright. Well DaShawna do you know what you're here to talk about today?

D.A.: (shakes head no)

R.O.: OK, what did you mom tell you about where you were going this afternoon?

D.A.: She told me that it was like a hospital, state hospital, and we were coming here and people was going to be asking me some questions.

R.O.: OK, did she tell you what they were going to be asking you about?

D.A.: About the, what happened, to me.

R.O.: Well what happened to you?

D.A.: Well my real dad, he like came in my room. I had to stay a week with him because we had visitation rights, and I had to stay a week over at his house, and one night he came in my room and he was like touching on my butt then he put his finger in my vagina.

R.O.: OK, so you had to spend the week with him because of visitation and one night he came in your room and he was touching on your butt and he put his finger in your vagina. When was this week of visitation, when was this?

D.A.: It was... June... it was on a Tuesday, end of last month, on a Tuesday.

R.O.: On a Tuesday, at the end of June, somewhere near the end of June?

D.A.: No it was, I start, I went there on a Sunday, and I came back on a Sunday.

R.O.: OK, alright. Do you know what day of the week this happened on?

D.A.: I think it was a Tuesday.

R.O.: Think it was a Tuesday, OK. And was this where Charles lives?

D.A.: (shakes head yes)

R.O.: OK, and does Charles live in a house, or a traveler, or an apartment?

D.A.: House.

R.O.: OK, and do you know his address?

D.A.: (shakes head yes)

R.O.: OK, what's his address?

D.A.: I

R.O.: Does anybody live with him?

D.A.: His wife.

R.O.: What's her name?

D.A.: Queen Deveaux.

R.O.: So when you stayed there for that week in June, where did you...did you have your own room set up?

D.A.: (shakes head yes)

R.O.: And you said he came in your room, so this happened in your room.

D.A.: (shakes head yes)

R.O.: Um, what's your, how is your room set up at his house?

D.A.: I have a twin bed, no, I don't know what size, like I think it was like a queen, I think. I can't remember.

R.O.: It's OK. And you said this happened on a Tuesday and he came in your room. So were you already in your room when he came in there?

D.A.: (shakes head yes)

R.O.: So was this during the day or at night?

D.A.: Night.

R.O.: And was queen at home or not home?

D.A.: She was home.

R.O.: Where was she do you know?

D.A.: Asleep.

R.O.: And what were you doing in your room before he came in?

D.A.: I was half asleep.

R.O.: OK, so were you laying in bed or...

D.A.: Laying in bed.

R.O.: OK, and, what were you wearing to bed that night.

D.A.: It was a long shirt, it was like almost a dress.

R.O.: Like a t-shirt material or a nightgown kind of thing?

D.A.: Yeah a nightgown.

R.O.: And do you wear anything underneath it?

D.A.: My underwear and um, forgot the name of it.

R.O.: A bra?

D.A.: (shakes head yes)

R.O.: OK, so you're were wearing underwear and a bra and a long nightgown king of thing.

D.A.: (shakes head yes)

R.O.: OK and were you sleeping like under covers or do you sleep on top of the bed?

D.A.: Under covers.

R.O.: OK so tell me what happened you were half asleep, but take me through what happened with as much detail as you can. Exactly what happened when he walked in and that kind of thing.

D.A.: Um when he came in... at first he got in the bed then he got up and put the fan in the window and he got back in and he started like touching on my butt and my feet, my legs was like together and he moved one leg and he put his finger in my vagina.

R.O.: OK so you said he came in and got in the bed with you.

D.A.: Then he got back out.

R.O.: To put the fan in the window and then he got back in bed with you. Now when you say got in bed with you, you mean completely in bed under the covers or just sitting on the bed, or what?

D.A.: Laying.

R.O.: OK, um, how were his clothes, did he have clothes on?

D.A.: Like some pants and it was like, uh, it was a shirt that the sleeves were cut off.

R.O.: So when he was laying on the bed was he... like under the covers, you said you were under the covers, so was he under the covers with you or was he on top?

D.A.: On top.

R.O.: And how were you laying on the bed.

D.A.: I was facing the wall

R.O.: So were you on your side or on your back or...

D.A.: On my side.

R.O.: On your side. You were facing the wall. So was he between you and the wall or was he on the other side?

D.A.: Other side.

R.O.: OK, so describe for me exactly what he was doing on your butt.

D.A.: He was like squeezing it.

R.O.: Right on your skin or over your clothes?

D.A.: First, um, over my clothes, then on my skin.

R.O.: And how did he get to your butt on your skin?

D.A.: He like put his hand under my um like that.

R.O.: And did he do anything with your underwear.

D.A.: After he did that he moved them to like the side, he moved it, and he stuck his finger in my vagina.

R.O.: Did he put his finger inside of your vagina?

D.A.: (shakes head yes)

R.O.: OK, what did that feel like?

D.A.: Weird.

R.O.: OK. Was that the only time something like that has happened or where there other times?

D.A.: I don't know, because I was little.

R.O.: OK, well let's keep talking about this time for a little bit. When he put his finger inside your vagina were you still on your side facing the wall?

D.A.: (shakes head yes)

R.O.: OK, so, um, how did his hand get to your vagina, from the back or from the front?

D.A.: Side...side.

R.O.: OK, um, and what...did he do anything with his finger when he put it inside your vagina?

D.A.: He was going back and forth like that (hand motion).

R.O.: Was he saying something to you while he was doing this?

D.A.: That, um, did it feel good, and I said no because I was partially crying and I said no.

R.O.: He asked you if it felt good, and you said no and you were partially crying. Did he know you were crying?

D.A.: (shakes head no)

R.O.: So you said no to him. Did you say anything else to him when this was going on?

D.A.: (shakes head no)

R.O.: OK, so you said you were on your side and your legs were together, but then he kind of moved...

D.A.: One leg.

R.O.: Which leg did he move? The leg that was on top or on the bottom?

D.A.: Top.

R.O.: How did he move it?

D.A.: With his foot.

R.O.: Um, did he touch any other part of your body?

D.A.: (shakes head no)

R.O.: What was he doing with his other hand?

D.A.: Nothing.

R.O.: OK, did he do anything with his mouth?

D.A.: (shakes head no)

R.O.: did he make you or try to make you touch him on some part of his body?

D.A.: (shakes head no)

R.O.: OK, um, do you know how come he stopped? Like he had his finger in your vagina and you said he was moving it and did something happen that he stopped, or do you know why he stopped?

D.A.: Because I said no.

R.O.: OK, how did you say it?

D.A.: Mm like...

R.O.: Is that when he asked you if it felt good and you said no?

D.A.: (shakes head yes)

R.O.: So he stopped after that?

D.A.: When I said no.

R.O.: OK. So what was the first thing that happened when he stopped, like did he take his finger out of your vagina?

D.A.: (shakes head yes)

R.O.: OK and then what happened?

D.A.: He told me to put my shoes on and told me to go outside.

R.O.: He told you to put your shoes on and to go outside?

D.A.: (shakes head yes) He was talking to me.

R.O.: OK and you said it was nighttime? Why did he want you to go outside?

D.A.: So he can talk to me..

R.O.: So he can talk to you. So did you do that?

D.A.: (shakes head yes)

R.O.: Where did you go outside?

D.A.: It was like, um, on the side of the house, by the garage.

R.O.: OK, did you still have your nightgown on?

D.A.: (shakes head yes)

R.O.: And what did he talk to you about when you were outside?

D.A.: He told me not to tell nobody.

R.O.: OK. Did he say anything else?

D.A.: Yeah, did I that did I trust him, and I said no. He asked me why and he said (mumbling).

R.O.: Did he say what would happen if you told somebody?

D.A.: (shakes head no)

R.O.: So you were outside talking to him and then what happened?

D.A.: He told... we went back inside.

R.O.: And?

D.A.: I think he went to bed and I went bed. He went to his room and I went to mine I think.

R.O.: So who was the first person to find out about this? I mean did you tell someone. Who did you tell first?

D.A.: My mom... my mom.

R.O.: Did you tell her while you were still at your dad's or after visitation was over?

D.A.: After visitation was over.

R.O.: Did you tell her as soon as, the first time you saw her when you got back or...?

D.A.: (shakes head yes)

R.O.: So tell me how it was when you told her, where were you or whatever?

D.A.: We was driving, she was driving because I had to stay up there a weekend because I had to stay up there every other weekend I had to go about I think it was two weekends ago and she was driving to the place we had to meet and that's when I told her.

R.O.: OK, you were driving to meet your dad to go to his.... What happened when you told her, what did she do, or what did she say?

D.A.: She, um, long pause... she start the car and she was trying to call my step-dad to see where he was at and, pause, then my step-dad called my grandma and when I was... then she started driving again and we went to the place we was going to meet and she told me to go there and go to his house and act like it aint nothing happened and she called the police and the police talked to her and the police had asked her where he lived and she took the police to his house.

R.O.: So you actually went to his house that weekend?

D.A.: (shakes head yes)

R.O.: OK and did the police come to the house?

D.A.: (shakes head yes)

R.O.: And what happens when the police come up there?

D.A.: They was talking to him.

R.O.: Did they talk to you too?

D.A.: (shakes head yes)

R.O.: Did you tell them the same stuff you just told me?

D.A.: (shakes head yes)

R.O.: And did you have to stay there after the police got there?

D.A.: Nm mm I went back home.

R.O.: OK, um, before the police got there, did you have some time with your dad before the police showed up?

D.A.: (shakes head no) His granddaughter was there too.

R.O.: OK. So after that night when he talked to you by the garage, has he talked to you at all about what happened that night?

D.A.: (shakes head no)

R.O.: OK, um. I asked you before if this was the only time something like this happened or if there were other times and you kind of didn't seem like you were sure, um, do you know, has he done something like this to you before?

D.A.: (shakes head no) I was little I was real little I think I was 3 and him and his wife were abusing me.

R.O.: Was it the same wife Queen?

D.A.: (shakes head yes)

R.O.: OK, how were they abusing you when you were 3?

D.A.: They would like hit me with belts, slapping me, um, he locked me in the bathroom and he locked me in my room.

R.O.: OK, this is when you were 3?

D.A.: (shakes head yes)

R.O.: Did he live in the same house then?

D.A.: (shakes head yes)

R.O.: OK, is this stuff you remember yourself or stuff you've been told about?

D.A.: I remember myself.

R.O.: OK, so you remember getting hit by them and getting locked in the closet, and locked in your room.

D.A.: (shakes head yes)

R.O.: OK, and that happened when you were 3?

D.A.: Mm hm, I think so.

R.O.: So as far as doing something to you like sexual wise like putting his finger in your vagina or something is this the only time that's happened or have there been other times where he's done stuff like that?

D.A.: Mm I can't remember when I was like 2.

R.O.: OK, but as far back as you can remember is this the only time that you know of that he's done something like that? Has somebody else ever done something like your dad did?

D.A.: (shakes head no)

R.O.: Do you know if he's ever done something like this to somebody else?

D.A.: He actually went to jail for it.

R.O.: OK. What do you know about that?

D.A.: Um, I think when he did...when...

R.O.: Was it somebody else in your family he did it to or...?

D.A.: (shakes head no)

R.O.: No. Do you know who it was?

D.A.: (shakes head no)

R.O.: How do you know about it? Did somebody tell you about it or...?

D.A.: My grandma.

R.O.: OK, and you think he went to jail for it?

D.A.: That's what she said.

R.O.: That's what she said, OK.

D.A.: (shakes head yes)

R.O.: Alright, I'm going to ask you to...park of what I can't do in my job, I, is to guess about things too much...(mumbling)...so I'm going to ask you a question that may seem like it should be a little bit obvious to me, but like I said I just cant about things so I just want to know

when you say vagina can you point to that on the picture for me so I know exactly what part you're talking about.

D.A.: (pointed to vagina on front view sketch of a girl's body)

R.O.: OK, and when you say butt what part are you talking about?

D.A.: (pointed to butt on back view sketch of a girl's body)

R.O.: OK, so his finger went inside of your vagina, and he squeezed on your butt.

D.A.: (shakes head yes)

R.O.: First over your clothes and then under, OK. Did anything at any point or his finger go inside of your butt or anything like that?

D.A.: (shakes head no)

R.O.: Do you know if he put anything or had anything on his finger before he put it in your vagina?

D.A.: (shakes head no)

R.O.: Alright, um, ... see if I have any other questions for you. Is there anything else that happened that I haven't asked you about that you want to tell me about?

D.A.: (shakes head no)

R.O.: You said when you were 3 you can remember your dad and his wife hitting you and slapping you and all that stuff didn't happen when you were like 4, 5, 6 did they stop doing that or...?

D.A.: (shakes head no) Mm it was a long time ago and I had to visit over there and they was beating me...left there and I came home with bruises on my face.

R.O.: OK, after you came home with bruises on your face did you still have to visit or did you stop visiting him for a while or what happened?

D.A.: My mom and him they went back to court and I think it stopped.

R.O.: When was the last time you remember him hitting you, like how old do you think you were the last time your remember getting hit?

D.A.: I think it was, I think I was 3, I think.

R.O.: Alright so after that what would happen if you got in trouble or your dad got mad or something, what would he do if he didn't hit you, how would you get punished or whatever?

D.A.: Mm I can't remember.

R.O.: Can't remember, OK. OK so you spent a week with your dad at the end of last month and then I guess it was two weekends after you got home when you were on your way to see your dad again is when you told your mom, OK. Have you been back to see him at all since?

D.A.: (shakes head no)

R.O.: OK, does he call on the phone, do you talk to him on the phone?

D.A.: (shakes head no) My mom put out a restraining order on him.

R.O.: Your mom put out a restraining order.

D.A.: ...and she went to, they went to go to the hearing I think it was Thursday, last Thursday I think and the (mumble) supporter said I didn't have to go there until I go back (mumble).

R.O.: OK, alright. I guess the only other thing I want to make sure I got clear is about your underwear. to put his finger in your vagina did he pull your underwear down or just move....

D.A.: Just moved it.

R.O.: Moved it, OK, um. Do you remember what underwear you were wearing that night?

D.A.: (shakes head no)

R.O.: OK well is there anything else you didn't think of that you want to tell me or anything?

D.A.: (shakes head no)

R.O.: Do you have questions for me?

D.A.: (shakes head no)

R.O.: OK, well I want to thank you for coming in and talking to me. It was nice to meet you.

D.A.: (mumble)

R.O.: We'll go back out to the waiting room and I'll let the doctor know you're ready for your check-up OK, alright.



Medicaid Member Number: 2400490001

**South Carolina Healthy Connections
THIS CARD DOES NOT GUARANTEE ELIGIBILITY**

Attention Providers:
Providers without Medicaid Point of Sale eligibility access may call 1-888-809-3049 for eligibility verification.
Call 803-898-2660 (physicians) or 803-898-2685 (hospitals) for prior authorization of services outside the normal practice pattern - (25 mile radius of SC)

Attention Insured:
Carry this card with you at all times and present it each time you receive a medical service from your doctor, pharmacy, dentist, etc.
It is against the law to let someone else use your card. Violators will be prosecuted.
Call 1-888-549-0820 if you have questions about enrollment or covered services.
Call 1-800-834-2680 with questions regarding pharmacy services.

To report possible fraud or abuse call 1-888-364-3224

SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH CLINICAL SERVICE FEES

SERVICE NAME	TIME UNIT	CHARGE
Crisis Intervention Service	15 Minutes	\$40.00
MH Assessment	30 Minutes	\$58.00
Individual Therapy	30 Minutes	\$59.00
Family Therapy	30 Minutes	\$55.00
Group Therapy	30 Minutes	\$26.00
Psychosocial Rehabilitation Service	15 Minutes	\$4.50
Psychiatric Medical Assessment	15 Minutes	\$62.00
Psychiatric Medical Assessment - APRN	15 Minutes	\$52.00
MH Service Plan Development by Non-MD	15 Minutes	\$55.00
Nursing Service	15 Minutes	\$51.00
Targeted Case Management	15 Minutes	\$37.50
Concurrent Case Management	15 Minutes	\$35.00
Peer Support Service	15 Minutes	\$7.50
Behavioral Health Day Treatment	60 Minutes	\$30.00
Community-Based Wrap Around Service	Day	\$164.00
Community-Based Wrap -Community Support	Day	\$164.00

INITIALS

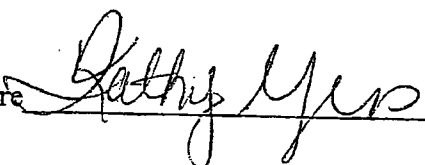
RM

EXHIBIT # UN-51

HOW WE BILL FOR COMMUNITY MENTAL HEALTH SERVICES

1. *Everyone is charged the same amount for the same service. All fees for services are set by the State Mental Health Commission.*
2. *If you have Medicaid, but no other insurance coverage, we will bill at the same rates that apply to you. Medicaid payment is payment in full, and we will not bill you or anyone else.*
3. *If you have Medicare or other insurance, we need for you to sign a form so we may bill your insurance company or Medicare. We will bill at the same rates that apply to you. If you have insurance and/or Medicare and Medicaid, we must bill Medicare and/or your insurance company before we can bill Medicaid. Some services may be covered by insurance or Medicare and some may not. If you have questions about Medicare or other insurance coverage, co-payments or deductibles, let us know.*
4. *If you do not have Medicaid, Medicare or other insurance coverage, you will be billed directly for services you receive.*
5. *We expect you to pay for services rendered. If you are unable to pay the whole bill we will still provide services that you need. Please speak with a center financial representative if you have questions about your bill or making payments.*

Signature

A handwritten signature in cursive script, appearing to read "Kathy Yeo", is written over a horizontal line.

MEDICARE

I authorize release of any medical information necessary to process **MEDICARE** claims and request payment of benefits to _____

For any unpaid bills for services provided by them during the period _____ through _____

Patient Signature (or authorized person)

WITNESS

Date

MEDICAID

I authorize release of any medical information necessary to process **MEDICAID** claims and request payment of benefits to _____

For services provided by them.

Kathy Myers
Patient Signature (or authorized person)

9-11-09

Date

Virginia Spell
WITNESS

PRIVATE INSURANCE

I authorize release of any medical information necessary to process claims for _____ and request payment of benefits to _____

For services provided by them.

Patient Signature (or authorized person)

WITNESS

Date

CONSENT TO EXAMINATIONS AND TREATMENT

Consent and authority is hereby given to this mental health facility and its professional staff to perform or have performed examinations and / or psychotherapy and / or related mental health treatments and to administer medications when deemed necessary or advisable by appropriate members of the professional staff in consultation with me. This statement has been fully explained to me and I understand it.

Virginia S. Sell
 Witness
9-11-09
 Date

 Signature of Patient
Kathy Yess
 Signature of Parent or Legal Guardian

I have been provided a copy of the SCDMH Notice of Privacy Practices and an opportunity to review it and ask questions:

Kathy Yess 9-11-09 (If not signed, staff to state reason on line and initial)
 Signature Date

SIGNIFICANT OTHER PARTICIPANTS INVOLVED IN THE IDENTIFIED PATIENT'S SERVICES

I further authorize any follow-
 services as required.
 (please initial) KM

I agree to participate in therapy focused on the patient signing above. I understand that any information that I give may be included in the patient's record and disclosed as allowed by law. I also understand that if I want to receive therapy or other treatment services, a separate consent to examination and treatment is required.

Participant / Relationship	Date	Staff Initials
Participant / Relationship	Date	Staff Initials
Participant / Relationship	Date	Staff Initials
Participant / Relationship	Date	Staff Initials
Participant / Relationship	Date	Staff Initials

The staff who obtain the other participant signature above enter initials and signature here.

Staff Initials Staff Signature Staff Initials Staff Signature



ASSESSMENT & RESOURCE CENTER

The Children's Advocacy Center of Richland County

Serving the Midlands

Therapy Agreement

1. **Scheduling Appointments:** In order for your child and your family to make progress in therapy attending scheduled therapy appointments is VERY IMPORTANT. If you will be unable to attend an appointment, please call and give your therapist notice that you will not be coming to your scheduled appointment. **If you do not show up for three scheduled appointments in a row then your therapist will be forced to close your therapy chart.**
2. **Fee Agreement:** There is a CHARGE for all services at the ARC. This includes, but is not limited to, Assessment, Individual Counseling, Family Counseling, Targeted Case Management, Group Therapy, and Psychiatric Medical Services. The ARC makes every effort to bill your insurance company, Medicaid, or SOVA (South Carolina Victim's Assistance) for the work that we do. **If any of the services that we perform are not reimbursable by any third party entity then YOU ARE RESPONSIBLE for payment.** The ARC (as part of the SCDMH) will be happy to set up a payment plan, fee reduction, if you qualify, or any other assistance possible.
3. **Psychiatric Medical Assessment:** Each client that the ARC serves must attend at least one Psychiatric Medical Assessment. This ensures that the treatment is appropriate and recommended by a physician. The service must be performed within the first 90 days of treatment. This service may not be covered by some insurance providers. The ARC will make every effort to provide you with options for payment if your insurance, Medicaid, or SOVA will not cover the fee for this service.
4. **Confidentiality:** Everything that is said in counseling sessions is considered confidential and privileged information. Your therapist will not share this information with anyone outside of treatment unless there is a valid reason. Reasons for disclosure include:
 - Harm to a child
 - Suicidal Threats or Statements
 - A valid subpoena for records
 - Any information that may involve a crime

By signing this document you, as the client, agree to the terms of this agreement and will make every effort to abide by it.

Client or Legal Guardian: Kathy New Date 9-11-09
 Therapist: [Signature] Date 9/11/09



For Official Use Only

UCID: 10169491 Fac: Loc: Ofc:

Discharge Date: 7/7/2009 Discharge Time (optional):

Discharging GAF Score: 90

21 ☒ No Further Care Indicated by This Facility

23 ☐ Appropriate Care Unavailable

25 ☐ Patient Withdrew Other Reasons (Moved, Died, Etc.)

16 ☐ Patient Deceased

02 ☐ By Order of The Court

04 ☐ Patient Dropped Out or Rejected Services

06 ☐ Appropriate Care Unavailable – Incomplete Referral

99 ☐ Other

Discharging Staff ID	4	3	2
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5	3																								
4th	<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>				.	<table border="1"><tr><td> </td><td> </td></tr></table>			5th	<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>				.	<table border="1"><tr><td> </td><td> </td></tr></table>										

3F ☐ Self	FF ☐ Family or friend	CL ☐ Clergy
3H ☐ School/Special Class	PP ☐ Private Physician/Psychiatrist	MH ☐ Private MH Professional
3P ☐ Other Medical Professionals	MR ☐ Mental Retardation	CC ☐ Community Care Home
3A ☐ Drug and Alcohol	VA ☐ Veteran's Administration	VR ☐ Vocational Rehabilitation
3S ☐ Out-of-State	YS ☐ Youth Services	SS ☐ Social Services
3R ☐ Courts	LF ☐ Law Enforcement/Corrections	GH ☐ General Hospital
3H ☐ Private Psychiatric Facility	NH ☐ Nursing Home	HS ☐ Health Services
1 ☐ SCSH	42 ☐ CFSH	58 ☐ WSHPI
5 ☐ Tucker	46 ☐ Bryan	71 ☐ Morris Village
9 ☐ Byrnes Medical Center	44 ☐ DGNCC-Columbia	48 ☐ DGNCC-Rock Hill
7 ☐ Harris	67 ☐ Campbell	3A ☐ Greenville MHC
B ☐ Charleston/Dorchester MHC	3C ☐ Spartanburg MHC	3D ☐ Columbia Area MHC
E ☐ Pee Dee MHC	3F ☐ Santee-Wateree MHC	3G ☐ Catawba MHC
H ☐ Anderson-Oconee-Pickens MHC	3J ☐ Beckman MHC	3K ☐ Aiken-Barnwell MHC
M ☐ Coastal Empire MHC	3N ☐ Tri-county MHC	3P ☐ Waccamaw MHC
R ☐ Orangeburg MHC	3S ☐ Piedmont MHC	3T ☐ Lexington County MHC
W ☐ Berkeley County MHC	54 ☐ WSHPI Outpatient Services	OT ☐ Other
Z ☒ No Referral Made		

Follow-up Date: _____

CMHS COMPUTERIZED MEDICAL RECORDS PATIENT PAGE SHEET

CID: 10169491 FAC: 54 OFC: 005 LOC: 050 CC:

NAME: ADMISSION DATE: Jan. 06, 2009
DISCHARGE DATE: Jul. 07, 2009

MAIDEN: ALIAS:

RESIDENT ADDRESS: MAILING ADDRESS:

HOME PHONE: WORK PHONE: SSN:

CELL PHONE: OTHER PHONE:

COUNTY (RES): RICHLAND (ADM): RICHLAND EDC: GRADE 6

DATE OF BIRTH: Aug. 29, 1997 ADM AGE: 11 SEX: FEMALE RACE: BLACK/AFRICAN AMERICAN
HOW WELL DOES CLIENT SPEAK ENGLISH: VERY WELL LANGUAGE OF PREFERENCE: ENGLISH
MARITAL STATUS: NEVER MARRIED CHILDREN IN FAMILY: FAMILY SIZE: 4
EMPLOYMENT TYPE: NOT EMPLOYED ANNUAL INCOME: .00
NEXT OF KIN/ CARRIE ANDERSON HOME PHONE:
OTHER CONTACT: G WORK PHONE:
CELL PHONE:

SCHOOL:

** CLINICAL INFORMATION **

LAST PSYCH SVC: DATE: FOR: OUTPATIENT
REFERRAL: PROBLEM(S): ALL OTHERS
REFERRING MD: UPIN#:

LIVING ARRANGEMENT: LIVES WITH RELATIVE AND IS DEPENDENT

HOUSEHOLD: LIVES WITH FAMILY/RELATIVES

TYPE OF ADMISSION: VOLUNTARY DATE: Jan. 06, 2009

SPEC POPN: NONE PROGRAM: OUTPATIENT

FAMILY CASE: N

LEGACY SPEC POPN:

GAFPCODE: 90 GAFDATE: Jul. 07, 2009

EMPLOYMENT STATUS: STUDENT UNDER 18 YEARS OL EMPLOYMENT LEVEL: NOT EMPLOYED

EMPLOYED DATE: TERMINATION DATE: WAGES: \$0.00

JOB CLASSIFICATION: DOCTOR ASSIGNED:

CASE MANAGER: AIMEE PHIPPS INTAKE STAFF: AIMEE PHIPPS

DSM-IV PSYCH DIAGNOSES: HANDICAPS: VISION: HEARING: N

995.53 SPEECH: AMBULATORY:

LIMITED CONTACT: N CHART LOC: PRINTED: 07/09/2009 BY STAFF: vas44

*** FINANCIAL INFORMATION **

***** FINANCIAL REVIEW DATE: 01/06/2010 *****

HMO: EFF DATES: THRU LIMITS: UPDATED BY:

MEDICARE: NAME:

MDCR # EFFECTIVE DATES: THRU

ABNS DATE: 12/31/1899 ABNS EXPIRE: 12/31/1899 ABNS OPTION:

MEDICAID: NAME: DASHAWNA ANDERSON

MDCD # 2400490001 EFFECTIVE DATES: 12/01/2008 THRU

CHAMPUS: SPONSOR:

CHMP # EFFECTIVE DATES: THRU

PRIVATE INSURANCE: CODE EFFECTIVE DATES: THRU

SELF-PAY: PERCENT RED % 0 EFFECTIVE DATES: 01/06/2009 THRU

ADDL REDUCT % 0 EFFECTIVE DATES: 01/06/2009 THRU

PHARM REDUCT % EFFECTIVE DATES: THRU

CONTACT: CONTRACT NUMBER: EFFECTIVE DATES: THRU

Intake Form for CIS

UCID: 10169491 For Official Use Only
Fac: _____

Please Print

Codes are on the back of this page

SCREEN ONE - 1 BASIC

Name: last _____ first _____ mi _____ suffix _____
Maiden Name (if appropriate): _____
Alias: last _____ first _____ mi _____ suffix _____
Resident Address: _____
City: _____ State: SC Zip: _____ County of Residence: Richland code: 40
Mailing Address: _____
City: _____ State: _____ Zip: _____ SSN: _____
Home Phone: _____ Work Phone: _____ Number of Children in family: 0
Date of Birth: _____ Age: 11 Education: 6th Race: Blk Sex: E Marital Status: 1
Religion: _____ Family Size: 4 Deaf(Y/N): N Registered to Vote(0-no/1-yes): 0
Veteran(Y/N): N Military Status: A ☐ Active I ☐ Inactive Branch of Service: _____

SCREEN TWO - 2 ADMIT

Admission Date: 1-6-09 Admission Time (military): ☐☐☐ : ☐☐☐
Lodge/Ward: Assigned ☐☐☐ Physical ☐☐☐
Admission County: _____ code: 40 Total Inpatient Adms: _____ Inpatient Adms This Fac: _____
Referral Source code: ☐☐ name: _____
Referral Source Phone #: (_____) _____
Presenting Problem: All Others code: _____
Referring Physician: _____ UPIN #: _____
Case Manager ID #: ☐☐☐☐☐☐ Assigned Doctor ID #: ☐☐☐☐☐☐
Injuries(Y/N): _____ Type of Admission: 01
IC Notified of Admission(Y/N): _____ Screening Facility: _____ Screened By: _____

CELL PHONE: _____

OTHER PHONE: _____

LANGUAGE PREFERENCE: EnglishETHNICITY: not hispanicSPEECH: Y N VISION: Y N AMBULATORY: Y N

Intake Form for CIS

Official Use Only

UCID:

10169491

Name:

Please Print

SCREEN THREE - 3 GUARANTOR/NEXT OF KIN

Guarantor Relation to Client: Mother

No Bill Indicator: _____

Name: last Myers first Kathy mi _____ suffix _____

Phone Home: (_____) _____ Work: (_____) _____

Address: _____

City: Hopkins State: SC Zip: 29061

Attention: _____

Next of Kin/Other Contact

Relation to Client: GrandmotherName: last Anderson first Carrie mi _____ suffix _____

Address: _____ Home Phone: (_____) _____

City: _____ State: SC Zip: _____ Work Phone: (_____) _____

SCREEN FOUR - 4 EMPLOYMENT/INCOME

Employment Level: B3 Employer Code: _____ Telephone: (_____) _____

Employer # 1: _____ Person Employed: _____

Address: _____ Position: _____ Year Hired: _____

Employment Level: _____ Employer Code: _____ Telephone: (_____) _____

Employer # 2: _____ Person Employed: _____

Address: _____ Position: _____ Year Hired: _____

INCOME INFORMATION

Income Sources: Primary 9 2nd _____ 3rd _____ Income Source Info: 5Income Amount: \$ 8 Income Indicator: m (Weekly/Bi-weekly/Monthly/Semi-monthly/Annually)Number of People Supported by this Income: 4

PERCENT REDUCTION

EFFECTIVE DATES:

Initial: _____ % Dates: From _____ To _____

Date: _____

Additional: _____ % Dates: From _____ To _____

Review Staff ID: _____

Pharmacy: _____ % Dates: From _____ To _____

Approved By: _____

Priorities: 4, 2

Intake Form for CIS

Official Use Only

UCID: 10169491

Name: _____

Please Print

SCREEN FIVE - 5 MEDICAID/MEDICARE

Medicaid #: 2400490001

Medicaid Name: Anderson
Health Connections - Dashauna K

Effective Dates: From: 12-1-08 To: _____

Auth. Beginning Date: _____ Ending Date: _____ Insurance on Card: _____

Medicare #: _____

Medicare Name: _____

Is Illness Due To: Employment(Y/N): _____ Auto-Accident(Y/N): _____ Other Liability(Y/N): _____

Loss Work Time: From: _____ To: _____

Effective Dates: From: _____ To: _____ Auth. Date: _____

Prior Approval Number: _____ Expiration Date: _____

Days Approved: _____ Units Approved: _____ Review Date: _____

SCREEN SIX - 6 INSURANCE

Dishfacl: _____ Primary Ins by DMH: _____ Benefits: Psych: _____ Medical: _____

Company: _____ Insurance Code: _____ Carrier Code: _____

Address: _____ Phone: () _____

City: _____ State: _____ Zip: _____

Attention: _____

Relationship to Client: _____

Insured's Name: _____

Address: _____

Home: () _____ City: _____ State: _____ Zip: _____

Insured Date of Birth: _____ Insured Sex: M ☐ Male F ☐ Female

Policy Number: _____ Group Number: _____

Insured's Employer: _____

Supplemental Insurance to (M)edicare/(C)ampus? _____ Auth. Date: _____

Effective Dates: From: _____ To: _____ Verified by: _____

Intake Form for CIS

Official Use Only

UCID: 10169491

Name: _____

Please Print

Codes are on the back of this Page

SCREEN SEVEN - 7 CHAMPUS/CONTRACT

Champus / VA Number: _____ Effective ID Card Dates: From: _____ To: _____

Branch of Service: _____ From: _____ To: _____

Sponsor's Name: _____ Sponsor's SSN: _____

Relationship to Client: _____

Prior Approval Number: _____ Prior Approval Date: _____

Auth. Date: _____ Approval Dates: From: _____ To: _____
Approved Services: 1 _____ 2 _____ 3 _____ 4 _____ 5 _____

Managed Care Effective Dates: From: _____ To: _____

Contract Number: _____ Company: _____

Company Address: _____

Phone: () _____ Service Limits: _____ Payment Limit: _____

Flat Charge Rate: \$ _____ Additional Requirement: _____ Limit: _____

SCREEN EIGHT - 8 CLINICAL

Type Commitment: 01

Type Commitment Date: 1-6-09

Type Papers: _____

Type Papers Date: _____

Competency: _____

Competency Date: _____

Living Arrangement: 1A

Living Arrangement Date: 1-6-09

Household Composition: 2

Household Composition Date: 1-6-09

Prior Psych Svc: Inpatient: _____ Outpatient: _____

Last Psych Svc: _____ Last Psych Indicator (I or O): _____

Location Code: 050

Office Code: 005

GAF Score: [] []

Current Employment Status: 23

Employment Level: _____

VR Registered: _____

Employment Dates: (starting) _____ (ending) _____

Wages: \$ _____

Job Classification: _____

Special Population: 1

Program: ☒

Family Case (Y/N): _____

Group Number: _____

Assigned Contact (Y/N): _____

Chart Location: _____

Take Staff ID: 432

DSM-IV Dxs:

Coding for Intake

<u>Code</u>	<u>Employment Status</u>
10	Consumer-Operated Business
11	Self Employed
10	Competitive Employment
11	Active Military
20	Supported Employment
30	Temporary/Transitional
30	Contract Work
70	Mobile Work Crew
30	Enclave
40	Unpaid Family Worker
0	Volunteer Work
10	Educational Placement
11	Student, Adult
12	Pre-School
13	Student, Child
K0	Other
K1	Homemaker
K2	Retired
LO	Unemployed Adult
L1	Unknown

<u>Code</u>	<u>Employment Level</u>
01	Full Time
02	Part Time
03	Not Applicable(not working)
04	Unknown

<u>Code</u>	<u>Type Commitment</u>
01	Voluntary
02	Emergency
03	Judicial
04	Circuit/Criminal Court Order
05	Family Court
06	Medical Certification
07	Order of MH Commissioner
08	Court to Judicial
99	Other

<u>Code</u>	<u>Programs</u>
K	Emergency Stabilization
M	Community Support
N	Outpatient
Y	Special Projects

<u>Code</u>	<u>Inpatient Psych</u>
41	SCSH
42	CFSH
58	William S. Hall Psychiatric Institute
46	Bryan Hospital
47	Harris Hospital
GH	General Hospital
PH	Private Psychiatric Facility
IP	Other Inpatient Psych Services
NN	None
UN	Unknown

<u>Code</u>	<u>Outpatient Psych</u>
3A	Greenville MHC
3B	Charleston/Dorchester MHC
3C	Spartanburg MHC
3D	Columbia Area MHC
3E	Pee Dee MHC
3F	Santee-Waterloo MHC
3G	Catawba MHC
3H	Anderson-Oconee-Pickens MHC
3J	Beckman MHC
3K	Aiken-Barnwell MHC
3M	Coastal Empire MHC
3N	Tri-County MHC
3P	Waccamaw MHC
3R	Orangeburg MHC
3S	Piedmont MHC
3T	Lexington MHC
3W	Berkeley MHC
54	WSHPI Outpatient Services
PH	Private Psychiatric Facility
PP	Private Physician/Psychiatrist
MH	Private MH Professionals
MP	Other Medical Professionals
GH	General Hospital
NN	None
UN	Unknown

<u>Code</u>	<u>Job Classification</u>
A0	Professional
B0	Managerial
C0	Technical
D0	Construction/Contractor
E0	Clerical/Sales
F0	Service
G0	Other

<u>Code</u>	<u>Living Arrangement</u>
A0	Independent Living
B0	Shared Independent Living
B1	Clients Lives with non-family
C0	Supervised Apartment Living
D0	Lives with Family/Independent
E0	Lives with Family/Dependent
F0	Homeshare Care
G0	Foster Care/Therapeutic Foster Care
H0	Therapeutic Group Care
I0	CRCF(Standard) - Type 1
I1	Unlicensed Boarding Home
J0	CRCF - Type 2
K0	CRCF - Type 3
L0	Skilled Nursing Home
M0	Respite Care
N0	State Psychiatric Facility
O0	Private Psychiatric Facility
P0	Non-Psychiatric Facility
P1	Jail
Q0	Other Living Arrangements
R0	Homeless
R1	Unknown

<u>Code</u>	<u>Household Composition</u>
1	Lives Alone
2	Lives with family/relatives
3	Lives with significant other(s)
4	Lives with non-significant other(s)
5	DMH Group/Institutional Living
6	Other Group/Institutional Living
7	Not Applicable
8	Unknown
<u>Code</u>	<u>Type Papers</u>
01	Psychiatric
02	Alcohol/Drug
03	Nursing
04	Forensic
05	Court Order for Outpatient Treatment

<u>Code</u>	<u>Competency</u>
01	NGRI - Not guilty by Reason of Insanity
02	Not Adjudicated
03	Guilty but Mentally Ill
04	Not Competent to Stand Trial
05	Memorandum of Agreement/Mental Retardation

Examples

School Teacher, Physician, Attorney, Librarian, etc.
 Sales mgr, Trade mgr, Public Administrators, etc.
 Engineers, Analysts, Lab Tech, Scientists, etc.
 Plumber, Carpenter, Electrician, Mechanic, etc.
 Secretary, Sales clerk, Data entry, Bookkeeper, etc.
 HairDressers, Waiters, Waitresses, etc.

<u>Code</u>	<u>Special Populations</u>
1	None
2	Psychiatrically Disabled
3	Emotionally Disturbed (children)

CONSENT TO EXAMINATIONS AND TREATMENT

Consent and authority is hereby given to this mental health facility and its professional staff to perform or have performed examinations and / or psychotherapy and / or related mental health treatments and to administer medications when deemed necessary or advisable by appropriate members of the professional staff in consultation with me. This statement has been fully explained to me and I understand it.

Barbara Uymur
 Witness
1-6-09
 Date

Kathy Hjer
 Signature of Patient
Kathy Hjer
 Signature of Parent or Legal Guardian

I have been provided a copy of the SCDMH Notice of Privacy Practices and an opportunity to review it and ask questions:

Kathy Hjer
 Signature
1/6/09
 Date

(If not signed, staff to state reason on line and initial)

SIGNIFICANT OTHER PARTICIPANTS INVOLVED IN THE IDENTIFIED PATIENT'S SERVICES

I further authorize any follow-up services as required. KH

I agree to participate in therapy focused on the patient signing above. I understand that any information that I give may be included in the patient's record and disclosed as allowed by law. I also understand that if I want to receive therapy or other treatment services, a separate consent to examination and treatment is required.

Participant / Relationship	Date	Staff Initials
Participant / Relationship	Date	Staff Initials
Participant / Relationship	Date	Staff Initials
Participant / Relationship	Date	Staff Initials
Participant / Relationship	Date	Staff Initials

The staff who obtain the other participant signature above enter initials and signature here.

Staff Initials Staff Signature Staff Initials Staff Signature

MEDICARE

I authorize release of any medical information necessary to process **MEDICARE** claims and request payment of benefits to _____

For any unpaid bills for services provided by them during the period _____ through _____

Patient Signature (or authorized person)

WITNESS

Date

MEDICAID

I authorize release of any medical information necessary to process **MEDICAID** claims and request payment of benefits to _____

For services provided by them.

[Signature]
Patient Signature (or authorized person)

Barbara Lynn
WITNESS

11/6/08
Date

PRIVATE INSURANCE

I authorize release of any medical information necessary to process claims for _____
and request payment of benefits to _____

For services provided by them.

Patient Signature (or authorized person)

WITNESS

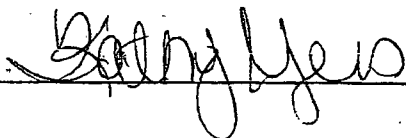
Date

EXHIBIT # UN-51

HOW WE BILL FOR COMMUNITY MENTAL HEALTH SERVICES

1. *Everyone is charged the same amount for the same service. All fees for services are set by the State Mental Health Commission.*
2. *If you have Medicaid, but no other insurance coverage, we will bill at the same rates that apply to you. Medicaid payment is payment in full, and we will not bill you or anyone else.*
3. *If you have Medicare or other insurance, we need for you to sign a form so we may bill your insurance company or Medicare. We will bill at the same rates that apply to you. If you have insurance and/or Medicare and Medicaid, we must bill Medicare and/or your insurance company before we can bill Medicaid. Some services may be covered by insurance or Medicare and some may not. If you have questions about Medicare or other insurance coverage, co-payments or deductibles, let us know.*
4. *If you do not have Medicaid, Medicare or other insurance coverage, you will be billed directly for services you receive.*
5. *We expect you to pay for services rendered. If you are unable to pay the whole bill we will still provide services that you need. Please speak with a center financial representative if you have questions about your bill or making payments.*

Signature



**SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH
CLINICAL SERVICE FEES**

SERVICE NAME	TIME UNIT	CHARGE
Crisis Intervention Service	15 Minutes	\$40.00
MH Assessment	30 Minutes	\$58.00
Individual Therapy	30 Minutes	\$59.00
Family Therapy	30 Minutes	\$55.00
Group Therapy	30 Minutes	\$26.00
Psychosocial Rehabilitation Service	15 Minutes	\$4.50
Psychiatric Medical Assessment	15 Minutes	\$62.00
Psychiatric Medical Assessment - APRN	15 Minutes	\$52.00
MH Service Plan Development by Non-MD	15 Minutes	\$55.00
Nursing Service	15 Minutes	\$51.00
Targeted Case Management	15 Minutes	\$37.50
Concurrent Case Management	15 Minutes	\$35.00
Peer Support Service	15 Minutes	\$7.50
Behavioral Health Day Treatment	60 Minutes	\$30.00
Community-Based Wrap Around Service	Day	\$164.00
Community-Based Wrap -Community Support	Day	\$164.00

INITIALS KM

Wunderlin

WILLIAM S. HALL PSYCHIATRIC INSTITUTE CONSENT FORM FOR EDUCATIONAL USE OF MEDICAL RECORDS

The State Legislature has designated the William S. Hall Psychiatric Institute as a teaching hospital for the primary purposes of training mental health personnel and psychiatric research. Therefore, individual treatment programs at the Institute are conducted by and include mental health professionals in various states of training while under the supervision of fully trained and qualified professionals.

In order to carry out the purpose of the William S. Hall Psychiatric Institute; and to assist my treatment and evaluation program; and, in the interest of medical education, knowledge and training, **I CONSENT TO:**

- 1) Audio/visual recording and/or closed circuit transmissions of my treatment and evaluation sessions at the William S. Hall Psychiatric Institute, when, in the judgment of my physician, such could be of possible benefit to my treatment, medical research, education, training or science. However, in any use of these recordings and/or transmissions, other than by the staff or its trainees, it is specifically understood that I should not be identified by name.
- 2) Participate in presentations, conferences and seminars involving my case within the facilities of the William S. Hall Psychiatric Institute.
- 3) Participate in interviews with students and/or trainees of various mental health disciplines within the facilities of the William S. Hall Psychiatric Institute.

Signature of patient _____
 or Signature of Responsible Person Kathy Myers
 and Relationship Mother

Witness Barbara Wynn
 Date 1-6-09

(Note: If the patient is a minor or been declared incompetent, this consent form must be signed by the patient's legal guardian or parent or other responsible person.)

Note: Each patient admitted to WSHPI is required to sign this consent form.

CHILD AND ADOLESCENT SCREENING CLINIC**A. Orientation and Patient Rights and Responsibilities**

I have been given an orientation to the Child and Adolescent Outpatient Clinic and provided a copy of my rights and responsibilities as a patient. I have read and understand my rights and responsibilities.

Patient

1-6-09
Date

Kathy Myers
Other Interested Person

Mother
Relationship

Barbara Myers
Witness

Kathy Myers
Signature

1/6/09
Date

South Carolina

HealthyConnections



Medicaid Member Number:

2400490001

South Carolina Healthy Connections
THIS CARD DOES NOT GUARANTEE ELIGIBILITY

Attention Providers:

Providers without Medicaid Point of Sale eligibility access may call 1-888-809-3040 for eligibility verification.
Call 803-898-2880 (physicians) or 803-898-2885 (hospitals) for prior authorization of services outside the normal practice pattern - (25 mile radius of SC)

Attention Insured:

Carry this card with you at all times and present it each time you receive a medical service from your doctor, pharmacy, dentist, etc.
It is against the law to let someone else use your card. Violators will be prosecuted.
Call 1-888-549-0820 if you have questions about enrollment or covered services.
Call 1-800-834-2880 with questions regarding pharmacy services.

To report possible fraud or abuse call 1-888-384-3224

Anderson



ASSESSMENT & RESOURCE CENTER
The Children's Advocacy Center of Richland County
Serving the Midlands

ARC PROGRESS SUMMARY REPORT

Client Name:

DOB:

Admission Date: 01/06/2009

Progress Summary Date: 06/04/2009

TREATMENT GOALS/PROGNOSIS (Achieved, Some/Limited/No Progress)

DaShawna has been participating in Trauma Focused Cognitive Behavioral Therapy (TF-CBT) at the Assessment and Resource Center (ARC). TF-CBT is a best practice therapy for treating victims of trauma. is currently working on the last major component of therapy. a has completed psychoeducation on sexual abuse. She has learned risk reduction techniques and has a plan for safety. a has learned about the relationship among thoughts, feelings, and behaviors. She has successfully developed a variety of coping skills and implements them at home and in session. i is now working on completing her trauma narrative and sharing that with her mother. s caregiver has been supportive and protective throughout the course of treatment.

MEDICATION UPDATE (if applicable)

s not currently taking any medications at this time. She was referred for an assessment with a psychiatrist and it was determined that she did not need further psychiatric services.

THERAPEUTIC PLAN

Once ia has completed the narrative section of her therapy she will complete a discharge transition which is a step-down process to ending therapy. If requires court preparation services in the future (post discharge) she may return to the ARC for those services.

RECOMMENDATIONS/CONCERNS (Placement, visitation, education, social, services needed, etc.)

I recommend that a remain in therapy at the ARC, attending all therapy appointments, and completing all therapeutic requirements. should not be allowed to have contact with her father or her step-mother.


Aimee Phipps, LMSW
Mental Health Therapist

Ph (803) 898-1470
Fx (803) 898-1471

PO BOX 119
THE WILSON BUILDING
COLUMBIA, SC 29202



NATIONAL
CHILDREN'S
ALLIANCE®
ACCREDITED MEMBER

DaShawna Anderson

REQUEST FOR SERVICESDATE OF REQUEST: 4/13/09 CONTACT PERSON FAXING REQUEST: Aimee Phipps ARCPSYCHIATRY (ATT: Trina Isaac)
FAX: 803-434-1415NEUROLOGY (ATT: Robin Kyzer)
FAX: 803-434-3792Please schedule an appointment for Psychiatry Clinic ☒ Neurology Clinic ☐ or Neuropsychological testing ☐

PLEASE FAX BACK TO US THE FOLLOWING:

- Copies of front and back of insurance cards.
- Insurance referral/AUTHORIZATION #, if necessary - IMPORTANT

All information MUST be received prior to scheduling the appointment. Each request will be reviewed and you will be notified promptly if we can be of service to you. If we are unable to provide services, an explanation will promptly be provided to you.

REFERRING PHYSICIAN: Aimee PhippsUPIN#: _____ TAX ID #: _____ OFFICE #: _____ FAX #: 898-1470REASON FOR REFERRAL: PMACURRENT MEDICATIONS: None

PATIENT NAME: _____ DOB: _____

CHILD'S CAREGIVER OR GUARDIAN'S NAME: _____

PHONE #'s: _____ (H) _____ (W) _____ (C) _____

ADDRESS: _____ SC 29061PRIMARY INSURANCE: Medicaid ASSIGNED AUTHORIZATION #: 240090001

GUARANTOR: _____ POLICY #: _____ GROUP #: _____

Questions regarding services for Psychiatry or Neuropsychological testing, should be directed to Wanette Johnson at 803-434-4248. Questions regarding Neurology services, should be directed to Carol Crain at 803-434-4260.

434-4248 - Trina Isaac
Thank you for referring your patient to the University Specialty Clinic, Department of Neuropsychiatry and Behavioral Science.

CONFIDENTIAL NOTICE: This facsimile transmission is intended only for the addressee named above. It contains information that is privileged, confidential, or otherwise protected from use and disclosure. If you are not the intended recipient, you are hereby notified that any review, disclosure, copying, or dissemination of this transmission, or the taking of any action in reliance on its contents, or other use is strictly prohibited. If you have received this transmission in error, please notify us by phone immediately so that we can arrange for its return to us. Thank you for your cooperation.



ASSESSMENT & RESOURCE CENTER
The Children's Advocacy Center of Richland County
Serving the Midlands

FAX TRANSMITTAL COVER SHEET

TO: Trina Isaac
ORGANIZATION: CEB Psych Clinic
FAX: 434-1415
FROM: Aimee Phipps
DATE: 4/13/09 TOTAL # OF PAGES (including cover sheet): 15
COMMENTS: PMA Request

PLEASE NOTIFY US IF ALL PAGES ARE NOT RECEIVED:

PHONE: (

FAX#: (

CONFIDENTIALITY NOTE

This transmission may contain patient or other identifying information that is protected from disclosure and redisclosure by applicable federal and/or state law. Redisclosure of this information may violate the law (45 CFR Part 160; 44-22-100 SC Code; 42 CFR Part 2) without a specific authorization or as permitted by applicable law. This communication is intended only for the use of the individual or entity named above. If the reader of this message is not the intended recipient, you are hereby notified that any unauthorized use, dissemination, distribution, copy or redisclosure of this communication is strictly prohibited and may subject the violator to civil and/or criminal penalties. If you have received this communication in error, please notify us immediately by telephone or by replying to this fax and destroying all copies of this message and all attachments.

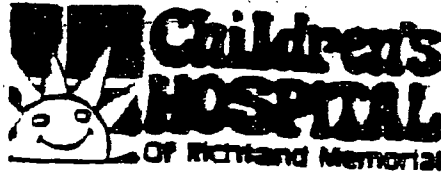
The ARC is a combined effort of
Children's Hospital of Palmetto Richland, William S. Hall Psychiatric Institute & U.S.C. School of Medicine

Ph (803) 898-1470
Fx (803) 898-1471

PO BOX 119
THE WILSON BUILDING
COLUMBIA, SC 29202



NATIONAL
CHILDREN'S
ALLIANCE®
ACCREDITED MEMBER



Five Richmond Medical Park
Columbia, SC 29203
434-6155 / 7011
898-1470

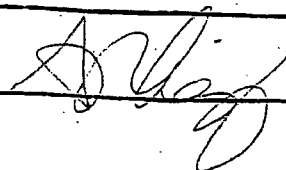
Certificate to return to work or school:

_____ has been under my care from 3/13/09

8:30 am to 10:00 am

He/She may return to work/school on: 3/13/09

Comments: _____

Doctor: 

All About Me!!

My name is _____ 2

I am _____ years old and my birthday is _____

I have ~~black~~ Brown hair, and I have brown eyes.

I attend school at Southeast Middle School

I am in the 6th grade and my favorite teacher is Mrs. Sister Warren (dance teach.

My mother's name is: Kathy Lashae Anderson Myers

My father's name is: John Myers

I have 2 brother(s) and 3 sister(s).

Their names and ages are: Johnkeia Johnice Johnfrica,
Eric, John Jr

I live with: my mom, stepdad, and brother

My pets are: none

My best friend is: Zarius Sciebles, Kobie Brown, Neiona

Things that I like about my family are:

Nice, thankful, careful, good, and
patient

Things that I don't like about my family are:

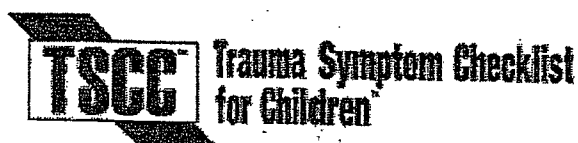
none

Things I like to do are:

Practice Basketball, Play Football,
Play Baseball, just playing,
watching t.v, and hanging out
with my friends, dancing, singing

Things that are important to know about me are:

My age, name, birthdate, race



Score Report

by

John Briere, PhD

and

PAR Staff

Client Information

Child's Name:

Child's Gender:

Child's Age:

Date of Birth:

Test Form: TSCC

Test Date: 07/23/2008

Use of this score report requires a complete understanding of the *Trauma Symptom Checklist for Children* (TSCC) scales and its interpretation, applications, and limitations as presented in the TSCC Professional Manual. This report contains raw and standardized scores from the TSCC Item Booklet. Users should refer to the TSCC Professional Manual for procedures and guidelines for the interpretation of this report. Users also should refer to the Professional Manual for information about the psychometric characteristics of the TSCC.

This report should be used as only one source of information about the individual being evaluated. In this respect, no decisions should be based solely on the information contained in this report. The raw and standardized scores contained in this report should be integrated with other sources of information when making decisions about this individual.

This report is confidential and is intended for use by qualified professionals who have sufficient knowledge of psychometric testing and of the TSCC. *This report should not be released to the respondent or to any individuals who are not qualified to interpret the results.*

TSCC Critical Items

Item	Score	Item Description
20.	0	Wanting to hurt myself
21.	0	Wanting to hurt other people
24.	1 *	Feeling scared of men
25.	0	Feeling scared of women
34.	1 *	Not trusting people because they might want sex
36.	0	Getting into fights
50.	1 *	Feeling afraid somebody will kill me
52.	0	Wanting to kill myself

Note. "*" indicates a critical item was endorsed which may require immediate intervention.

Missing Responses

Total Missing Responses: 0

TSCC Validity Scales

Scale	Raw score	T score
Underresponse (UND)	2	52
Hyperresponse (HYP)	0	47

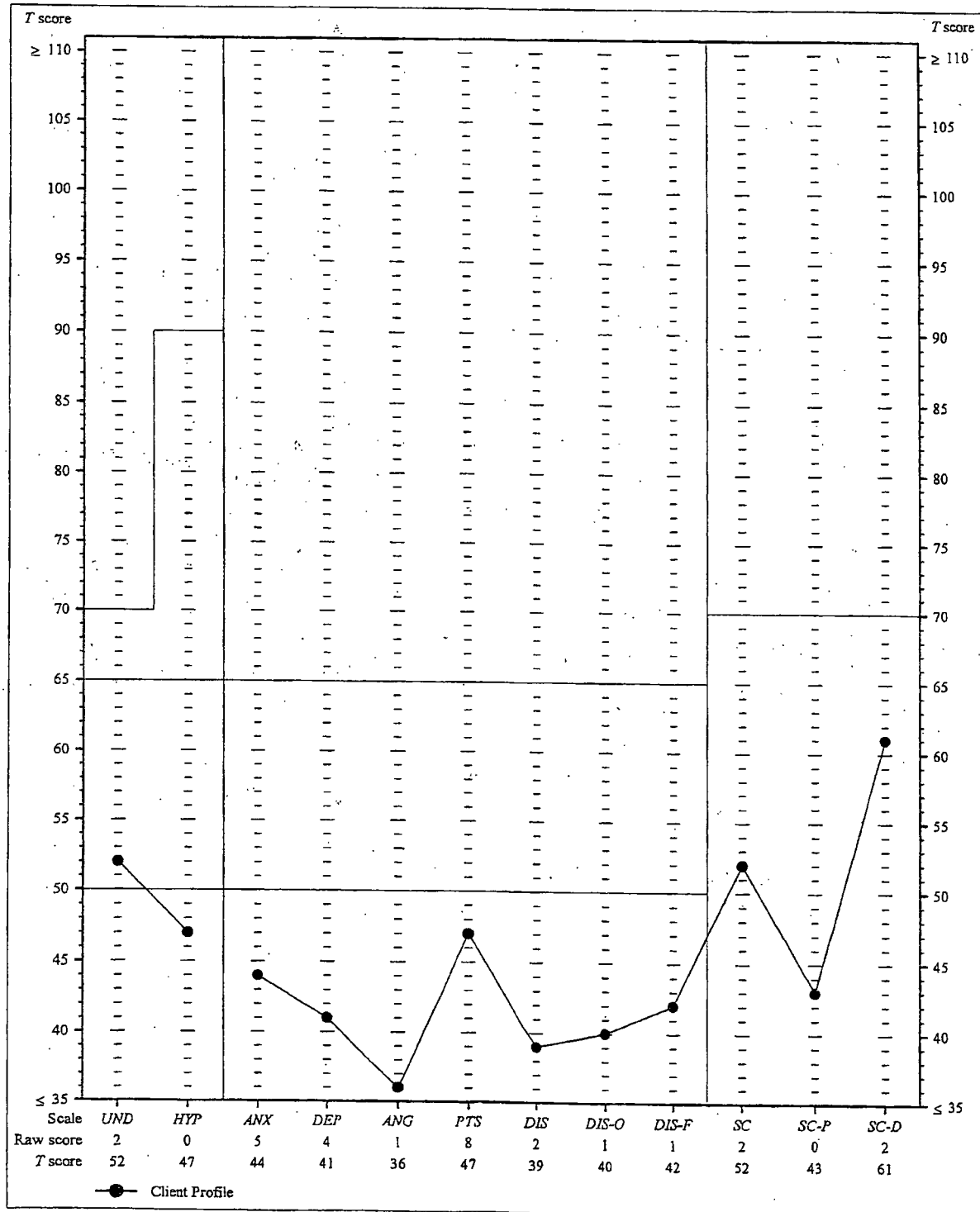
TSCC Clinical Scales/Subscales

Scale	Raw score	T score
Anxiety (ANX)	5	44
Depression (DEP)	4	41
Anger (ANG)	1	36
Posttraumatic Stress (PTS)	8	47
Dissociation (DIS)	2	39
Overt Dissociation (DIS-O)	1	40
Fantasy (DIS-F)	1	42
Sexual Concerns (SC)	2	52
Sexual Preoccupation (SC-P)	0	43
Sexual Distress (SC-D)	2	61

Client

Test Date: 07/23/2008
Page 3 of 4

TSCC T-Score Profile



TSCC Item Responses

Item#	Response	Item#	Response	Item#	Response
1.	1	19.	0	37.	0
2.	1	20.	0	38.	0
3.	1	21.	0	39.	0
4.	0	22.	0	40.	0
5.	0	23.	0	41.	1
6.	1	24.	1	42.	0
7.	1	25.	0	43.	1
8.	0	26.	1	44.	0
9.	1	27.	0	45.	0
10.	1	28.	1	46.	0
11.	0	29.	0	47.	0
12.	1	30.	1	48.	0
13.	0	31.	0	49.	0
14.	0	32.	0	50.	1
15.	0	33.	1	51.	1
16.	0	34.	1	52.	0
17.	0	35.	1	53.	1
18.	0	36.	0	54.	1

Note. 0 = Never, 1 = Sometimes, 2 = Lots of times, 3 = Almost all of the time, ? = Missing.

End of Report

TSCCTM

TSCC Booklet

John Briere, PhD

Directions

The items in this booklet describe things that kids sometimes think, feel, or do. Read each item, then mark how often it happens to you by drawing a circle around the correct number.

Circle 0 if it **never** happens to you.

① 1 2 3

Circle 1 if it happens **sometimes**.

0 ① 2 3

Circle 2 if it happens **lots of times**.

0 1 ② 3

Circle 3 if it happens **almost all of the time**.

0 1 2 ③

For example, if you are late for school **sometimes**, you would circle the 1 for this item, like this:

Being late for school.

0 ① 2 3

If you make a mistake or want to change your answer, do not erase. Cross out the wrong answer with an "X" and then circle the correct answer, like this:

Being late for school.

0 ① ~~2~~ 3

Identification No. _____

Race Ar. Am

Date 7-23-05

732

	Never	Sometimes	Lots of times	Almost all of the time
1. Bad dreams or nightmares	0	1	2	3
2. Feeling afraid something bad might happen.....	0	1	2	3
3. Scary ideas or pictures just pop into my head	0	1	2	3
4. Wanting to say dirty words	0	1	2	3
5. Pretending I am someone else	0	1	2	3
6. Arguing too much	0	1	2	3
7. Feeling lonely	0	1	2	3
8. Touching my private parts too much	0	1	2	3
9. Feeling sad or unhappy	0	1	2	3
10. Remembering things that happened that I didn't like	0	1	2	3
11. Going away in my mind, trying not to think	0	1	2	3
12. Remembering scary things	0	1	2	3
13. Wanting to yell and break things	0	1	2	3
14. Crying	0	1	2	3
15. Getting scared all of a sudden and don't know why	0	1	2	3
16. Getting mad and can't calm down	0	1	2	3
17. Thinking about having sex	0	1	2	3
18. Feeling dizzy	0	1	2	3
19. Wanting to yell at people	0	1	2	3
20. Wanting to hurt myself	0	1	2	3
21. Wanting to hurt other people	0	1	2	3
22. Thinking about touching other people's private parts	0	1	2	3
23. Thinking about sex when I don't want to	0	1	2	3
24. Feeling scared of men	0	1	2	3
25. Feeling scared of women	0	1	2	3
26. Washing myself because I feel dirty on the inside	0	1	2	3

0 = Never
1 = Sometimes
2 = Lots of times
3 = Almost all of the time

27. Feeling stupid or bad.....	0	1	2	3
28. Feeling like I did something wrong.....	0	1	2	3
29. Feeling like things aren't real.....	0	1	2	3
30. Forgetting things, can't remember things.....	0	1	2	3
31. Feeling like I'm not in my body.....	0	1	2	3
32. Feeling nervous or jumpy inside.....	0	1	2	3
33. Feeling afraid.....	0	1	2	3
34. Not trusting people because they might want sex.....	0	1	2	3
35. Can't stop thinking about something bad that happened to me....	0	1	2	3
36. Getting into fights.....	0	1	2	3
37. Feeling mean.....	0	1	2	3
38. Pretending I'm somewhere else.....	0	1	2	3
39. Being afraid of the dark.....	0	1	2	3
40. Getting scared or upset when I think about sex.....	0	1	2	3
41. Worrying about things.....	0	1	2	3
42. Feeling like nobody likes me.....	0	1	2	3
43. Remembering things I don't want to remember.....	0	1	2	3
44. Having sex feelings in my body.....	0	1	2	3
45. My mind going empty or blank.....	0	1	2	3
46. Feeling like I hate people.....	0	1	2	3
47. Can't stop thinking about sex.....	0	1	2	3
48. Trying not to have any feelings.....	0	1	2	3
49. Feeling mad.....	0	1	2	3
50. Feeling afraid somebody will kill me.....	0	1	2	3
51. Wishing bad things had never happened.....	0	1	2	3
52. Wanting to kill myself.....	0	1	2	3
53. Daydreaming.....	0	1	2	3
54. Getting upset when people talk about sex.....	0	1	2	3

0 = Never

1 = Sometimes

2 = Lots of times

3 = Almost all of the time

Welcome to the ARC:**Check - In Log****Date:** 7-23-08**Child's Name:****Age:****DOB:****Name of person(s) who came with child today.****Relation to child:**1. Kenny MyersMother

2. _____

3. _____

4. _____

5. _____

6. _____

New Case**General Information**

Alleged Victim/Client Name	Presenting - Reason for Referral	Presenting - Alleged Maltreatment(s)	Date Case Received by CAC	CAC Case Number	Alleged Victim/Client County
	Allegation of Abuse	Sexual abuse	07/16/2008	2008-431	Richland County

Child Demographics

Alleged Victim/Client Date of Birth	Alleged Victim/Client Age	Alleged Victim/Client Gender	Alleged Victim/Client Race (NCA)	Alleged Victim/Client SSN	Alleged Victim/Client Address
		Female	Black/African American		

Co- Victims

No data found.

Referral Information

Presenting - Referral Source (Personnel)	Presenting - Referral Source (Agency)	Presenting - Referral Source Personnel Contact Info	Receiving Intake
Jewel Taylor	Richland County DSS		Ray Olszewski, LMSW, AFSW

Description

Presenting - Incident Location Type	Presenting - Incident Location Description	Presenting - Incident Narrative Description
		Dashawna disclosed to her mother and told deputies that her father put his fingers into her vagina and told her not to tell. Her father is a suspect from a Feb. 2007 lewd act on a minor involving a seven year old. That case was not investigated at the request of the child's mother.

FI Appointment for intake

FI Session - Date	FI Session - Start Time	FI Session - Status
07/23/2008	01:00 PM	Scheduled

Medical Appointment

Med Visit - Date	Med Visit - Start Time	Med Visit - Status
07/23/2008	01:00 PM	Scheduled

Law Enforcement

LE - Investigator (Agency)	LE - Investigator (Personnel)	Contact Number	LE - Case Number
Richland County Sheriff's Dept	Rob Martin	576-3070	0807116611

CPS

CPS - Investigator (Agency)	CPS - Investigator (Personnel)	Contact Number
Richland County DSS	Jewel Taylor	714-7352

Caregiver Information

Caregiver Name	Caregiver Relationship to Alleged Victim/Client	Caregiver Address	Caregiver Home Phone Number	Caregiver Cell Phone Number	Caregiver Race	Caregiver Work Phone Number
Myers, Kathy	Biological Mother				Black/African American	

Alleged Offender Information

Alleged Offender Name	Alleged Offender Relationship to Alleged Victim/Client	Alleged Offender Age at Time of Referral	Alleged Offender Date of Birth	Alleged Offender Gender	Alleged Offender Race	Alleged Offender Address	Alleged Offender County
Deveaux, Charles	Biological Father	54 years		M	Black/African American		Richland County

Insurance Information Primary

Ins. - Primary Company Name

SOVA

Accompanied By:

Accompanied by:

Mother

Interpreter Service

Interpreter Service

Not Required

This report is private and confidential.

RICHLAND COUNTY SHERIFF'S DEPARTMENT INCIDENT REPORT

AGENCY I.D.
SCO 400000

CASE NUMBER

NCIC

0807116611

INQ.	ENTD.
------	-------

INCIDENT TYPE FORCIBLE FONDLE				COMPLETED ☒ YES ☐ NO	FORCED ENTRY ☐ YES ☒ NO	PREMISE TYPE 20	UNITS ENTERED	TYPE VICTIM ☐ Individual ☐ Business ☐ Financial Inst. ☐ Government ☐ Relig. Orgn. ☐ Soc/Publi. ☐ Other ☐ Unknown ☐ Police Off.
INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET AND NAME AND NUMBER)				SUBDIVISION	ZIP CODE 29044	WEAPON TYPE OTHER		
INCIDENT DATE 6-22-08	24 HR. CLOCK 0001	TO DATE 6-22-08	24 HR. CLOCK 2200	DISP. DATE 7-1-08	DISPATCH DATE/TIME 1758	TIME ARRIVED 1807	DEPART TIME 1940	AREA 1
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE) MYERS, KATHY L.		RELATIONSHIP TO SUBJECT BO		RESIDENT OSOU	RACE B	SEX F	AGE 35	ETH. N
ADDRESS		CITY		STATE SC		ZIP CODE 29044		DAYTIME PHONE 803-479-0754
VICTIM'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT PA		RESIDENT OSOU	RACE B	SEX F	AGE	ETH. N
ADDRESS		CITY		STATE SC		ZIP CODE 29044		DAYTIME PHONE 479-0754
HEIGHT 5'10"	WEIGHT 110	HAIR BLK	EYES BLU	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.				
ADDRESS				CITY		STATE SC		ZIP CODE 29044
VISABLE INJURY (VICT-1) ☐ YES ☒ NO EXPLAIN				COMPLAINT OF ANY NON-VISIBLE INJURIES ☐ YES ☒ NO				
EFFECTIVE NO. 1 USING ALCOHOL ☐ YES ☒ NO ☐ UNK. DRUGS: ☐ YES ☒ NO ☐ UNK. TYPE				TWO-MAN VEH. ☐ ONE-MAN VEH. ☐ DETECTIVE/PLASMT. ☐ OTHER ☐ ALONE ☐ ASSISTED				
SUBJECT NAME (LAST, FIRST, MIDDLE) DEVAUX, CHARLES M.				RACE B	SEX M	AGE 54	ETH. N	DATE OF BIRTH 10-31-53
FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.				NOC NUMBER				
ADDRESS				CITY Eastover		STATE SC		ZIP CODE 29044
SUBJECT NO. 1 USING ALCOHOL ☐ YES ☒ NO ☐ UNK. DRUGS: ☐ YES ☒ NO ☐ UNK. TYPE				ARRESTED REAR OFFENSE SCENE ☐ YES ☒ NO		DATE/TIME OF OFFENSE SEE ABOVE		DATE/TIME OF ARREST N/A
TOTAL # ARRESTED 0								
IS RESPONDED TO THE EXAM STATION AT MCCOY'S FERRY / CORNERS FERRY AND MADE CONTACT WITH KATHY MYERS (COMPL) WHO ADVISED THAT SHE RECEIVED A PHONE CALL FROM HER DAUGHTER. INFORMING HER THAT APPROXIMATELY TWO OR THREE WEEKS AGO SHE WAS SEXUALLY ASSAULTED BY CHARLES DEVAUX (SUSPECT). MYERS TOLD HER MOTHER THAT DEVAUX INSERTED HIS FINGERS INTO HER VAGINA. MADE CONTACT WITH CHARLES DEVAUX AT HIS HOME LOCATED AT AUX TOLD ME THAT HE DID NOT TOUCH HIS STEP- DAUGHTER (MYERS) AND THAT HE THINKS THAT KATHY MYERS WAS TOLD HER DAUGHTER WAS MAKING FALSE ALLEGATIONS AGAINST HIM.								
EVIDENCE NUMBER				JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY		
HOLD ROOM I				EVIDENCE ROOM				
SEIZED ☒				BURNED ☐		DAMAGED ☐		
SUBJECT IDENTIFIED ☒ YES ☐ NO		SUBJECT LOCATED ☒ YES ☐ NO		☐ ACTIVE ☐ ADM. CLOSED ☐ UNFOUNDED		☐ ARRESTED UNDER 18 ☐ ARRESTED 18 AND OVER		☐ EX-CLEAR UNDER 18 ☐ EX-CLEAR 18 AND OVER
REASON FOR EXCEPTIONAL CLEARANCE: 1. ☐ OFFENDER DEATH 2. ☐ NO PROSECUTION 3. ☐ EXTRADITION DENIED 4. ☐ VICTIM DECLINES COOPERATION 5. ☐ JUVENILE NO CUSTODY								
REPORTING OFFICER(S) JOHNSON, M.		DATE 7-1-08		DEPT NO. 1364		APPROVING OFFICER M. L. J.		DATE 7-13-08
		DATE 7-1-08		DEPT NO. 1103		FOLLOW-UP INVESTIGATION ☐ YES ☒ NO		OFFICER MAGEE

RICHLAND COUNTY SHERIFF'S DEPARTMENT SUPPLEMENTARY REPORT

AGENCY I.D.
SCO 400000

CASE NUMBER

0807116511

NCIC

INQ. ENTD.

☐ ORIGINAL
REPORT
☐ MODIFIES
ORIGINAL

☐ SUPPLEMENTAL
REPORT
☐ CASE STATUS
CHANGE

☒ INVESTIGATIVE
FOLLOW UP

☐ ADDITIONAL
STOLEN PROPERTY
☐ ADDITIONAL
RECOVERED PROPERTY

PAGE 1 of 1 PAGES

I/T: FORCIBLE FOLLY

I/L: 14001 GARNERS FERRY

VICTIM: ANDERSON, JASHONIA

WHY BUT FELIX TELLS ME THAT THESE ALLEGATIONS ARE FALSE
AND HAVE BEEN CONTINUED UP BY KATHY MYERS. ACCORDING TO JEROME
MYERS IS UPSET THAT THE COURTS HAVE MANDATED THAT HE HAVE
VISITATION RIGHTS.

SOMETHING THAT STRUCK ME AS ODD WAS THAT MYERS MET
ME AT THE EXXON STATION WHERE SHE THOUGHT HER DAUGHTER'S
SAFETY AND WELL BEING WAS IN JEOPARDY. HER DAUGHTER WAS
STAYING LESS THAN TWO MILES FROM WHERE I MET HER. WHY
NOT GO THERE AND GET HER CHILD BACK AND EXTRACT HER FROM THE
DANGEROUS ENVIRONMENT? MYERS ASKED ME IF DSS WAS GOING
TO BE INVOLVED AND SHE KEPT EMPHASIZING HOW IMPORTANT IT
WAS FOR DSS TO BE INVOLVED.

ADMINISTRATIVE

SUBJECT IDENTIFIED
☒ YES ☐ NO

SUBJECT LOCATED
☒ YES ☐ NO

☐ ACTIVE ☐ ADM. CLOSED
☐ UNFOUNDED

☐ ARRESTED UNDER 18
☐ ARRESTED 18 AND OVER

☐ EX-CLEAR UNDER 18
☐ EX-CLEAR 18 AND OVER

REASON FOR EXCEPTIONAL CLEARANCE:

1. ☐ OFFENDER DEATH 2. ☐ NO PROSECUTION 3. ☐ EXTRADITION DENIED 4. ☐ VICTIM DECLINES COOPERATION 5. ☐ JUVENILE-NO CUSTODY

REPORTING OFFICER(S)

DATE

DEPT NO.

APPROVING OFFICER

DATE

DEPT NO.

HATCHER, J.

7-11-08

1364

M. R. H.

7-17-08 11143

RICHLAND COUNTY SHERIFF'S DEPARTMENT SUPPLEMENTARY REPORT

AGENCY I.D.
SCO 400000

CASE NUMBER

NOIC

080746611

INC. ENTD.

☒ ORIGINAL
REPORT
☐ MODIFIES
ORIGINAL

☐ SUPPLEMENTAL
REPORT
☐ CASE STATUS
CHANGE

☐ INVESTIGATIVE
FOLLOW UP

☐ ADDITIONAL
STOLEN PROPERTY
☐ ADDITIONAL
RECOVERED PROPERTY

PAGE 2 of 2 PAGES

I/T: FORECIBLE FOWLING

I/L: 14001 GARNERS ROAD

VICTIM: ANDERSON, DASHAWNA

CPL. M. JOHNSON INTERVIEWED ANDERSON AND SHE SAID THAT DEVAN
ENJOINED HER BEDROOM ONE EVENING, GOT INTO BED WITH HER AND
SLUCK HIS HAND UP UNDER HER PANTIES THEN RUBBED HER CLITORIS
WITH HIS THUMB AND FOREFINGER. DIGITAL PENETRATION WAS ALSO
MADE ACCORDING TO ANDERSON. AFTERWARDS, DEVAN TOOK ANDERSON
OUTSIDE AND TOLD HER THAT IT WAS IMPORTANT THAT THEY
TRUST EACH OTHER AND THAT SHE NEVER SPEAKS TO ANYONE ABOUT
THE INCIDENT.

DEVAN ADVISED DEVANX TO HAVE NO CONTACT WITH ANDERSON UNTIL
THIS MATTER WAS INVESTIGATED. KATHY MYERS TOOK CUSTODY
OF DASHAWNA ANDERSON. CUE ISSUED.

NARRATIVE

SUBJECT IDENTIFIED
☒ YES ☐ NO

SUBJECT LOCATED
☒ YES ☐ NO

☐ ACTIVE ☐ ADM. CLOSED
☐ UNFOUNDED

☐ ARRESTED UNDER 18
☐ ARRESTED 18 AND OVER

☐ EX-CLEAR UNDER 18
☐ EX-CLEAR 18 AND OVER

REASON FOR EXCEPTIONAL CLEARANCE:

1. ☐ OFFENDER DEATH 2. ☐ NO PROSECUTION 3. ☐ EXTRADITION DENIED 4. ☐ VICTIM DECLINES COOPERATION 5. ☐ JUVENILE-NO CUSTODY

REPORTING OFFICER(S)

DATE

DEPT NO.

APPROVING OFFICER

DATE

DEPT NO.

W. FIELD, J.

08-08

1364

M. L. N.

07-36 113

ADMINISTRATIVE



**Assessment & Resource Center
Intake Form**

Child's Name:		Age:	
DOB:		Sex:	F
Race:	B	SSN:	
Source of Intake Information:		Inv. R. E. Martin	Telephone:
Relation to Child:	☐ CPS	☒ Law Enforcement	☐ Guardian ☐ Other:
Requesting: (check all that apply)	☐ Forensic Evaluation	☒ Forensic Interview	☒ Medical Exam
Sources of Payment: (check all that apply)	☐ Medicaid	☐ Private Insurance	☒ SOVA ☐ Other
Scheduled Appointments:			
Interview Date:		Time:	Reschedule:
Evaluation Date:		Time:	Reschedule:
Medical Date:		Time:	Reschedule:
Child and Parent Addresses			
Child's Address:		County:	Richland
Caregivers' Names:	Kathy Myers	Telephone:	
Relation to Child:	Mother		
Parent's Address (if different from child's)	same		
Developmental Delays?	☐ Y ☒ N	If yes, describe:	
Reason for Current Intake (check all that apply)			
☐ Physical Abuse	☐ Emotional Abuse	☐ Witness to Violent Crime	
☒ Sexual Abuse	☐ Neglect	☐ Domestic Violence	

Agency Involvement					
Reported to LE?	☒ Y ☐ N	Agency:	RCSD	☐ PD ☒ SD	
Investigator's Name:	R. E. Martin		Telephone:	576-3070	
Incident Report:	☒ received (attached)		OCA or Case #:	0807116611	
Reported to DSS?	☒ Y ☐ N	County:	Richland		
Case Worker's Name:			Phone #:		
Child in DSS Custody?	☐ Y ☒ N	If yes, date placed:			
Emergency MH Asst:	☒ N/A ☐ received (attached) ☐ requested from:				
Other MH records?	☐ Y ☐ requested ☐ received (attached) ☒ N				
Perpetrator / Allegation Information					
Alleged Perpetrator's Name:		Charles De Vaux			
Age:	54	Race:	B	Gender:	F
Relation to child:		father			
Address (if available)		14001 Garners Ferry Rd			
Reason for Referral (describe allegation, specific questions for interviewer)					
Dashawana told her mother and deputies that Charles put his fingers into her vagina an told her not to tell. (Charles was a suspect fom Feb 2007 in a lewd act on a 7year old. This case was not investigated at the request of the child's mother. This was a different child.)					
Has child been interviewed?	☐ Y ☒ N		If yes, by whom?		
Who will bring child to ARC?	DSS Ivy Ellerby				
Intake Staff Signature:				Date:	

State of South Carolina
State Office of Victim Assistance
Forensic Interview Release Form

In the matter of:

Patient _____
Social Security Number _____
Address _____
Hopkins SC 29001
City State Zip

Ray Olszewski, L.M.S.W.

Name of Forensic Interviewer _____
ABC
Provider Name _____
P.O. Box 119
Address _____
Columbia SC 29202
City State Zip

In Accordance with South Carolina Victims and Witnesses Bill of Rights, signed into law on June 22, 1984, I hereby voluntarily consent and authorize the South Carolina State Office of Victims Assistance and its authorized agents to receive my interview records and to pay directly such expenses allowed by law to the provider for the forensic interview conducted for evidentiary purposes as prescribed by South Carolina State Office of Victim.

Dated this 23rd day of July, 2008, at
Columbia, South Carolina.

Kathryn Myers
Signature of Patient/Guardian/Responsible Adult

[Signature]
Forensic Interviewer's Signature

Rob Martin
Name of Law Enforcement Officer

Signature of Law Enforcement Officer _____
Richland County Sheriff's Dept.
Name of Law Enforcement Agency

The provider must attach a completed SOVA Forensic Interview Report and bill to this Release form for payment and forward to:

STATE OFFICE OF VICTIM ASSISTANCE
1205 Pendleton St., Rm. 401
Columbia, South Carolina, 29201
Phone: (803)734-1900

SOVA Forensic Interview Report

Today's Date 7/23/08

Victim's Legal Name: _____

Age: _____ Date of Birth _____ Gender Female
Race BlackWas forensic interview done as a part of an investigation of an alleged crime?
Yes ☒ No ☐Type of Allegation:
Physical Assault _____
Sexual Assault ☒

Outcome of Forensic Interview

No disclosure _____
Disclosure of assault ☒ _____
Problematic disclosure _____
Recantation of prior disclosure _____
Forensic assessment not completed _____ reason? _____Professional Opinion: Was allegation a result of a crime? Yes ☒ No ☐

Basis of Professional Opinion: (What happened; where; who; when, if possible)

See ARC ReportName/Title of Interviewer Ray Olszewski, L.M.S.W.
Interviewer License # 6047 Type LMSW
Or Supervisor name and license # _____Date/Place of Interview _____
Law Enforcement Jurisdiction _____

SEND TO: Shannon Dillard

State Office of Victim's Assistance, Office of the Governor
1205 Pendleton Street, Room 401 Columbia, SC 29201

RICHLAND COUNTY

STATE OF SOUTH CAROLINA)
 SESSIONS)
 COUNTY OF RICHLAND)

IN THE COURT OF GENERAL

Indictment numbers: 09-GS-40-07097

The State of South Carolina)
 J. A. W. HARRIS)
 C.C.P. & G.S.)

vs.)

MOTION FOR NEW TRIAL

Charles Deveaux,
Defendant.

FACTS

The Defendant was convicted of Criminal Sexual Conduct with a Minor 1st Degree on October 13, 2011. The Defense made several motions for a mistrial at different times, on different grounds. At this time, Defendant moves for a new trial, as well as renews all previous objections and motions, including, but not limited to, the following motions for mistrial and pretrial motions that were denied:

- 1) Defense counsel moved in limine that the statements and opinions of Deputy John Hatfield be admitted because they were potentially exculpatory, as well as highly relevant to the integrity of the police investigation.
- 2) Defense counsel moved in limine that the Court and State not be allowed to make reference to S.C. Code 16-3-657 in opening and closing arguments and that it not be charged to the jury.
- 3) Defense counsel moved in limine that the Court and State not use the prejudicial term "victim" in reference to the *alleged* victim in this case.
- 4) Defense counsel moved for a mistrial due a blatant discovery violation on the part of the State when the assistant solicitors failed to turn over the Psychological Evaluation of Dr. Lakeisha Watson until the middle of the trial. This was violation of both *Brady* and *Riddle*.

- 5) Defense counsel moved for a mistrial due to the testimony of Investigator Martin which violated the Time and Place restrictions ruled upon at the beginning of trial.
- 6) Defense counsel moved for a mistrial due to the testimony of Ray Olszewski who vouched for the veracity of the alleged victim's claim.
- 7) Defense counsel moved for a mistrial when the assistant solicitor did not correct the perjured testimony of witness Kathy Myers.

For all the foregoing reasons, the Defense moves that Charles Deveau receive a new trial on criminal indictment 09-GS-40-07097.

Respectfully Submitted,


J. RHODES BAILEY
Attorney for Defendant

Columbia, South Carolina
This 21st Day of October, 2011.

STATE OF SOUTH CAROLINA	)	IN THE COURT OF GENERAL SESSIONS
	)	
COUNTY OF RICHLAND	)	FOR THE FIFTH JUDICIAL CIRCUIT
	)	
The State of South Carolina,	)	Indictment Number: 2009-GS-40-7097
	)	
v.	)	
	)	ORDER DENYING POST TRIAL MOTIONS
Charles Deveaux,	)	AND MOTION FOR A NEW TRIAL
	)	
Defendant.	)	
	)	

After careful consideration of the Defendant's Motion for a New Trial pursuant to Rule 29(a) SCRCrimP filed on October 21, 2011, the record in this case and the submissions of counsel, this Court is unable to find sufficient reason to grant a new trial.

Accordingly, and pursuant to Rule 29(a), this Court DENIES Defendant's Motions for a new trial based on the reasons cited in the Defendant's Motion for a New Trial. Pursuant to Rule 29(a), the Court is of the opinion that oral argument is not necessary in this case.

AND IT IS SO ORDERED.

October 31, 2011
Columbia, South Carolina

G. Thomas Cooper, Jr.
G. Thomas Cooper, Jr.
Judge, Fifth Judicial Circuit

JEANETTE W. McBRIDE
C.C.P. & G.S.

2011 NOV -1 PM 12:10

RICHLAND COUNTY
FILED

762

STATE OF SOUTH CAROLINA	)	IN THE COURT OF GENERAL SESSIONS
	)	
COUNTY OF RICHLAND	)	FOR THE FIFTH JUDICIAL CIRCUIT
	)	
The State of South Carolina,	)	Indictment Number: 2009-GS-40-7097
	)	
v.	)	
	)	ORDER DENYING POST TRIAL MOTIONS
Charles Deveaux,	)	AND MOTION FOR A NEW TRIAL
	)	
Defendant.	)	
	)	

After careful consideration of the Defendant's Motion for a New Trial pursuant to Rule 29(a) SCRCrimP filed on October 21, 2011, the record in this case and the submissions of counsel, this Court is unable to find sufficient reason to grant a new trial.

Accordingly, and pursuant to Rule 29(a), this Court DENIES Defendant's Motions for a new trial based on the reasons cited in the Defendant's Motion for a New Trial. Pursuant to Rule 29(a), the Court is of the opinion that oral argument is not necessary in this case.

AND IT IS SO ORDERED.

November 7, 2011
Columbia, South Carolina

G. Thomas Cooper, Jr.
G. Thomas Cooper, Jr.
Judge, Fifth Judicial Circuit

JEANETTE W. McBRIDE
C.C.P. & G.S.

2011 NOV - 7 PM 2:52

RICHLAND COUNTY
FILED

WITNESSES

(S) Inv. R. Martin--RCSD ✓

ARREST WARRANT NUMBER

I-899947

ACTION OF GRAND JURY

TRUE BILL

Foreperson of Grand Jury

Date:

JUN 17 2009

VERDICT

TRUE BILL

Foreperson of Petit Jury

Date:

DOCKET NO. 2009-GS-40-7097

The State of South Carolina

County of Richland

COURT OF GENERAL SESSIONS

JUNE TERM 2009

141

THE STATE
vs.

Charles M. Deveaux

Indictment for

CRIMINAL SEXUAL CONDUCT
WITH A MINOR 1ST

SC Code: 16-3-655(A) (1)

CDR Code:0385

Class FEL/A(V)

After being fully advised as to my
legal rights, I hereby waive presentment
to the Grand Jury.

Defendant

I
hereby appear in my own proper person and
plead guilty to the within indictment or to

Defendant

Witness:

C.C.C. PLS. AND G.S.

STATE OF SOUTH CAROLINA)
COUNTY OF RICHLAND)

INDICTMENT

At a Court of General Sessions, convened on June 17, 2009, the Grand Jurors of Richland County present upon their oath:

CRIMINAL SEXUAL CONDUCT WITH A MINOR 1ST DEGREE

That Charles M. Deveaux did in Richland County on or between June 22, 2008, and June 29, 2008, wilfully, feloniously and unlawfully commit a sexual battery against a minor who at the time was less than eleven (11) years of age to wit:

all in violation of Section 16-3-655 (A) (1), S.C. Code of Laws, 1976, as amended.

Against the peace and dignity of the State, and contrary to the statute in such case made and provided.

W. B. Giese

Warren B. Giese, SOLICITOR

ARREST WARRANT

1-899947

STATE OF SOUTH CAROLINA

☒ County/ ☐ Municipality of

Richland / Lykesland Magistrate

THE STATE

CASE 0807116611

against

Charles M Deveau

Address:

Phone: SSN: Sex: M Race: B Height: 5 9 Weight: 190DL State: SC DL #:DOB: Agency ORI #: 04000Prosecuting Agency: Richland County Sheriff DepartmentProsecuting Officer: R Martin - 1024Offense: Sex / Criminal sexual conduct with minor - victim
under 11 yrs of age - First degreeOffense Code: 0385Code/Ordinance Sec: 16-03-0655(A)(1)This warrant is **CERTIFIED FOR SERVICE** in the☐ County/ ☐ Municipality of

The accused

is to be arrested and brought before me to be
dealt with according to the law.

(L.S.)

Signature of Judge

Date:

RETURN

A copy of this arrest warrant was delivered to

defendant 07/31/08 Charles M. Deveauon 07/31/08

Signature of Constable/Law Enforcement Officer

RETURN WARRANT TO:

Richland General Sessions
1701 Main Street
P O Box 192
Columbia, SC 29202

ORIGINAL

ORIGINAL

ORIGINAL

ORIGINAL

ORIGINAL

ORIGINAL

ORIGINAL

STATE OF SOUTH CAROLINA

☒ County/ ☐ Municipality of

Richland / Lykesland Magistrate

Personally appeared before me the affiant R Martin

who

being duly sworn deposes and says that defendant Charles M Deveaudid within this county and state on or about 06/29/2008

violate the criminal laws of the

State of South Carolina (or ordinance of ☒ County/ ☐ Municipality ofRichland / Lykesland Magistrate)

in the following particulars:

DESCRIPTION OF OFFENSE Sex / Criminal sexual conduct with minor - victim under 11 yrs of age - First degreeI further state that there is probable cause to believe that the defendant named above did commit
the crime set forth and that probable cause is based on the following facts:That between JUNE 22 AND JUNE 29, 2008 while at 14001 GARNERS FERRY ROAD in the EASTOVER Magisterial District
of Richland County, one CHARLES M DEVEAUX did commit the crime of CRIMINAL SEXUAL CONDUCT WITH A MINOR,
UNDER 11 YEARS OF AGE- FIRST DEGREE. It is believed the defendant committed the crime because he did digitally
penetrate the vagina of his ten year old daughter. The victim was interviewed at the Assessment Resource Center (ARC) and did
disclose the incident and identify, Charles DeVeaux, as the assailant. The interview was audio and video recorded.

RCSD Case #0807116611

Affiant and others are witness to prove the same.

Signature of Affiant.

STATE OF SOUTH CAROLINA

☒ County/ ☐ Municipality of

Richland / Lykesland Magistrate

Affiant's Address Richland County Sheriff's DeptColumbia, SC 29223--000Affiant's Telephone (803)691-9000

ARREST WARRANT

TO ANY LAW ENFORCEMENT OFFICER OF THIS STATE OR MUNICIPALITY OR ANY CONSTABLE OF THIS COUNTY

It appearing from the above affidavit that there are reasonable grounds to believe that

on or about 6/29/2008 defendant Charles M Deveau

did violate the criminal laws of the State of South Carolina (or ordinance of

☒ County/ ☐ Municipality of Richland / Lykesland Magistrate) as set forth below:DESCRIPTION OF OFFENSE: Sex / Criminal sexual conduct with minor - victim under 11 yrs of age - First degreeHaving found probable cause and the above affiant having sworn before me, you are empowered and directed to arrest the said defendant and bring him or
her before me forthwith to be dealt with according to law. A copy of this Arrest Warrant shall be delivered to the defendant at the time of its execution, or as
soon thereafter as is practicable

Sworn to and subscribed before me

on 07/29/2008

Signature of Issuing Judge

Michael R Davis

Judge Code: 5458Judge's Address 1403 Caroline RoadColumbia, SC 29209-2609Judge's Telephone (803)576-2500Issuing Court: ☒ Magistrate ☐ Municipal ☐ CircuitForm Approved by
S.C. Attorney General
April 21, 2003
SCCA 516

751

WITNESSES

(S) Inv. Robert Martin – RCSD

ARREST WARRANT NUMBER

1901430

ACTION OF GRAND JURY

TRUE BILL

Foreperson of Grand Jury

Date:

OCT 13 2010

VERDICT

Foreperson of Petit Jury

Date:

DOCKET NO. 2010-GS-40-3981

The State of South Carolina

County of

Richland

COURT OF GENERAL SESSIONS

OCTOBER TERM 2010

125

THE STATE

vs.

Charles M. Deveaux

**Indictment for
LEWD ACT ON A MINOR CHILD**

SC Code: 16-15-0140

CDR Code: 2468

Class: FEL/D

After being fully advised as to my legal rights, I hereby waive presentment to the Grand Jury.

Defendant

I hereby appear in my own proper person and plead guilty to the within indictment or to

Defendant

Witness:

C.C.C. PLS. AND G.S.

ARREST WARRANT

i-901430

STATE OF SOUTH CAROLINA

* ☒ County/ ☐ Municipality of

Richland / Lykesland Magistrate

THE STATE

CASE #0702119114

against

Charles M Deveau

Address:

Phone: SSN:

Sex: M Race: B Height: 5 9 Weight: 190

DL State: SC DL #:

DOB: Agency ORI #: 04000

Prosecuting Agency: Richland County Sheriff Department

Prosecuting Officer: R Martin - 1024

Offense: Sex / Lewd Act, committing or attempting lewd act upon child under 16 (June 4, 1

Offense Code: 2468

Code/Ordinance Sec: 16-15-0140

This warrant is CERTIFIED FOR SERVICE in the

☐ County/ ☐ Municipality of

The accused is to be arrested and brought before me to be dealt with according to the law.

(L.S.)

Signature of Judge

Date:

RETURN

A copy of this arrest warrant was delivered to defendant on CHARLES M. DEVEAUX 10/15/10

Signature of Constable/Law Enforcement Officer

RETURN WARRANT TO:

Richland County General Sessions
1701 Main Street
P O Box 192
Columbia, SC 29202

ORIGINAL

ORIGINAL

ORIGINAL

ORIGINAL

ORIGINAL

ORIGINAL

ORIGINAL

STATE OF SOUTH CAROLINA

☒ County/ ☐ Municipality of

Richland / Lykesland Magistrate

Personally appeared before me the affiant R Martin

being duly sworn deposes and says that defendant Charles M Deveau

did within this county and state on or about 02/14/2007

violate the criminal laws of the

State of South Carolina (or ordinance of ☒ County/ ☐ Municipality of

Richland / Lykesland Magistrate

in the following particulars:

DESCRIPTION OF OFFENSE Sex / Lewd Act, committing or attempting lewd act upon child under 16 (June 4, 1

I further state that there is probable cause to believe that the defendant named above did commit the crime set forth and that probable cause is based on the following facts:

That between JULY 19, 2006 AND FEBRUARY 14, 2007 while at 14001 GARNERS FERRY ROAD in the EASTOVER Magisterial District of Richland County, it is believed that one CHARLES M DEVEAUX did commit the crime of LEWD ACT UPON A CHILD UNDER 16 YEARS OF AGE because he did willfully and lewdly commit a lewd or lascivious act upon or with the body, or its parts, of a child under the age of sixteen years, with the intent of arousing, appealing to, or gratifying the lust or passions or sexual desires of himself or of the child. The victim, his step-grandaughter, has given a compelling disclosure during a forensic interview at the Assessment and Resource Center. She did disclose that while she was seven (7) years of age, the defendant, did rub her vaginal area with his hand through her clothing on more than one occasion while she was visiting his home during the above time frame. The interview was audio and video recorded.

RCSD Case #0702119114

Signature of Affiant

STATE OF SOUTH CAROLINA

☒ County/ ☐ Municipality of

Richland / Lykesland Magistrate

Affiant's Address 5623 Two Notch Road
Columbia, SC 29223-

Affiant's Telephone (803)576-3000

ARREST WARRANT

TO ANY LAW ENFORCEMENT OFFICER OF THIS STATE OR MUNICIPALITY OR ANY CONSTABLE OF THIS COUNTY:

It appearing from the above affidavit that there are reasonable grounds to believe that

on or about 2/14/2007 defendant Charles M Deveau

did violate the criminal laws of the State of South Carolina (or ordinance of

☒ County/ ☐ Municipality of

Richland / Lykesland Magistrate

as set forth below

DESCRIPTION OF OFFENSE: Sex / Lewd Act, committing or attempting lewd act upon child under 16 (June 4, 1

Having found probable cause and the above affiant having sworn before me, you are empowered and directed to arrest the said defendant and bring him or her before me forthwith to be dealt with according to law. A copy of this Arrest Warrant shall be delivered to the defendant at the time of its execution, or as soon thereafter as is practicable

Sworn to and subscribed before me

on 10/05/2010

Signature of Issuing Judge

Michael R Davis

Judge Code: 5458

Judge's Address 1403 Caroline Road

Columbia, SC 29209-2609

Judge's Telephone (803)576-2500

Issuing Court: ☒ Magistrate☐ Municipal☐ Circuit

2010 OCT 19 AM 10:04
JEANNETTE W. MCBRIDE
CLERK OF COURT
FILED
RICHLAND COUNTY

753

STATE OF SOUTH CAROLINA)
COUNTY OF RICHLAND)

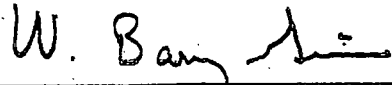
INDICTMENT

At a Court of General Sessions, convened on October 13, 2010, the Grand Jurors of Richland County present upon their oath:

LEWD ACT ON A MINOR CHILD

That Charles M. Deveaux, being over fourteen years of age, did in Richland County on or between July 19, 2006 and February 14, 2007, willfully and lewdly commit a lewd or lascivious act upon or with the body of a child, less than sixteen (16) years of age, to wit: , age seven (7) years old, with the intent of arousing, appealing to, or gratifying the lust or passions or sexual desires of said defendant or of the victim, including but not limited to: the defendant did rub her vaginal area with his hand, in violation of Section 16-15-0140, S. C. Code of Laws, 1976, as amended.

Against the peace and dignity of the State, and contrary to the statute in such case made and provided.


WARREN B. GIESE, SOLICITOR

STATE OF SOUTH CAROLINA

IN THE COURT OF GENERAL SESSIONS

COUNTY OF Richland
STATEvs.
Charles Deveaux

AKA:

Race: B Sex: M Age: _____

DOB: _____ SS#: _____

Address: _____

City, State, Zip: _____

DL# _____ SID# 1In disposition of the said indictment comes now the Defendant who was ☒ CONVICTED OF or ☐ PLEADSTO: CSC w/2 Minor 1stin violation of § 16-3655(A)(1) of the S.C. Code of Laws, bearing CDR Code # 0385☐ NON-VIOLENT ☒ VIOLENT ☐ SERIOUS ☒ MOST SERIOUS ☒ Mandatory GPS ☐ §17-25-45
(CSC w/minor 1st or Lewd Act)The charge is: ☐ As Indicted, ☐ Lesser Included Offense, ☐ Defendant Waives Presentment to Grand Jury. _____ (defendant initial)The plea is: ☐ Without Negotiations or Recommendation, ☐ Negotiated Sentence, ☐ Recommendation by the State.

ATTEST:

Kathryn C. Ashton 77690

Solicitor

SC Bar #

Defendant

Attorney for Defendant

SC Bar #

WHEREFORE, the Defendant is committed to the ☒ State Department of Corrections, ☐ County Detention Center,
for a determinate term of 30 days/months/years or ☐ under the Youthful Offender Act not to exceed _____ years
and/or to pay a fine of \$ _____; provided that upon the service of _____ days/months/years and/or payment
of \$ _____; plus costs and assessments as applicable*; the balance is suspended with probation for _____
months/years and subject to South Carolina Department of Probation, Parole and Pardon Services standard conditions of probation,
which are incorporated by reference.☐ CONCURRENT or ☐ CONSECUTIVE to sentence on:☒ The Defendant is to be given credit for time served pursuant to S.C. Code §24-13-40 to be calculated and applied by the State
Department of Corrections.☒ The Defendant is to be placed on Central Registry of Child Abuse and Neglect pursuant to S.C. Code §17-25-135.

SPECIAL CONDITIONS:

☐ RESTITUTION: ☐ Deferred ☐ Def. Waives Hearing ☐ Ordered

PTUP _____

Total: \$ _____ plus 20% fee: \$ _____

_____ days/hours Public Service Employment

Payment Terms: _____

Obtain GED ☐☐ set by SCDPPPS _____

Attend Voc. Rehab. or Job Corp. _____

Recipient: _____

May serve W/E beginning _____
Substance Abuse Counseling ☐

*Fine:

\$14-1-206 (Assessments 107.5%)	\$	_____
\$14-1-211(A)(1) (Conv. Surcharge)	\$100	\$
\$14-1-211(A)(2) (DUI Surcharge)	\$100	\$
\$56-5-2995 (DUI Assessment)	\$12	\$
\$56-1-289 (DUI Breath Test)	\$500	\$
\$35.13 (Public Def/Prob)	\$25	\$
\$73.3, 1B TP (Law Enforce. Funding)	\$25	\$
\$33.7, 1B TP (Drug Court Surcharge)	\$100	\$
\$50-21-114 (BUI Breath Test Fee)	\$50	\$
\$56-5-2942(J) (Vehicle Assessment)	\$40/ea	\$
3% to County (if paid in installments)		\$
\$90.11 TP (SCCA Surcharge)	\$5	\$
TOTAL		\$

Random Drug/Alcohol Testing ☐

Fine may be pd. in equal, consecutive weekly/monthly

pmts. of \$ _____ Beginning _____
\$ _____ paid to Public Defender Fund

Other: _____

\$25 \$

☐ Appointed PD or appointed other counsel, \$35.13 TP☐ Requires \$500 be paid to Clerk during probation.PRESIDING JUDGE [Signature]Judge Code: 2126Sentence Date: 11-7-11Court Reporter: [Signature]

Clerk of Court/ Deputy Clerk

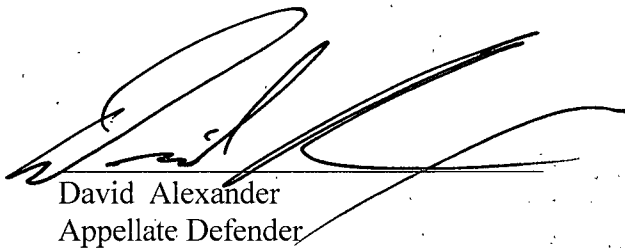
K. Ambrozick

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CERTIFICATE OF COUNSEL FOR APPELLANT

Counsel for appellant certifies that this Record on Appeal contains all material proposed to be included by any of the parties and not any other material and that this Record on Appeal complies to the best of my ability, with the August 13, 2007, order from the South Carolina Supreme Court entitled "Interim Guidance Regarding Personal Data Identifiers and Other Sensitive Information in Appellate Court Filings."

May 31th, 2013



David Alexander
Appellate Defender

South Carolina Commission on Indigent Defense
Division of Appellate Defense
PO Box 11589
Columbia, S. C. 29211-1589
(803) 734-1330

ATTORNEY FOR APPELLANT

ORIGINAL

STATE OF SOUTH CAROLINA
IN THE COURT OF APPEALS

Appeal from Richland County

G. Thomas Cooper, Circuit Court Judge

THE STATE,

RESPONDENT,

V.

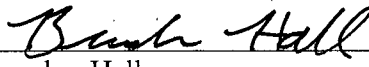
CHARLES M. DEVEAUX,

APPELLANT

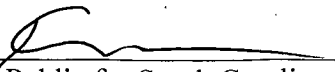
APPELLATE CASE NO. 2011-202734

CERTIFICATE OF SERVICE

I certify that a true copy of the Record on Appeal in the above referenced case has been served upon Julie Kate Keeney, Esquire, at the Rembert Dennis Building, 1000 Assembly Street, Room 519, Columbia, SC 29201 this 31st day of May, 2013.


Brandon Hall
Administrative Specialist

SUBSCRIBED AND SWORN TO before me
this 31st day of May, 2013.

 (L.S.)
Notary Public for South Carolina
My Commission Expires: October 2, 2013.

RECEIVED
MAY 31 2013
SC Court of Appeals